

Aberdeenshire
COUNCIL



INTEGRATION JOINT BOARD

WEDNESDAY, 5 JULY 2023 at 10.00 am

Your attendance is requested at a meeting of the **INTEGRATION JOINT BOARD** to be held in **COMMITTEE ROOM 5 - WOODHILL HOUSE, WESTBURN ROAD, ABERDEEN, AB16 5GB**, (with virtual attendance) on **WEDNESDAY, 5 JULY 2023, at 10.00 am**

This meeting will be live streamed and a recording of the public part of the meeting will be made publicly available at a later date.

Tuesday, 27 June 2023

Director of Business Services

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

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B U S I N E S S

1	Sederunt and Declaration of Members' Interests	
2a	Public Sector Equality Duty Statement on Equalities:	4
	(1) Consider, and if so decided, adopt:- “In line with the Joint Board’s legal duty under section 149 of the Equality Act 2010 the Joint Board, in making decisions on the attached reports, shall have due regard to the need to”:-	
	(i) eliminate discrimination, harassment and victimisation;	
	(ii) advance equality of opportunity between those who share a protected characteristic and persons who do not share it; and	
	(iii) foster good relations between those who share a protected characteristic and persons who do not share it; and	
	(2) where an integrated impact assessment has been provided, to take its contents into consideration when reaching a decision.	
2b	Exempt Information	
	Consider and, if so decided, adopt the following resolution:	
	“That under paragraphs 1, 4, 6 and 7 of the Categories of Exempt Information, found at Appendix 2 of the Standing Orders of the Integration Joint Board, the public and media representatives be excluded from the meeting for Items 15, 16, 17 and 18 of the business below, on the grounds that it involves the likely disclosure of exempt information of the classes described in the relevant paragraphs.	
3	Minute of the Meeting of 10 May 2023	5 - 12

GOVERNANCE

4	Integration Joint Board Action Log	13
5	Chief Officer's Report	14 - 16
6	Notification of Changes to Membership and Appointment of Replacement Members to IJB Audit Committee and	17 - 18

Appointments Committee

7	Finance Update	19 - 62
	(a) IJB Revenue Budget Update 2022/23 and 2023/24	
	(b) IJB Medium Term Financial Strategy 2023-28	
	(c) IJB Reserves Strategy	
8	IJB Audit Recommendations Update	63 - 75
9	Clinical and Adult Social Work Governance Committee Report to Aberdeenshire IJB	76 - 78

NEW BUSINESS

10	Draft Aberdeenshire Autism Strategy for Children, Young People and Adults 2023-2028	79 - 232
11	Aberdeenshire Health and Social Care Partnership Strategic Delivery Plan Performance Report	233 - 241
12	Aberdeenshire Health and Social Care Partnership Workforce Plan 2022-25	242 - 359
13	Aberdeenshire Health and Social Care Partnership Annual Performance Report 2022-2023	360 - 437
14	Alcohol and Drug Partnership (ADP) Annual Reporting Survey 2022/23	438 - 468

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

15	2023-24 Annual Work Plan Procurement Approval [Exempt under paragraphs 6 and 7]	469 - 483
16	2023/2024 Supplementary Procurement Work Plan (Social Care) [Exempt under paragraphs 6 and 7]	484 - 495
17	Aberdeenshire Health and Social Care Partnership Employability Service [Exempt under paragraph 1]	496 - 511
18	Moray and Aberdeenshire Out of Hours Nursing Care [Exempt under paragraph 4]	512 - 532

PUBLIC SECTOR EQUALITY DUTY – GUIDANCE FOR MEMBERS

What is the duty?

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

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

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

How can Members discharge the duty?

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

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

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

What does this mean for Committee/Full Council decisions?

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

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

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

For more detailed guidance please refer to the following link:-

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.equalityhumanrights.com%2Fsites%2Fdefault%2Ffiles%2Ftechnical_guidance_psed_scotland.docx&wdOrigin=BROWSELINK

INTEGRATION JOINT BOARD

HYBRID MEETING, 10 MAY, 2023

Integration Joint Board Members:

Councillor A Stirling (Chair); Dr J Tomlinson (NHS Grampian) (Vice Chair); Mrs J Duncan (NHS Grampian); Mr S Lindsay (NHS Grampian); Councillor M Grant; Councillor D Keating, Councillor G Lang and Councillor G Reynolds; and Ms S Webb (NHS Grampian).

Integration Joint Board Non-Voting Members:

Ms J Barnard, Nursing Lead Advisor; Mr K Grant, NHS UNISON; Ms S Kinsey, Third Sector Representative; Ms I Kirk, UNISON; Ms A Mutch, Public Representative; Ms R Taylor, Primary Care Representative; Mr C Smith, Chief Finance and Business Officer, Aberdeenshire Health and Social Care Partnership; and Ms P Milliken, Chief Officer, Aberdeenshire Health and Social Care Partnership.

Officers: J Howie, P Jensen, A MacLeod, A Pirrie, J Shaw, Aberdeenshire Health and Social Care Partnership; C Cameron, A Cooper, K Donald, G Howie, J McLennan, NHS Grampian; and A McLeod, Aberdeenshire Council.

In attendance: C Smith, External Auditor.

Apologies: Ms A Anderson (NHS Grampian); Mr D Hekelaar (3rd Sector Representative); Mr P Bachoo (Secondary Care Advisor).

The Chair welcomed Ms June Barnard, Nursing Lead Advisor, to her first meeting of the Board.

1. DECLARATION OF MEMBERS' INTERESTS

The Chair asked for Declarations of Interest. There were no interests declared.

2. RESOLUTIONS

2A. PUBLIC SECTOR EQUALITY DUTY

In making decisions on the following items of business, the Joint Board **agreed**, in terms of Section 149 of the Equality Act, 2010:-

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

2B. EXEMPT INFORMATION

The Joint Board **agreed**, that under paragraphs 2, 3, 6, and 7 of the Categories of Exempt Information, found at Appendix 2 of the Standing Orders of the Integration Joint Board, the public and media representatives be excluded from the meeting for Items 13 and 14 of the business below, on the grounds that it involves the likely disclosure of exempt information of the classes described in the relevant paragraphs.

3. MINUTES OF MEETINGS OF THE INTEGRATION JOINT BOARD:

(a) MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD OF 1 MARCH 2023

There had been circulated, and was **approved** as a correct record, the Minute of Meeting of 1 March, 2023.

(b) MINUTE OF MEETING OF THE INTEGRATION JOINT BOARD OF 29 MARCH, 2023

There had been circulated, and was **approved** as a correct record, the Minute of Meeting of 29 March, 2023.

(c) IJB AUDIT COMMITTEE APPROVED MINUTE OF 7 DECEMBER, 2022

There had been circulated, and was **noted**, the approved Minute of Meeting of the Audit Committee of 7 December, 2022.

4. THE NORTH EAST ALLIANCE: DELIVERING CHANGE, IMPROVING LIVES – CHIEF OFFICER

The Chief Officer gave a presentation on the work of the North East Alliance, which is a collaboration across the public sector in the North East of Scotland. The Alliance brings together local government, the NHS, Police, Fire and Rescue and Integration Joint Boards to work with its citizens to improve their lives. She explained that the Alliance had been created with a view to creating a system of public health learning across and within the existing partnership arrangements and to reverse current trends. She outlined the key priorities of the Alliance and some of the priorities which featured under a number of key themes – to strengthen the building blocks for collaborative working; to grow the membership through a shared vision for population health; to deliver change and embed learning, and how this work was adding value to existing partnership work in Aberdeenshire.

During discussion, Members commented on the vision of the Alliance and the need to avoid any duplication with the work of other agencies and partners, such as the Community Planning Partnership; they hoped that the document would be shared widely; it was noted that a monitoring framework was in place to ensure that actions were progressed and that a combination of data on individual projects and workstreams would be used in the monitoring process. In terms of delivering improved population health, it was suggested that common learning and the use of best practice found in other areas should be welcomed.

After consideration, the Integration Joint Board **agreed** to welcome regular update reports on the work of the North East Alliance.

5. INTEGRATION JOINT BOARD ACTION LOG

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

In respect of item 2 on the action log, it was noted that a scrutiny workshop had been arranged for 14 June 2023. In other respects, the report was **noted**.

6. CHIEF OFFICER'S REPORT

There had been circulated a report by the Chief Officer, providing an update of the ongoing work of the Health and Social Care Partnership, including an update on the National Care Service (NCS) Bill; an update on the current position in relation to the status of the Community Hospitals and Minor Injury Units in Aberdeenshire; an update advising that the Health and Social Care Partnership had recently taken over the operation of the Balhousie Huntly Care Home, following concerns raised by the Care Inspectorate and subsequent court action; and an update on the delivery of medical services at Fyvie/Oldmeldrum and Inverurie Medical Practices.

There was discussion around the effects of current bed limitations within some community hospitals and the implications for new directives on staffing levels in community hospitals, with work ongoing in this regard to consider the implications. It was noted that with regard to the Balhousie Huntly Care Home work was ongoing to ensure the continued operation and support of the home and to work was underway to seek a new operator for the home. Thanks were given to the leadership team and all the staff involved for their efforts and hard work for keeping the residents safe during this challenging period. The Chief Officer also advised Members of ongoing work to seek interest from other GP partnerships to take on the Inverurie Medical Practice contract and updated Members on the arrangements for the running of the Fyvie/Oldmeldrum Medical Practice.

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

- (1) that the Chief Officer should provide a briefing note on the implications for new directives on staffing levels in community hospitals, addressing the issue of risks and proposed mitigations;
- (2) that the Chief Officer should report back on developments with the Inverurie and Meldrum/Fyvie Medical Practices;
- (3) that the Chief Officer should provide a briefing note on the forthcoming visit by Scottish Government officials to primary care settings in Aberdeenshire, including some practices where contracts have been handed back; and
- (4) in other respects to note the terms of the updates provided.

7. IJB REVENUE BUDGET UPDATE

There had been circulated a report dated 28 April, 2023 by the Chief Finance and Business Officer providing an update on the financial monitoring information for the

IJB Revenue Budget. It explained that work was ongoing to finalise the draft outturn and unaudited annual accounts for the financial year 2022/23, and these would be reported to the next meeting of the IJB and the unaudited accounts to the IJB Audit Committee in July 2023.

The Chief Finance and Business Officer provided an overview of the financial position and advised that monthly budget monitoring would be undertaken, with the forecast outturn position for the financial year 2023/24 updated with the focus on the high value/high risk budget lines, based on recurring pressures identified from previous financial years. He advised that work on the 2024/25 budget had already commenced, and a revised Medium Term Financial Strategy would be presented to the IJB in July and it was highly likely that additional savings and efficiencies would require to be identified to achieve a balanced position through the budget setting process for 2024/25. He highlighted that the Medium Term Financial Strategy and the Reserves Strategy would be key tools in ensuring that a balanced budget could be achieved, and the use of 'scenario planning' to identify areas where mitigations would need to be put in place, along with continued monitoring, was proposed.

Thereafter, the Integration Joint Board, having considered the financial position as detailed in the report and appendices, **agreed**:

- (1) to note the IJB Revenue Budget update; and
- (2) that the Chief Finance and Business Officer should report to the next meeting on the identification of owners and actions in relation to ongoing work on efficiencies and a timeframe with key milestones for the rest of the year.

8. CLINICAL AND ADULT SOCIAL WORK GOVERNANCE COMMITTEE REPORT TO ABERDEENSHIRE IJB

There had been circulated a report by the Chair of the Clinical and Adult Social Work Governance Committee, updating the Joint Board on the key issues arising from the Committee meeting on 17 March, 2023.

The Joint Board heard from Mr Lindsay, Chair of the Committee, on the recent work undertaken by the Committee, which included consideration of the sustained pressure within the Partnership and its services which had been at G-OPES Level 4 for an unprecedented length of time. He reported that the G-OPES level had since moved to 3, and the Chief Officer outlined the steps being taken to mitigate the underlying issues causing the sustained pressure on the system.

After discussion, the Integration Joint Board **agreed** to note the key points and assurances highlighted in the report by the Committee in relation to governance matters.

9. IJB AUDIT COMMITTEE UPDATE REPORT

There had been circulated a report dated 1 May, 2023 by the Chair of the IJB Audit Committee, providing an update on business considered by the Committee at its meeting on 1 March, 2023, including clarification in terms of Internal Audit Reports that fall to be considered by both the Council's Audit Committee and the IJB Audit Committee; an update on the National Care Service and the timeline for its progress;

an update on progress of the Internal Audit Plan and progress of the 2022-23 audits, highlighting that the IJB Governance Arrangements report had been issued, and three other reports relating to Adults with incapacity, Criminal Justice and Day Care Establishments were currently under review. The report also provided an update on the latest position of a number of Audit recommendations which were in process.

The Chief Officer provided an overview of the work that was underway and acknowledged the importance of the role of the IJB in seeking assurances around the various recommendations arising from the audits and the issues that had been raised. She advised that a number of systems and processes were being reviewed and officers were working intensely and with the support of officers from the Internal Audit service. Ms Lauren Cowie, Principal Solicitor had been seconded to work with the Health and Social Care Partnership to provide expert advice and support and to strengthen the governance processes which were in place and officers were working closely with other Council colleagues to look at areas of good practice and learning to assist in this work.

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

- (1) to note the key points and assurances from the Committee in relation to audit matters;
- (2) that the action plans for each of the audits should be circulated to IJB Members, to include timelines for completion;
- (3) to note that the Communities Committee were meeting on 10 May to consider a Level 2 Scrutiny Process in relation to the ADP Audit and a further update would be provided thereafter;
- (4) that the IJB Audit Committee should ensure they take forward consideration of the audits timeously and make any escalations to the IJB as necessary; and
- (5) to receive a further report on progress being made on the recommendations of the audits to the IJB meeting on 5 July and the report should include consideration of 'risk'.

10. HOSTED MENTAL HEALTH AND LEARNING DISABILITIES INPATIENT SPECIALIST SERVICES

There had been circulated a report dated 25 April, 2023 by the Chief Officer providing an update on a range of specialist services operating under 'Hosted Mental Health and Learning Disability Services'.

The Lead Officer for Hosted MHLDS, Inpatients, Specialist Services and CAMHS introduced the report and provided some further context to the high level summaries included in the report. She highlighted that all Mental Health and Learning Disability Services were delegated with no services now being managed under NHS Grampian. Currently the budgets for the 'hosted' services sat with NHS Grampian and a proposal to transfer the budgets to IJBs was under consideration.

There was discussion of the waiting times for psychological therapies within NHS Grampian which had resulted in the Board receiving tailored support from the

Scottish Government to create an improvement and development plan to understand and address the issues; the learning put in place in relation to complaints to ensure that the issues arising were not repeated; and the implications of a significant forecast overspend on the service. In addition, there were concerns expressed regarding the potential for a service currently incurring an overspend to be transferred to IJBs, and Members considered that this matter should be referred to the Clinical and Adult Social Work Governance Committee for further detailed consideration.

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

- (1) to note the risks and the progress made with regard to the risks identified;
- (2) to note the update report and the information within the report;
- (3) to remit consideration of the report to the Clinical and Adult Social Work Governance Committee; and
- (4) that the IJB would not accept delegation of this budget with its existing overspend and that the Chief Officer should monitor and provide a briefing note on the implications of delegating this budget and the existing overspend referred to in paragraph 4.17 of the report when a proposal comes forward from NHS Grampian.

11. TRANSITIONS FROM CHILDREN TO ADULT SERVICES

There had been circulated a report dated 17 April, 2023 by the Interim Partnership Manager, Central which provided an update on scoping work undertaken on the transition of young people from Children to Adult Social Work Services, to ensure an effective collaboration and joint working across all services to provide support to young people when transitioning to adult services.

The report advised of scoping work being undertaken to ensure that young people and their families across Aberdeenshire were provided with the right support, at the right time, by the right people, through the GIRFEC (Getting it Right for Every Child) Thematic Group, which aimed to ensure more effective collaboration and joint working across all services that would provide support to young people when transitioning to adult services.

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

- (1) to note the scoping work on transitions from Children's to Adult Services undertaken by Aberdeenshire's GIRFEC Children with Disabilities Thematic Group;
- (2) to receive a further report as work on the Transitions Charter, Pathway and Guidance progresses; and
- (3) that Officers should include examples of case studies or lived experience in future reports, as well as budgetary resource implications.

12. STRATEGIC PLANNING GROUP UPDATE

There had been circulated a report dated 26 April, 2023 by the Chief Officer which provided a summary of the main items of discussion at the most recent formal meeting of the Strategic Planning Group (SPG), including an update on progress with the NHS Grampian Plan for the Future, which was a 3 year delivery plan to 2026 in response to Scottish Government guidance; an update on the National Care Service advising that Scottish Ministers have requested a further extension to the Scottish Parliament's consideration of the National Care Service Bill; progress with the Review of the IJB Strategic Plan, as required under the Public Bodies (Joint Working)(Scotland) Act 2014; work by officers to review work under the new Strategic Delivery Plan to 2025; and work underway in response to a recent Internal Audit to review arrangements for ensuring clear reporting, approval and documentation of project changes and controls.

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

- (1) to acknowledge the report from the Strategic Planning Group (SPG) following its meeting on 20th April 2023;
- (2) to receive a report in October on the outcomes of the SPG's review of the HSCP's Strategic Plan as required by legislation;
- (3) to acknowledge the ongoing work to review and strengthen the HSCP's approach to implementation of its Strategic Delivery Plan 2022-2025.

13. ABERDEENSHIRE HEALTH & SOCIAL CARE PARTNERSHIP (HSCP) ANNUAL REPORT ON THE USE OF DIRECTIONS BETWEEN APRIL 2022 – MARCH 2023

There had been circulated a report dated 12 April, 2023 by the Chief Officer which provided an overview of the directions which had been issued by the Aberdeenshire IJB during the period 1 April 2022 to 31 March 2023. The report explained that under the Public Bodies (Joint Working)(Scotland) Act 2014, integration authorities were provided with the mechanism to issue binding directions to the Health Board and/or Local Authority, to enable the IJB to action its strategic commissioning plan for how it would plan and deliver services using integrated budgets under its control, providing the legal basis on which the Health Board and Local Authority deliver services under the control of the IJB. The report provided a list of the directions which had been issued between 1 April 2022 and 31 March 2023.

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

- (1) to acknowledge the use of directions as provided in the annual report in Appendix one; and
- (2) that the report be shared by the Chief Officer with the Chief Executives of both Aberdeenshire Council and NHS Grampian respectively to provide an overview of the directions which have been issued between April 2022 – March 2023.

14. PROVISION BY ABERDEENSHIRE COUNCIL OF A RESIDENTIAL CARE HOME SERVICE FOR OLDER PEOPLE AT THE FORMER BALHOUSIE HUNTLY CARE HOME – USE OF SPECIAL URGENCY POWERS

There had been circulated a report dated 27 April, 2023 by the Chief Officer which requested that the Integration Joint Board note the use of special urgency powers by the Chief Officer in connection with the provision of a residential care home service for older people and to ensure that the service continued until a new provider was identified and registered appropriately to provide the service.

Having heard from the Chief Officer as to the background to the report, the Integration Joint Board **agreed** to note the use of special urgency powers by the Chief Officer, as the process agreed by the IJB in 1.9 and 1.10 of the IJB Governance Handbook to approve the recommendations in Appendix 1.

Councillor Presiding over meeting

Print Name

Signature

Date

ABERDEENSHIRE INTEGRATION JOINT BOARD ACTION LOG – 5 July 2023

OUTSTANDING ITEMS

Report Name/Piece of work	Action/Owner	Date Added	Date of meeting/Deadline	Decision or Purpose of Report
Chief Officer's Report	Pam Milliken	10-May-23		Chief Officer to provide a briefing note on implications for new directives on staffing levels in community hospitals, addressing issue of risks and proposed mitigations
Annual Report for vaccine programmes	Pam Milliken	01-Mar-23	11-Oct-23	An Annual Report for vaccine programmes is currently under preparation and is scheduled to go to the NHS Grampian Population Health Committee on 28 September and will be submitted IJB thereafter.
Analogue to Digital Transition projects	Pam Milliken	01-Mar-23	11-Oct-23	IJB to consider in some detail the work on Analogue to Digital Transition projects at a future meeting.
Review of Governance Handbook	Pam Milliken	Mar-22	Sep-23	A review of the Governance Handbook to be taken back to IJB in 18 months.

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD (IJB) 5 JULY 2023

CHIEF OFFICER'S UPDATE

Tendering of Aberdeenshire GP practices

Inverurie Medical Practice wrote on 7 March 2023 to inform that it was no longer tenable for them to continue and as of 6 September 2023, they would cease providing services. We were advised by our Primary Care Contracts team to put the Practice out to tender, which we did with the other 2c practices across Shire as they had all come across recently, with the exception of one, and all had a short lead in time of three months due to only one GP partner remaining (normally 6 months' notice). On the 12 May 2023, Inverurie Medical Practice wrote and informed that they wanted to retract the hand back of contract. As the tender process had begun, we consulted with Primary Care Contracts team, Central Legal Office and our NHS Grampian procurement team and we were informed that we could exclude them from the tendering process and continue with the other practices and allow them to continue as Inverurie Medical Practice.

Business Case submissions for An Caorann, Saltoun, Aden, Central Buchan and Fyvie Oldmeldrum practices were received by 12 noon on 19 May. The panel appointed are required to score the business case based on the information provided against set criteria, agree as a panel those that should come forward to the next stage for interview/presentation and then score again. If any contract is deemed worthy of awarding, this will happen towards the end of June 2023.

National Care Home Contract

National negotiations have been ongoing around the rate for the National Care Home Contract (NCHC). A local working group has been convened by the Commercial and Procurement Shared Service including representation from both Aberdeenshire and Aberdeen City Health and Social Care Partnership's (HSCP) to provide regular updates and to support a collaborative approach to contingency planning, with many of the care homes being used by both City and Aberdeenshire.

Whilst the likelihood of the NCHC collapsing is slim at this point, it poses a significant risk to all those who operate within this sector including both local authorities. Aberdeenshire HSCP has updated its risk register to reflect the risks involved. A national approach continues to be the preferred model. Collaboration will be key, and we will continue to be proactive locally in contingency planning.

Junior Doctor's Strike - Aberdeenshire

Junior doctors have voted conclusively to reject the pay offer made by Scottish Government. The leadership of British Medical Association (BMA) Scotland's junior doctor committee confirmed three days of strike action will take place July 12th-15th unless an improved offer that the BMA believes could credibly be put forward to members is put forward by Scottish Government.

General Practice is considered a protected service. This means that there will not be a stipulation that clinicians from General Practice will be directed to support the days of strike action in secondary care. However, there will be request forms going out to staff who have had recent experience in secondary care looking at if they have

availability to support. General Practice see their function at this time as to continue to be the excellent gatekeepers that they are and where possible prevent admissions to secondary care.

There may be some impact to General Practice when trying to admit patients or speak to staff urgently in relation to patients. In addition, our GP trainees will be involved in the action although they are currently supernumerary in practice at present.

We may see as a result of the strike action that our outpatient clinics that we have operating all over sites in Aberdeenshire are cancelled or disrupted. Our community hospitals are supported by geriatrician consultants, as this is a supportive service, we do not expect that this will impact day to day function or admissions and discharges.

Plans for the Junior Doctor strike and how this will be managed at Royal Cornhill Hospital are still ongoing at the moment, but most up to date information is, cover arrangements are being put in place within Royal Cornhill Hospital to support flow in and out of the wards, ensuring that adequate cover is available in unscheduled care and to offer support in an emergency. At this stage no out-patient clinics have been cancelled but this may have to happen if support is required within Royal Cornhill Hospital. Royal Cornhill Hospital are working closely with GMED's and other departments to make sure cover if available overnight in case of emergencies.

Delayed Discharge

Aberdeenshire Health and Social Care Partnership (AHSCP) has maintained a lower level of delayed discharges in relation to its rate per population and during the winter we were able to reduce levels with the assistance of interim care beds with Scottish Government funding.

Over the last few months our number of people delayed has been increasing, particularly in North Aberdeenshire. As at 19 June 2023 we had 19 people delayed in Aberdeen Royal Infirmary, 5 people in Royal Cornhill Hospital and 63 individuals in our community hospitals.

Operational teams work very hard to support discharges as soon as possible and there is a constant flow of individuals supported to leave hospitals and new individuals waiting for care.

Our main challenges relate to placing people in care homes, particularly individuals affected by dementia and people waiting for more intensive care packages.

As the IJB is aware our medium-term solutions are being developed through our Social Care Sustainability Programme and short-term ones are ongoing, for example reviewing care packages and putting out specific commissions to cover gaps in service. Care management also continue to have weekly meetings with commissioned providers. We have also freed up a postholder at Location Manager level to work with teams in North, Central and South to look at our processes to ensure they are as efficient as possible.



We are completing a Scottish Government self-assessment and assurance template which helps identify potential areas of improvement and we have contacted the Scottish Government to be signposted to any learning which could assist our position. It is likely that we will bring this reflection and learning together in a workshop to look to generate improvement.

Pam Milliken
Chief Officer
Aberdeenshire Health & Social Care Partnership

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 5 JULY 2023

NOTIFICATION OF CHANGES TO MEMBERSHIP AND APPOINTMENT OF REPLACEMENT MEMBERS TO IJB AUDIT COMMITTEE AND APPOINTMENTS COMMITTEE

1 Recommendations

The Integration Joint Board is recommended to:

- 1.1 note that Councillor Seamus Logan has replaced Councillor Glen Reynolds as a substantive member of the IJB;**
- 1.2 note that Councillors Neil Baillie and Ross Cassie have been appointed as substitute members, replacing Councillors Logan and Nicol;**
- 1.3 appoint a replacement member to the IJB Audit Committee to replace Councillor Reynolds, as per the requirements set out in the Standing Orders for IJB;**
- 1.4 note that the IJB Audit Committee will be asked to appoint a Vice-Chair to replace Councillor Reynolds as required in terms of the Standing Orders of the IJB; and**
- 1.5 Appoint one NHS Grampian member and one Aberdeenshire Council member to the IJB Appointments Committee to fill vacancies on the Committee.**

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 7 (Integration Joint Board).**

4 Background

- 4.1 Following the local government elections on 5 May 2022, Councillor Reynolds was appointed as a substantive member of IJB and as Vice-Chair of the IJB Audit Committee, by the IJB Audit Committee.**
- 4.2 Notification has been received that Councillor Seamus Logan will replace Councillor Glen Reynolds as a Substantive Member on the IJB.**

- 4.3 In addition, Councillors Neil Baillie and Ross Cassie will replace Councillors Logan and Nicol as substitute members.
- 4.4 In terms of its Standing Orders, the IJB is required to make appointments to the IJB Audit Committee on the basis of 4 voting members and 2 non-voting members. The voting members include an equal number of voting members from NHS Grampian and Aberdeenshire Council, so 2 members from each. Councillors Reynolds and Lang were appointed by the IJB as the Aberdeenshire Council members on the IJB Audit Committee following the local government elections in May 2022 and a replacement member for Councillor Reynolds is now required.
- 4.5 There are two vacancies to fill on the IJB Appointments Committee following the departure of Ms Rhona Atkinson and Councillor Reynolds from the IJB and these appointments require to be made by the IJB. The Appointments Committee is made up of representatives from Aberdeenshire Council and Grampian Health Board, with two representatives from each Partner, and all four being members of the IJB (one being the Chair). Members are asked to agree the nomination of one Aberdeenshire Council member and one member from NHS Grampian.
- 4.6 The Chief Officer, along with the Chief Finance and Business Officer and the Legal Monitoring Officer within Business Services of Aberdeenshire Council have been consulted in the preparation of this report and any comments have been incorporated within the report.

5 Equalities, Staffing and Financial Implications

- 5.1 An integrated impact assessment is not required because the changes proposed do not have a differential impact on any of the protected characteristics.
- 5.2 There are no staffing or financial implications arising directly as a result of this report.

Pamela Milliken
Chief Officer
Aberdeenshire Health and Social Care Partnership

Report prepared by Alison McLeod, Committee Officer
06 June 2023

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD

5 JULY 2023

REVENUE BUDGET UPDATE

1. Recommendation

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

- 1.1 Consider and comment on the financial position set out in the report and Appendices 1 and 2;**
- 1.2 Approve the budget adjustments detailed in Appendix 3;**
- 1.3 Approve the use of general reserve to balance the overspend position as detailed in this report in section 7.5;**
- 1.4 Note the update regarding the 2023-24 IJB Revenue Budget detailed in Section 9 and the approval of an update to IJB regarding Scottish Government earmarked funding for 2023-24 to a future meeting of the IJB per section 9.4.**

2. Directions

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

3. Risk

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

4. Background

- 4.1 This report provides the draft final financial monitoring update for the 2022/23 financial year. It covers the twelve month period up to the end of March 2023.**

5. Financial Implications from 2021/22

- 5.1 In the last financial year the IJB recorded an underspend against revenue budget of £24.296 million.**

5.2 The IJB revenue budget for the 2022/23 financial year was agreed in March 2022 by the IJB. A balanced budget was set which matched the total resources available to the IJB with planned expenditure.

5.3 The IJB held the following reserves as at 1st April 2022.

2021/22 Outturn	£m
General Fund	7.908
Earmarked – Covid 19	16.205
Earmarked – Primary Care Improvement Fund	5.753
Earmarked – Winter Funding	3.786
Earmarked - Risk Fund	3.050
Earmarked - Transformational Funding	2.727
Earmarked - Action 15 Mental Health	2.589
Earmarked – ADP	1.267
Earmarked – Community Living Change Fund	0.815
Earmarked – Stonehaven Dental	0.400
Earmarked - Other	0.362
Total Reserves	44.862

6. Outturn Financial Position 2022/23

6.1 This report sets out the final financial monitoring position of the activities for which the IJB is responsible for the financial year 2022/23. The report covers the financial position to the end of March 2023 for the revenue budget. The detailed position by service area for the financial year is shown in **Appendix 1** and reports that the Health & Social Care Partnership recorded an overspend against the revenue budget of £6.4million relative to the total resources available.

6.2 An overspend was anticipated per financial monitoring reported to the IJB in March 2023, however the level of overspend increased during the final quarter of 2022/23 due to a number of contributing factors as detailed in **section 6.5**.

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

Summary: Outturn 2022/23 Financial Position

	Revised Year to Date Budget 2022/23 £000s	Actual to 31 st March 2023 £000s	Variance to 31 st March 2023 £000s	Variance %
Health & Social Care	368.470	375.333	6.863	1.86
Funds	(13.875)	(14.337)	(0.462)	(3.33)
Set Aside Budget	34.515	34.515	0	0
2022/23 Position	389.110	395.511	6.401	1.65

6.4 From the summary table it can be seen that:

- There is an overspend of £6.401 million at the end of the year, equating to 1.65% of the IJB budget.
- Health budgets ended the year with an overspend of £4.8 million.
- Social care budgets ended the year with an overspend of £2.1 million.
- Funds ended the year with an underspend of £0.5 million.

6.5 The overspend is due to a number of contributing factors which have continued and been reported to the IJB throughout the financial year 2022/23.

6.6 The detailed final financial position is set out in **Appendix 1** with supporting notes in **Appendix 2**. The main areas of variance were:

(a) The areas which recorded the largest overspends for the year are shown below:

GP Prescribing	£3.1m	Significant item price increases, attributed to the impact of short supply causing a spike in prices. An overall 4.% volume increase during the period was higher than expected following a period of increased volumes in 21/22.
Older People – Care Management	£3.0m	Covid sustainability payments have now come to an end, so an increase in expenditure over the previous year was expected but all packages continue to be reviewed, especially those of high value. An increase in care at home provision post Covid, both in terms of referral numbers and complexity of cases, has been identified.
Adult Services – Community Care	£2.6m	Significant rise in costs this year due to complexity of needs, double up care and an increase in service users.
Other Direct Patient Care	£2.0m	Impact of 2C salaried medical practices generated an overspend during the period.
Community Mental Health	£1.7m	Due to requirement to use locum medical staffing due to vacancies.
Older People – Residential Care	£1.1m	Reliance on overtime, relief and agency staff due to vacancies.

(b) The areas which recorded the largest underspends for the year are shown below:

Headquarters	£2.9m	Due to difficulties and timing of recruitment relating to additional funding received in year.
Primary Care	£1.7m	This underspend primarily reflects the benefit of a rates refund in respect of prior years.
Adult Services – Mental Health	£0.9m	Payments to Third Sector are underspent as redesign of services for this client group is undertaken.
Out of Area	£0.8m	Ceasing of payments relating to a specialist facility due to transfer to a community placement.

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

7. Reserves

7.1 The following table details the movement in the reserves position from 1 April 2022 to 31 March 2023.

7.2 The overall position is shown in the table below:-

	01/04/22	Movement	31/03/23
	£m	£m	£m
General Fund Reserve	7.908	(4.610)	3.298
Earmarked Reserves:-			
Covid-19	16.205	(14.731)	1.474
Primary Care Improvement Fund	5.753	(4.568)	1.185
Winter Pressure Funding	3.786	(3.786)	0
Risk Fund	3.050	0	3.050
Transformational Funding	2.727	(1.105)	1.622
Action 15 – Mental Health	2.589	(1.210)	1.379
Alcohol & Drug Partnership	1.267	0.131	1.398
Community Living Change Fund	0.815	(0.203)	0.612
Stonehaven Dental Practice Funding	0.400	0	0.400
Service Capacity & Redesign	0	2.000	2.000
Psychological Therapies	0	0.122	0.122
Other	0.362	0.026	0.388
Total Reserves	44.862	(27.934)	(16.928)

7.3 £2m of the 2021/22 underspend was utilised in the creation of a Service Capacity and Redesign reserve as approved by the IJB in August 2022 to support the review of our Strategic Priorities and to also support achievement of savings and efficiencies to meet the challenges faced by potentially reduced funding, coupled with increased costs. The plans for this reserve will be presented in detail to the Partnerships SMT and progress reviewed by IJB.

7.4 The review of the reserves strategy is being reported to the IJB in a separate paper at this IJB for approval.

7.5 The table in section 7.2 includes the adjustment of £6.401 million to be funded from the general fund reserve relating to the overspend as at 31 March 2023. The reserves balance is therefore subject to the approval of the use of the general fund reserve as per **recommendation 1.3**.

8. Discussions With Partners

- 8.1 The financial position in this report has been discussed with partners so that they are also aware of the current spending position and areas of pressure and capacity to enable them to plan and accommodate any implications within their financial statements.
- 8.2 The IJB does not have a requirement for any additional year end funding contributions from partners in 2022/23.

9. Revenue Budget 2023/24

9.1 Update

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

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

- **efficiency savings of £3.5m**
- **vacancy management factor of £1.2m**
- **use of general reserve of £3.05m**

The total of these measures means that £7.75m was required to be identified to balance the budget for 2023/24.

As identified in the budget report there are risks associated with this strategy and the one off use of reserves to balance the budget.

Scrutiny and control of the budget for 2023/24 is paramount to be able to achieve the approved balanced budget position.

Monthly budget monitoring will be undertaken, with quarter 1 monitoring being presented to the IJB in August 2023. The forecast outturn position for the financial year 2023/24 will be updated with the focus on the high value/high risk budget lines, based on recurring pressures identified from previous financial years.

In conjunction with budget holders and finance colleagues we will monitor the progress and impact of the efficiency savings to ensure their achievement and when we identify issues identify mitigations at an early stage.

This work will follow on from the updated Medium Term Financial Strategy which is being presented to IJB today, in conjunction with an updated Reserves

Strategy, as we look to 2024/25 and the challenges of setting a balanced budget with reducing reserves and pressures our funding. It is highly likely that additional savings and efficiencies will require to be identified to achieve a balanced position through the budget setting process for 2024/25.

9.2 Covid Funding

The Scottish Government's Director of Health Finance and Governance in a letter dated 12th September stated that there have been a number of significant changes to Public Health policies in relation to Covid over the summer, resulting in the profile of Covid spend reducing significantly compared to when funding was provided to IJBs for Covid purposes in February 2022.

In response to this, the Scottish Government will reclaim surplus Covid reserves to be redistributed across the sector to meet current Covid priorities. The detail of this will follow at an IJB level and the process and timetable will follow through further communications. In order for the sector to have sufficient levels of Covid funding, compliance with current policies is required.

This is an in year adjustment to reserves and is not an approach that will impact on future years. Future Covid related costs will need to be considered as part of the overall budget envelope that is agreed through the usual Scottish Government budget process in 2023/24 and beyond.

Further to this the Interim Deputy Director – NHS, Integration and Social Care Finance confirmed the following -

- We plan to use the Q2 return numbers to inform the full year spend projection,
- Adjustment through the November allocation letter in early December.
- No adjustments should be made for Unscheduled care and PPE. PPE will not be charged for in 2022/23 and will still be met by NSS.
- Due to the wider financial challenge this year, IJBs must continue to bear down on Covid costs. IJBs should utilise other funding streams and reserve balances such as interim care, care at home and other residual reserve balances to meet pressures on additional capacity.

Quarter 2 information was forwarded to the Scottish Government in October 2022. The Scottish Government have confirmed that a final reconciliation will be undertaken as at 31 March 2023 to ensure that there is no detrimental impact on IJBs.

The majority of Covid funding will not continue beyond 2022/23. We continue to work with our partners across the NHS Grampian area to set realistic forecasts regarding those delegated and non-delegated vaccination costs in line with funding available. Work is also ongoing to fully realise the potential budget impact for 2023/24 and beyond based on National Guidelines for vaccination provision.

9.3 Scottish Government Ear Marked Funding Updates

We await confirmation of earmarked funding allocations for financial year 2023/24 and the treatment of reserves held as at 31st March 2023. The likelihood is that as per 2022/23 the request will be to use any reserves prior to use of in year allocation.

- 9.4** An update will be provided to the IJB on the financial implications once these have been confirmed by the Scottish Government and brought to a future meeting of the IJB.

10. Medium Term Financial Strategy

- 10.1** The Medium Term Financial Strategy for 2022-27 was approved by the IJB in August 2022 and an update on the strategy is being reported in a separate paper to the IJB today which is forming the basis of the budget setting process for 2024/25 and beyond.

11. Monitoring

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

12. Equalities, Staffing and Financial Implications

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

Chris Smith

Chief Finance and Business Officer

Aberdeenshire Health and Social Care Partnership

Report prepared by Chris Smith (Chief Finance and Business Officer) 20th June 2023

Appendix 1 – Detailed position by service area for the financial year.

Appendix 2 – Supporting Notes.

Appendix 3 – Proposed budget adjustments.

Health & Social Care		ACTUAL	REVISED BUDGET	ACTUAL	VARIANCE	
		2021/22	2022/23	as at 31/3/23	TO END MAR	NOTES
		£'000	as at 31/3/23	as at 31/3/23	2022/23	
			£'000	£'000	£'000	
NHSG Core Services						
a)	Alcohol & Drugs Partnership	1,755	3,165	3,168	2	
b)	Allied Health Professionals	10,091	12,522	11,931	(591)	A
c)	Joint Equipment Service	751	685	942	257	B
d)	Community Hospitals	17,758	19,742	20,195	453	C
e)	Inverurie HUB project	1,381	1,325	1,378	53	
f)	Shire Community Mental Health	822	1,076	1,156	80	
g)	Dental	2,710	3,146	3,009	(137)	
h)	District Nursing	5,373	6,186	6,073	(112)	
i)	Health Centres Management	(129)	(779)	(33)	747	D
j)	Health Visiting	6,391	6,107	5,910	(198)	
k)	Other Direct Patient Care	3,003	6,658	8,680	2,022	E
l)	Public Health	676	908	728	(180)	
m)	Specialist Nursing	423	425	442	17	
n)	Support Services	4,174	4,399	4,594	195	
1	NHSG Core Services Total	55,179	65,564	68,172	2,609	
2	Primary Care	44,031	44,890	43,225	(1,665)	F
3	GP Prescribing	45,895	46,533	49,617	3,084	G
4	Community Mental Health	10,664	10,655	12,319	1,664	H
5	Aberdeenshire Share of Hosted Services	16,546	17,981	17,871	(110)	
6	Out Of Area	3,584	3,572	2,767	(805)	I
	TOTAL OF ABOVE	175,898	189,195	193,972	4,777	
7	IJB Costs	83	95	0	(95)	
8	Headquarters	8,097	9,342	6,400	(2,942)	J
9	Business Services	4,283	3,309	3,502	193	
10	Out of Hours Service	272	242	316	74	
11	Criminal Justice Service - Grant Funded Services	11	38	14	(24)	
12	Adult Services - Community Care	44,773	51,252	53,851	2,599	K
13	Adult Services - Day Care	5,046	6,019	5,580	(439)	L
14	Adult Services - Residential Care	1,944	2,020	2,279	259	M
15	Adult Services - Employment Development	409	573	509	(64)	
16	Adult Services - Mental Health	5,173	6,978	6,126	(852)	N
17	Adult Services - Substance Misuse	1,790	1,869	1,827	(42)	
18	Physical Disabilities - Community Occupational Therapy Service	4,351	4,524	4,065	(459)	O
19	Physical Disabilities - Joint Equipment Service	(1,075)	(476)	(105)	371	P
20	Specialist Services & Strategy	1,708	2,316	1,815	(501)	Q
21	Adult Support Network	318	406	441	35	
22	Older People - Care Management	54,477	58,162	61,147	2,985	R
23	Integrated Care Fund /Participatory Budgeting	(20)	0	0	0	
24	Older People - Day Care	506	709	398	(311)	S
25	Older People - Home Care	15,398	16,248	15,978	(270)	T
26	Older People - Residential Care	9,902	10,604	11,729	1,125	U
27	Older People - Very Sheltered Housing	4,688	5,043	5,489	446	V
		162,132	179,275	181,361	2,086	
Funds						
28	Integrated Care Fund	643	803	588	(215)	
29	Delayed Discharge	14	64	12	(53)	
30	ADP Sexual Health Blood Borne Virus funding	0	38	0	(38)	
31	Clan Grant	0	7	0	(7)	
32	Discharge Without Delay Funding	0	0	174	174	
33	Health Care Support Worker funding	0	(449)	0	449	W
34	Interface Care Funding	0	0	5	5	
35	Primary Care Improvement fund	0	(4,568)	(4,568)	0	
36	Learning Disability Annual Health Check Funding	0	85	0	(85)	
37	Mental Health Innovation Fund	0	77	0	(77)	
38	Mental Health Action 15	0	(1,151)	(1,151)	0	
39	Nurse Funding incl Scottish Care Home funding	0	147	0	(147)	
40	Primary Care Out of Hours Funding	0	214	0	(214)	
41	Shire Winter Pressure allocation for MDTs	0	695	0	(695)	X
42	GP Premises Funding	9	0	0	0	
43	Test of Change Funding	3,057	0	0	0	
44	Covid-19	0	(9,919)	(9,919)	0	
45	School Nurse Funding	0	32	0	(32)	
46	Stonehaven Dental Practice funding	0	400	400	0	
47	Psychological Therapies funding (Recovery Fund) phase 2 complex cases	0	(69)	0	69	
48	Psychological Therapies funding (Recovery Fund) phase 2 complex cases - Service Improvement Funding	0	6	6	0	
49	Psychological Therapies (dementia post diagnostic support) funding	0	116	116	0	
50	Balance of NHSG uplift funding	0	(405)	0	405	Y
		3,724	(13,875)	(14,337)	(462)	
	Sub total	341,753	354,595	360,996	6,401	
51	Set Aside Budget	32,349	34,515	34,515	0	
	2022/23 Position	374,102	389,110	395,511	6,401	

<u>Note</u>	<u>Service</u>	Over/(within) budget to end March 2023 £'000	<u>Narrative</u>
A	Allied Health Professionals	(591)	<p>Allied Health Professionals underspend £(591,000) The variance against Allied Health Professionals was the result of there having been a number of vacant posts during the year, with speech and language therapy and physiotherapy having been the most affected disciplines. This was partially offset by an overspend on supplies.</p>
B	Joint Equipment Service	257	<p>Joint Equipment Service overspend £257,000 This overspend reflects both the increasing emphasis on caring for patients out with hospital settings and an increasing number of patients requiring equipment at home, to enable them to be discharged from hospital as elective activity increases following the pandemic.</p>
C	Community Hospitals	453	<p>Shire Community Hospitals overspend £453,000 The overspend against community hospitals reflects activity increasing post pandemic, incremental drift among long serving staff and additional costs resulting from the decanting of Peterhead Hospital due to problems with the water system.</p>
D	Health Centres Management	747	<p>Health Centres Management overspend £747,000 This overspend is the result of several factors including the costs of an agreement to partially support the cost of employing locum medical staff at an independent GP practice, increased energy costs, increased commercial rent, reduced income because a formerly independent practice is now salaried and the cost of medical supplies.</p>
E	Other Direct Patient Care	2,022	<p>Other Direct Patient Care overspend £2,022,000 The need to employ locum medical staff at An Caorann, Aden and Saltoun 2C salaried medical practices generated an overspend during the period. These practices are reliant on locum medical staff in order to be able to deliver services. There was also a higher than budgeted charge from Aberdeen City H&SCP for the use of beds in Rosewell House.</p>

<u>Note</u>	<u>Service</u>	<u>Over/(within) budget to end March 2023</u>	<u>Narrative</u>
F	Primary Care	(1,665)	Primary Care underspend £(1,665,000) This underspend primarily reflects the benefit of a rates refund in respect of prior years. Reductions to business rates and water charges will confer a recurring benefit going forward.
G	GP Prescribing	3,084	GP prescribing overspend £3,084,000 This overspend was partly the result of a prescribing tariff reduction, which reduced the Aberdeenshire prescribing budget. This was the result of an agreement between the Scottish Government and Community Pharmacy Scotland to transfer what is known as "pharmacy global sum" from prescribing budgets. This was effected by applying what is known as "reverse allocation" to partnerships during October. Also, data indicates significant item price increases, attributed to the impact of short supply causing a spike in prices. An overall 4.03% volume increase during the period was higher than expected following a period of increased volumes in 21/22.
H	Community Mental Health	1,664	Community Mental Health overspend £1,664,000 The bulk of this overspend is accounted for by an adverse variance against medical staffing of £1,636,000, consisting of unbudgeted expenditure of £2,280,000 against locum medical staffing, partially offset by an underspend of £(644,000) against substantive medical staffing due to vacant posts.
I	Out Of Area	(805)	Out of Area underspend £(805,000) This underspend results from one placement, for which the daily rate in a specialist facility was high, having transferred into a community placement.
J	Headquarters	(2,492)	Headquarters underspend £(2,942,000) £7,053,000 of recurring and non-recurring Winter Funding for front line recruitment was received from the Scottish Government in 22/23. Due to difficulties and timing of recruitment there was an underspend of £3m against this funding. The funding is fully committed to posts so the underspend is not thought to be recurring in future years.
K	Adult Services - Community Care	2,599	Adult Services - Community Care overspend £2,599,000 The outturn was £287k higher than forecast. Care packages are constantly changing and have seen a significant rise in costs this year. This is both due to complexity of needs, double up care and an increase in service users. Officers continue to monitor the cost of packages particularly those of high value. Various transformation projects exploring the use of technology and looking at complex care cases continues.

<u>Note</u>	<u>Service</u>	<u>Over/(within) budget to end March 2023</u>	<u>Narrative</u>
L	Adult Services - Day Care	(439)	<p>Adult Services - Day Care underspend £(439,000) Post pandemic Day Service provision is being remodelled. Some services users in 24/7 Residential Care are being offered an alternative service within their setting. This will mean Day Services will require a reduced budget but additional budget will be required within Adult Residential and Adult Community Care as third party providers are expected to cover day care. Further work will be required to determine the savings being made and this will be fed into the 23/24 budget.</p>
M	Adult Services - Residential Care	259	<p>Adult Services - Residential Care overspend £259,000 An overspend in residential services is partly due to the enhanced service for service users in 24hr care as day services are being delivered within these settings. A budget realignment will take place in 23/24. Additionally, due to staffing issues, overtime is being utilised.</p>
N	Adult Services - Mental Health	(852)	<p>Adult Services Mental Health underspend £(852,000) Payments to Third Sector are underspent by £934,000. Payments to a number of organisations were stopped in 2019/20 with a view to redesigning services for this client group. Work is ongoing particularly around accommodation to reallocate this budget.</p>
O	Physical Disabilities - Community Occupational Therapy Service	(459)	<p>Physical Disabilities - Community Occupational Therapy Service underspend £(459,000) The underspend is for equipment prescribed by the OTs and charged for by the Joint Equipment Store. Some of the underspend is included below in the JES overspend and is due to the method of recharging for equipment used multiple times. A review of the charging procedure will take place in 23/24</p>
P	Physical Disabilities - Joint Equipment Service	371	<p>Physical Disabilities - Joint Equipment Service overspend £371,000 The Joint Equipment store has employed additional staff to deal with the increasing amount of equipment being requested. In 22/23 telecare equipment for the impending switch from analogue to digital has been purchased to the sum of £200,000. No additional budget currently exists for these costs. As the project costs are increasing due to the higher cost of equipment, a bid is to be made to the capital plan for further investment.</p>

<u>Note</u>	<u>Service</u>	<u>Over/(within) budget to end March 2023</u>	<u>Narrative</u>
Q	Specialist Services & Strategy	(501)	<p>Specialist Services & Strategy underspend £(501,000)</p> <p>The Carer's Act funding for unpaid carers sits under this page. A slow uptake means there is an underspend on this budget page. Packages are increasing post Covid and the underspend is anticipated to decrease as time progresses.</p>
R	Older People - Care Management	2,985	<p>Older People - Care Management overspend £2,985,000</p> <p>Care Packages are over budget. The budget for third party providers received an uplift of 15% in 22/23 due to additional Scottish Government funding for the fair living wage. Some savings were taken from this budget line, however the actual uplift to providers was less than the funding at around 9.5%. Covid sustainability payments have now come to an end, so an increase in expenditure over the previous year was expected but all packages continue to be reviewed, especially those of high value. An increase in care at home provision post Covid, both in terms of referral numbers and complexity of cases, has been identified.</p>
S	Older People - Day Care	(311)	<p>Older People - Day Care underspend (£311,000)</p> <p>Day care provision is now open post covid however a review of service delivery is anticipated to deliver some savings. A full review in 23/24 will mean this budget is realigned and residential settings will receive additional budget as they deal with some of the day service provision.</p>
T	Older People - Home Care	(270)	<p>Older People - Home Care underspend (£270,000)</p> <p>Home care continues to be under pressure with an increase in hours required and complexities of care. Recruitment is a challenge and a project group is currently looking at ways to increase the uptake of vacancies. The under budget position is not reflective of the pressure on this service. Some recruitment has been possible but this has come from additional SG winter pressure funding which sits in the Headquarters page.</p>
U	Older People - Residential Care	1,125	<p>Older People - Residential Care overspend £1,125,000</p> <p>As recruitment continues to be difficult, overtime and relief hours have been used which has pushed this line into an overbudget position. Recruitment using Winter funding is in progress which, if successful, should address this going forward. 6 winter interim beds have been made available in Edenholme Care Home which have put an additional pressure on the budget in year requiring the use of agency staff and additional utility costs.</p>

<u>Note</u>	<u>Service</u>	<u>Over/(within) budget to end March 2023</u>	<u>Narrative</u>
V	Older People - Very Sheltered Housing	446	<p>Older People - Very Sheltered Housing overspend £446,000</p> <p>Recruitment continues to be an issue in the complexes. Agency staff are being used, which has caused an overspend in the staffing line. Residents needing additional support is putting pressure on staff. Voids have caused income to be lower than in previous year. All these factors effect the budget which will be realigned in 23/24.</p>
W	Health Care Support Worker funding	449	<p>Health Care Support Worker funding overspend £449,000</p> <p>During 2021/22, a specific £497,000 allocation of funding was received by Aberdeenshire Health and Social Care Partnership from the Scottish Government for the recruitment of an additional 33 health care support workers. The allocation for 2022/23 was much lower, leading to this overspend but a separate allocation of £1.275m was received for multi-disciplinary teams. This separate allocation was underspend in 2022/23 by £(695,000), offsetting the overspend against health care support worker funding. Consolidating these funding streams going forward will give a clearer and simpler picture of obligations relative to available funding.</p>
X	Shire Winter Pressure allocation for MDTs	(695)	<p>Shire Winter Pressure allocation for MDTs underspend £(695,000)</p> <p>Winter pressure funding to support recruitment to multi-disciplinary teams (MDTs) to help boost resilience was used to recruit to posts in accordance with the winter plan. However, the plan is wide-ranging and as was the case in 2021/22, it was not possible to recruit to all of the posts identified in the plan during 2022/23.</p>
Y	Balance of NHSG uplift funding	405	<p>Balance of NHSG uplift funding overspend £405,000</p> <p>Approximately half of this overspend resulted from a regrading of band 2 staff to band 3, which was not funded. The balance resulted from the impact of the medical pay uplift on inward recharges of hosted services.</p>

SUMMARY OF ADDITIONS TO AND DEDUCTIONS FROM THE REVENUE BUDGET OF THE INTEGRATED JOINT BOARD DURING JANUARY, FEBRUARY AND MARCH 2023

Appendix 3

	NHS Grampian		Aberdeenshire Council				Total	
	£	£	£	£	£	£	£	
Full year effects of recurring 2022/23 budget adjustments	Recurring	Non Recurring	Total	Recurring	Non Recurring	Total	Total	
Funding as at the 31 December 2022 for AH&SCP provided services as reported to the IJB			208,491,082			146,850,145	355,341,227	
SFB230337 - Transfer to ECS PA's Living Wage Uplift					(36,000)			
SFB230331 - Additional Pay award Funding from Aberdeenshire Council				1,787,000				
Sub total Aberdeenshire Council adjustments						1,751,000	1,751,000	
Pay award funding		40,933						
Reversal of national insurance uplift funding	(732)							
ADP tranche 2 funding		1,303,304						
Sub total ADP		604,240	1,343,505				1,343,505	
Pay award funding								
Reversal of national insurance uplift funding	(24,701)							
Removal of funding in respect of leased assets		(44,156)						
Sub total AHP			535,382				535,382	
Removal of funding in respect of leased assets		(3,209)						
Sub total Joint Equipment Service			(3,209)				(3,209)	
Pay award funding		1,315,137						
Reversal of national insurance uplift funding	(45,989)							
Funding for plasma products		8,558						
Waiting times funding		540						
New Medicines Funding		588						
Removal of funding in respect of leased assets		(109,544)						
Sub total Community Hospitals			1,169,290				1,169,290	
Pay award funding		71,649						
Reversal of national insurance uplift funding		(2,253)						
Waiting times funding		455						
Removal of funding in respect of leased assets		(8,089)						
Sub total Shire Community Mental Health		131,211	61,762				61,762	
Pay award funding								
Reversal of national insurance uplift funding	(6,940)							
Removal of funding in respect of leased assets		(16,470)						
Sub total Dental			107,801				107,801	
Pay award funding		407,681						
Open University funding		10,000						
Reversal of national insurance uplift funding	(14,979)							
Removal of funding in respect of leased assets		(101,298)						
Sub total District Nursing			301,404				301,404	
Pay award funding		80						
Removal of funding in respect of leased assets		(174,349)						
Sub total Health Centre Management			(174,270)				(174,270)	
Pay award funding		354,806						
Reversal of national insurance uplift funding		(15,890)						
Removal of funding in respect of leased assets		(13,210)						
Immunisation funding		150,800						
Sub Total Health Visiting			476,506				476,506	
Open University course funding		10,000						
Pay award funding		193,660						
Reversal of national insurance uplift funding		(7,198)						
Removal of funding in respect of leased assets		(6,347)						
Sub Total Other Direct Patient Care			190,115				190,115	
Pay award funding		57,454						
Reversal of national insurance uplift funding		(2,330)						
Funding for "Henry" training		17,028						
Removal of funding in respect of leased assets		(1,249)						
Sub total Public Health			70,903				70,903	
Pay award funding		23,248						
Reversal of national insurance uplift funding		(1,210)						
Removal of funding in respect of leased assets		(6,810)						
Sub total Specialist Nursing			15,228				15,228	
Pay award funding		237,294						
Reversal of national insurance uplift funding		(11,964)						
Removal of funding in respect of leased assets		(8,602)						
Sub total Support Services			216,728				216,728	
Chronic Medication Service funding		(12,001)						
Winter sustainability funding		419,061						
Pay award funding		46,249						
Transfer of funding to capital to finance Braemar health centre extension		(110,539)						
Transfer of funding to capital to finance other improvement grants		(75,061)						
Removal of funding in respect of leased assets		(34,856)						
Sub total Primary Care			232,853				232,853	
Prescribing global sum adjustment		(198,226)						
Sub total Prescribing			(198,226)				(198,226)	
Sexual health and blood borne virus MCN funding		373,202						
Reversal of national insurance uplift funding		(24,082)						
Non-medical prescribing course fee funding		3,000						
Removal of funding in respect of leased assets		(99,732)						
Speciality doctor revised contract funding		18,374						
Sub total Community Mental Health			270,762				270,762	
Pay award funding	(282,151)	531,646	(121,836)					
Forensic medical examiner IT system funding			6,529					
Sub total Inward Recharges of Hosted Services			416,339				416,339	
Pay award funding		46						
Reversal of national insurance uplift funding								
Removal of funding in respect of leased assets		(1,922)						
Sub Total Services Hosted by Aberdeenshire			(1,876)				(1,876)	
Return of psychological therapies funding		(288,615)						
Psychological therapies - pay award funding		6,302						
Psychological therapies - mental health and wellbeing in primary care services draw down reversal		(405,086)						
Dementia post diagnostic support funding		117,673						
Action 15 - pay award funding		97,000						
Primary Care Improvement Fund - tranche 2 funding		1,138,510						
Primary Care Improvement Fund - pay award funding		589,000						
Return of Covid funding		(9,897,000)						
School nurse funding		32,024						
Multi disciplinary team winter funding		1,275,000						
Primary care out of hours funding		214,183						
Stonehaven dental funding		400,000						
Integrated Care Fund - pay award funding		3,518						
Learning disability annual health check funding		85,314						
Delayed discharge - pay award funding		684						
Budgetary reserves - reversal of removal of national insurance uplift funding		178,627						
Budgetary reserves - reversal of 2% pay uplift funding		(1,142,223)						
Medical pay uplift funding for hosted services	67,301	67,301						
Sub total Funds			(7,527,788)				(7,527,788)	
Overall Revised Budget as at the 31st of March 2023	(214,850)	505,606	(3,002,396)	205,994,292	1,787,000	(36,000)	148,601,145	354,595,437
Represented by:								
NHS Grampian Core Services			65,563,623				65,563,623	
Primary Care			44,890,392				44,890,392	
Prescribing			46,533,217				46,533,217	
Community Mental Health			10,855,465				10,855,465	
Aberdeenshire Share of Hosted Services			17,980,625				17,980,625	
Out of area services			3,572,000				3,572,000	
Partnership Funds			(13,874,836)				(13,874,836)	
Resource transfer to Aberdeenshire Council (included in Council reporting lines)			13,287,382				13,287,382	
Social Care funding transferred to Council (included in Council reporting lines)			13,384,000				13,384,000	
Veterans' funding transferred to Council (included in Council reporting lines)			200,525				200,525	
Mainstreamed Integrated Care Fund (included in Council reporting lines)			549,000				549,000	
Mainstreamed Delayed Discharge (included in Council reporting lines)			1,009,000				1,009,000	
Council Social Care Funding					179,274,956		179,274,956	
Resource transfer From NHS Grampian (included in Council reporting lines)					(13,287,382)		(13,287,382)	
Social Care funding From NHS Grampian (included in Council reporting lines)					(13,384,000)		(13,384,000)	
Veterans' funding from NHS Grampian (included in Council reporting lines)					(200,525)		(200,525)	
Mainstreamed Integrated Care Fund (included in Council reporting lines)					(549,000)		(549,000)	
Mainstreamed Delayed Discharge (included in Council reporting lines)					(1,009,000)		(1,009,000)	
Contra					(2,243,900)		0	
			2,243,900					
			205,994,292				354,595,441	
Set Aside Budget							34,515,000	
							389,110,441	

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 5 JULY 2023

MEDIUM TERM FINANCIAL STRATEGY UPDATE

1 Recommendation

The Integration Joint Board (IJB) is recommended to:

- 1.1 Consider the potential financial challenge based on the review of the assumptions within the IJB's Medium Term Financial Strategy (MTFS);**
- 1.2 Agree that the MTFS is reviewed and updated as part of the 2024/25 budget setting process and presented to the IJB for approval in March 2024.**

2. Directions

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

3. Risk

- 3.1 IJB Risk 1 Sufficiency and affordability of resource.**

4. Background

- 4.1 The MTFS is a key part of the IJB's budget setting framework which aims to ensure that all financial resources are directed towards the delivery of the IJB's Priorities.**
- 4.2 Financial forecasts determine the likely level of revenue resources available to the IJB in the medium term and estimates the financial impact of the demand for IJB services. It assists with financial planning and strategic financial management by providing the financial context which the IJB's Budget will be set.**

5. Medium Term Financial Strategy Review

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

The vision is: **“Building on a person’s abilities, we will deliver high quality person-centred care to enhance their independence and wellbeing in their own communities”**

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

- 5.2** In 2023/24 the IJB will initially have funding of over £394 million to spend on services, equivalent to approximately £1 million a day. Aberdeenshire remains an area of contrasts. Parts of Aberdeenshire still suffer from levels of poverty and deprivation whilst other parts are ranked as some of the most affluent and desirable areas in Scotland. There is also a higher proportion of elderly people than most other areas of Scotland.
- 5.3** The demographic, health and deprivation profile of Aberdeenshire impacts on the demand that is experienced in all of our services and can often result in higher support levels. This creates a challenging environment in which to operate, involving managing demand within the financial constraints in which we operate whilst transforming services and making integration of services a reality.

Aberdeenshire IJB is clear about the challenges which lie ahead and the aspirations to improve all services. This needs to be considered in the context of the financial resources which will be available over the medium term.

The MTFS estimates that without further savings there will be a shortfall of £40.4 million on the IJB budget at end of the 2028/29 financial year. Funding levels contained in the MTFS have only been set for one year (2023/24). Future projections have been based on historic trends and planning assumptions used by our partners.

- 5.4** The IJB will require to address this financial challenge over the medium term. The MTFS sets out a framework and trajectory for doing this. An overview of the five year financial projection from 2024-25 is set out below:

Financial Outlook	2024/25	2025/26	2026/27	2027/28	2028/29
	£m	£m	£m	£m	£m
Total Expenditure	406.955	420.671	434.661	448.931	463.487
Total Funding	396.755	403.166	409.690	416.329	423.085
Financial Challenge	10.200	17.505	24.971	32.602	40.402

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

6. Monitoring

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

7. Equalities, Staffing and Financial Implications

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

Chris Smith

Chief Finance and Business Officer
20th June 2023



Aberdeenshire Health and Social Care Partnership



Medium Term Financial Strategy 2024 – 2029

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

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

CONTENTS

1.Executive Summary	Page 3
2.Purpose Approach to the Development of the MTFS	Page 4
3.Local Context Our Budget Our Demography Impact on Demand	Page 5
4. National Context The Economy UK and Scottish Legislative and Policy	Page 8
5. Medium Term Financial Outlook Impact on Funding Expenditure Requirements Impact of IJB Financial Position Reserves	Page 11
6. Dealing with the Financial Challenge	Page 13
7. Risk Assessment	Page 17

1. EXECUTIVE SUMMARY

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

The vision is: “Building on a person’s abilities, we will deliver high quality person-centred care to enhance their independence and wellbeing in their own communities”

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

In 2023/24 the IJB will have funding of over £394 million to spend on services, equivalent to approximately £1 million a day. Aberdeenshire remains an area of contrasts. Parts of Aberdeenshire still suffer from unacceptable levels of poverty and deprivation whilst other parts are ranked as some of the most affluent and desirable areas in Scotland. There is also a higher proportion of elderly people than most other areas of Scotland.

The demographic, health and deprivation profile of Aberdeenshire impacts on the demand that is experienced in all of our services and can often result in higher support levels. This creates a challenging environment in which to operate, involving managing demand within the financial constraints in which we operate whilst transforming services and making integration of services a reality. Aberdeenshire IJB is clear about the challenges which lie ahead and the aspirations to improve all services. This needs to be considered in the context of the financial resources which will be available over the medium term. The MTFs estimates that without further savings there will be a shortfall of **£40.4 million** on the IJB budget at end of the 2028/29 financial year. Funding levels have only been set for one year (2023/24). Future projections have been based on historic trends and planning assumptions used by our partners.

Financial Outlook	2024/25	2025/26	2026/27	2027/28	2028/29
	£m	£m	£m	£m	£m
Total Expenditure	406.955	420.671	434.661	448.931	463.487
Total Funding	396.755	403.166	409.690	416.329	423.085
Financial Challenge	10.200	17.505	24.971	32.602	40.402

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

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

2. PURPOSE

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

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

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

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

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

Approach to the Development of the Medium Term Financial Strategy

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

3. LOCAL CONTEXT

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

Our Budget

Aberdeenshire IJB delivers a range of services to the population of Aberdeenshire. In 2023/24 the IJB has funding of approximately £371 million to spend on services. Funding is provided by both Aberdeenshire Council and NHS Grampian.

Our Demography

Health and wellbeing of our population

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

Population studies show that in the future people will live longer. The good news for Aberdeenshire is that average life expectancy for both men and women is higher than that of Scotland and Grampian and this is coupled with an increase in 'healthy' life expectancy.

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

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

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

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

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

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

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

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

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

Impact on Demand

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

Links with Other IJB Plans

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

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

Aberdeenshire HSCP Strategic Delivery Plan 2020 – 2025

The Strategic Delivery Plan sets out how the Partnership will deliver the transformational and operational change required to meet our strategic priorities.

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

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

Aberdeenshire HSCP Workforce Plan

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

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

Aberdeenshire Context

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

Both Aberdeenshire Council and NHSG will require to make savings in future years to balance their revenue budgets. The amount of funding available to both organisations is largely driven by the level of funding received from the Scottish Government through the grant settlement process. In relation to Aberdeenshire Council, their Medium-Term Financial Strategy (MTFS) sets out assumptions regarding financial years 2023/24 – 2027/28. It is recognised that much of the Council's income is outside of its control, the assumptions that underpin their MTFS cannot, by definition, be exact, they are subject to refinement and change over time. Therefore, a series of scenarios should be used to describe a range of income possibilities.

4. NATIONAL CONTEXT

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

The Economy

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

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

The Chief Economic Advisor to the Scottish Government reported in April 2023 that at the start of 2023 there had seen a slight improvement in economic activity and optimism compared to the second half of 2022.

Economic conditions are extremely challenging and the outlook for the year ahead remains subdued. Latest GDP estimates show the Scottish economy grew 0.4% over the three months to February with the pace of growth strengthening in recent months to its highest rate since May last year.

Inflation rate fell to 10.1% in March and is on a downward trend with further falls expected over the year, in particular in April and October, as the impacts of the rise in the energy prices cap over 2022 fall out of the headline rate. The recent easing in inflation has been driven by a fall in motor fuel prices, however this has been partly offset by a further surge in food price inflation which rose to its highest rate since 1977, further highlighting the challenges for household budgets.

Scotland's labour market continues to perform strongly at the headline level, with unemployment falling to 3.0% at the turn of the year, its lowest rate on record. Tightness in the labour market is persisting, however recruitment activity has continued to slow and in part reflects the ongoing economic uncertainty facing businesses for the year ahead. Cost challenges remain a key part of that concern as businesses face higher energy and staffing costs in the face of an outlook of subdued demand for the year.

The outlook for remainder of 2023 overall, economic activity has strengthened at the start of 2023 having remained broadly flat over the second half of 2022, resulting in the outlook for 2023 being revised up from previous estimates. Inflation is forecast to fall sharply this year; however economic growth is expected to remain subdued as households and businesses continue to face challenges from higher prices and higher interest rates

Legislative and Policy

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

Legislation

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

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

Scottish Government

The current Scottish Government has been clear that the integration of health and social care is one of its priorities. It has stated its intention to shift the balance of care from large hospitals into community settings. The Scottish Government has also indicated that one of its priorities is the adoption of the Scottish Living Wage across the care sector. In this regard, additional funding has been allocated to the IJBs in each of the last five financial years to fund this policy commitment. This financial year the level of uplift for adult social care staff has been set at a minimum of £10.90 per hour and additional funding has been received to meet this obligation.

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

National Care Service

One of the Scottish Government's policy commitments is the introduction of a national care service. Following a consultation exercise undertaken to seek views on the national care service a draft Bill has been published.

The Bill allows Scottish Ministers to transfer social care responsibility from local authorities to a new, national service. This could include adult and children's services, as well as areas such as justice social work. Scottish Ministers will also be able to transfer healthcare functions from the NHS to the national care service.

The creation of a national care service will have implications on the IJB and Adult Social Care Services, however, at this stage the full impacts are unknown.

National Demand

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

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

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

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

Among the pressures identified in this were:

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

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

The independent report on Adult Social Care by Derek Feeley indicated that if the recommendations of the review were implemented, then spend on social care would need to increase by £0.66 billion per annum.

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

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

5. MEDIUM TERM FINANCIAL OUTLOOK

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

Impact on Funding

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

The MTFS makes assumptions about the future funding contributions from Partners based on the information which is currently available. Using this information, it is forecast that Health Board funding is likely to increase between 2024/25 and 2028/29, based on a 2% uplift per the NHSG MTFS, with assumption of 1% additional new funding from Aberdeenshire Council.

Expenditure Requirements

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

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

i Inflation: Pay (2% uplift)

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

ii Inflationary and Contractual Commitments: Non Pay (2% uplift)

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

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

iii Demographics, Deprivation and Health (2% uplift)

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

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

vi Legislation / Regulatory / Government and Local Policy Commitments

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

Impact of IJB Financial Position

This assessment provides a forecast of the financial position for the IJB over the medium term and identifies a shortfall in funding of £40.4 million by 2028/29 if current trends continue. This highlights the scale of the financial challenge facing the IJB.

Reserves

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

6. DEALING WITH THE FINANCIAL CHALLENGE

The IJB is operating in an increasingly challenging environment with funding not keeping pace with increasing demand for services and increasing costs linked to the delivery of services. This is reflected in the MTFs, which has identified a potential £40.4 million financial gap over the next 5 years if funding levels and demand for services continue on current trends. This equates to an annual requirement of the need to identify circa £8 million of new cash releasing savings each year over the next 5 years, equivalent to 2% of the total IJB budget.

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

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

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

The table below sets out the key areas of work that have and will continue to contribute to reshaping care as part of reformed workstreams of our Strategic Delivery Plan:

Enabler	Areas of activity	Outcome
Mainstream Homecare	<p>We will focus the internal home care service on 4 key themes:</p> <ol style="list-style-type: none"> 1. Enablement – 6 week intensive intervention 2. Rapid Response - providing a 24 hour responder service for planned and unplanned need 3. Complex cases, end of life and palliative care 4. Hard to reach, remote and rural areas 	<p>People will be able to access the support they need when they need it to enable them to stay at home or avoid unnecessary admissions to hospital.</p>

Technology enabled care	<p>We are in the process of implementing a number of digital initiatives;</p> <ul style="list-style-type: none"> • Home and Mobile Health Monitoring (HMHM) • Video Consulting • Telecare 	<p>People will be able to access specialist support and advice without the need to travel, making health and social care services more accessible to all. People will be supported by the HMHM to take control of existing health conditions through improved monitoring which may reduce the need for primary and secondary care interventions.</p>
Virtual Community Ward (VCW)	<p>The VCW continues to make use of multi-disciplinary teams to work together to make the best use of local resources to support people to remain at home.</p>	<p>Where appropriate, people will be supported to remain in their own home rather than having to be admitted to hospital.</p>
Rehabilitation and enablement	<p>The objective is for all new referrals to care management to be directed first through the rehabilitation and enablement pathway.</p> <p>The rehabilitation and enablement pathway will support people to recover and regain their abilities following a period of illness, injury or increase in frailty.</p>	<p>People will be supported to following an episode of ill at home longer with increased</p>
Homely setting	<p>Aberdeenshire offers a number of accommodation options for people who have particular housing needs because of a long-term condition or frailty. Work is in progress to evaluate our current model of support with the aim of achieving the most efficient model, with the appropriate mix of options, for our population. This work will be carried out in partnership with</p>	<p>People will be able to access which is flexible and tailored to be able to stay in their choose and continue to relationships.</p>

	Aberdeenshire Council's Housing Service and the Third Sector.	
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In addition to these areas above, work will take place which aims to:

- prevent delayed discharge
- improve integrated working for our multidisciplinary core teams
- develop management systems to support integrated working
- extend the application of a “risk assessed care” approach to moving and handling support
- improve social care sustainability

These projects will further enhance our ability to provide the right service at the right time to prevent admission, facilitate discharge and ensure equitable access to care when it is needed.

This strategy has **six key components** to dealing with the financial challenges facing the IJB over the next five years:

1. Efficiency & Good Budget Management

The IJB spends taxpayers' money and has a statutory duty to deliver Best Value in its use of public funds. It remains committed to keeping under review the costs of service delivery and the sources of income which are available to fund services. Over the Medium Term this will include maximising income opportunities, developing “spend to save” schemes and using benchmarking information to review our cost base to identify opportunities for efficiency.

Budget managers continue to be provided with the level of financial information to enable them to scrutinise the amounts they commit. There will be an increased focus on filling of vacancies, use of supplementary staffing and avoidance of discretionary spend.

The target for this component of the Strategy will be reviewed and proposed as part of the budget setting process for 2024/25.

2. Reshaping Care

Details of the Reshaping Care programme are given in the tables above. The IJB is clear about its commitment to service reform and innovation. This is not just about changing the ways in which services are structured. Reshaping care will lead to significant changes in how services are planned and delivered, working in partnership with stakeholders including patients, service users and carers to better support them to achieve their personal outcomes and aspirations.

3. Shifting the Balance of Care

With growing demand for support and less money available, current services provision cannot be sustained. This will require services to be reimagined with a focus on offering services which are sustainable over the longer term and target the available resources to those with the greatest assessed needs.

This will require a radical rethink of the service on offer and could mean that the IJB will not always be the first source of support. The IJB will not be able to deliver this approach alone and will require to work with Partners to harness the totality of resources available.

Within Grampian work is progressing on a pan Grampian basis to examine and develop the unscheduled care pathways. The aim is to support the Mental Health, Palliative Care and shift of unplanned hospital based care to planned community based care. Pan Grampian cross system groupings are in place to support this process, with work underway on Care of the Elderly, Mental Health, Palliative Care and Respiratory.

4. Service Prioritisation

A range of factors will require the IJB to consider prioritising, and in some cases reducing or stopping some services over the life of this Strategy. These will include the availability of sufficiently trained health and social care staff, the need to undertake major investment in facilities which are not fit for purpose, changing habits in the use of some services and the impact of new technology in the delivery of services.

5. Future Service Redesign

All of the Partnership's senior teams have a focus on redesign of services and are constantly modifying service provision to ensure high quality services are provided within agreed budget levels. A workstream will be developed to determine where service redesign is possible where such redesign reduces the cost of service delivery and helps contribute to closing the financial gap between new resources and budget pressures. Once proposals are fully developed, they will be taken forward within the Programme Boards and fully reported to the IJB.

6. Partner Organisation Collaboration

We will continue to work collaboratively with our partner organisations in order to ensure efficiencies are driven through both transformational and sustainable pathways.

Summary

These 6 proposals will be considered in order to deliver a balanced financial position as part of the budget setting process in 2024/25 and subsequent financial years. Targets will be set for each of the key components and will form the focus of future financial planning over the medium term and reported to IJB as part of the Revenue Budget approval basis for 2024/25 reported to IJB in March 2024, with savings driven by efficiencies and transformational yet sustainable workstreams.

The components identified above are not exhaustive but form the basis of areas for review per the current Strategic Plan 2020-25. These will be updated per the approval of the revised Strategic Delivery Plan and will be supported by the development of more detailed annual budgets over the life of the Strategy.

7. RISK ASSESSMENT

The MTF5 is a financial model and as such has risks associated with it.

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

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

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

The table below shows what would happen if the main assumptions increase by 1%. For example, if pay awards were 1% higher than the assumptions made in the model, this would represent an additional cost of £2.0 million in 2024/25.

	2024/25	2025/26	2026/27	2027/28	2028/29
	£m	£m	£m	£m	£m
Funding					
1% NHSG/0.5% Council Increase	-2.8	-2.9	-3.0	-3.1	-3.2
1% NHSG/0.5% Council Decrease	2.8	2.9	3.0	3.1	3.2
Expenditure					
1% Pay Increase	2.0	2.1	2.2	2.3	2.4
1% Non-Pay Increase (Locums and Prescribing)	2.7	2.8	2.9	3.0	3.1
0.25% Demographic Increase	0.5	0.5	0.6	0.6	0.7
1% Pay Decrease	-2.0	-2.1	-2.2	-2.3	-2.4
1% Non-Pay Decrease Locums and Prescribing)	-2.7	-2.8	-2.9	-3.0	-3.1
0.25% Demographic Decrease	-0.5	-0.5	-0.6	-0.6	-0.7

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

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

- (1) **Financial Settlement** - A one-year settlement for 2023/24 only has been received for this budget process. The merits of a multi-year Settlement continue to be expressed to enhance the alignment with delivering against the strategic priorities. The pay inflation provisions currently reflected in the budget reflect estimated agreements for all IJB staff who are covered by the NHS Agenda for Change, NHS Medical & Dental and Local Government pay settlements.
- (2) **Prescribing Costs** - Prescribing costs are a large and volatile area of the IJB budget. Whilst the decisions to prescribe are made locally, the costs of drugs and agreements to introduce new drugs are made on a national basis. Provision in the budget has been made based on advice from the Grampian Medicines Management Group.
- (3) **Demographic Changes** - The demographic profile of Aberdeenshire continues to show a general rise in population with a specific increase in the age profile of the population. The associated challenges of providing care for a rising population where people live with multiple conditions are well known. These challenges manifest themselves in a financial sense when we experience issues such as rising numbers for social care packages and rising demand for aids and adaptations. The increasing level of complexity of need for some of our clients means that high-cost care packages may arise during the year which we have not budgeted for. The same applies to patients who need out of area care and where a clinical decision has been made that this is in their best interests.
- (4) **Public Perception of Health & Social Care Services** - The Aberdeenshire Health & Social Care Partnership's Strategic Plan 2020-25 recognises that the changes we need to make will make demands on individuals, the communities of Aberdeenshire and organisations that provide health and social care and support. In order to release efficiencies whilst at the same time delivering our strategic priorities, we must focus on service redesign and re-commissioning. Recent experience of service redesign and re-commissioning has highlighted a number of potential risks: - Public perception that services are being lost and cost cutting is the sole driver. - High expectations of health and social care services in spite of the current and ongoing pressures faced. - Negative media coverage affecting the Partnership's reputation. - Reluctance of society to change behaviour and focus on personal abilities and informal support networks, including making informed choices about how local services are used. We can mitigate these risks by focusing on effective engagement, communication, education, and co-production with the public.
- (5) **Primary Care** - Recent years have seen a number of challenges around sustainability of some of our GP Practices with inability to recruit General Practitioners a common issue. This has necessitated the Partnership providing support and investment to maintain GP services in some parts of Aberdeenshire. We will continue to use the

Primary Care Improvement Fund and other funding streams to support General Practices and wider Primary Care teams across Aberdeenshire.

- (6) **Social Care Market** - The external care market is fragile, with providers seeking higher than inflationary increases to provide stability. Some arrangements such as the National Care Homes Contract are negotiated nationally and may be higher than forecast. Should national negotiations break down it is likely that local agreements would have to be negotiated which could lead to higher costs than have been provided for. We can mitigate these risks by working with our third and independent sector providers and community partners at a local level to train, support, and up skill local providers in conducting their business with the Partnership. We can also mitigate these risks through moving away from short term projects to ensure there is longer term stability.
- (7) **Earmarked Funding** - A proportion of funding for the Partnership is received via earmarked funding for specific purposes allocated by the Scottish Government. Typically, this funding is not allocated until after the start of the financial year. We are assuming that the level of earmarked funding in 2023/24 will be broadly similar to the level received in 2022/23. If this is not the case, further prioritisation decisions will need to be made.
- (8) **Longer term health debt of population** - The impact of the pandemic continues to pose significant financial risks to the Partnership. The wider economic and societal impact of the pandemic will continue to pose challenges to the Partnership in terms of service pressures and how services are delivered.
- (9) **General Inflation pressures** - Inflation is at a high level but expected to fall in the short term. The MTFs assumptions have been prepared on the basis of known contractual inflation rates. Should general inflation rates prove to be volatile and be reflected in an cost of goods and services, this will cause additional pressure on the revenue budget and the services the IJB can afford to provide.

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

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

**ABERDEENSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
– 5 JULY 2023**

RESERVES POLICY

1 Recommendation

It is recommended that the IJB:-

1.1 Approve the Reserves Policy for the Aberdeenshire Integration Joint Board as set out in the Appendix to this report.

2 Risk

2.1 The adoption of a Reserves Policy establishes good governance arrangements.

3 Background

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 empowers the IJB to hold reserves which should be accounted for in the financial accounts and records of the IJB.

3.2 The IJB is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounts purposes by the Office for National Statistics.

3.3 The Reserves Policy details the circumstances in which Reserves can be created and the governance surrounding these.

3.4 The Chief Finance Officer is responsible for advising on the targeted optimum levels of reserves that the IJB would aim to hold, known as the prudential target. The IJB, based on this advice, should then approve the appropriate reserve strategy as part of the budget setting process on an annual basis.

3.5 The Chief 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.



4 Equalities, Staffing and Financial Implications

- 4.1** An equality impact assessment is not required because there are no impacts on the protected characteristics arising as a result of this report.
- 4.2** There are no staffing or financial implications arising from this report.

Chris Smith

Chief Finance and Business Officer

Aberdeenshire Health and Social Care Partnership

Date 19 June 2023

Appendix 1 – Reserves Policy.

Aberdeenshire Integration Joint Board

RESERVES POLICY

Date Created April 2016

Date Implemented April 2016

Review Date June 2023

Reviewed By Chief Finance Officer

Reviewed By Chief Officer

Approved By Aberdeenshire IJB

VERSION 1.2

CONTENTS

- 1. Background**
- 2. Statutory/Regulatory Framework for Reserves**
- 3. Operation of Reserves**
- 4. Role of the Chief Finance Officer**
- 5. Adequacy of Reserves**
- 6. Reporting Framework**
- 7. Accounting and Disclosure**

1. Background

- 1.1 In July 2014 CIPFA, through the Local Authority Accounting Panel (LAAP), issued guidance in the form of LAAP bulletin 99 - Local Authority Reserves and Balances in order to assist local authorities (and similar organisations) in developing a framework for reserves. The purpose of the bulletin is to provide guidance to local authority chief finance officers on the establishment and maintenance of local authority reserves and balances in the context of a framework, purpose and key issues to consider when determining the appropriate level of reserves.
- 1.2 The Aberdeenshire Integration Joint Board Audit Committee (IJB) is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973 and is classified as a local government body for accounts purposes by the Office for National Statistics (ONS). The IJB is able to hold reserves which should be accounted for in the financial accounts of the Board.
- 1.3 The purpose of this Reserves Policy is to:
- outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
 - identify the principles to be employed by the IJB in assessing the adequacy of the reserves;
 - indicate how frequently the adequacy of the IJB's balances and reserves will be reviewed and;
 - set out arrangements relating to the creation, amendment and the use of reserves and balances.
- 1.4 In common with local authorities, the IJB can hold reserves within a usable category.

2. Statutory / Regulatory Framework for Reserves

Usable Reserves

- 2.1 Local Government bodies - which includes the IJB for these purposes - may only hold usable reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework includes:

Usable Reserve – Power

General Fund - Local Government (Scotland) Act 1973

- 2.2** For each reserve there should be a clear protocol setting out:
- the reason / purpose of the reserve;
 - how and when the reserve can be used;
 - procedures for the reserves management and control; and
 - The timescale for review to ensure continuing relevance and adequacy

3. Operation of Reserves

- 3.1** Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- create a means of building up funds, often referred to as earmarked reserves to meet known or predicted liabilities.

- 3.2** The balance of the reserves normally comprises of three elements:

- Funds that are earmarked or set aside for specific purposes. In Scotland under Local Government rules, the IJB cannot have a separate Earmarked Reserve within the Balance Sheet but can highlight elements of the General Reserve balance required for specific purposes. The identification of such funds can be highlighted from a number of sources:
 - future use of funds for a specific purpose, as agreed by the IJB; or
 - commitments made under delegated authority by the Chief Officer, which cannot be accrued at specific times (e.g. year-end) due to not being in receipt of the service or goods;
- funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and
- funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the IJB.

4. Role of the Chief Finance Officer

- 4.1** The Chief Finance Officer is responsible for advising on the targeted optimum levels of reserves the IJB would aim to hold (the prudential target). The IJB, based on this advice, should then approve the appropriate reserve strategy as part of the budget process

5. Adequacy of Reserves

- 5.1** There is no guidance on the minimum level of reserves that should be held. In determining the prudential target, the Chief Finance Officer must take account of the strategic, operational and financial risks facing the IJB over the medium term and the IJB's overall approach to risk management.
- 5.2** In determining the prudential target, the Chief Finance Officer should consider the IJB's Strategic Plan, the medium term financial outlook and the overall financial environment. Guidance also recommends that the Chief Finance Officer reviews any earmarked reserves as part of the annual budget process and development of the Strategic Plan.
- 5.3** In light of the size and scale of the IJB's responsibilities, over the medium term it is proposed to hold a prudent level of general reserves. The reserves will be reviewed annually as part of the IJB's Budget and Strategic Plan; and in light of the financial environment at that time. The level of other earmarked funds will be established as part of the annual financial accounting process.

6. Reporting Framework

- 6.1** The Chief Finance Officer has a fiduciary duty to ensure proper stewardship of public funds.
- 6.2** The level and utilisation of reserves will be formally approved by the IJB based on the advice of the Chief Finance Officer. To enable the IJB to reach a decision, the Chief Finance Officer should clearly state the factors that influenced this advice.

6.3 As part of the budget report the Chief Finance Officer should state:

- the current value of general reserves, the movement proposed during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure;
- the adequacy of general reserves in light of the IJB's Strategic Plan, the medium term financial outlook and the overall financial environment;
- an assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term; and
- if the reserves held are under the prudential target, that the IJB should be considering actions to meet the target through their budget process.

7. Accounting and Disclosure

7.1 Expenditure should not be charged direct to any reserve. Any movement within Revenue Reserves is accounted for as an appropriation and is transparent. Entries within a reserve are specifically restricted to 'contributions to and from the revenue account' with expenditure charged to the service revenue account

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 5th JULY 2023

IJB AUDIT RECOMMENDATIONS UPDATE

1 Recommendation

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

- 1.1 Acknowledge that Internal Audit have made a number of recommendations across different service areas within the Health and Social Care Partnership.**
- 1.2 Note the timeline of when various recommendations are due to be implemented.**
- 1.3 Acknowledge the focus on improvement in line with the audit recommendations and that a robust monitoring process is in place to ensure timely compliance.**
- 1.4 Agree to continue to monitor the progress of audit recommendations through the regular updates from the IJB Audit Committee to the IJB.**

2 Directions

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

3 Risk

- 3.1 Risk 1990: - Sufficiency and Affordability of Resource
Risk 2389: - Service/business alignment with current and future needs

4 Background

- 4.1 This report provides the strategic overview of the audit reports, recommendations and how progress with individual recommendations will be supported, actioned, and monitored. A member of the Senior Management Team (SMT) has taken responsibility for moving forward with each of the audit reports as illustrated in Appendix 1. This ensures senior management ownership and oversight of progress. Each audit report and recommendation has a planned action which is currently under review by management and will be shared with the IJB before the next meeting.
- 4.2 There are currently 15 internal audit reports with 116 open recommendations relating to the Health and Social Care Partnership. A summary of the breakdown of how these recommendations are distributed across all audits, including ratings and themes is included in Appendix 1. For information, since the 1st of April 2022, 69 audit recommendations have been considered and implemented.

Overview of Audit Report Ratings

Audit Report Rating	Minor	Moderate	Major	Severe
No of Reports (15)		11	4	0

Overview of Individual Audit Recommendation Ratings

Recommendation Rating	Minor	Moderate	Major	Severe
No of recommendations (116)	19	77	20	0

Timeline of Recommendations becoming due

Month 23/24	A	M	J	J	A	S	O	N	D	J	F	M
No of Recommendations due	1	2	18	11	12	10	0	6	13	0	12	30

There is also one outstanding recommendation from Dec 22.

- 4.3 In recognition of the volume of audit recommendations for consideration, the Health and Social Care partnership have focussed substantial resources on ensuring timely responses to the audit whilst accessing support from both Aberdeenshire Council and NHS Grampian. An overarching review of all recommendations has been undertaken and themes have been identified. These themes have assisted to identify support to the HSCP from the partners to ensure consistency of approach, to make best use of good, shared practice and access to expertise and guidance as appropriate. Substantial support is being provided by the Council's finance service. These themes identify the area of risk related to individual recommendations: -

Theme	Sub-Category	Number of recommendations aligned to theme
Finance	Procedure	16
	Strategic	7
	Compliance	33
	Training	2
	Records Management	1
Governance	Procedural	5
	Performance Management	3
	Compliance	5
	Strategic	5
Procurement	Compliance	3
	Contract Management	4
IT Systems	Procedural	1
	Information Security	4
	Records Management	4

Project Management	Governance	7
	Monitoring	1
Policy	Procedure	1
	Compliance	4
Data Protection	Compliance	1
	Records Management	3
Management	Planning	6

- 4.4 When an audit report is finalised and published, a relevant member of the Senior Management Team takes responsibility for consideration and implementation of the recommendations from individual audit reports. The governance short life working group has reconvened and will support officers in services where necessary in considering and implementing recommendations, providing both support and challenge. A single tracker for monitoring all audit recommendations has been developed for consistency and clarity. For those recommendations due, a fortnightly discussion with relevant officers relating to progress has been scheduled to ensure focus and to ensure if barriers are identified then solutions can be implemented to enable full consideration and implementation of the recommendations. Membership of the group can be found in Appendix 2 to this report. This group co-ordinates the responses to the audits and reports to the Risk and Assurance Group chaired by the Chief Officer. The Risk and Assurance Group, membership can be found at Appendix 3 to this report, will have the overview of all audit actions, will liaise with Internal Audit as appropriate and directly report to the Audit Committee on progress. The Audit Committee will then in turn report to the IJB through their regular update reports.
- 4.5 The Audit Committee, at their July meeting, will also consider initiating a review of their Terms of Reference, a self-assessment of their effectiveness and the development of an assurance framework. The proposed framework gives the Audit Committee tools to consider using where a report does not provide sufficient assurance on a matter. This will be developed alongside the Audit Committee and once agreed, a report will be brought to the IJB with detail and for inclusion in the IJB Governance Handbook.
- 4.6 In accordance with agreed governance processes with Aberdeenshire Council, IJB Audit reports are shared with the Council's Audit Committee. Where an internal audit report refers to an area of service delivery that the Council delivers on behalf of the IJB through a Direction, the Audit Committee can scrutinise the Council's performance. Where an internal audit report refers to the operation of the IJB, this can be referred to the Council's Communities Committee. The Council have a Committee Review Process which has three stages which are followed sequentially. The first stage is to obtain a report on identified issues where the Committee are not assured, the second is to hold a workshop to allow further delving into an issue and the third is to consider a full investigation into the issue. The purpose of all the scrutiny activity is to

seek to add value to the continuous improvement process. For information, the following audit areas are subject to scrutiny as follows: -

Audit Report	Scrutinising Committee	Stage in Committee Review Process.
2212 – Transformational Funding	Communities Committee	Stage 1 (due September 23)
2226 – Adult Social Care Transport	Audit Committee	Stage 1 (further consideration at July meeting)
2301 – Alcohol and Drug Partnership Governance Arrangements	Communities Committee (referred from Audit)	Stage 2, consideration of Stage 3 deferred till September 23 meeting.
2310 – Adults with Incapacity	Communities Committee (referred from Audit)	Consideration of moving to Stage 1.
2312 – IJB Governance	Communities Committee (referred from Audit)	Stage 1 (due September 23)

- 4.7 The IJB, IJB Audit, Council Audit and Communities Committees had a joint scrutiny workshop on the 14th of June to ensure clarity on the roles of each Committee, develop understanding, methodology and opportunity for scrutiny and streamlining the audit process going forward was also discussed.

5 Summary

- 5.1 The Health and Social Care Partnership acknowledge that substantial work is required to ensure that there is learning from the audit recommendations and an opportunity to fundamentally improve. A robust monitoring process, additional resource, clear direction and ownership, and capacity building work with the Audit Committee will contribute to an improved position.
- 5.2 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

6 Equalities, Staffing and Financial Implications

- 6.1 There are substantial staffing resources dedicated to this area of work.
- 6.2 An Integrated Impact Assessment is not required because the report is to provide a strategic overview.

***Pamela Milliken, Chief Officer on behalf of Amy Anderson, Chair of IJB Audit
 Aberdeenshire Health and Social Care Partnership***



Appendix 1 – Summary of open Recommendations, Ratings and Themes as of 21st June 2023

Appendix 2 – Membership of Governance Short Life Working Group

Appendix 3 – Membership of Risk and Assurance Group.

Appendix 1 – Summary of open Recommendations, Ratings and Themes as of 21st June 2023

1. Internal Audit Report 1924 – IJB Budget Setting (Moderate) Responsible officer: Chris Smith, Chief Finance and Business Officer

	Minor	Moderate	Major	Severe
No of recommendations (1)		1 (Finance Procedure) Total 1		
Due Date		Due end August 2023		

2. Internal Audit Report 1942 – Very Sheltered Housing (Moderate) Responsible Officer – Janine Howie, Partnership Manager (South)

	Minor	Moderate	Major	Severe
No of recommendations (1)	1 (Finance Strategy) Total 1			
Due Date	Due end Dec 2023			

3. Internal Audit Report 2032 – IJB Partnership Governance (Moderate) Responsible Officer - Chris Smith, Chief Finance and Business Officer

	Minor	Moderate	Major	Severe
No of recommendations (1)	1 (Governance Procedural) Total 1			
Due Date	Due end June 2023			

4. Internal Audit Report 2123 – Mental Health & Substance Abuse (Moderate) Responsible Officer – Jeff Shaw, Partnership Manager (North)

	Minor	Moderate	Major	Severe
No of recommendations (1)		1 (Finance Compliance) Total 1		
Due Date		Due end June 2023		

5. Internal Audit Report 2210 – Care First System (Moderate) Responsible Officer - Chris Smith, Chief Finance and Business Officer

	Minor	Moderate	Major	Severe
No of recommendations (7)	1 (IT System Procedural) 3 (IT System Information Security) 1 (IT Systems Records Management) Total 5	1 (IT System – Records Management) 1 (IT System - Information Security) Total 2		
Due Date	4 due Nov 23	2 due Nov 23		

6. Internal Audit Report 2212 – Transformational Funding (Major) Responsible Officer – Angela Macleod, Interim Strategy and Transformation Manager

	Minor	Moderate	Major	Severe
No of recommendations (8)	1 (Project Management Governance) Total 1	1 (Project Management – Monitoring) 6 (Project Management – Governance) Total 7		
Due Date	July 23	7 due Dec 23		

7. Internal Audit Report 2226 – Transport arrangements for Social Care (Moderate) Responsible Officer: Chris Smith, Chief Finance and Business Officer

	Minor	Moderate	Major	Severe
No of recommendations (9)	1 (Procurement Compliance) Total 1	1 (Policy Compliance) 1 (Financial Procedural) 1 (Procurement Compliance) 1 (Procurement – Contract Management) 3 (Financial – compliance) 1 (IT Systems, Records Management) Total 8		
Due Date	1 x+ June 2023	2 Overdue May 23 5 Due June 2023 1 Due July 23		

8. Internal Audit Report 2227 – GDPR (Moderate) Responsible Officer - Chris Smith, Chief Finance and Business Officer

	Minor	Moderate	Major	Severe
No of recommendations (2)	1 (IT Systems – Records management) Total 1	1 (Data Protection - compliance) Total 1		
Due Date	Due Dec 23	Due end August 2023		

**9. Internal Audit Report 2230 – Elderly Residential Care (Moderate)
Responsible Officer – Alex Pirie, Partnership Manager (Central)**

	Minor	Moderate	Major	Severe
No of recommendations (10)	1 (Finance Procedural) 2 (Finance Compliance) 1 (Finance Training) Total 4	2 (Procurement Contract Management) 4 (Finance Compliance) Total 6		
Due Date	1 Due Jun 23 1 Due Jul 23 2 Due Aug 23	1 Overdue Apr 23 1 due June 23 3 Due Aug 2023 1 Due Dec 23		

Internal Audit Report 2301 – Aberdeenshire Alcohol and Drug Partnership Governance (Major) Responsible Officer – Jeff Shaw, Partnership Manager (North)

	Minor	Moderate	Major	Severe
No of recommendations (13)	1 (Finance Procedural) Total 1	2 (Governance) 1 (Finance Procedural) Total 3	2(Governance) 2 (Finance – Strategy) 2 (Finance – Procedural) 1 (Finance Compliance) 1 (Procurement – Contract Management) 1 (Governance – performance management) Total 9	
Due Date	1 due June 23	2 due July 23 1 due Sept 23	9 due Sept 23	

10. Internal Audit Report 2310 – Adults with Incapacity (Major) Responsible Officer Alex Pirie, Partnership Manager (Central)

	Minor	Moderate	Major	Severe
No of recommendations (12)		1 (Governance Compliance) 1 (Finance Training) 1 (Finance Procedure) 1 (Data Protection – Records Management) Total 4	2 (Data Protection – Records Management) 4 (Finance Procedural) 1 (Finance Records Management) 1 (Finance Compliance) Total 8	
Due Date		4 due Feb 24	8 due Feb 24	

11. Internal Audit Report 2312 – IJB Governance (Major) Responsible Officer - Angela Macleod, Interim Strategy and Transformation Manager

	Minor	Moderate	Major	Severe
No of recommendations (8)		1 (Governance Compliance) 1 (Finance Strategy) 3 (Governance Strategic) Total - 5	2 (Governance Strategic) 1 (Governance – Performance Management) Total 3	
Due Date		1 July 23 1 August 23 3 Dec 23	1 June 23 1 Aug 23 1 March 24	

Internal Audit Report 2317 – Day Care Establishments (Moderate)
Responsible Officer - Jeff Shaw, Partnership Manager (North)

	Minor	Moderate	Major	Severe
No of recommendations (31)	1 (Finance Procedure) Total 1	1 (Policy Procedure) 2 (Policy Compliance) 3 (Finance Procedure) 16 (Finance Compliance) 1 (Governance Performance Management) 2 (Procurement Compliance) 5 (Management Planning) Total 30		
Due Date	1 due Jul 23	1 Due Jul 23 29 Due Mar 24		

Internal Audit Report 2321 – Criminal Justice (Moderate) Responsible Officer – Jeff Shaw, Partnership Manager (North)

12.

	Minor	Moderate	Major	Severe
No of recommendations (11)	1 (Policy Compliance) 1 (Finance Strategy) 1 (Finance Compliance) Total 3	1 (Finance Strategy) 1 (Procurement Compliance) 5 (Finance Compliance) 1 (Management Planning) Total 8		
Due Date	1 due Jun 23 2 due Aug 23	4 due Jun 23 3 due Jul 23 1 due Aug 23		

**Internal Audit Report AW 1801 – Community Hospital and Home Care Staff
 Costs (Moderate) Responsible Officer – Alex Pirie, Partnership Manager
 (Central)**

13.

	Minor	Moderate	Major	Severe
No of recommendations (1)		1 (Finance Strategy)		
Due Date		Dec 22		

Appendix 2 – Membership of Governance Short Life Working Group

Interim Strategy and Transformation Manager – Angela Macleod
 Service and Development Manager – Lynn Boyd
 Strategy Team Leader – Lynne Gravener
 Strategic Development Officer – Wendy Probert
 Interim Strategic Governance Review Manager – Lauren Cowie

Appendix 3 – Membership of Risk and Assurance Group

Name	Title
Pamela Milliken	Chief Officer
Chris Smith	Chief Finance and Business Officer
Alison McGruther	Chief Nurse
Angela MacLeod	Interim Strategy and Transformation Manager
Craig Blackhall	Area Support Manager, Inverurie Hospital
David Gammack	Information Systems Manager
Ewan Black	NHS Finance Manager
Fiona Campbell	Business Asset Manager
Janine Howie	Partnership Manager (South)
Jeff Shaw	Partnership Manager (North)
Kelly MacLennan	Finance Officer
Lori McKeown	PA to Partnership Manager (North)
Lynn Boyd	Service and Development Manager
Moyra Duncan	Primary Care Lead
Rebecca Meiklejohn	Finance Business Partner
Suzanne Rogerson	Area Support Manager, Banchory and Aboyne
Nikita Cumming	PA to Chief Finance Officer
Lauren Cowie	Interim Strategic Governance Review Manager

Clinical and Adult Social Work Governance Committee Report to Aberdeenshire IJB

Purpose of Report

This report updates the Aberdeenshire IJB on the reconvening of the committee and key issues arising from the Committee meeting on **5th June 2023**. Please find meeting agenda in Appendix A.

Recommendations

The Board is asked to note the following key points and assurances from the Committee in relation to governance matters.

Meeting Minute of 17th March 2023

The minutes were approved for accuracy at the committee meeting on the 5th June 2023. The Committee agreed to use an Action Tracker for this and future meetings of the committee, to ensure that all actions are appropriately followed up and completed.

Inspection Report

Alison McGruther, AHSCP Chief Nurse provided a report on the recent inspections undertaken on AHSCP services by the Care Inspectorate, Healthcare Improvement Scotland (HIS) and the Mental Welfare Commission. A wide range of questions were asked by members of the committee with discussion around the various inspections and those in the Care Homes in particular given the recent events with the Balhousie Home in Huntly. The committee acknowledged the work being done by officers and their teams and agreed that they were sufficiently assured by the report and the actions agreed to be taken forward by officers.

Risk Management Report

Lynn Boyd, AHSCP Programme Manager presented a follow-up report following the last meeting of the Committee in March where it was agreed that an update would be given to each Committee meeting. Following discussion about various items on the risk register and the proposed shortened template for reporting, the Committee welcomed the progress made and agreed that they were partly assured with the report.

Hosted Mental Health and Learning Disabilities Inpatient Specialist Services (MHLDS)

As agreed at the meeting of the Aberdeenshire Integration Joint Board (IJB) on 10th May 2023, Judith McLenan, Lead for Hosted MHLDS, Inpatients, Specialist Services and CAMHS, attended



the Committee to allow members to ask questions on the report which had been previously submitted to the IJB. Committee members asked a range of questions about the challenges, including those of staff recruitment and retention, particularly of Mental Health nursing staff in some areas of Aberdeenshire. As part of the discussion the committee agreed that, in future, reports for those services for our residents which are hosted by other Health and Social Care Partnerships should not be presented to this Committee. In order to avoid duplication or confusion in terms of governance, the Committee would ask that Hosted MHLDS reports are submitted and scrutinized by the City Integration Joint Board and that approved minutes of their governance committee are shared with this committee. It was agreed that this proposed way forward would be taken back to Aberdeenshire IJB for consideration and agreement.

Aberdeenshire Public Protection Update

Kenny O'Brien, NHS Grampian Lead for Public Protection gave a presentation to the Committee on the Public Protection arrangements for Health and Care Service across the Grampian Health and Care System. The Committee noted the presentation and were able to see links to other processes including the inspections which were considered earlier in the meeting.

Children's Joint Inspection Update Report

Hazel Robertson, AHSCP Operational Lead Nurse Children and Families, presented the report to the committee and responded to questions from members. The committee acknowledged the outcome of the inspection which indicated the good work being done by officers and staff in these services. There was a discussion about reporting lines and governance, and as a result the Committee were sufficiently assured with the report and its contents.

GOPES Revised Process Report

This items was deferred to the next meeting due to the amount to time taken to present and discuss the other agenda items.

Steven Lindsay
Chair – Clinical and Adult Social Work Governance Committee
14th April 2023

Appendix A – CASWG Committee agenda

**Clinical Adult Social Work Governance Committee
CASWG
to be held on Monday 5 June 2023
Microsoft Teams Meeting 2:00pm – 4:00pm**

A G E N D A

1.	Welcome / Introductions & Apologies
2.	Minute Approval
3.	Actions
	Reports
4.	Inspection Report – Ali Mc Gruther
5.	Risk Register Report – Lynn Boyd
6.	GOPES Revised Process Report – Alex Pirrie
7.	Hosted MH&LD Inpatient Specialist Services – Judith McLenan
8.	Aberdeenshire Public Protection Update – Kenny O’Brien
9.	Children’s Joint Inspection Update Report – Hazel Roberston
10.	AOCB

**Date of next meeting: Thursday 14th September 2023 2-4pm
Microsoft Teams Meeting**



REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 05 July 2023

DRAFT ABERDEENSHIRE AUTISM STRATEGY FOR CHILDREN, YOUNG PEOPLE AND ADULTS 2023-2028

1 Recommendation

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

- 1.2.1 Consider and comment on the Aberdeenshire Autism Strategy for Children, Young People and Adults 2023-2028
- 1.2.2 Consider and comment on the Aberdeenshire Autism Action Plan for Children, Young People and Adults 2023-2028
- 1.2.3 Approve the Aberdeenshire Autism Strategy for Children, Young People and Adults 2023-2028
- 1.2.4 Approve the Aberdeenshire Autism Action Plan for Children, Young People and Adults 2023-2028

2 Directions

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

3 Risk

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

4 Background

- 4.1 At present, there is no legal obligation on Scottish Local Authorities to develop an Autism Strategy. However, the importance of having a strategy to support our autistic community in Aberdeenshire is acknowledged by both Aberdeenshire Health & Social Care Partnership and Aberdeenshire Council. The Aberdeenshire Autism Strategy and Action Plan for Children, Young People and Adults 2023-2028 aim to improve the lives of autistic individuals through our support services, community access and wider public knowledge and understanding.
- 4.2 Amongst many strategic drivers and key influencers, one of the main and current drivers is the Learning/intellectual disability and autism: transformation plan¹, which aims to also support autistic individuals across Scotland. This plan was

¹ [Learning/Intellectual Disability and Autism Towards Transformation \(www.gov.scot\)](http://www.gov.scot)



published jointly by Scottish Government and COSLA in March 2021, and its main purpose is to 'shape supports, services and attitudes to ensure that the human rights of autistic people and people with learning/intellectual disabilities are respected and protected and that they are empowered to live their lives, the same as everyone else'. In addition, key learning can be captured from the evaluation of the Scottish Autism Strategy 2011 which was undertaken in 2021.

- 4.3 The motivation behind developing an Autism Strategy is based on our ambition to improve the lives of autistic individuals through our support services and wider public knowledge and understanding.
- 4.4 The importance of having a strategy to support our autistic community in Aberdeenshire is acknowledged by both Aberdeenshire Health & Social Care Partnership and Aberdeenshire Council.
- 4.5 The Aberdeenshire Autism Strategy for Children, Young People and Adults 2023-2028 (SDP22-25_Dec22_02) is a joint Strategy developed by Aberdeenshire Council's Education and Children's Services (ECS) and Aberdeenshire Health and Social Care Partnership (AHSCP).
- 4.6 An Autism Strategy Planning Group was established in 2021 and has been co-chaired by the Interim Mental Health and Learning Disabilities Service Manager, AHSCP and a Quality Improvement Officer from within Education. Other members included autistic adults, parents, carers, representation from Autism Understanding Scotland, an individual who self-identifies as neurodivergent, a GP and other professionals.
- 4.7 A programme of **engagement** activities took place between April and September 2022 which aimed to understand the views of stakeholders in Aberdeenshire in relation to the content of the strategy being developed. The approach to engaging with a wide range of stakeholder included:
 - hosting **online-based discussion groups** which included autistic adults, parents, carers, family members, third sector and professionals from various backgrounds.
 - Promoting **online surveys**
 - **comment and provide feedback** on the key questions (see 3.6) via email.
 - School pupils being supported (via school staff members) to share their views by answering a selection of the key engagement questions.
 - **Working with a family (ies)** who have been supported by the Council's Asylum and Resettlement Team. This was supported by staff from the Council's English as an Additional Language Service.
 - reaching out to families whose children are home-educated through social media
 - creating a dedicated webpage (which hosted the online survey), email account and using social media as means of a 2-way communication.



- 4.8 Through the engagement process, stakeholders were asked to reflect on the following key areas in relation to support/services provided either by Aberdeenshire Health and Social Care Partnership or Aberdeenshire Council's Education & Children's Services.
1. What is currently working well?
 2. What is currently working but needs some improvements?
 3. What is currently not working well?
 4. What are the gaps and barriers?
 5. What needs to happen to improve planning, delivery of services and support for autistic children, autistic young people, autistic adults and older autistic adults in Aberdeenshire, and how?
- 4.9 The information gathered from the engagement period was analysed and the following **seven key themes** were identified and incorporated into the Autism Strategy and Action Plan:
1. **Whole Lifespan** – Meeting the needs of autistic people from birth to death by supporting them to access appropriate support and services from our organisations, third sector and from the wider community.
 2. **Diagnostic Pathways (Children, Young People, Adults and Older Adults)**: Supporting the delivery of a clear autistic assessment pathway and transitions process.
 3. **Training** - Supporting training, learning and development to improve knowledge and understanding for those who work in ECS and AHSCP who support autistic people.
 4. **Lifelong Learning** – Delivering inclusive support wherever learning takes place
 5. **Employment** – Enhancing employment opportunities and pathways to enhance the skills and experiences of autistic people.
 6. **Connecting**: Keeping autistic people and their families connected to information and their communities.
 7. **Community**: Building a community that is inclusive, accepting and knowledgeable.
- 4.10 The Draft Autism Strategy was launched for **Public Consultation** and feedback between February and April 2023. Activities included:
- Public Consultation **Drop-In Sessions** in Aboyne, Banff, Crimond, Ellon, Inverurie and Stonehaven
 - hosting **online-based consultation sessions**
 - hosting **autist led online and face to face sessions**
 - An **online-based survey** (easy read format and paper survey were also made available)
 - Information to parents via schools on how **children and young people** could comment and provide feedback
 - **comment and provide feedback** via email.



- using **dedicated webpage** (which hosted the online survey), **email account** and using **social media** as means of a 2-way communication.

4.11 Feedback and comments from the consultation phase were analysed and taken account of in the preparation of the final Draft Autism Strategy. These included:

- Autistic-led – further knowledge and learning should come from autistic people
- Transitioning across the whole lifespan – this needs to be addressed
- Extend collaborative working with the third sector and the autistic community
- More thoughts given towards collaborative and multi-agency working, such as Criminal Justice, Housing and Advocacy
- More support for teaching staff
- Other points to explore and learn more about are complex care, public awareness, rurality, bi-lingual autistic people, autistic carers, home-educated children and families and autistic women and girls.

5 Summary

5.1 The Autism Strategy is a five-year strategy jointly produced by the Health & Social Care Partnership and Education and Children's Services. The previous strategy Aberdeenshire Council's 2014 Strategy for Autism² pre-dated Health and Social Care Integration and had an educational focus.

5.2 This strategy supports a whole lifespan approach aiming to improve support and services for autistic people of all ages - children, young people, adults and older adults. The strategy has been developed in collaboration with autistic individuals, parents/ carers, third sector organisations and various professionals who support autistic individuals within Aberdeenshire.

5.3 Following on from the completion of the programme of engagement activities and identification of seven key themes, a Draft Autism Strategy report was then compiled. This was then taken to the following stages of governance for consultation:

Stage 1 - February 2023

Feedback and comments were sought from Strategic Planning Group, Education and Children Services Leadership Team and GIRFEC Strategic Group.

Stage 2- February-April 2023

Public Consultation - As part of the formal consultation process, feedback and comment on the draft strategy were sought via online surveys, face-to-face and

² Aberdeenshire Council's 2014 Strategy for Autism



online public consultation sessions across Aberdeenshire in order to capture the views of all ages.

Feedback and comments were also sought from all Area Committees throughout the months of February and March 2023.

Stage 3- May-June 2023

Final approval sought from Aberdeenshire Health and Social Care Integration Joint Board (IJB) and Aberdeenshire Council Education and Children's Services Committee.

- 5.4 Feedback and comments from the consultation and a feedback exercise/session were also used to further inform the final Draft Autism Strategy and Action Plan.
- 5.5 On 25th May 2023, the Draft Autism Strategy Report and Action Plan were put before Aberdeenshire Council's Education and Children's Services Committee, in which the Committee members approved both documents.
- 5.6 Further approval of the Autism Strategy and Action Plan is now being sought from Aberdeenshire Health and Social Care Partnership's Integration Joint Board (IJB).
- 5.7 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

6 Equalities, Staffing and Financial Implications

- 6.1 An Integrated Impact Assessment (IIA) has been carried out as part of the development of the proposals set out above. It is included as Appendix 6 and no impact has been identified.
- 6.2 There are no financial and staffing implications in the delivery of this Strategy.

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

Report prepared by:

Ryan McGregor, Interim Mental Health and Learning Disabilities Manager
(North), Aberdeenshire Health and Social Care Partnership

Marian Youngson, Quality Improvement Officer (Inclusion, Equity & Wellbeing),
Aberdeenshire Council's Education and Children's Service

Maria Chan, Strategic Development Officer



Aberdeenshire Health and Social Care Partnership

Date: 09.06.2023

List of Appendices:

Appendix 1: Aberdeenshire Autism Strategy for Children, Young People and Adults 2023-2028

Appendix 2 - Aberdeenshire Autism Action Plan for Children, Young People and Adults 2023-2028

Appendix 3: The Data

Appendix 4: Our Engagement Plan - summary of responses

Appendix 5: Our Consultation Plan - summary of Responses

Appendix 6: IIA Autism Strategy 21.02.2023

Appendix 7: Feedback and Responses from Area Committees



Aberdeenshire Health and Social Care Partnership & Aberdeenshire Council Education and Children's Services

Aberdeenshire Autism Strategy for Children, Young People and Adults 2023 - 2028

Artwork by a member of the Connect 'N' The Broch Fraserburgh Day Opportunities, February 2023

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Address: Aberdeenshire Council Education and Children Services or Aberdeenshire Health and Social Care Partnership, Woodhill House, Westburn Road, Aberdeen, AB16 5GB

Telephone Number: 01224 472540

Education and Children Services Email address: autismstrategy@aberdeenshire.gov.uk

Webpage (Autism Strategy): [A New Aberdeenshire Autism Strategy for Children, Young People and Adults | Engage Aberdeenshire](#)

Contents

Foreword and Executive Summary	4
1. Introduction	6
1.1 Our Autism Strategy	6
1.2 Our Journey Together	7
1.3 Our Use of Language.....	9
2. Autism knowledge and understanding	10
2.1 What is Autism?	10
2.2 The Data	12
3 Our Key Influencers and Strategic Drivers	14
4 The Development of our Strategy	18
4.1 Timeline of our work.....	18
4.2 Key Themes: Our Strategic priorities/goals.....	21
5. Project Governance	45
Acknowledgements	47
Reference page	48

Foreword and Executive Summary



Pamela Milliken

Chief Officer

Aberdeenshire Health and
Social Care Partnership

We are delighted to see the publication of Aberdeenshire’s Autism Strategy. This strategy has been a long time in the making, but it has been vital to get it right and to ensure the voices of those with lived experience have been heard loud and clear in developing this strategy. When we started this process, we were clear we wished to have our autistic community actively involved in the development and implementation. Through careful planning we have been able to support an inclusive approach and ensure the voices of our autistic community are heard.

This is a joint strategy for all ages, from childhood right through into adulthood and importantly it has been produced by Aberdeenshire’s Health and Social Care Partnership, Aberdeenshire Council’s Education and Children’s Services team and of course, and most importantly, members of Aberdeenshire’s autistic and neurodivergent communities.

This strategy sets out our intentions under the seven key themes and provides a clear direction for the next 5 years. Our ambition is to make positive changes and improve outcomes for the autistic community and their families and we are pleased to note just how much active engagement has been undertaken in developing this strategy to ensure it is meaningful for those it is designed to support.



Laurence Findlay

Director

Education and
Children's Services

We would like to thank all those in the communities across Aberdeenshire who have given their time to tell their stories and share their hopes and aspirations for this important work and we hope everyone recognises that their contributions have all been used to develop the final strategy.

Getting it right for our autistic and neurodivergent communities is a clear goal for us and our challenge now across all services for children, young people and adults is now to bring the words in this strategy to life and we look forward to working with colleagues to see this positive work taken forward over the years ahead.

1. Introduction

1.1 Our Autism Strategy

When our previous strategy came to an end, it was important to review and plan our strategic approach for supporting autistic people and unpaid carers. Supports and services for autistic people have developed and expanded, as has our understanding of autism. This strategy is building on the [Aberdeenshire Council's 2014 Strategy for Autism](#) (produced pre Health & Social Care Integration) which aimed 'to help ensure that people with autism lead lives that are as fulfilling as possible'.

The Aberdeenshire Autism Strategy is a five-year strategy which makes a commitment to autistic children and young people, adults, older adults and their families and unpaid carers within Aberdeenshire. We aim to improve the lives of autistic individuals through our support, services and wider public knowledge and understanding. We view this as being our initial steps towards discussing and planning a future pathway which extends from an Autism Strategy to a wider Neurodevelopmental pathway. ¹

¹ P.51, *Evaluation of the Scottish Strategy for Autism, Social Research, The Scottish Government*, (September 2021): [Evaluation of the Scottish Strategy for Autism \(www.gov.scot\)](http://www.gov.scot)

1.2 Our Journey Together

We began a review of our autism strategy in 2019, however due to the Covid-19 pandemic the work was required to be paused. In the summer of 2021, it was agreed to revive this work and move forward collaboratively creating the next Aberdeenshire Autism Strategy.

The Autism Strategy Planning Group was created to lead the planning process. The aim of this group is to co-ordinate the development of the Aberdeenshire's Autism Strategy, including planning engagement and communication. The Group is co-chaired by a Mental Health and Learning Disabilities Service Manager from Aberdeenshire Health and Social Care Partnership and a Quality Improvement Officer from Aberdeenshire Council's Education and Children's Services (see Appendix 1 for more details). Autistic adults, parents, carers, a representative from the charity, Autism Understanding Scotland, and an individual who self-identifies as neurodivergent are also members of the planning group. Other members include various professionals including representation from GPs and the third sector.

It was agreed that this process will follow the ethos of co-production and co-designing, which is fundamental in creating a robust, effective, and meaningful strategy. By doing this, we created a Strategy Planning Group consisting of not just professionals, but also members of the public with lived experiences. An example of where this worked well included members of the autistic community with lived experience co designing and co facilitating the sessions open to public, professionals and young people during the Engagement Phase. Autistic people and their families also contributed to reviewing the draft strategy.

We cannot commit to delivering everything we learned from the engagement process. However, we fully recognise the importance of the strategy having a holistic view. Our strategy and action plan will focus on the key themes that were identified through the engagement phase.

Therefore, we aspire to work with the wider community to support the autistic and non-autistic community to work together inclusively to promote accessibility, understanding and acceptance.

This strategy and accompanying delivery plan highlight our aims, actions, timelines, and how we will measure the impact of the strategy.

‘Co-production goes beyond participation and partnership working because it requires people to act together on an equal basis. It means we can all contribute our lived experience, skills and ideas about what works, to make communities even better’.²

2 [What is co-pro? - Scottish Co-production Network \(coproductionscotland.org.uk\)](https://coproductionscotland.org.uk)



Artwork by a member of Ellon Day Opportunities at Ellon Resource Centre

1.3 Our Use of Language

In this document the language used will be identity-first (autistic) rather than person-first (with autism). This reflects research which shows that most autistic people prefer this use of language (Bottema-Beutel et al, 2021). In addition, language used in this strategy will also reflect the research that shows that using deficit-based, medicalised language has a detrimental effect on autistic people. Instead, a strengths-based, difference-based approach will be used. It should be noted that whilst this is the general preferred terminology, individual differences must be respected and you should always use the preferred terminology of the autistic individual you are speaking with.

2. Autism Knowledge and Understanding

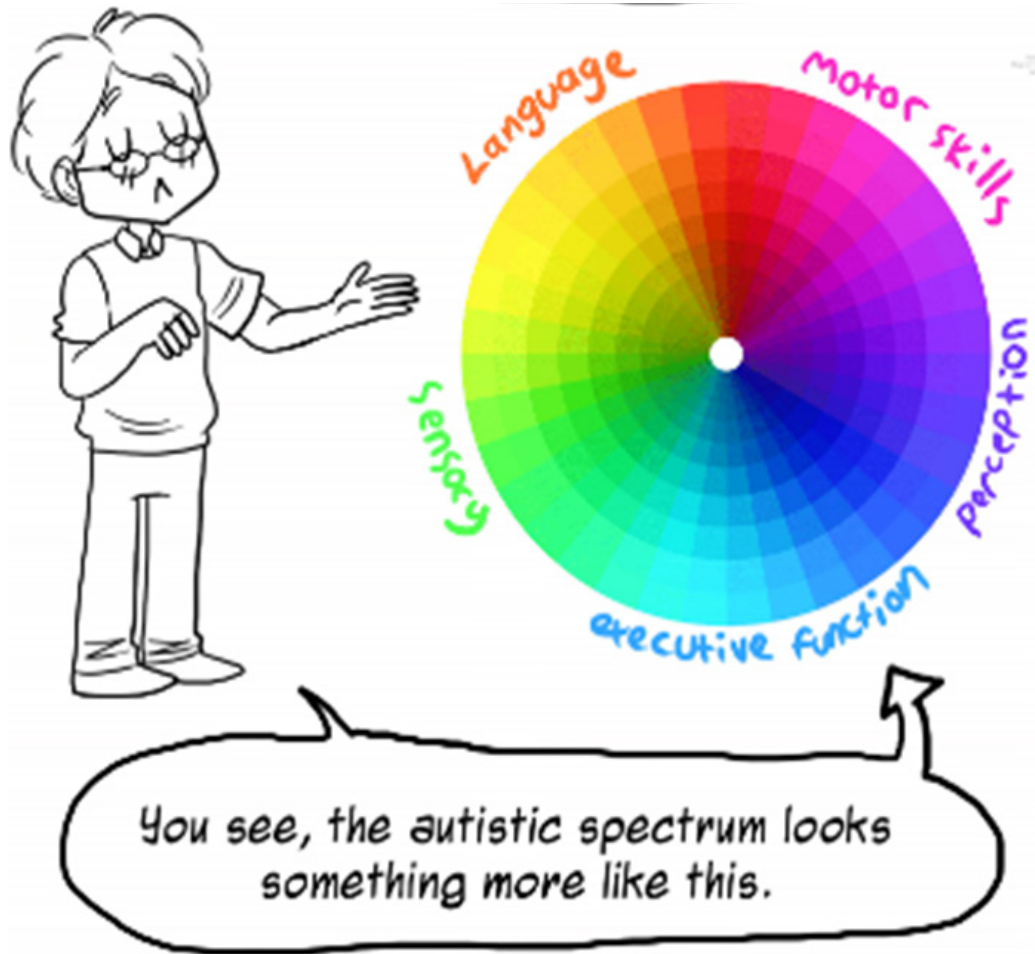


I'm Felicity Goodhall, the senior autism practitioner at Autism Understanding Scotland. The work we do at the charity is all centred around aiding understanding of autistic people and their lived experience, as well as striving to make the world a better place for autistic individuals. From a personal standpoint, I am late-diagnosed autistic and have autistic children who will be going through their education in Aberdeenshire. This all means I have a lot – professionally and personally – invested in making the strategy a success and I felt strongly about helping to facilitate the working groups to ensure everyone who wanted to was able to input into it.

I hugely enjoyed facilitating the working groups I was involved in. We heard from a range of people – both autistic and not – who had some brilliant ideas for how to better support the local autistic community. Everyone was enthusiastic about trying to work together and I came away with some resources I wasn't even aware of before being involved with the strategy.

2.1 What is Autism?

Our understanding of autism has changed over the last decade. This is primarily due to listening to and learning from autistic individuals' lived experience. More research is being led by autistic people and new theories and ways of understanding the autistic experience have developed.



Autism is a lifelong neurodevelopmental difference. The way autistic people's brains work is different to the way non autistic people's brains work. Autism is often talked about as a spectrum. This does not mean a linear spectrum with one end and another. Instead, it refers to a range of experiences that an individual might have which are interconnected and related and dependent on a range of factors. The image below explains this. It is crucial to remember that every autistic person is different and will experience the world differently not only to non-autistic people, but also other autistic peers. For more information about autism, you can follow this link [Autism Understanding](#) Scotland's webpage.

By artist Rebecca Burgess,
accessed 09.01.2022, Webpage:
The Art of Autism³

3 Rebecca Burgess, The Art of Autism: [Understanding the Spectrum - a comic strip explanation](#) | [The Art of Autism \(the-art-of-autism.com\)](#)

2.2 The Data

In Scotland it is estimated that 1 in 100 people are autistic.⁴ Although it is worth noting that this figure is likely to be underestimated as it only recognises individuals who are diagnosed and have chosen to disclose this information. There is currently no one single national database recording data on autistic adults. This information is recorded and held across a range of separate systems, such as the database held by local Adult Autistic Assessment Pathways and GP Practices. Therefore, it is currently not possible to accurately measure the prevalence rates and possess reliable data on autism in adults.⁵

In 2021, an [Adult Autism Assessment Team \(AAAT\)](#) was established to deliver an autism assessment pathway for adults over the age of 18. This service provides a service coverage for Aberdeen City and Aberdeenshire, and from 2022 this also covered Moray. From its development in 2021 until March 2023, the assessment team has received 347 referrals for those wishing to be assessed within Aberdeenshire Health and Social Care Partnership area and approximately 80% of these referrals were self-referrals.

Within education there are [Pupil census supplementary](#) tables, which use the terminology 'receive support as a result of Autistic Spectrum Disorder', which indicate that in 2017, 8% of the school population in Aberdeenshire was receiving this support. In 2021 this rose to 10%. At present, NHS Grampian does not have a specific autism assessment pathway for children and young people who live in Aberdeenshire. For these individuals, referrals for assessments can either be submitted to [Children and Adolescent Mental Health Service \(which is more widely known as CAHMS\)](#) and/or [Community Child Health](#). At present this data is not jointly collated.

4 *Different Minds Campaign: [Different Minds | Autism Scotland](#)*

5 *The Microsegmentation of the Autism Spectrum, 2018:*

[The Microsegmentation Of The Autism Spectrum - Economic and research implications for Scotland \(www.gov.scot\)](#)

According to Aberdeenshire Council records, its data indicates that in March 2023 there were 181 home educated pupils in Aberdeenshire. At present, we do not know how many of these pupils are autistic. From this, it indicates that there is a gap in our level of knowledge around home educated autistic children and families.

Based on these figures and from the knowledge we have, there is a demand for support and intervention, therefore we must be responsive, while considering the constraints on what is able to be achieved. We also recognise that over the years, more autistic children and young people are receiving support in schools, and more autistic adults are receiving support within the community, and we acknowledge this is an ongoing journey for us all to work together on.

Please see appendix 2 for more data information.

3. Our Key Influencers and Strategic Drivers

In creating our strategy, it is important to consider a number of key influencers, local and national strategic drivers which can impact the outcomes we hope to deliver. Below are some examples of relevant documents we have considered:

All links within this section can be found at the end of this document (endnote).

Our local drivers:

Aberdeenshire Children’s Services Plan 2023-2036 ⁱ

Aberdeenshire Health and Social Care Partnership – Learning Disability Strategy, Be All You Can Be – The Big Plan 2020 to 2025 ⁱⁱ

Aberdeenshire Health and Social Care Partnership – Adult Mental Health and Wellbeing Strategy 2019-2024 ⁱⁱⁱ

Aberdeenshire Adult Carer Strategy – Caring for our carers 2019 - 2022 ^{iv}

Aberdeenshire Health and Social Care Partnership – Adult Mental Health and Wellbeing Strategy 2019-2024 ^v

Aberdeenshire Adult Carer Strategy – Caring for our carers 2019 - 2022 ^{vi}

Key influencers and national strategic drivers:

Learning/intellectual disability and autism; transformation plan ‘Towards Transformation’ ^{vii}

This plan was published jointly by Scottish Government and COSLA in March 2021 and states that: “We want this plan to shape supports, services and attitudes to ensure that the human rights of autistic people and people with learning/intellectual disabilities are respected and protected and that they are empowered to live their lives, the same as everyone else.” For more information about this plan you can follow [this link](#).

The Learning Disability, Autism and Neurodiversity Bill ^{viii}

Scottish Government have “committed to introducing a Learning Disability, Autism and Neurodiversity Bill. This Bill will ensure that the rights of autistic people, people with ADHD, dyslexia, and other neurodivergent people are respected and protected. This Bill will also consider establishing a Commissioner to protect people’s rights in practice.” (Scottish Government Website, December 2022). The proposed bill is currently in development and engagement stages. Please note that this Bill is still subject to consultation. For more information you can follow [this link](#).

Local and National Legislation, Policy and Guidance

It is important to recognise how autism fits into the wider picture of legislation and guidance. The table below contains links to the key documents that have helped shape this autism strategy. You can click on each link for more information.

<i>The United Nations Convention on the Rights of Persons with Disabilities</i> ^{IX}	<i>United Nations Convention on the Rights of the Child</i> ^X
<i>The Equality Act 2010</i> ^{XI}	<i>Curriculum for Excellence</i> ^{XII}
<i>Education (Scotland) Act 1980</i> ^{XIII}	<i>Standards in Scotland's Schools etc. Act 2000</i> ^{XIV}
<i>Presumption of Mainstreaming Guidance (2019)</i> ^{XV}	<i>Education (Disability Strategies and Pupils' Educational Records) (Scotland) Act 2002 (the Act)</i> ^{XVI}
<i>Planning improvements for disabled pupils' access to education: guidance for education authorities, independent and grant-aided schools</i> ^{XVII}	<i>Education (Additional Support for Learning) (Scotland) Act (2009)</i> ^{XVIII}
<i>Supporting Children's Learning: Code of Practice (Revised Edition) 2017</i> ^{XIX}	<i>The Children and Young People (Scotland) Act 2014</i> ^{XX}
<i>How Good is Our School?</i> ^{XXI}	<i>Scottish Schools (Parental Involvement) Act 2006</i> ^{XXII}

<p><i>The Social Care (Self-directed Support) (Scotland) Act 2013</i> ^{xxiii}</p>	<p><i>National Health and Social Care Indicators</i> ^{xxiv}</p>
<p><i>The Scottish Strategy for Autism 2011</i> ^{xxv}</p>	<p><i>Getting It Right For Every Child (GIRFEC) 2014</i> ^{xxvi}</p>
<p><i>Scottish Strategy for Autism: outcomes and priorities 2018-2021</i> ^{xxvii}</p>	<p><i>SIGN Guideline 98: Assessment, Diagnosis and clinical interventions for children and young people with autism spectrum disorders, 2007</i> ^{xxviii}</p>
<p><i>National Care Service</i> ^{xxix}</p>	<p><i>Scottish Mental Health Law Review</i> ^{xxx}</p>
<p><i>Coming Home Agenda</i> ^{xxxi}</p>	<p><i>Mental Health (Scotland) Act 2015</i> ^{xxxii}</p>
<p><i>Mental Health (Care and Treatment) (Scotland) Act 2003</i> ^{xxxiii}</p>	<p><i>Adult Support and Protection (Scotland) Act 2007</i> ^{xxxiv}</p>
<p><i>Scottish Government Home Education Guidance (updated 2001)</i> ^{xxxv}</p>	

4. The Development of our Strategy

4.1 Timeline of our work

2019 – 2020: Collaboration and scoping work began between Aberdeenshire Council Education and Children’s Services and Aberdeenshire Health and Social Care Partnership with the aim to develop a new Aberdeenshire Autism Strategy and Action Plan.

This work was paused in 2020 due to the Covid-19 pandemic.



Spring 2021: Creation of the Aberdeenshire Autism Strategy Planning Group

This group meet on a regular basis to discuss, plan and deliver work around developing the Strategy.

To help us to cascade our updates to the public, we created a webpage⁶ and we also tried to keep in touch with others through social media.



6 Webpage: [A New Aberdeenshire Autism Strategy for Children, Young People and Adults | Engage Aberdeenshire](#)

April 2022 – September 2022: the Engagement Phase.

The purpose of this phase of work was to capture the views of everyone – including children, young people and adults on *what should be in our next Aberdeenshire Autism Strategy?*



Broadly, the main questions asked throughout all the discussions and surveys questions were based on:

- What is currently working well?
- What is currently working but needs some improvements?
- What is currently not working well?
- What are the gaps and barriers?
- What needs to happen to improve planning, delivery of services and support for autistic children, autistic young people, autistic adults and older autistic adults in Aberdeenshire

September 2022 – January 2023:

- Analyse all feedback and responses
- Identify our Strategic priorities/goals
- Prepare Draft Strategy Report and Draft Delivery Plan.
- Revising our Strategy



February – April 2023:

Seek feedback and comments from Governance Bodies – Aberdeenshire Council GIRFEC Strategic Group, Aberdeenshire Council’s Education and Children’s Service Leadership Team and Aberdeenshire Health and Social Care Partnership’s Strategic Planning Group. We also met with Area Committees (Councillors) and launched our Public Consultation phase in which various methods to contribute and respond were made available, including online and face to face sessions.

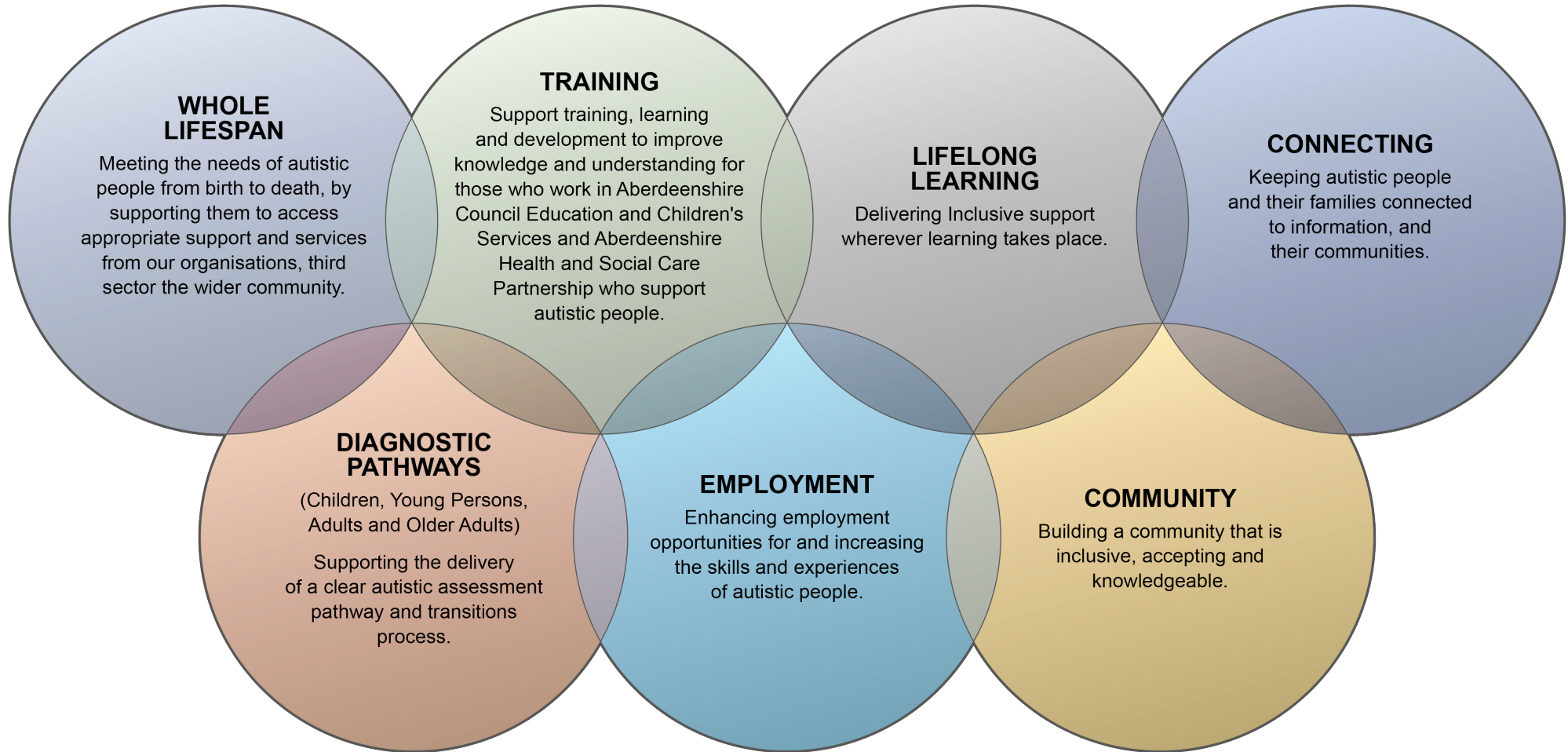


May – July 2023:

Approval being sought from Aberdeenshire Health and Social Care Partnership IJB and Aberdeenshire Council’s Education and Children’s Services Committee.

4.2 Key Themes: Our Strategic priorities/goals

All the feedback gathered from the engagement sessions was analysed and the following **7 Key Themes** were identified:



Key Theme 1: Whole Lifespan

Our Aim:

Meeting the needs of autistic people for all their lives, from birth to death by supporting them to access appropriate support and services from our organisations, third sector and from the wider community.

Our Commitments:

- To work together with autistic people and other stakeholders to enhance the lives of autistic people, their families and/or carers at key stages of their life, such as the transition from social work and/or children's health services to adult services, from early years to primary, from primary to secondary school, or the transition from secondary school, for example, into employment or further education. Transitions reach beyond education-based changes and will impact on people throughout their whole lives.
- To work together with autistic people and colleagues in health to ensure the health needs of autistic people are understood and that there is knowledge and understanding of autism within our services.
- To work together with autistic people and other stakeholder to ensure that the needs of older autistic people are understood, accepted and planned for.

It is key for our autistic community within Aberdeenshire to have a positive journey through life, from a timely diagnosis, appropriate supports at the right time and having good access to health and wellbeing services is essential. An autistic person will experience many ups and downs within their life and it's important our autistic community have appropriate supports in place to enhance this.

An autistic person may need support or guidance as they transition through key stages of their life. It is important that we empower the autistic person to do as much as they can for themselves, while providing clear and consistent support as needed. Transitions at any stage in life can be difficult, even more so for an autistic person.

In Education and Children’s Services, some transitions have specific timescales, as outlined in Additional Support Needs legislation, and many transitions are supported through the GIRFEC (Getting It Right For Every Child)⁷ assessment and planning processes. GIRFEC (Getting It Right For Every Child) will continue to play a key role in improving transitions for autistic children and young people.

We recognise the transition from children’s services to adult services to be one that sometimes feels challenging and daunting. Over the last number of years, we have begun to improve this, we aim to ensure good transitions in all parts of our services to support the autistic person as they go through life.

As our autistic population ages, it is important that we ensure we maintain good outcomes for older autistic people. We require services to be understanding, supportive and adaptive to changing needs. We intend to explore the option of working with Aberdeenshire care providers to increase the awareness of autism and ensure we meet the needs of older autistic people.

7 *Getting it right for every child (GIRFEC): [Getting it right for every child \(GIRFEC\) - gov.scot \(www.gov.scot\)](http://www.gov.scot)*

Key Theme 2: Diagnostic Pathways (Children, Young Persons, Adults and Older Adults)

Our Aim:

Supporting the delivery of a clear autistic assessment pathway and transitions process.

Our Commitments:

- To support the delivery of a ‘person centred’ autistic assessment pathway. Support should be given regardless of what age you are.
- To provide appropriate and timely support and clear information about what is available, including access to services before, during and after being part of a diagnostic pathway.

Feedback from our consultation process has highlighted a continued need for early recognition, and access to clear assessment pathways with support at all stages, across the lifespan. This includes access to post-diagnosis support for both children and adults. As such, the strategy aims to establish a clear pathway for assessment, diagnosis, care and support to autistic individuals, their families and carers, across the lifespan.

Assessment and Diagnostic Services for Children

An assessment should include a history of the individual, clinical observation which looks at social interaction and play, speech, language and communication difficulties and behaviour. A number of professionals, such as a Speech and Language Therapist and Psychologist may be involved.

If the child is at pre-school stage, the GP, health visitor or nursery staff can currently refer them to Community Child Health to progress an assessment. Other agencies can refer too.

Children between the ages of 5 and 18 can be referred to Community Child Health, or between the ages of 0-18, they can be referred to Child and Adolescent Mental Health Service (CAMHS) for assessment. NHS Grampian has delegated responsibility for delivery of Child and Adolescent Mental Health Services (CAMHS) to the Aberdeen City Health and Social Care Partnership, and the service provided supports people who reside in Aberdeenshire, Aberdeen City and Moray. Referrals will often come following discussion through the GIRFEC (Getting It Right For Every Child) Child's Planning process, but referrals can come from a variety of professionals, including the GP.

Based on feedback from our Engagement Phase, parents/carers state that there is a lack of clarity around the assessment process and that they are waiting a significant length of time for a referral process to be initiated and completed.

Our local strategy aims to support the understanding of the diagnostic pathway for children and young people from the point of referral, through to assessment, diagnosis and post diagnostic support.

Assessment and Diagnostic Services for Adults

Within Aberdeenshire Health and Social Care Partnership adults and older adults with a diagnosis of autism as their predominate condition are generally supported by mental health services. Those who have a dual diagnosis of autism and a learning disability may be supported by learning disability services.

As of January 2021, an adult autism assessment pathway was established in Grampian. Assessment and Diagnosis of Autism for those 18 years and over (without diagnosed Learning disability) is currently undertaken by the NHS Grampian Adult Autism Assessment Team (AAAT). This pilot team is funded until March 2024. The team take self-referrals and can be contacted on gram.adultautismteam@nhs.scot

This multi-disciplinary team consists of Occupational Therapists, Speech and Language Therapists, Nursing and Psychology staff. This specialist assessment involves a history-taking element, a clinical observation/assessment element, and obtaining wider contextual and functional information. The team work with the diagnostic criteria in the DSM-5. There is currently a waiting list for this service.

Assessment and diagnosis for those 18 years and over with an identified learning difficulty is discussed within the learning disability multi-disciplinary team and a referral is made to psychology for them to support with this process.

There have been studies around autism, in particular in women and girls, which has meant our level of knowledge and awareness has increased.⁸

8 Scottish Autism: [Women and Girls Professional Resources](#) | [Scottish Autism](#)

‘Our thoughts on diagnosing women and girls has shifted over the last 10 years or so. Diagnostic criteria have changed and so has our knowledge about presentation of autism in girls and women. You can see from the Adult Autism Assessment Team referral data that female referrals have consistently been sitting at 60-65%. I believe this demonstrates that there are many women who were not diagnosed in childhood and who have masked for much of their lives. Our new learning about autism and general increased awareness in the population has meant that these women are now feeling empowered to seek diagnosis.’

***Mrs. Lizzy Archibald, Clinical Lead and Specialist Occupational Therapist,
Adult Autism Assessment Team, NHS Grampian. 24th March 2023***

Key Theme 3: Training

Our Aim:

Supporting training, learning and development to improve knowledge and understanding for those who work in Aberdeenshire Council Education and Children's Services (ECS) and Aberdeenshire Health and Social Care Partnership (AHSCP) who support autistic people.

Our Commitments:

- To work with autistic people and other stakeholders to offer a range of up to date and relevant autism training with the input from autistic people, including opportunities for autistic-led training. We support the promotion of asset-based, inclusive training approach.
- To work with colleagues within and outwith the organisation, and in the wider community to share training opportunities, knowledge and experience.

Feedback from our consultation has indicated that staff in all agencies who support autistic people should have opportunities to access autism related training to support their role.

Responsibility for identifying, collating and delivering comprehensive training across both Adult Social Work, including social care staff, and Children's Social Work Services is primarily undertaken by the Workforce Development Team (WDT) based on collaboration with operational services. Integrated training opportunities across these staff groups and with NHS colleagues is promoted where applicable to work role and professional disciplines within the Aberdeenshire Health and Social Care Partnership and Aberdeenshire Council Services.

An annual training needs analysis is completed across all social work and social care services, collated and transposed into a joint annual training plan for each financial year which is shared with senior managers across Adult and Children's Social Work Services. The information gathered informs us of what is learning is required, and professional development activities are commissioned by the Workforce Development Team for colleagues within these services.

In relation to the delivery of autism training post pandemic a review of the efficacy of free and costed courses and training is ongoing. A previously successful programme delivered through a team of interagency trainers delivering entry level autism awareness sessions commissioned from the National Autistic Society has ceased to be viable. Due to the loss of trainers and the identified need to update and reframe material in the light of developing knowledge within the context of practice in Scotland new options are being explored. The NHS Education for Scotland Autism Training Framework 'Optimising Outcomes' (2014) maps out four levels of skill (informed, skilled, enhanced and expertise levels), which are based on the professional's frequency of contact with autistic people and their level of responsibility. The longer term aim is to develop a suite of materials and courses across the spectrum of "informed" to "expert" learning requirements.

Currently staff have access to internal resources on learning platforms, called Aberdeenshire Learning and Development Online (ALDO) and NHS Education for Scotland's (NES) online training platform called TURAS, external free resources via agencies such as the Open University and Skills network which would meet the learning requirements of the majority of new social care colleagues. Where more specialist requirements are identified by services the Workforce and Development Team WDT would seek to resource materials of training courses at the appropriate level as authorised by senior managers.

In Education, a variety of training opportunities are available to staff and a wide variety of professional learning opportunities are available. This includes access to the following:

- The Autism Toolbox (www.autismtoolbox.co.uk)
- Meeting the needs of autistic learners. A professional guide for teachers
<https://www.gtcs.org.uk/wp-content/uploads/2021/09/professional-guide-meeting-needs-autistic-learners.pdf>
- Education Scotland online modules (<https://www.open.edu/openlearncreate/course/index.php?categoryid=359>)
<https://www.open.edu/openlearncreate/course/view.php?id=6935>
- NAIT website (www.thirdspace.scot/NAIT)
- Training provided to individual schools or clusters by Educational Psychology, partners, or external providers.

Consultation, however, has indicated that the training accessed is not consistent and that a clear professional learning framework for education staff would be beneficial.

A Professional Learning Framework for Supporting Autistic Learners has been developed for education staff, based on The NHS Education for Scotland Autism Training Framework 'Optimising Outcomes' (2014). In addition, a Self-Evaluation Tool for schools has been developed, as well as Universal level training on Understanding and Supporting Autistic Learners (available on ALDO). Further Understanding Sensory Behaviours modules are also available to staff on ALDO and other materials will be developed.

The opportunity exists for the Workforce Development Team to engage with colleagues in Education to benefit from the already established course tailored to the needs of children in an educational setting.

In the Early Years, a central early years fund is used to allocate support to settings and can be used for training. At present, there is a pilot underway involving speech and language therapists, who are working with the central early years team and staff in a funded provider setting to deliver intensive interaction training. Intensive Interaction is an approach for helping autistic children who are at early levels of development. The speech and language therapists will continue working with the staff team in the setting over a number of weeks to ensure that highly effective practice is embedded throughout and to offer ongoing advice and guidance.

Following on from the pilot and building on the lessons learned, an effective delivery model will be developed so that it can be rolled out to all school and funded provider settings and embedded over the next 3 years.

As previously mentioned, feedback from our consultation has indicated that staff in all agencies who support autistic people should have appropriate levels of training related to their role. In Health Services for children/young people, the training available is specific to each sector. For example, training for the Speech and Language Therapy team is done largely internally. All Speech and Language Therapists have a basic knowledge and understanding of autism as a result of their undergraduate training however further in-depth training is carried out by specialists within the team. This includes use of Makaton signs and symbols (this is also provided by the Speech and Language Therapy team or other Makaton tutors to the general population and professionals). All Speech and Language Therapy paediatric staff are trained in Picture Exchange Communication System (PECS) and some have undergone Social Communication, Emotional Regulation and Transactional Support (SCERTS) training. There is regular internal training on how to assess and write a report to support the diagnostic process. 4 team members are trained in More than Words (Hanen) which allows them to run parent workshops for pre-school children with Autism. There are also 3 Autism Diagnostic Observation Schedule (tool) assessors in the team (one of whom is a trainer for the consortium). Speech and Language Therapy service are also training providers and to education/

early years settings they frequently provide face to face training and coaching on visual supports and adult-child interaction and these are tailored to the needs of the setting.

The adult team have more limited knowledge on autism but have identified training needs within the team and specialists are providing ad hoc training on supporting the communication of those with autism.

Each service within child health is responsible for its own training in relation to autism, and consultation has indicated that people have received inconsistent levels of knowledge and understanding from different health professionals. As one of the aims of this strategy is to support all agencies who support autistic people to have appropriate levels of training related to their role, this will need to be explored further.

There are also a number of other services who support autistic people and the ones included here are just some examples. The strategy needs to do further work to promote the aim that staff in all agencies who support autistic people should have appropriate levels of training related to their role.

Key Theme 4: Lifelong Learning

Our Aim:

Delivering inclusive support wherever learning takes place.

Our Commitments:

- To continue to improve inclusive support for autistic learners, wherever learning takes place
- To enhance consistency and flexibility of support for autistic learners through increased knowledge and understanding of staff in education and learning settings

Learning happens in lots of different places during our lives. For many it is in formal settings such as in Early Learning and Childcare or a School, and later in life for some it may be in Further or Higher Education. Learning also takes place in lots of other ways and in lots of other contexts. Some children and young people are home educated whilst some access other learning opportunities through other Council Services as well as through voluntary and third sector partners. Learning opportunities, both formal and informal, take place throughout our lives.

Early Years

In the Early Years (0-5) the Health Visitor is the named person. Three and four year-olds (and eligible 2 year-olds) are entitled to 1,140 hours of funded Early Learning and Childcare (ELC). In Aberdeenshire there are 160 Early Learning and Childcare providers (87 local authority, 73 Third Sector/Funded Providers) with 4765 children registered (2022), and Early Years provision in Aberdeenshire is delivered to meet the needs of every child, wherever they choose to take their 1140 funded hours. The 'funding follows the child' model for 1140 hours allows parents the flexibility to consider which setting

is right for them and their child, whether this is a school early learning and childcare setting, a play group, a day care or a childminder, or a mixture of more than one.

A central early years fund is used to allocate support to settings. The individual needs of an autistic child are assessed by the setting with involvement from the central early years team and a plan is put in place to ensure that they are safe and well supported to flourish. Funding can be used for additional staffing for the setting, resources and training. In school settings the central team allocate the funding to the school and in funded providers, such as a childminder, day-care or playgroup, funding is provided in the form of an enhanced rate per hour to cover additional staff costs, resources and training.

School aged children and young people

Across Aberdeenshire, around 37,000 children were supported in Primary and Secondary education (as of September 2022). This was delivered through:

- 17 School Clusters (a Secondary School together with its feeder Primary Schools)
- 146 Primary Schools with 20,865 children enrolled
- 17 Secondary Schools with 15,718 young people enrolled
- 4 Special Schools with 229 children and young people enrolled

In each cluster there are different levels of support available to help learners, from universal to targeted and specialist. Meeting a learner's needs can sometimes require a multi-agency response. Getting it right for every child (GIRFEC) promotes partnership working to ensure that children receive the right support at the right time from the right people. Services need to work together in a coordinated way to meet the specific needs, and improve the wellbeing, of children and young people.

Lots of supports currently exist in each cluster, including Pupil Support Assistants, Additional Support for Learning Teachers, Intervention and Prevention Teachers, Pupil Support Workers, Nature Nurture Practitioners and Educational Psychologists. Learners might also access supports from the local Enhanced Provision or Community Resource Hub, depending on the child/young person's level of need. Some learners access services commissioned by education to meet their needs.

Community Learning and Development

The Community Learning and Development (CLD) Service are part of Aberdeenshire Council's Education and Children's Services. They work with adults, young people and communities to support them to change their lives and strengthen their communities through learning. Community Learning and Development is a targeted service, supporting community members at various stages in their lives, therefore the learning journey is life long and life wide.

Community Learning and Development work with targeted young people (12 – 25), adults and community members and groups and deliver informal learning to enable positive changes in communities and in the personal lives of those living and working in our council area. The service priorities based on data and local intelligence are accreditation, capacity building, employability and skills for life, family learning, literacies, learner and youth voice and transition.

Below are some examples of what Community Learning and Development offers to support lifelong learning

- Use of informal learning methods to help people living and working in Aberdeenshire
- Learning in small groups or one to one; online and face to face learning
- Opportunities to learn new skills, improve existing skills and achieve your goals including a variety of accreditation opportunities
- Transitions support for young people P1 to S1, S3/4 and as they approach leaving schools with a focus on developing and achieving their own personal goals during and post school
- Literacies, life skills, personal development and a range of qualifications.
- Support to establish and build capacity, community activity and funding.

Partners in many other local services including Education, Social Work, NHS, and the Voluntary Sector refer learners to Community Learning and Development. Learners can also self-refer. Engagement with Community Learning and Development is voluntary and directed by the individual, group and community needs. Community Learning and Development uses a person-centred approach to delivery supporting the group or learner to achieve their identified needs and learning outcomes.

Further and Higher Education

The provisions local to Aberdeenshire are Robert Gordon University (RGU), University of Aberdeen, and North East Scotland College (NESCOL). Each setting has their own internal support structures for students with additional support needs.

Consultation has indicated that whilst some autistic children/young people/adults and/or their parents/carers were happy with the supports they had received in learning settings, this was not consistent.

Increased knowledge and understanding of staff were a common theme and developments related to this are included in the Training theme.

In terms of lifelong learning, the strategy will aim to provide inclusive support for autistic learners, wherever learning takes place, by enhancing consistency and flexibility of support.



Artwork by a member of Ellon Day Opportunities
at Ellon Resource Centre

Key Theme 5: Employment

Our Aim:

Enhancing employment opportunities and pathways to enhance the skills and experiences of autistic people.

Our Commitments:

- To recognise the range of skills and knowledge possessed by autistic people, and their desire to work, whilst also appreciating the significant barriers can get in this way of this.
- To provide opportunities, support and skills training to autistic people who want to work.
- To work with autistic people and other stakeholders to increase knowledge and understanding of autism in an employment setting and to promote the benefits of having a neurodiverse workforce.

Work has a significant role in adult life. Employment integration can fulfil a variety of needs and is important for social and emotional wellbeing of individuals. This is particularly true for an autistic person. Working offers the opportunity for individuals to feel valued, respected and included in society and can help prevent isolation and mental illness.

Aberdeenshire Health and Social Care Partnership work closely with the Employment Support Team which is Aberdeenshire Council's central point for employment support. The team coordinates the Aberdeenshire Employability Partnership, which is where a number of agencies come together to discuss employment opportunities and ensure the best outcome for people seeking employment. The Employment Support Team also commission work to be done with service users using either using their own resources or third sector.

Of course, autistic individuals have highly specific abilities and Employability Services can provide training to employers, co-workers, and job-coaching to the employees. The service is committed to educate employers, challenge discrimination to remove barriers and promote independence, confidence, social skills inclusion, and integration.

Our Autism strategy aims to support autistic people to ensure people work collaboratively to support, assess, identify, and develop their skills integrating autistic individuals into local communities. That can include work placements, training, job-matching, voluntary work or indeed into work or self-employment. Referrals can be open for up to a year where necessary.

Autism is complex and not just one size fits all, it often requires the support of multi-agencies. Employment Connect connects all agencies supporting autistic adults. See the webpage: <http://www.skillsnetwork.com/>.

Key Theme 6: Connecting

Our Aim:

Keeping autistic people and their families connected to information and their communities

Our Commitments:

- Ensuring that autistic people, their families and unpaid carers have access to up-to-date information about what services, supports and opportunities are available to them and how to access them.
- Working with the autistic and non-autistic community to support better connections, reducing the likelihood of social isolation and isolation from support.
- Working with autistic people and other stakeholders to ensure that the needs of those living in remote and rural settings are voiced and listened to.

There are a number of different plans and services within Aberdeenshire which relate to this theme and some of these are outlined below.

[Aberdeenshire Council Plan 2022 - 2027](#) describes the priorities for 2022 - 2027, supporting and promoting local decision-making and empowering communities to influence, shape and contribute to the delivery of services. The focus is on growing the local economy and promoting healthy and resilient communities.

[The Aberdeenshire Digital Strategy 2020 - 2025](#) aims to ensure that citizens and communities can access all relevant services online, at a time and on a device that suits them, using a single login.

Aberdeenshire Community Planning Partnership's focus is community empowerment and one of the priority areas for development is Connected and Cohesive Communities. The Connected and Cohesive Communities Strategic Lead Partnership Group highlights that the more 'connected' a community is, particularly in terms of access to services and physical connections, such as transportation, broadband, to social connections and citizens, the greater the opportunity is for the community to be 'cohesive' with a common vision and sense of belonging.

Aberdeenshire benefits from a range of transport options which include First bus and Stagecoach Bluebird services, A2B Dial-a-bus, and Community Transport including minibus hire. Some of these initiatives are responsive to individual or local need, aiming to address issues of access to transport to those who live in rural locations, or for those who need a door-to-door service. Those aged under 22 can access free bus travel almost anywhere in Scotland by using their National Entitlement Card or Young Scot National Entitlement Card.

Aberdeenshire Council and Health and Social Care Partnership commission an advocacy service to support people aged 16 years and over to take more control of their lives by making sure they have the right, and opportunity to contribute to the discussions and decisions about the services and treatment they get.

Tackling poverty and inequality is a strategic priority for Live Life Aberdeenshire, as set out within its business plan. The service aims to reduce barriers to participation and address health inequalities by better understanding the specific needs of service users with additional support needs, including autistic children, young people and adults.

The service will share the guidance and resources available through the Aberdeenshire Autism Strategy to continue to develop activities and services for those with additional support needs and where there is demand/need, develop programmes

focussed on these needs. Live Life Aberdeenshire also arrange a range of inclusive and additional support need specific activities within their sport and leisure venues. For example, its outdoor centres will provide specific Additional Support Needs (ASN) tubing, Nordic ski activities and quiet sessions within its pools, and Lego and coding clubs in its libraries. In addition, the library's doorstep delivery and click-and-collect will support those who cannot or have difficulty visiting a library.

The free Live Life Essentials membership includes access to free sporting activities, digital services like Press Reader and Overdrive to access free books and magazines, and to access digital services within the leisure and library estate.

Money and benefits advice is available from the Money Advice and Welfare Rights Team who are able to provide free, impartial and confidential advice on benefits, which includes support to complete benefit claim forms, challenge a benefit decision and recommend other organisations and agencies that may be able to assist.

Aberdeenshire Council and Health and Social Care Partnership utilises social media such as Twitter and Facebook to publicise information and developments.

These are only a few examples and there are lots of other parts of the Council as well as third sector and voluntary agencies who provide services. Whilst there is plenty information out there, and lots of services are available, consultation indicated that this needs to be more joined up so that people know where to find up to date information.

In addition, it was felt that there could be more opportunities to work with the autistic and non-autistic community to support better connections, reducing the likelihood of social isolation and isolation from support, particularly in rural areas.

Key Theme 7: Community

Our Aim:

Building a community that is inclusive, accepting and knowledgeable.

Our Commitments:

- To work with the autistic and non-autistic community to promote autistic-led knowledge and understanding of autism across Aberdeenshire
- To work with autistic people and local groups, organisations, partners and stakeholders to collectively build trusting relationships and improve our understanding of the autistic community.
- To support societal knowledge and acceptance to support inclusive access and supports.

Alongside our partners, stakeholders and the autistic community, we want to learn more how best to support individuals and families from various different backgrounds, such as those with English as a second language in the hope of reducing isolation. Given the increase in the number of pupils with English as an additional language in Aberdeenshire, we understand the importance of developing our learning around communication (language) barriers, understanding cultural capital and the bilingual autistic brain.

The Autism Strategy: Action Plan

Following on from identifying 7 Key themes, an Action Plan has been created setting out what will be our strategic aims and outcomes over the next 5 years. Our Action Plan will also set out what actions will be taken; the resources put in place and



Craftwork by members of South Day Services at Kraftwork in Aboyne

identify which lead services and officers will be responsible for the work.

Fluidity and change are to be expected in all projects, this plan should be considered as a live document which will continue to be reviewed and where appropriate modified in consultation with the Monitoring Group, including further definition of milestones against which progress will be reported back to the relevant governance bodies. Further national and local performance measures may also be added to this Action Plan as they are developed and become available.

Please see Appendix 5 for details.

5. Project Governance

Steps need to be taken to ensure the strategy and the delivery plan are presented to various governance bodies who have oversight of the work undertaken. These documents will also be made accessible to the public for consultation.

To achieve final ratification and approval, the following stages will occur:

Stage 1: February 2023 – submission of draft strategy report to Aberdeenshire Health and Social Care Partnership Strategic Planning Group, Aberdeenshire Council’s GIRFEC Strategic Group and Aberdeenshire Council’s Education and Children Services Leadership Team, for comments and feedback.

Stage 2: February - April 2023 – Draft strategy report to be made available for Public Consultation and for feedback from Aberdeenshire Council’s six Area Committees.

Stage 3: May - July 2023 – Approval sought from Aberdeenshire Health and Social Care Integration Joint Board and Aberdeenshire Council’s Education and Children Services Committee.

Reporting structure

The Strategy and Action plan will be delivered and monitored by an Aberdeenshire Monitoring Group which will be co-chaired by professionals from Aberdeenshire Council’s Education and Children’s Service and Aberdeenshire Health and Social Care Partnership.

Aberdeenshire's Council's GIRFEC Strategic Group and Aberdeenshire Health and Social Care Partnership's Autism Strategic Outcomes Group will oversee the implementation of the strategy and delivery of the actions.



To also help feed into the development and monitoring of actions, we will seek to create an Autist-led Lived Experience Forum consisting of members of the public and people with lived experiences.

Revising our Strategy

It is our intention that at the 3.5 year mark after the Strategy has been implemented, the Oversight Group will be tasked to review and plan which relevant steps to take when the Strategy comes to an end.

Acknowledgements

Special thanks to every member of the Autism Strategy Planning Group. Thank you to everyone who helped plan, organise, and facilitate the work.

Gratitude is also extended to Felicity Goodhall at Autism Understanding Scotland and Lynsey Stewart, Independent Specialist Consultant who assisted in the writing of this strategy report.

We express further appreciation to all the autistic people who engaged and shared with us their views and experiences, to help us put together our Strategy.

Reference page

Webpages and Links:

- *Aberdeenshire's Children's Services Plan: [Our Children & Young People's Services Plan \(girfec-aberdeenshire.org\)](https://www.girfec-aberdeenshire.org)*
- *Aberdeenshire Health and Social Care Partnership, Strategies, Plans and Reports: <https://www.aberdeenshire.gov.uk/social-care-and-health/ahscp/health-and-social-care-strategies-plans-and-reports/>*
- *The Art of Autism by Rebecca Burgess: [Understanding the Spectrum - a comic strip explanation | The Art of Autism \(the-art-of-autism.com\)](https://www.the-art-of-autism.com/understanding-the-spectrum)*
- *Adult Autism Assessment Team (AAAT): [Adult Autism Assessment Team \(City, Shire & Moray H&SCP\) – Hi-Net Grampian \(scot.nhs.uk\)](https://www.scot.nhs.uk/hi-net-grampian/adult-autism-assessment-team)*
- *[A New Aberdeenshire Autism Strategy for Children, Young People and Adults | Engage Aberdeenshire](#)*
- *Autism Understanding Scotland: [Autism Understanding Scotland - reframing the narrative around autism](#)*
- *Children and Adolescent Mental Health Service (CAHMS): <https://www.nhsgrampian.org/service-hub/child-and-adolescent-mental-health-services-camhs-grampian/>*
- *Community Child Health: [Clinics and services \(nhsgrampian.org\)](https://www.nhsgrampian.org/clinics-and-services)*

- *Learning About Neurodiversity at School (LEANS)*. Salvesen Mindroom Research Centre, The University of Edinburgh: <https://www.ed.ac.uk/salvesen-research/leans>
- *Scottish Co-production Network*: [What is co-pro? — Scottish Co-production Network \(coproductionscotland.org.uk\)](http://coproductionscotland.org.uk)
- *Different minds campaign*: [Different Minds | Autism Scotland](http://DifferentMinds.org.uk)
- *Autism Toolbox*: [Home | Autism Toolbox](http://AutismToolbox.org.uk)
- *National Autism Implementation Team*: [NAIT | ThirdSpace](http://NAIT.org.uk)
- *Scottish Government Publications, Pupils Consensus*: [Pupil census: supplementary statistics - gov.scot \(www.gov.scot\)](http://www.gov.scot)
- *The United Nations Convention on the Rights of Persons with Disabilities*: [Convention on the Rights of Persons with Disabilities \(CRPD\) | United Nations Enable](http://UnitedNations.org)
- *The United Conventions on the Rights of the Children*: [UN Convention on the Rights of the Child - UNICEF UK](http://UNICEF.org)
- *Education (Disability Strategies and Pupils' Educational Records) (Scotland) Act 2002*: [Education \(Disability Strategies and Pupils' Educational Records\) \(Scotland\) Act 2002 \(legislation.gov.uk\)](http://legislation.gov.uk)

- *Planning improvements for disabled pupils' access to education: guidance for education authorities, independent and grant-aided schools: [Chapter 3: The planning duties and main priorities for the accessibility strategy - Planning improvements for disabled pupils' access to education: guidance for education authorities, independent and grant-aided schools - gov.scot \(www.gov.scot\)](#)*
- *Supporting Children's Learning: Code of Practice (Revised Edition) (2017): [Additional support for learning: statutory guidance 2017 - gov.scot \(www.gov.scot\)](#)*
- *The Children and Young People (Scotland) Act 2014: [Children and Young People \(Scotland\) Act 2014 \(legislation.gov.uk\)](#)*
- *The Equality Act 2010: [Equality Act 2010 \(legislation.gov.uk\)](#)*
- *Curriculum for Excellence: [What is Curriculum for Excellence? | Curriculum for Excellence | Policy drivers | Policy for Scottish education | Scottish education system | Education Scotland](#)*
- *How Good is Our School?: [How good is our school? \(4th edition\) \(education.gov.scot\)](#)*
- *Scottish Schools (Parental Involvement) Act 2006: [Scottish Schools \(Parental Involvement\) Act 2006 \(legislation.gov.uk\)](#)*
- *The Social Care (Self-directed support) (Scotland) Act 2013: [Social Care \(Self-directed Support\) \(Scotland\) Act 2013 \(legislation.gov.uk\)](#)*

- *National Health and Social Care Indicators, Scottish Government, 2015:*
[Health and Social Care Integration: core indicators - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations-petitions/html/2015/01/Health_and_Social_Care_Integration_core_indicators.html)
- *Getting it right for every child:* [Getting it right for every child \(GIRFEC\) - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations-petitions/html/2015/01/Getting_it_right_for_every_child_GIRFEC.html)
- *Healthcare Improvement Scotland: SIGN:*
[SIGN 98 Assessment, diagnosis and clinical interventions for children and young people with autism spectrum disorders](https://www.sign.ac.uk/sign-98-assessment-diagnosis-and-clinical-interventions-for-children-and-young-people-with-autism-spectrum-disorders)
- *National Care Service:* [National Care Service - Social care - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations-petitions/html/2015/01/National_Care_Service_Social_care.html)
- *Scottish Autism:* [W&G - Diagnosis | Scottish Autism](https://www.scottishautism.org.uk/wag-diagnosis)
- *Scottish Women's Autism Network (SWAN):* [For & by autistic women and girls | SWAN \(swanscotland.org\)](https://www.swanscotland.org/)

Documents:

- [*The Aberdeenshire Digital Strategy 2020 - 2025*](#)
- [*Aberdeenshire Council Plan 2022 - 2027*](#)
- *Autism Network Scotland. Principles of Good Transitions 3 2017.*
Autism Supplement: [Autism-Supplement.pdf \(scottishtransitions.org.uk\)](#)
- 2021 School [*Pupil Census Data Pupils+Census+Supplementary+Statistics+2021+V3.xlsx \(live.com\)*](#)
- *Scottish Strategy for Autism: evaluation (2021): [Evaluation of the Scottish Strategy for Autism \(www.gov.scot\)](#)*
- *Getting it right for every child (GIRFEC): [Getting it right for every child \(GIRFEC\) - gov.scot \(www.gov.scot\)](#)*
- *Support for Learning: All for Children and All their Potential, (June 2020):*
[*Support for Learning: All our Children and all their Potential \(www.gov.scot\)*](#)
- *The microsegmentation of the autism spectrum: research project 2018:*
[*Supporting documents - The microsegmentation of the autism spectrum: research project - gov.scot \(www.gov.scot\)*](#)
- *Learning/intellectual disability and autism: transformation plan (March 2021):*
[*Supporting documents - Learning/intellectual disability and autism: transformation plan - gov.scot \(www.gov.scot\)*](#)

- *Scottish Strategy for Autism, Scottish Government (2011):*
[Scottish Strategy for Autism: evaluation - gov.scot \(www.gov.scot\)](http://www.gov.scot/Scottish-Strategy-for-Autism-evaluation)
- *Presumption to provide education in mainstream setting, Scottish Government (2019):*
[Presumption to provide education in a mainstream setting: guidance - gov.scot \(www.gov.scot\)](http://www.gov.scot/Presumption-to-provide-education-in-a-mainstream-setting-guidance)
- *Scottish Strategy for Autism: Outcomes and Priorities 2018 - 2021, Scottish Government:*
[Scottish Strategy for Autism: outcomes and priorities 2018 - 2021 - gov.scot \(www.gov.scot\)](http://www.gov.scot/Scottish-Strategy-for-Autism-outcomes-and-priorities-2018-2021)

Appendices:

Appendix 1: Our Engagement Phase: summary of responses

Appendix 2: The Data

Appendix 3: Our Consultation Phase: summary of responses

Appendix 4: Feedback from Area Committees

Appendix 5: The Aberdeenshire Autism Strategy - Action Plan 2023 - 2028

Endnotes:

- I *Aberdeenshire's Children's Services Plan 2023 - 2026:*
[Our Children & Young People's Services Plan \(girfec-aberdeenshire.org\)](https://www.girfec-aberdeenshire.org/our-children-and-young-peoples-services-plan)
- II *AHSCP Learning Disability Strategy:*
<http://publications.aberdeenshire.gov.uk/dataset/bb9f0884-15aa-43fc-8079-834b28e70b9f/resource/8150c85e-d9f0-44ec-91db-70e39a4dcb5b/download/learningdisabilitystrategy-thebigplan.pdf>
- III *AHSCP Adult Mental Health and Learning Disabilities Strategy:*
<http://publications.aberdeenshire.gov.uk/dataset/d3846e4a-b873-4f85-990b-b95dcb8606a2/resource/976d24f7-b046-4d88-a68b-ade91a9d5f70/download/ahscpmentalhealthandwellbeingstrategy2019-2024.pdf>
- IV *Aberdeenshire Carer Strategy:*
<http://publications.aberdeenshire.gov.uk/dataset/ab50175d-cac1-4003-a96d-fab0605d35ea/resource/170ac570-9bb0-44ee-878a-481fe16d6848/download/ahscp-adult-carer-strategy-2018-2022.pdf>
- V *AHSCP Adult Mental Health and Learning Disabilities Strategy:*
<http://publications.aberdeenshire.gov.uk/dataset/d3846e4a-b873-4f85-990b-b95dcb8606a2/resource/976d24f7-b046-4d88-a68b-ade91a9d5f70/download/ahscpmentalhealthandwellbeingstrategy2019-2024.pdf>
- VI *Aberdeenshire Carer Strategy:*
<http://publications.aberdeenshire.gov.uk/dataset/ab50175d-cac1-4003-a96d-fab0605d35ea/resource/170ac570-9bb0-44ee-878a-481fe16d6848/download/ahscp-adult-carer-strategy-2018-2022.pdf>

- VII *Learning/intellectual disability and autism: transformation plan:*
[Learning/intellectual disability and autism: transformation plan - gov.scot \(www.gov.scot\)](http://www.gov.scot)
- VIII *The Learning Disability, Autism and Neurodiversity Bill* [Learning Disability, Autism and Neurodiversity Bill - Lived Experience Advisory Panel: recruitment information - gov.scot \(www.gov.scot\)](http://www.gov.scot)
- IX *The United Nations Convention on the Rights of Persons with Disabilities:*
[Convention on the Rights of Persons with Disabilities \(CRPD\) | United Nations Enable](http://www.un.org)
- X *The United Conventions on the Rights of the Children:* [UN Convention on the Rights of the Child - UNICEF UK](http://www.unicef.org)
- XI *The Equality Act 2010:* [Equality Act 2010 \(legislation.gov.uk\)](http://www.legislation.gov.uk)
- XII *Curriculum for Excellence:* [What is Curriculum for Excellence? | Curriculum for Excellence | Policy drivers | Policy for Scottish education | Scottish education system | Education Scotland](http://www.education.scot.nhs.uk)
- XIII *Education (Scotland) Act 1980:* [Education \(Scotland\) Act 1980 \(legislation.gov.uk\)](http://www.legislation.gov.uk)
- XIV *Standards in Scotland's Schools etc Act 2000:* [Standards in Scotland's Schools etc. Act 2000 \(legislation.gov.uk\)](http://www.legislation.gov.uk)
- XV *Presumption of Mainstreaming Guidance (2019):*
[Presumption to provide education in a mainstream setting: guidance - gov.scot \(www.gov.scot\)](http://www.gov.scot)

- XVI *Education (Disability Strategies and Pupils' Educational Records) (Scotland) Act 2002:*
[Education \(Disability Strategies and Pupils' Educational Records\) \(Scotland\) Act 2002 \(legislation.gov.uk\)](#)
- XVII *Planning improvements for disabled pupils' access to education: guidance for education authorities, independent and grant-aided schools:* [Planning improvements for disabled pupils' access to education: guidance for education authorities, independent and grant-aided schools - gov.scot \(www.gov.scot\)](#)
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- XX *The Children and Young People (Scotland) Act 2014:*
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- XXI *How Good is Our School?:* [How good is our school? \(4th edition\) \(education.gov.scot\)](#)
- XXII *Scottish Schools (Parental Involvement) Act 2006:*
[Scottish Schools \(Parental Involvement\) Act 2006 \(legislation.gov.uk\)](#)
- XXIII *The Social Care (Self-directed support) (Scotland) Act 2013:*
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- XXIV *National Health and Social Core Indicators, Scottish Government, 2015:*
[Health and Social Care Integration: core indicators - gov.scot \(www.gov.scot\)Health and Social](#)
- XXV *The Scottish Strategy for Autism, Scottish Government, 2011:*
[The Scottish Strategy for Autism - gov.scot \(www.gov.scot\)](#)
- XXVI *Getting it right for every child:*
[Getting it right for every child \(GIRFEC\) - gov.scot \(www.gov.scot\)](#)
- XXVII *Scottish Strategy for Autism: outcomes and priorities 2018 - 2021:*
[Scottish Strategy for Autism: outcomes and priorities 2018 - 2021 - gov.scot \(www.gov.scot\)](#)
- XXVIII *Healthcare Improvement Scotland : SIGN: [SIGN 98 Assessment, diagnosis and clinical interventions for children and young people with autism spectrum disorders](#)*
- XXIX *National Care Service: [National Care Service - Social care - gov.scot \(www.gov.scot\)](#)*
- XXX *Scottish Mental Health Law Review: [Homepage | Scottish Mental Health Law Review](#)*
- XXXI *Coming Home Agenda: [Coming Home Implementation report - gov.scot \(www.gov.scot\)](#)*
- XXXII *Mental Health (Scotland) Act 2015:*
[Mental Health Scotland Act 2015: key provisions - gov.scot \(www.gov.scot\)](#)

- XXXIII *Mental Health (Care and Treatment) (Scotland) Act 2003:*
[*Mental Health \(Care and Treatment\) \(Scotland\) Act 2003 \(legislation.gov.uk\)*](#)
- XXXIV *Adult Support and Protection (Scotland) Act 2007:*
[*Adult Support and Protection \(Scotland\) Act 2007 \(legislation.gov.uk\)*](#)
- XXXV *Scottish Government Home Education Guidance (updated 2001)*
[*Home education guidance - gov.scot \(www.gov.scot\)*](#)

Appendix 2: Aberdeenshire Autism Strategy: Action Plan 2023- 2028

Following on from identifying 7 Key themes, an Action Plan has been created setting out our strategic aims and outcomes. Our Action Plan will also set out what actions will be taken; the resources put in place and identify which lead services and officers will be responsible for the work.

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

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

Further national and local performance measures may also be added to this Action Plan as they are developed and become available.

Key Theme 1	Whole Lifespan
Our Aim	Meeting the needs of autistic people for all their lives, from birth to death by supporting them to access appropriate support and services from our organisations, third sector and from the wider community.
Our Commitments	<ul style="list-style-type: none"> • To work together with autistic people and other stakeholders to enhance the lives of autistic people, their families and/or carers at key stages of their life, such as the transition from social work and/or children’s health services to adult services, from primary to secondary school, or the transition from secondary school, for example, into employment or further education. Transitions reach beyond education-based changes and will impact on people throughout their whole lives. • To work together with autistic people and colleagues in health to ensure the health needs of autistic people are understood and that there is knowledge and understanding of autism within our services. • To work together with autistic people and other stakeholder to ensure that the needs of older autistic people are understood, accepted and planned for.

ID number	Outcome/Goal	Action/Task	Responsibility	Progress Measurement	Timescale/Target
1.1	Improve transitions from early years to primary school, from primary school to secondary school and from secondary school into employment or further education, while also ensuring access to services are available at the right time.	1.1.1 Transitions Guidance to be developed	Inclusion, Equity and Wellbeing Team	Guidance is published, widely used and implemented across all schools.	From Years 1-2
		1.1.2. ASN Transition Charter, ASN Transitions Pathway and Guidance to be developed	GIRFEC Children with a Disability Group	Charter, Pathway and Guidance are published, widely used and implemented across all services. Young people and families report a positive transition experience.	From Years 1-2
		1.1.3. Children and their families should have easy and timely access to speech and language therapy support to help with transitions including (but not limited to) beginning nursery,	Speech and Language Therapy.	Monitor individual's progress plan. Record and monitor the waiting timescales.	From Year 1 onwards

		beginning school, transitions within school and post school			
		1.1.4. Community Learning and Development Team (CLD) to continue to provide targeted support to young people at key life stages, examples include P7-S1, S3/4 and as they approach and leave school.	Community Learning and Development Team	Develop and use service's own Planning and Progress tracker.	From Year 1 onwards
1.2	Improve transitions pathway between children's services to adult services for an autistic person	1.2.1. Discussions to be held with GIRFEC subgroup and connections made with education/children's services	Autism Strategic Monitoring Group and GIRFEC Strategic Group.	Links to be made. Undertake a mapping and gap analysis exercise to ensure work identified are	End of 2024 - coincide with the end of the Aberdeenshire Health and Social Care Partnership's

		1.2.2. Ensure good signposting is available to young autistic people who don't meet eligibility criteria for adult services.		addressed and resolved. Quality management and satisfaction to be requested and monitored.	Mental Health Strategy
		1.2.3. Support in the enhancing of different accommodation to promote independent living.			
		1.2.4. Ensure Self Directed Support is fairly accessed for Autistic adults			
1.3	All autistic carers and carers of autistic individuals are to receive appropriate support and assistance, if required or requested.	1.3.1. Scope the support needed for autistic carers and carers of autistic individuals		Links to be made. Undertake a mapping and gap analysis exercise to ensure work identified are addressed and resolved.	From Years 1- 2

		1.3.2. Increase knowledge base to services by offering suitable training to staff.			From Years 1-2
1.4	Development of an Adult Neurodivergent Service	Bring Autism, Attention Deficit Disorder (ADHD) & other neurodivergent conditions together in one service.	Leads for Mental Health and Learning Disabilities within Aberdeenshire Health and Social Care Partnership - link with other partners and stakeholders.	Create own Pathway and Progress tracker.	From Years 2-3
1.5	Link in with relevant national campaigns and initiatives	Promote Different Minds campaign. Work with Inspiring Scotland and Scottish Government.	Aberdeenshire Autism Strategic Monitoring Group	Links to be made. Delivery of events.	From Year 1 onwards
1.6	Governance and Policy making: deliver a commitment to engaging with autistic people and people with lived experience	Set up an Autistic-led Advisory Forum	Aberdeenshire Autism Strategic Monitoring Group	Create a suitable work plan and progress tracker.	From Year 1 onwards

1.7	Gather and use up to date information and data to help provide better targeted and informed support and service planning for autistic people in Aberdeenshire.	Multi-agency action - scope out what data is available and what are the gaps.	Aberdeenshire Autism Strategic Monitoring Group	Create a suitable work plan and progress tracker.	From Years 1-5
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Key Theme 2	Diagnostic Pathways (Children, Young Persons, Adults and Older Adults)
Our Aim	Supporting the delivery of a clear autistic assessment pathway and transitions process.
Our Commitments	<ul style="list-style-type: none"> • To support the delivery of an ‘person centred’ autistic assessment pathway. Support should be given regardless of what age you are. • To provide appropriate and timely support and clear information about what is available, including access to services before, during and after being part of a diagnostic pathway.

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ID number	Outcome/Goal	Action/Task	Responsibility	Progress Measurement	Timescale/Target
2.1	Professionals within Aberdeenshire can identify early presentation of autistic traits and seek appropriate support	Professionals are well trained in early identification, working with Autistic People to understand the importance of early identification	Aberdeenshire Autism Strategic Monitoring Group and multi-agency.	Links to be made. A work plan to be developed and work will be identified.	From Year 1 onwards.
2.2	Clear Diagnostic Pathways: that there is a clear Neurodevelopmental diagnostic pathway across Aberdeenshire for those 0-18	Review cross children services including Medical, Child and Adolescent Mental Health Services (CAMHS) and Community Services, to ensure a clear pathway is in place while ensuring good processes between services.	Senior management team members of all relevant organisations.	Develop a collaborative plan and set targets with the aim to achieve the following: all children and young people are able to access timely and appropriate diagnostic assessment across Aberdeenshire.	From Years 1/2 onwards

2.3	Clear Diagnostic Pathways: that there is a clear Neurodevelopmental diagnostic pathway across Aberdeenshire for those 18 +	Review of current process and development of a pathway that supports Autism diagnosis well and expands into neurodevelopmental diagnosis ensuring support for females and older adults.	Aberdeenshire Autism Assessment Team (AAAT), Project Group Monitoring Autism Strategic Monitoring Group	Deliver a gaps analysis exercise. Create a plan and targets which monitors number of referrals, waiting times, outcome etc.	From April 2023
2.4	Post Diagnostic support: that a range of post diagnostic support options are freely available to individuals through a range of services including 3rd sector	Collate a directory of current available services – conduct gap analysis and explanation of options across Aberdeenshire	Strategy Lead	Keep record and monitor the number of individuals who able to access the right service at the right time	From Years 1-5 (ongoing - over life span of strategy)

Key Theme 3	Training
Our Aim	Supporting training, learning and development to improve knowledge and understanding for those who work in Aberdeenshire Council Education and Children's Services (ECS) and Aberdeenshire Health and Social Care Partnership (AHSCP) who support autistic people.
Our Commitments	<ul style="list-style-type: none"> • To work with autistic people and other stakeholders to offer a range of up to date and relevant autism training with the input from autistic people, including opportunities for autistic-led training. We support the promotion of asset-based, inclusive training approach. • To work with colleagues within and outwith the organisation, and in the wider community to share training opportunities, knowledge and experience.

ID number	Outcome/Goal	Action/Task	Responsibility	Progress Measurement	Timescale/Target
3.1	Develop core autistic training with NHS Grampian, Aberdeenshire Council and Aberdeenshire Health and Social Care Partnership to make available to the wider workforce	3.1.1. Develop an autism-related training plan	Learning & Development team across the organisations and autistic community	Examine the data collected by ALDO / NES TURAS- ensure that there is access by the various workforce. Gather and monitor – what is being made available and how many people join.	From Years 1-5 (ongoing - over life span of strategy)
		3.1.2. Training delivered by autistic individuals	Learning & Development team across the organisations and autistic community	Provide opportunity to work collaboratively and actively work with the autistic community including third sector. A Joint Framework to be developed – setting out targets.	From Year 2 onwards

		3.1.3 Embed all the training material, coordinate and offer it widely across the Aberdeenshire Council and Aberdeenshire Health and Social Care Partnership	All services and teams.	Examine the data collected by training platforms, ALDO / NES - TURAS ensure that there is access by the various workforce. Gather and monitor – what is being made available and how many people join.	From Years 2 onwards
3.2	Ensure and support Aberdeenshire Health and Social Care Partnership staff groups who require specialist knowledge and training of Autism is provided	3.2.1. Training for staff working directly with autistic people, including the up skilling of Mental Health Teams	Aberdeenshire Health and Social Care Partnership, Speech and Language Team (SALT) and Aberdeen Adult Autism Assessment Team.	Deliver a gaps analysis exercise. Create a plan and a set of targets	From Years 1-2 and ongoing
		3.2.2. Speech and Language Team (SALT) to provide training on speech, language and communication skills around autistic people		Deliver a gaps analysis exercise. Create a plan and a set of targets	From Years 1-2 and ongoing

		3.2.3. Speech and Language Team (SALT) to provide training on alternative and augmentative forms of communication that may be of use to those with speech, language and communication needs.		Deliver a gaps analysis exercise. Create a plan and a set of targets	From Years 1 -2 and ongoing
		3.2.4. Support Community Justice to increase Autism knowledge.		Deliver a gaps analysis exercise. Create a plan and a set of targets.	From Years 2/3
3.3	Ensure those within Education have a core level of knowledge and understanding of autism across the workforce, as well as pathways for developing more advanced knowledge and skills.	3.3.1. Promote the use of Aberdeenshire Professional Learning Framework and Self Evaluation Tool for Supporting Autistic Learners in all schools.	Inclusion Equity and Wellbeing Team	Establish a data system which will allow improvements for autistic learners to be monitored. Monitor school and staff uptake of Professional Learning Framework and	From Year 1

				Self Evaluation Tool	
		3.3.2. Develop a guide for schools on identifying and supporting autistic children and young people who have English as an additional language.	English as an Additional Language. (EAL) Service	Guidance is published, used and implemented across schools.	From Years 1 - 2
		3.3.3. Raise awareness of school staff on supporting autistic children and young people who speak English as an additional language	English as an Additional Language. (EAL) Service	Gather and monitor feedback from autistic children, young people and families who speak English as an additional language	From Year 1 and ongoing.

Key Theme 4	Lifelong Learning
Our Aim	Delivering inclusive support wherever learning takes place.
Our Commitments	<ul style="list-style-type: none"> • To continue to improve inclusive support for autistic learners, wherever learning takes place • To enhance consistency and flexibility of support for autistic learners through increased knowledge and understanding of staff in education and learning settings

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ID number	Outcome/Goal	Action/Task	Responsibility	Progress Measurement	Timescale/Target
4.1	Create a suite of tools to support Child's Action Planning Meeting process	Multiagency toolkit including environmental checklists, sensory profiles, passports	Multi-agency.	Conduct a Parent and Staff audit	From Years 1-2
4.2	Communication: support staff to develop a person-centred approach	To be person-centred and acknowledge that each autistic individual will have its own communication style. Staff will be flexible in the way they communicate to the autistic individual. Staff should adapt their communication style to meeting the needs of the autistic individual.	Aberdeenshire Autism Strategic Monitoring Group	<p>Create a recording system and framework/information hub for staff to access to achieve this goal.</p> <p>Monitor the data on number of staff members who sign up.</p>	From Years 1-2

4.3	Continue to support and progress with universal, targeted and specialised learning (linked to Training section).	Educational Psychology will continue to work with colleagues from Speech and Language Therapy, CAHMS and school-based staff to continue to add to the learning offer.	Educational Psychology	Evidence gathering develop and sustain a robust way of collaborative working. Support the variation in learning needs - record and capture this.	From Years 1-2
4.4	Ensure those within Education have a core level of knowledge and understanding of autism across the workforce, as well as pathways for developing more advanced knowledge and skills.	Promote the use of Aberdeenshire Professional Learning Framework and Self Evaluation Tool for Supporting Autistic Learners in all schools.	Inclusion Equity and Wellbeing Team	Establish a data system which will allow improvements for autistic learners to be monitored. Monitor school and staff uptake of Professional Learning Framework and Self Evaluation Tool	From Year 1

4.5	Provide support such as wrap-around care i.e., clubs outwith school hours consistently across Aberdeenshire. Wrap-around care in Aberdeenshire Council supports children with additional support needs including autistic children.	Change in scope of the service specification to ensure a more equitable distribution of support.	Children's Services	Feedback from service users and whether the wrap-around care groups have been delivered.	From Years 1-5 (ongoing)
4.6	Exploring how we can develop our relationship with tertiary education in relation to meeting autistic learner's needs.	Engage with Further and Higher Education organisations	Aberdeenshire Autism Strategic Monitoring Group and other agencies.	Seek feedback from and learners. Identify and monitor cases – analyse their journey and experiences.	From Years 2 -5

Key Theme 5	Employment
Our Aim	Enhancing employment opportunities and pathways to enhance the skills and experiences of autistic people.
Our Commitments	<ul style="list-style-type: none"> • To recognise the range skills and knowledge possessed by autistic people, and their desire to work, whilst also appreciating the significant barriers can get in this way of this. • To provide opportunities, support and skills training to autistic people who want to work. • To work with autistic people and other stakeholders to increase knowledge and understanding of autism in an employment setting and to promote the benefits of having a neurodiverse workforce.

ID number	Outcome/Goal	Action/Task	Responsibility	Progress Measurement	Timescale/Target
5.1	Equal and fair access to career information advice and guidance in school - S3-S6. To support positive destinations.	Ensure schools are aware of Skills Development Scotland validation process and needs of learners are communicated to school careers adviser to ensure appropriate levels of support are planned across school career.	Skills Development Scotland	Destination results for learners with ASN status	From Years 1-5 (ongoing) - Skills Development Scotland post school service offer runs continuously -
5.2	Equal and fair access to career information advice and guidance - post school. To support positive and sustained destinations.	Transition period through last 6 months of education into next destination is supported where necessary through regular engagement and discussion with learners and schools.	Skills Development Scotland	Sustained Destination results for learners with ASN status	From Years 1-5 (ongoing) - Skills Development Scotland post school service offer runs continuously
5.3	Ensure employment opportunities and support are available for Autistic Adults	5.3.1. Aberdeenshire Council is currently working around being accessibility and ensure its equal	Aberdeenshire Autism Monitoring Group & Multi-agency	Create and deliver a framework/plan to support this and monitor	From Years 2/3

		opportunities employer, this will be extended to ensure its own recruitment process to be Autistic Friendly, while ensuring there are suitable Autistic roles within the Council.		and evaluate the work.	
		5.3.2. Engage and work with Employability services (Council and 3rd Sector) to recognise Autism and ensure supports are in place.	Aberdeenshire Autism Monitoring Group & Multi-agency	Create and deliver a framework/plan to support this and monitor and evaluate the work.	From Years 2/3
		5.3.3. Ensure that we are delivering against Scottish Government (Keys to Life) and use Scottish Commission for Learning Disability (SCLD) work on scoping employability opportunities to ensure we are delivering a good service.	Aberdeenshire Autism Monitoring Group & Multi-agency	Aberdeenshire Autism Strategic Monitoring Group to ensure that this is being conducted.	From Years 2/3

5.4	Ensure Autistic People understand their rights at work and have opportunities to work	Scope what supports are available and how best to support Autistic People in understanding their rights at work.	Aberdeenshire Health and Social Care Partnership's Autism Strategic Outcomes Group	Create a plan and track progress, including action to seek feedback.	From Years 1/ 2 onwards
5.5	Volunteering/Supporting Community Opportunities	5.5.1 Explore options for and reduce barriers to, cross-care group volunteering.	Aberdeenshire Health and Social Care Mental Health & Learning Disabilities Managers	Measure and monitor the following tasks: Increase volunteering opportunities Increase in community groups Increase in number of people accessing community resources	From Years 3-5
		5.5.2 Scope on a local basis, groups and services where volunteers would be welcome.			From Years 3-5
		5.5.3 Map services and draft protocols for referring volunteers and the support they may need.			From Years 3-5
5.6	Offer the Foundation Apprenticeship as an opportunity	The Foundation Apprenticeship team	The Foundation Apprenticeship	Increased number of	From Year 1 onwards.

	<p>to a pathway into future employment. Offer Foundation Apprenticeships at level 4/5/6 across Aberdeenshire secondary schools.</p>	<p>will work alongside schools and employers to meet the needs of autistic pupils during their Foundation Apprenticeship work placement.</p>	<p>team will work alongside schools and employers to meet the needs of autistic pupils.</p>	<p>autistic pupils selecting a Foundation Apprenticeship in their senior phase. Pupils completing both the National Progression Award element (taught in class) as well as the Scottish Vocational Qualification work element to achieve the full Foundation Apprenticeship award. Progression and support needs to be discussed during regular meetings with delivery teams and termly tracking and monitoring</p>	<p>Foundation Apprenticeship programme is delivered in schools from June till May. All Foundation Apprenticeships are a 1 year programme except Engineering which is a 2 year programme.</p>
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				meetings and support plans put in place if required.	
5.7	Through work based learning including Foundation Apprenticeships, develop metaskills for targeted groups which will enhance pathway opportunities for autistic pupils into future employment. Increased confidence in the recognition of strengths neuro diverse pupils have to offer a work placement. Continue to develop metaskills in both the classroom and work place	Develop metaskills/ employment skills and confidence in a work place. Design appropriate supported resources to develop metaskills with targeted individuals and groups requiring additional support into employment.	The Foundation Apprenticeship team will work alongside schools and employers to meet the needs of autistic pupils.	Regular contact with Scottish Vocational Qualification assessor for both the pupil and the work place mentor in order to put any necessary supports/ training needs in place.	From Year 1 onwards. Foundation Apprenticeship programme is delivered in schools from June till May. All Foundation Apprenticeships are a 1 year programme except Engineering which is a 2 year programme.
5.8	To support the vision, values and outcomes of Project Search https://www.abdn.ac.uk/staffnet/working-here/what-is-project-search-4218.php	Liaise with colleagues from the Employability Team, Aberdeen University Project Search team and the	Responsibility with Employability Team, Aberdeenshire University Project	All project search internship opportunities are taken up	Ongoing throughout the whole duration of this strategy.

		Foundation Apprenticeship Team to promote and support the project Search employment offer.	Search and Foundation Apprenticeship team.	and these interns are successfully supported into employment pathways.	Annual offer and update.
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Key Theme 6	Connecting
Our Aim	Keeping autistic people and their families connected to information and their communities
Our Commitments	<ul style="list-style-type: none"> • Ensuring that autistic people, their families and unpaid carers have access to up-to-date information about what services, supports and opportunities are available to them and how to access them. • Working with the autistic and non-autistic community to support better connections, reducing the likelihood of social isolation and isolation from support. • Working with autistic people and other stakeholders to ensure that the needs of those living in remote and rural settings are voiced and listened to.

ID number	Outcome/Goal	Action/Task	Responsibility	Progress Measurement	Timescale/Target
6.1	Information Hub: everyone has access and view up to date information	6.1.1. Develop a directory which provides information, training, one to one support, consulting and signposting services to autists, families and friends, professionals, and anyone interested in autism.	Aberdeenshire Autism Strategic Monitoring Group	Develop and deliver a framework, plan and pathway on this piece of work. A baseline to be developed which will inform us on – measuring the level of access and whether it meets the needs of the community,	From Years 1/ 2 onwards
		6.1.2. Ensure that the information possessed by the service is up to date and is made available to autistic individuals. Ensure Services / autistic, families and friends use and signpost people to the directory.	Aberdeenshire Autism Strategic Monitoring Group	A baseline to be developed which will inform us on – measuring the level of access and whether it meets the needs of the community,	From Years 1/ 2 onwards

		<p>6.1.3. Mental Health Improvement & Wellbeing Service (formerly known as Community Link Workers) will assist adults to access community-based activities, resources and organisations.</p>	<p>Aberdeenshire Autism Strategic Monitoring Group</p>	<p>Analyse the effectiveness of this service i.e., by way of collecting, monitoring and analysing the numbers of service users – who request for support, ask for support and referred on.</p> <p>Measure the level of responsibility.</p>	<p>From Years 1/ 2 onwards</p>
		<p>6.1.4. Link in with already-existing online information directory platforms, such as ALISS - national information service for everyone in Scotland and Health Visitors / School Nurses developing an App</p>	<p>Aberdeenshire Autism Strategic Monitoring Group</p>	<p>Develop a collaborative working plan.</p>	<p>From Years 1/ 2 onwards</p>

		<p>6.1.5 Ensure information is accessible to families for whom English is an additional language by way of providing guidance /information for parents/carers of autistic learners who speak English as an Additional Language (EAL) is available in simple English and in translated format in most commonly required languages.</p> <p>Content:</p> <ul style="list-style-type: none"> - Accessing support - Cultural capital- - Bilingualism and autism 	<p>English as an Additional Language (EAL) Service.</p>	<p>Advice /Information is published and widely shared with parents/carers across all schools.</p>	<p>From Years 1-2</p>
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6.2	Collaborative working with our partners & networks	<p>6.2.1. Link in with other Partners, i.e., Public Health and Local Outcomes Improvement Plans information sharing - support each other's ideas i.e., Aberdeenshire's Health Improvement Priorities: https://www.ouraberdeenshire.org.uk/wp-content/uploads/2022/07/AHSCP-Health-Improvement-Delivery-Plan-2021-23-FOR-WEBPAGE.pdf</p>		Create and deliver a joint working framework/agreement – which identifies the joint work required and implement.	From Years 1 – 5
		6.2.2. Work collaboratively with Community Justice partner members (Equality and Diversity Officer, Police Scotland North East Division)	Autism Strategic Monitoring Group to liaise with networks & partners	Dedicate resource around planning and delivering this piece of work.	From Years 1 -2

6.3	Address the health needs of autistic people so that people can access the right support at the right time	6.3.1 Accessible health information	Multi-agency, such as - Community Learning Disability Teams, Nurse Consultants, Mental Health and Learning Disabilities Managers, Health Visitors / School Nurses Team.	Increase in provision of accessible information.	From Years 1-5
		6.3.2 Develop Personal passports to assist in communication about care needs			
		6.3.3. Promote the use of digital technology to improve access to services for autistic people: Near Me/Attend Anywhere and Virtual Community Wards.	Aberdeenshire Health and Social Care Partnership's Mental Health and Learning Disabilities Managers.	Look at the recorded data on the number of appointments undertaken using virtual technology.	From Years 2-5
	Deliver activities and support for autistic people coming together taking into account of remote and rurality,	6.3.4 Connect with partners, stakeholders to develop ideas and support this	Development of an Aberdeenshire Autism Strategic Monitoring group to support Strategy with an action to consider the development of Autistic people coming together	A baseline to this to be explored and developed.	From Years 2-5

Key Theme 7	Community
Our Aim	Building a community that is inclusive, accepting and knowledgeable.
Our Commitments	<ul style="list-style-type: none"> • To work with the autistic and non-autistic community to promote autistic-led knowledge and understanding of autism across Aberdeenshire • To work with autistic people and local groups, organisations, partners and stakeholders to collectively build trusting relationships and improve our understanding of the autistic community. • To support societal knowledge and acceptance to support inclusive access and supports.

ID number	Outcome/Goal	Action/Task	Responsibility	Progress Measurement	Timescale/Target
7.1	Having accessible, trauma informed meeting space across Aberdeenshire	7.1.1 Support in the development of space linked to the Mental Health Renewal and Recovery funding Short Life Working Group	Aberdeenshire Health and Social Care Partnership’s Mental Health and Learning Disabilities Managers.	Put plan in place to ensure the implementation of this work.	From Years 1-5 (ongoing)
7.2	Peer support - for all ages and in various formats	7.1.2 Undertake scoping work and review availability of existing support and services.	Aberdeenshire Autism Strategic Monitoring Group	Undertake mapping exercise. Put plan in place to ensure the implementation of this work.	From Years 2-5
		7.1.3 Link in with groups (social media groups, parent support groups post diagnosis with option peer support training)	Aberdeenshire Autism Strategic Monitoring Group	Undertake mapping exercise. Put plan in place to ensure the implementation of this work.	From Years 2-5

7.3	Raise and support autism acceptance and understanding in our community.	7.2.1 Support the Aberdeenshire Wellbeing Festival	Aberdeenshire Autism Strategic Monitoring Group link in with other networks and partners.	Participate in events.	From Years 1-5 (ongoing)
		7.2.2 Support 'Autism acceptance' and 'Neurodiversity' campaigns.		Put plan in place to ensure the implementation of this work.	From Years 1-5 (ongoing)
		7.2.3 Adopt appropriate use of language around neurodiversity.		Put plan in place to ensure the implementation of this work.	From Years 2-5
		7.2.4 Support changes in attitudes and promote engagement i.e., through videos, social media campaigns etc		Put plan in place to ensure the implementation of this work.	From Years 2-5
7.4	Collaborative working with the wider community to develop autism friendly environments	7.4.1. Collaborative working with community-based groups and networks on how to develop	Aberdeenshire Autism Monitoring Group and Community Justice Members (North East)	Develop and deliver a framework, plan and pathway on this piece of work.	From Years 2-3

		and deliver 'autism friendly' environments.			
		7.4.2. Pilot 'Autism-friendly' environments at Police Stations for Members of the Public and the Police.		Develop and deliver a framework, plan and pathway on this piece of work.	From Years 2-3

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Appendix 3: The Data

The following data has been taken from the Scottish Government’s annual publication of pupil census statisticsⁱ.

In Scotland – Primary Schools		
	Number of primary school aged pupils receiving support for additional support needs	Number of primary school aged pupils receiving support for additional support needs for autism spectrum disorder
2011 ⁱⁱ (Tab 6.11)	50,964	3,062
2022 ⁱⁱⁱ (Tab 6.11)	109,917	10,095

In Scotland – Secondary Schools		
	Number of secondary school aged pupils receiving support for additional support needs	Number of secondary school aged pupils receiving support for additional support needs for autism spectrum disorder
2011 ^{iv} (Tab 7.6)	40,549	3,061
2022 ^v (Tab 7.6)	123,781	12,027

In Aberdeenshire – Primary Schools		
	Number of primary school aged pupils receiving support for additional support needs	Number of primary school aged pupils receiving support for additional support needs for autism spectrum disorder
2011 ^{vi} (Tab 6.11)	5,497	252
2022 ^{vii} (Tab 6.11)	9285	496

In Aberdeenshire – Secondary Schools		
	Number of secondary school aged pupils receiving support for additional support needs	Number of secondary school aged pupils receiving support for additional support needs for autism spectrum disorder
2011 ^{viii} (Tab 7.6)	3,893	240
2022 ^{ix} (Tab 7.6)	8,156	630

Within these figures, a pupil may be recounted should they have multiple additional support needs.

We recognise that there are limitations in this data as there are gaps, such as we do not have records of individuals who self-identify as autistic, and there is a cohort of home-educated children and families who are not known to local authorities. Currently, in Aberdeenshire there is no data available on how many home-educated children are autistic.

Pupils with English as an Additional Language (EAL)

We are committed to supporting school pupils with EAL, with particular focus on providing support and guidance on autism to school-based staff and families.

Year	Local Authority	New to English	Early Acquisition	Developing competence	Competent	Fluent	English as "first language"	Not known
2011 ^x (Tab 5.9)	Aberdeenshire	268	219	258	180	Not recorded	Not recorded	Not recorded
2022 ^{xi} (Tab 5.9)	Aberdeenshire	440	424	613	393	218	34,515	209

Existing research identifies good practice for supporting autistic children and young people who speak English as an Additional Language. Currently, there appear to be no official statistics on the number of autistic pupils with EAL. However, given the increase

in the number of pupils with EAL in Aberdeenshire, we understand the importance of developing our learning around communication (language) barriers, understanding cultural capital and the bilingual autistic brain.

ⁱ [Pupil census supplementary statistics - gov.scot \(www.gov.scot\)](https://www.gov.scot/pupils-census-supplementary-statistics)

ⁱⁱ Pupil Census 2011 Supplementary tables: <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2019/07/pupil-census-supplementary-tables/documents/pupil-census-2011-supplementary-tables/pupil-census-2011-supplementary-tables/govscot%3Adocument/pupil%2Bcensus%2B2011.xls>

ⁱⁱⁱ Pupil Census 2022 Supplementary statistics : <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2019/07/pupil-census-supplementary-tables/documents/pupil-census-2022-supplementary-statistics/pupil-census-2022-supplementary-statistics/govscot%3Adocument/Pupils%252BCensus%252BSupplementary%252BStatistics%252B2022.xlsx>

^{iv} Pupil Census 2011 Supplementary tables: <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2019/07/pupil-census-supplementary-tables/documents/pupil-census-2011-supplementary-tables/pupil-census-2011-supplementary-tables/govscot%3Adocument/pupil%2Bcensus%2B2011.xls>

^v Pupil Census 2022 Supplementary statistics : <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2019/07/pupil-census-supplementary-tables/documents/pupil-census-2022-supplementary-statistics/pupil-census-2022-supplementary-statistics/govscot%3Adocument/Pupils%252BCensus%252BSupplementary%252BStatistics%252B2022.xlsx>

^{vi} Pupil Census 2011 Supplementary tables: <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2019/07/pupil-census-supplementary-tables/documents/pupil-census-2011-supplementary-tables/pupil-census-2011-supplementary-tables/govscot%3Adocument/pupil%2Bcensus%2B2011.xls>

^{vii} Pupil Census 2022 Supplementary statistics : <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2019/07/pupil-census-supplementary-tables/documents/pupil-census-2022-supplementary-statistics/pupil-census-2022-supplementary-statistics/govscot%3Adocument/Pupils%252BCensus%252BSupplementary%252BStatistics%252B2022.xlsx>

^{viii} Pupil Census 2011 Supplementary tables: <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2019/07/pupil-census-supplementary-tables/documents/pupil-census-2011-supplementary-tables/pupil-census-2011-supplementary-tables/govscot%3Adocument/pupil%2Bcensus%2B2011.xls>

^{ix} Pupil Census 2022 Supplementary statistics : <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2019/07/pupil-census-supplementary-tables/documents/pupil-census-2022-supplementary-statistics/pupil-census-2022-supplementary-statistics/govscot%3Adocument/Pupils%252BCensus%252BSupplementary%252BStatistics%252B2022.xlsx>

^x Pupil Census 2011 Supplementary statistics: <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2019/07/pupil-census-supplementary-tables/documents/pupil-census-2011-supplementary-tables/pupil-census-2011-supplementary-tables/govscot%3Adocument/pupil%2Bcensus%2B2011.xls>

^{xi} Pupil Census 2022 Supplementary statistics: <https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2019/07/pupil-census-supplementary-tables/documents/pupil-census-2022-supplementary-statistics/pupil-census-2022-supplementary-statistics/govscot%3Adocument/Pupils%252BCensus%252BSupplementary%252BStatistics%252B2022.xlsx>

Appendix 4: Our Engagement Plan: Summary of responses

- **Background**

We created an Autism Planning Group which coordinated the development of the Aberdeenshire Autism Strategy, including work around engagement and communication.

The Planning Group is accountable to Aberdeenshire Council's GIRFEC Children and Young People with a Disability Group and Aberdeenshire Health and Social Care Partnership's Autism Strategic Development Group.

Autism Strategy Planning Group

Aim: to co-ordinate the development of Aberdeenshire's Autism Strategy, including engagement and communications.

Membership: two co-chairs

Various professionals from Aberdeenshire Council, from Aberdeenshire Health and Social Care Partnership, from NHS Grampian, autistic adults, parents of autistic children, people with lived experience, representation from the third sector and an Independent Neurodivergent consultant.

- **Our Engagement Phase**

To help us develop our Strategy, we coordinated and delivered an **Engagement Phase** to seek the views from people of Aberdeenshire. Fundamentally, we wanted to know – *What should be in the next Aberdeenshire Autism Strategy?*

The Engagement Phase of our Strategy began in April 2022 and ended in September 2023. During this period, we carried out various engagement work with members of the public, professionals and other organisations. We reached out and engaged in discussions with children, young people and adults. We also engaged with parents, carers of autistic individuals and representatives from partners, such as the NHS and from third sector organisations.

We welcomed especially autistic individuals and individuals who self-identify as autistic to take part in our discussions.

- **Our set up**

We held a series of online-based sessions via MS Teams, created surveys and placed messages on social media. Such messages included asking people to contact us directly.



We hosted four online-based Joint Working Groups, and each group met on five occasions between the months of April until June 2022. Following on from the four key themes identified from within the Scottish Strategy for Autism¹, we named the four Joint Working groups as the following:

1. A Healthy Life – this group discussed topics including autism assessment, post diagnostic support, mental health support and access to healthcare
2. Choice & Control - this group discussed topics including autism training and support for parents/carers
3. Independence - this group discussed topics including autism acceptance, autism friendly environments, strengths-based approaches to support, access to community facilities, peer support, independent-living and housing
4. Active Citizenship - this group discussed topics including transitions in key life stages, supported employment, social security, social isolation and digital inclusion

These groups were jointly facilitated and attended by professionals (i.e., teachers, social workers and speech and language therapists), as well as autistic individuals, parents/carers and representatives from voluntary organisations. Each session lasted approximately 2 hours. There were a total of 74 group participants from all four groups. Attendance varied from week to week.

We held an online-based group session, namely **Autistic-Led Group**. This group particularly welcomed autistic individuals and individuals who self-identify as autistic, as no formal diagnosis was necessary. This group session was facilitated by an autistic

¹ Scottish Strategy for Autism: [The Scottish Strategy for Autism \(www.gov.scot\)](http://www.gov.scot)

adult/parent from the charity Autism Understanding Scotland and assisted by a consultant from a Neurodivergent consultancy company. A total of 10 participants, including two external facilitators, attended this 2-hour group session.

Additionally, we also hosted four online-based **Evening Group Sessions**. Each group was facilitated by two professionals who were either from Aberdeenshire Health and Social Care Partnership or Aberdeenshire Council. A total of 56 individuals had signed up to attend, however only 9 individuals attended that evening, for reasons unknown to us.

During each online group session, we also gave people the option to use the online application, Google Jamboard. This allowed people to place any additional thoughts onto virtual sticky notes.

All sessions were recorded for note taking purposes.

What did we ask:

Overall, the following questions were used as a basis for the group conversations:

- Where are we right now?
- What have been our key achievements? What have we achieved so far?
- What has/is working well?
- What do we need to improve on? And how?

- What can we do better?
- What have been the key challenges? The barriers and the gaps?
- What does it look and feel like?
- Future Planning/Key Priorities: what is important to us all?
- Other themes and comments – shared experiences and shared knowledge

Some of these questions were altered to suit the session and the respondent's needs.

In light of covid related restrictions and challenges, no face-to-face contacts were organised. Nevertheless, we consistently shared the message that we were open to conversing with people via alternative methods, such as emails and phone calls.

Surveys

During the months of June and July 2022, we launched **two online surveys**.

We gave people the choice to choose which survey they preferred to complete:

1. Comprehensive/detailed survey – this was a lengthier survey which focussed on four key themes: A Healthy Life, Choice & Control, Independence, and Active Citizenship.
2. Brief version – this survey contained fewer and more generalised questions.

In total, 25 surveys were completed.

An easy-read format was also issued.

Area Committees – Councillors

During the Engagement Phase, the Project co-leads and the Strategic Development Officer briefed Aberdeenshire's 6 Area Committees (Banff, Banff and Buchan, Kincardine and Mearns, Marr, Formartine, Garioch). These area committees consist of elected Councillors who represented the local community.

Schools

We invited schools to support the consultation with children and young people. Following discussion and consultation with the Pupil Participation Forum, GIRFEC, Children with a Disability Group and school staff, a survey was created and shared with Principal Teachers of Additional Support for Learning for further consultation. The survey was trialled in one of the schools before being shared more widely.

In August 2022, we approached all Aberdeenshire Council schools. Through the teachers and with their support, we asked the school aged children and young persons to complete an online survey and the following 9 questions were asked:



- Who supports you in school?
- How do you they support you?
- Is there someone in school you can speak to if you are worried or need help?
- Is there anything else that could be done to help you or make things easier in school?
- Who supports when you are not at school?
- How do they support you?
- Is there someone you can speak to if you are worried or need help outside of school?
- Is there anything else that could be done to help you or make things easier when you are not at school?
- Any other comments

In total, 33 surveys were completed.

Home-educated

We wanted to capture the views of children and families of home-educated status. From having had conversations with members of the autistic community, we gained some insight into (diagnosed/undiagnosed/self-identify) autistic children and their families from within the home-educated setting. We also learned that there are families who refer to themselves as ‘hidden home-ed’ families, in addition to the children and families who are known and registered with the local authorities. In view of concerns around data protection, we were not allowed to contact the families who are registered with the Council and taking into consideration that they may not wish to be contacted; therefore we chose to attempt to reach out to the ‘home-educated’ children and families via social media. The message shared requested the views of home-educated children and families to help us develop the Strategy. In the

message posted on social media, we asked for volunteers to come forward and make direct contact with us. As a result of this callout for volunteers, three persons contacted us via email to share their views.

Social Media and Webpage

To help keep in touch with others and shared updates, we created a webportal and platform tool webpage on the online platform, Engagement Aberdeenshire:

[A New Aberdeenshire Autism Strategy for Children, Young People and Adults | Engage Aberdeenshire](#). This allowed updates and interactions to be possible.

- **What people told us and our summary of findings**

Responses were analysed from the joint working groups, autist-led group, evening groups, surveys and 1:1 feedback and the following themes were identified:

Early recognition and clear diagnostic pathways	
Summary of comments:	<ul style="list-style-type: none">• Education staff trained in early recognition and what to do• Transparent pathways for children, young people and adults

	<ul style="list-style-type: none"> • Clear timescales • Need to move away from medical model for diagnosis • Need recognition for self-identification • Still a postcode lottery • Early intervention is needed • Long waiting lists with no support while waiting • Need pre diagnostic support as well
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Post Diagnostic Support	
Summary of comments:	<ul style="list-style-type: none"> • People feel left out after diagnosis often leading to crisis • Support for young people post diagnosis • Support for adults – what to do next, where to go for support, what this means • Support for parents • Consider those with English as a 2nd language

Access to services	
Summary of comments:	<ul style="list-style-type: none"> • Should be coordinated across Aberdeenshire • Need services people to want - not make - people fit the services • Services that are flexible, long term and adaptable to need • Need clear routes into support for those who don't meet eligibility criteria • Services should be free • Social work assessment process needs overhauled to be much more inclusive and understanding of autistic people's needs

Lifespan strategy	
Summary of comments:	<ul style="list-style-type: none"> • Coordinated across lifespan • Independent living skills should be more available • Travel support (not just training but travel buddies) • Support for teenagers • Social support for older adults • Need more joined up approach across the lifespan • Transitions happen all through life

Training	
Summary of comments:	<ul style="list-style-type: none">• Funded and sustainable• Autistic led and up to date• Training needs analysis• All staff including school staff, MH and hospital staff, public services• Available to everyone

Transitions	
Summary of comments:	<ul style="list-style-type: none">• Lifespan transitions – not just school focused• Need support across Aberdeenshire• Long term planning is lacking• 65yr+ transitions (e.g., into care, supported living)

Remote and Rural	
Summary of comments:	<ul style="list-style-type: none"> • People can become very lonely • Cost of living is going to have a very big impact on autistic people in rural locations • Digital inclusion is important but should not be the only option – not everyone is online or has good access to good service • Travel – lack of public transport, lack of support for travel, no funds for taxis – big barrier to accessing things • Access to support is often not available rurally which leaves people isolated

Information	
Summary of comments:	<ul style="list-style-type: none"> • Need one point of information where everything is held • Need to map out exactly what is available locally, how to access it, referral process, route in etc. • Co-ordinated services and information • Services directory • Services do not know what else is available and don't know what each other provides • Not knowing what entitled to

Understanding and Acceptance	
Summary of comments:	<ul style="list-style-type: none"> • Community and societal understanding and acceptance would help with a lot of the other points • Need to raise awareness that autism is not a mental health condition or learning disability! • Local awareness campaign to run alongside the national one • Autistic champions

Accessibility	
Summary of comments:	<ul style="list-style-type: none"> • Services (all services) should offer alternative communication options • Public services should provide reasonable adjustments including consideration of sensory needs • Trauma informed practice in all public services • Housing – needs understanding and support to make accessible • Digital inclusion – not the answer to everything but a good option along with others

Employment	
Summary of comments:	<ul style="list-style-type: none"> • Better training and understanding within employers • Autistic people should be made aware of their employment rights • Benefits of having neurodiverse workforce • Businesses should be offered accredited courses (e.g. through Business Gateway)

Education	
Summary of comments:	<ul style="list-style-type: none"> • All staff should be trained – up to date, social model, autistic-ed. • Fellow pupils should have opportunity to learn about neurodiversity • Some staff have very negative attitudes which have big impacts • Range of education options when mainstream doesn't work • Reasonable adjustments

Human Rights	
Summary of comments:	<ul style="list-style-type: none"> • Right to be supported

Following on from analysing all the feedback and the information summarised above, we identified the following **7 Key Themes** which the Strategy and Action will prioritise:

Key Theme 1: Whole Lifespan

Key Theme 2: Diagnostic Pathways (Children, Young Persons, Adults and Older Adults)

Key Theme 3: Training

Key Theme 4: Lifelong Learning

Key Theme 5: Employment

Key Theme 6: Connecting

Key Theme 7: Community

Please see main Autism Strategy Report and Action Plan for detailed information on the 7 Key Themes – Aims, Outcomes and Actions.

Appendix 5: Our Consultation Phase: summary of response

Introduction

Following on from our Engagement Phase (April 2022- September 2022), we analysed all the responses, feedback and data which helped us to identify the following 7 Key Themes in which the Strategy and Action Plan will prioritise and deliver on:

- **Key Theme 1: Whole Lifespan** - Meeting the needs of autistic people from birth to death by supporting them to access appropriate support and services from our organisations, third sector and from the wider community.
- **Key Theme 2: Diagnostic Pathways (Children, Young Persons, Adults and Older Adults)** - Supporting the delivery of a clear autistic assessment pathway and transitions process.
- **Key Theme 3: Training** - Supporting training, learning and development to improve knowledge and understanding for those who work in Aberdeenshire Council Education and Children's Services (ECS) and Aberdeenshire Health and Social Care Partnership (AHSCP) who support autistic people.
- **Key Theme 4: Lifelong Learning** - Delivering inclusive support wherever learning takes place
- **Key Theme 5: Employment** - Enhancing employment opportunities and pathways to enhance the skills and experiences of autistic people.
- **Key Theme 6: Connecting** - Keeping autistic people and their families connected to information and their communities.
- **Key Theme 7: Community** - Building a community that is inclusive, accepting and knowledgeable

Please see main Autism Strategy Report and Action Plan for detailed information on the 7 Key Themes – Aims, Outcomes and Actions.

Our Next Steps

A Draft Aberdeenshire Autism Strategy Report was written and we took the document to the following:

February – April 2023

- Sought feedback and comments from **Governance Bodies** – Aberdeenshire Council GIRFEC Strategic Group, Aberdeenshire Council’s Education and Children’s Service Leadership Team and Aberdeenshire Health and Social Care Partnership’s Strategic Planning Group. These groups gave us permission to take the Draft Aberdeenshire Autism Strategy Report for Public Consultation.

While we launched our **Public Consultation** phase, we also met with **Area Committees (Councillors)**

May - July 2023

- Approval sought from Aberdeenshire Health and Social Care Partnership Integration Joint Board and Aberdeenshire Council’s Education and Children’s Services Committee

Delivery of our Consultation Phase – February- April 2023

As part of our public consultation phase, we delivered the following:

- 7 face to face public drop-in sessions within Aberdeenshire – approximately a total of 45 attendees
- 3 online sessions via MS teams – 42 people requested to attend; 13 attended.
- An online-based survey (easy read format and paper surveys were also made available) - 29 responses
- Postal surveys – 5 were requested and sent out; 2 returns

Sessions were facilitated by some members of the Autism Planning Group, project support staff, professionals from Social Work, Speech and Language Therapy Team and Clinical Psychology. We were also supported by autistic adults and adults who self-identify as neurodivergent. The online based sessions were recorded for note taking purposes. During these online sessions, participants were given the opportunity to communicate via Google Jamboard.

We used social media and our autism strategy webpage to advertise our events. People who had previously engaged with us were also contacted by email. Email notifications were cascaded to all Aberdeenshire schools which were then sent on to parents/carers asking for their feedback and response on the draft report.

Our aim from delivering public consultation was to seek feedback on the Draft Aberdeenshire Autism Strategy Report and the 7 Key Themes identified. To summarise, we asked the following questions:

Section 1: The Draft Strategy Report

From the Draft Strategy Report, please answer the following questions:

1. Is there anything about this report which you like? If so, please can you tell us what you like about it?
2. Is there anything about this report which you dislike? If so, please can you tell us what you dislike about it?
3. Is there anything missing/any gaps in the Strategy report?
4. Is the report clear and easy to understand?

Section 2: The 7 Key Themes

From the 7 Key Themes, please answer the following questions:

1. Do the strategy's key themes address challenges experienced by autistic people?
2. Please rank the 7 Key themes in order of importance? (1 most important, 7 least important)
3. For each key theme, please tell us why is it important to you?

Section 3: Other additional questions:

1. If there is anything else you would like to tell us about the strategy?
2. How will we know the strategy has worked?

What we heard - the following are a summary of views made towards the Draft Autism Strategy Report

- Autistic-led – further knowledge and learning should come from autistic people
- Transitioning across the whole lifespan – this needs to be addressed
- Extend collaborative working with the third sector and the autistic community
- More thoughts given towards collaborative and multi-agency working, such as Criminal Justice, Housing and Advocacy
- More support for teaching staff
- Other points to explore and learn more about are complex care, public awareness, rurality, bi-lingual autistic people, autistic carers, home-educated children and families and autistic women and girls

What We Did and Next Steps

Following on from analysing the feedback and responses given, to the best of our ability, we incorporated them into the final draft version of the Strategy report.

It is acknowledged that we are not able to act on all the feedback and response given from the consultation phase.

More detailed results of the consultation will be made available to the Aberdeenshire Autism Strategic Monitoring Group for further consideration once this group is established.



Photo taken from the Public Consultation Drop-In session held on Thursday 2nd March at Community Room, Tesco Supermarket, Inverurie

Appendix 6

Aberdeenshire Council

Integrated Impact Assessment

Aberdeenshire Strategy for Children, Young People and Adults (Aberdeenshire Council and Aberdeenshire Health and Social Care Partnership)

Assessment ID	IIA-000346
Lead Author	Ryan McGregor
Additional Authors	Marian Youngson, Maria Chan
Service Reviewers	Ryan McGregor
Subject Matter Experts	Susan Forbes, Kakuen Mo, Christine McLennan
Approved By	Jeff Shaw
Approved On	Tuesday February 21, 2023
Publication Date	Tuesday February 21, 2023

1. Overview

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

In partnership between Aberdeenshire Health and Social Care Partnership (AHSCP) and Aberdeenshire Council's Education and Children's Services (ECS), the aim is to co-produce an Autism Strategy for Children, Young People and Adults. The strategic development work will determine clear strategic priorities and actions for Autism Services across Aberdeenshire. Focus will include: engaging and supporting autistic children, young persons and adults and also include them in the development and co-designing of the strategy.

During screening 6 of 10 questions indicated that detailed assessments were required, the screening questions and their answers are listed in the next section. This led to 3 out of 5 detailed impact assessments being completed. The assessments required are:

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

In total there are 11 positive impacts as part of this activity. There are 0 negative impacts, all impacts have been mitigated.

A detailed action plan with 6 points has been provided.

This assessment has been approved by jeff.shaw@aberdeenshire.gov.uk.

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

2. Screening

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

3. Impact Assessments

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

4. Childrens' Rights and Wellbeing Impact Assessment

4.1. Wellbeing Indicators

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

4.2. Rights Indicators

<p>UNCRC Indicators upheld by this activity / proposal / policy</p>	<p>Article 1 - Definition of a child Article 2 - Non-discrimination Article 3 - Best interests of the child Article 4 - Protection of rights Article 5 - Parental guidance and a child's evolving capacities Article 6 - Life, survival and development Article 12 - Respect for the views of the child Article 13 - Freedom of expression Article 14 - Freedom of thought, conscience and religion Article 16 - Right to privacy Article 18 - Parental responsibilities and state assistance Article 22 - Refugee children Article 23 - Children with disabilities Article 24 - Health and health services Article 28 - Right to education Article 29 - Goals of education Article 30 - Children of minorities / indigenous groups Article 31 - Leisure, play and culture Article 32 - Child labour Article 36 - Other forms of exploitation Article 39 - Recovery and rehabilitation of child victims Article 40 - Juvenile justice Article 42 - Knowledge of rights</p>
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4.3. Positive Impacts

Impact Area	Impact
Achieving	(adult learning, achieve independence, job searching, further education, volunteering)
Active	(encourage sporting and outdoor activities - should they wish to join in. promote accessibility and inclusiveness. offer and provide various choices and opportunities)

Impact Area	Impact
Healthy	<p>We understand that some of service users may need support around 'how to be healthy', and therefore will endeavour to offer support around this, such as access to Live, Life, Aberdeenshire facilities.</p> <p>Staff will be given 'acceptance' training.</p> <p>Staff in Drugs and Alcohol services and Criminal Justice, will be given 'acceptance' training which have been adapted to suit their service needs, such as adapted programmatic work for service users with autism.</p>
Included	(collaboratively working with everyone, acceptance that plans will need to be flexible given the diverse and interchangeable needs of everyone, professional will be given diversity and acceptance training - and given support through professional supervision. we must be sensitive to diversity and extend our collaborative working to everyone).
Nurtured	(working in partnership with parents- recognise their challenges - assessment stages through to the transition stage, recognition towards the constant growing and learning of the individuals)
Responsible	Children and young people will be given opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision.
Respected	(individual needs and choices must be respected. parental/carer concerns will be listened to. service service users will be encouraged to devise their own personal plan and take ownership of the plan IF appropriate. opportunities will be given to lead and work in partnership - IF this is what the individual needs/wants/chooses. the demonstration of respected and positive behaviour by staff will be encouraged.

4.4. Evidence

Type	Source	It says?	It Means?
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Type	Source	It says?	It Means?
Other Evidence	The Learning Disability, Autism and Neurodiversity Bill	The Scottish Government has “committed to introducing a Learning Disability, Autism and Neurodiversity Bill.	This Bill will ensure that the rights of autistic people, people with ADHD, dyslexia, and other neurodivergent people are respected and protected. This Bill will also consider establishing a Commissioner to protect people's rights in practice.” (Scottish Government Website, December 2022). The proposed bill is currently in development and engagement stages.
Other Evidence	The Convention on the Rights of Persons with Disabilities	Parties to the convention are required to promote, protect, and ensure the full enjoyment of human rights by persons with disabilities and ensure that persons with disabilities enjoy full equality under the law.	This international human rights treaty of the United Nations protects the rights and dignity of persons with disabilities.
Other Evidence	The United Nations Convention on the Rights of the Child	The Convention has 54 articles that cover all aspects of a child’s life and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It also explains how adults and governments must work together to make sure all children can enjoy all their rights.	This international human rights treaty sets out the civil, political, economic, social, health and cultural rights of children
Other Evidence	Equality Act 2010	The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society.	It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it’s unlawful to treat someone.

Type	Source	It says?	It Means?
Other Evidence	Guidance on the presumption to provide education in a mainstream setting 2019	This document provides guidance to education authorities on their duty to provide education in a mainstream school or early learning and childcare setting unless certain exceptions apply. This guidance sets this duty within the context of other policies and related duties. It also sets the presumption of mainstreaming within inclusive practices. This guidance is for policy and decision makers in education authorities, education authority officers, senior management teams in schools and early learning and childcare settings and all school and early learning and childcare staff.	It means that education authorities have a duty to provide education in a mainstream setting unless certain exceptions apply.
Other Evidence	Curriculum for Excellence	Curriculum for Excellence is the national curriculum for Scottish schools for learners from the ages 3–18	Curriculum for Excellence places learners at the heart of education. At its centre are four fundamental capacities. These capacities reflect and recognise the lifelong nature of education and learning. The four capacities are aimed at helping children and young people to become: Successful learners Confident individuals Responsible citizens Effective contributors

Type	Source	It says?	It Means?
Other Evidence	Getting It Right For Every Child (GIRFEC)	<p>Getting it right for every child is the Scottish Government's approach to supporting children and young people. It is intended as a framework that will allow organisations who work on behalf of the country's children and their families to provide a consistent, supportive approach for all.</p> <p>It requires that services aimed at children and young people – social work, health, education, police, housing and voluntary organisations – adapt and streamline their systems and practices and work together. The approach encourages earlier intervention by professionals to avoid crisis situations at a later date.</p>	It requires that services aimed at children and young people – social work, health, education, police, housing and voluntary organisations – adapt and streamline their systems and practices and work together. The approach encourages earlier intervention by professionals to avoid crisis situations at a later date.
Other Evidence	The Children and Young People (Scotland) Act 2014	The Children and Young People (Scotland) Act 2014 put the UNCRC into a Scottish statute for the first time.	It encourages Scottish Ministers and public bodies to consider children's rights and requires them to prepare reports on what they are doing to progress children's rights. The Act also gives more powers to the Children and Young People's Commissioner Scotland.
Other Evidence	The Education (Additional Support for Learning) (Scotland) Act 2004 (as amended 2009)	The Act created the term 'additional support needs' and places duties on local authorities to identify, meet and keep under review the needs of pupils for whom they are responsible.	It gives parents a number of rights, including the right to access mediation, dispute resolution and refer decisions to the Additional Support Needs Tribunals for matters concerned with a co-ordinated support plan.
Other Evidence	The Standards in Scotland's Schools etc. Act 2000	The Standards in Scotland's Schools etc. Act 2000 sets out the rights of children to education (including children who cannot attend school because of ill-health or who have been excluded) and the related duties of education authorities.	Local authorities have duty to make sure that a child's education is directed to the development of their personality, talents and mental and physical abilities to their fullest potential.

Type	Source	It says?	It Means?
Other Evidence	The Education (Disability Strategies and Pupils' Educational Records) (Scotland) Act 2002	The Education (Disability Strategies and Pupils' Educational Records) (Scotland) Act 2002 requires local authorities to prepare and implement an accessibility strategy to improve access to education for young people with disabilities.	Local authorities must prepare and implement an accessibility strategy to improve access to education for young people with disabilities.
Other Evidence	The Supporting Children's Learning: Statutory Guidance on the Education (Additional Support for Learning) Scotland Act 2004 (as amended) (Third Edition) 2017	The Supporting Children's Learning: Statutory Guidance on the Education (Additional Support for Learning) Scotland Act 2004 (as amended) (Third Edition) 2017 explains the duties on education authorities and other agencies to support children's and young people's learning.	The Act states that, at some point in their education, all children may require some form of additional support. The Act says: "A child may require additional support for a variety of reasons. These may include those who are being bullied, are particularly gifted, have experienced a bereavement, or are not attending school regularly, as well as those who have behavioural or learning difficulties, mental health problems, or specific disabilities such as deafness or blindness."
Other Evidence	How Good is Our School, also known as HGIOS 4,	How Good is Our School, also known as HGIOS 4, is a 4th edition document produced by Education Scotland. This document provides teachers and staff with a framework to support them in self-evaluating and improving their school. This guidance encourages schools to "look inwards" at how specific aspects of the school is performing.	This document provides teachers and staff with a framework to support them in self-evaluating and improving their school. This guidance encourages schools to "look inwards" at how specific aspects of the school is performing.
Other Evidence	The Scottish Schools (Parental Involvement) Act 2006	The Scottish Schools (Parental Involvement) Act 2006 gave parents greater rights to be informed and included in decision making in their children's schools.	Parents have the right to be informed and included in decision making in their children's schools

Type	Source	It says?	It Means?
Other Evidence	Scottish Strategy for Autism: outcomes and priorities 2018-2021	This sets out the priorities for action through to 2021 to improve outcomes for autistic people living in Scotland.	Improved outcomes for autistic people in Scotland
Other Evidence	The Scottish Strategy for Autism 2011	Scottish Strategy for Autism aimed to ensure that progress was made across Scotland in delivering quality services for people with autism and their families.	That individuals on the autism spectrum are respected, accepted and valued by their communities and have confidence in services to treat them fairly so that they are able to have meaningful and satisfying lives.
Internal Consultation	School survey	Responses were generally positive and showed that young people felt supported.	In our next consultation phase we will consult further. However it would appear from the survey responses that we are supporting autistic children and young people well.
External Consultation	Engagement phase - working groups including teachers and education staff	We have included those who teach, support and shape autistic children and young people	The views of teachers and education staff have been listened to and included in the drafting of the strategy

4.5. Accounting for the Views of Children and Young People

- Planning Group membership and representation from Education and Children Services, which includes a Consultant Psychologist.
- teachers who will be members of our Working Groups
- Forums created by teachers held in a school setting
- Representation Autism Advocacy will be represented in our Working Groups

4.6. Promoting the Wellbeing of Children and Young People

- Through active engagement and consultation with children and young people.
 - The services which we will provide will also promote the safety of children - this will be evident from the actual delivery of the service.
- It is our intention to always to monitor and review our practice in order to learn and improve.

4.7. Upholding Children and Young People's Rights

- we will listen to the views of the children, young people and their parents and carers.
- We will ensure that will communicate and engage with in a method which bests suits their needs, and preference ie should they not wish to attend a group meeting, then we endeavour to offer an alternative such as a 1:1 telephone call or email contact.
- We will be open to listening and accepting of all feedback and responses
- We will ensure that all implementation of ideas and delivery of tasks will keep children and young people safe.
- They will be treated with respect at all times.

- Staff members who will come into contact with children and young person will be skilled - have knowledge and experience in working and engaging with them.
- Children and Young People will be encouraged and support, should this wish to be actively involved in the work.

4.8. Overall Outcome

No Negative Impacts Identified.

This strategy is designed to support autistic people.

5. Equalities and Fairer Scotland Duty Impact Assessment

5.1. Protected Groups

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

5.2. Socio-economic Groups

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

5.3. Positive Impacts

Impact Area	Impact
Age (Older)	Strategy will be co-produced and co-designed, and therefore throughout the development of the strategy, we will include the voices and thoughts from older people. Services will be designed with the needs of older persons in mind. Services delivery will be age-appropriate. This will be a Strategy will be meet the needs of an individual from birth right through to older age.
Age (Younger)	Strategy will be co-produced and co-designed, and therefore throughout the development of the strategy, we will include the voices and thoughts from young people. Services will be designed with the needs of young persons in mind. Services delivery will be age-appropriate.

Impact Area	Impact
Disability	It is our intention to improve services for disabled people. We will ensure that we will engage with disabled person, acknowledge their needs and service infrastructure will be adapted in order to enable to be actively involved. Risk assessment will be undertaken and consistently improved. Example - we will support disabled persons through our employment and training services. We aim to support independent living, offer choices and create opportunities for autistic people with disabilities.

5.4. Evidence

Type	Source	It says?	It Means?
Other Evidence	The Equality Act 2010	The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone.	The Act sets out the different ways in which it's unlawful to treat someone.
Other Evidence	Planning improvements for disabled pupils' access to education: guidance for education authorities, independent and grant-aided schools	The guidance provides guidance to responsible bodies on the requirements of the Education (Disability Strategies and Pupils' Educational Records) (Scotland) Act 2002 for increasing access to school education for disabled pupils.	There is a legal requirement under the Act for education authorities, and those responsible for independent and grant-aided schools (the responsible bodies under the Act) to prepare and implement an accessibility strategy for all the schools for which they are responsible
External Consultation	Engagement phase - feedback	There is a need to continue collaborating with autistic people	Future collaborative work is vital Autistic people are the experts on how to meet their outcomes
External Consultation	Engagement phase - working groups	A wide range of ages participated in the working groups and surveys and their views were listened to and taken account of	A cross section of ages were taken account of whilst constructing the strategy Age and stage development has been included in the draft strategy

Type	Source	It says?	It Means?
External Consultation	Engagement phase - autistic led work	Autistic planning group member facilitated autistic led sessions and delivered training to professionals	Autistic community's voice was heard and professionals were able to engage appropriately with autistic people in gathering views

5.5. Engagement with affected groups

We held 1 virtual event that engaged directly with autistic individuals. In addition, a dedicated email address was available in which organisations or individuals responded.

School staff were asked to seek the views of autistic learners using questions that had been discussed and agreed with the Pupil Participation Forum.

5.6. Ensuring engagement with protected groups

We sought the views, experiences and responses of autistic individuals on what should be included in the draft strategy.

5.7. Evidence of engagement

Social media platforms

Asked third sector organisations to engage with us and with others

Surveys - accessible

After analysing the data, feedback and responses, we collaboratively discussed and agreed with autistic people what the key themes of the strategy should be.

Autistic people and representatives from third sector organisations helped to facilitate, plan and coordinate the engagement sessions.

5.8. Overall Outcome

No Negative Impacts Identified.

Strategy is designed to have a positive impact on autistic individuals.

5.9. Improving Relations

Ongoing engagement with lived experience group will promote good relations.

Lived experience forum will be consulted.

Through formal consultation gaps will be identified to inform an action plan.

5.10. Opportunities of Equality

It creates opportunities for autistic people's voices and views to be heard and to empower them to make choices.

Through collaborative working, non autistic/neurotypical and autistic/neurodivergent live and work together to enhance each other's lives.

6. Health Inequalities Impact Assessment

6.1. Health Behaviours

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

6.2. Positive Impacts

Impact Area	Impact
Mental health	It will provide a clearer pathway for the autistic person as it sits within the mental health services

6.3. Evidence

Type	Source	It says?	It Means?
Internal Data	Waiting list times	We have a high level of adults on a waiting list at the moment - approximately over 1000 people on the waiting list for adult assessment team (Moray, Aberdeen City and Aberdeenshire)	There is a need for an autism service to support an autism pathway.

6.4. Overall Outcome

No Negative Impacts Identified.

The strategy will impact positively on all aspects of health inequalities

7. Action Plan

Planned Action	Details	
<p>Collaborative creation of a Delivery Plan - discussion and decisions to be made on identifying specific tasks to be within the Strategy's Delivery Plan.</p>	<p>Lead Officer Repeating Activity Planned Start Planned Finish Expected Outcome Resource Implications</p>	<p>Maria Chan No Saturday October 01, 2022 Saturday April 29, 2023 Key Tasks - with measurable outcomes and outputs identified - which meets each of the Strategy's 7 Key Priorities/ Themes. NA</p>
<p>Consultation: 3 Stages Stage 1: Feb 2023 Take Draft Strategy report to Strategic Planning Group (AHSCP), Aberdeenshire Council's GIRFEC Strategic Planning Group and Education and Children Services Leadership Team. Stage 2: Feb- April 2023 Take report all 6 Area Committees and Public Consultation. Surveys, face to face and online sessions to be held. Stage 3: May/June 2023 Final approval and ratification to be sought from ECS Committee and IJB Committee.</p>	<p>Lead Officer Repeating Activity Planned Start Planned Finish Expected Outcome Resource Implications</p>	<p>Maria Chan No Wednesday February 01, 2023 Friday June 30, 2023 Feedback and suggested amendments given. Face to face drop-in sessions to take place at various locations across Aberdeenshire.</p>
<p>Engage with Corporate Communications to publicise the formal public consultation phase</p>	<p>Lead Officer Repeating Activity Planned Start Planned Finish Expected Outcome Resource Implications</p>	<p>Maria Chan No Wednesday February 01, 2023 Sunday April 30, 2023 Responses and feedback to be received None</p>

Planned Action	Details
Plan and arrange face to face public consultation sessions - including autistic led face to face session	<p>Lead Officer Maria Chan</p> <p>Repeating Activity No</p> <p>Planned Start Tuesday February 28, 2023</p> <p>Planned Finish Sunday April 30, 2023</p> <p>Expected Outcome Feedback and responses on draft autism strategy</p> <p>Resource Implications Fees for hiring some of the venues Consultancy fees</p>
Online consultation groups, including 1 autistic led	<p>Lead Officer Maria Chan</p> <p>Repeating Activity No</p> <p>Planned Start Tuesday February 28, 2023</p> <p>Planned Finish Sunday April 30, 2023</p> <p>Expected Outcome Responses and feedback from groups</p> <p>Resource Implications Consultancy fees</p>
Consult with children and young people	<p>Lead Officer Marian Youngson</p> <p>Repeating Activity No</p> <p>Planned Start Tuesday February 28, 2023</p> <p>Planned Finish Friday March 31, 2023</p> <p>Expected Outcome Responses and feedback from children and young people</p> <p>Resource Implications None</p>

Appendix 7: Feedback and Responses from Area Committees

Committee	Date of meeting	Reference	Comment	Service Response
Banff and Buchan	07.03.2023	BBAC 1	Would be helpful were the Council to work with potential employers to recognise the specific attributes which those on the Autism spectrum can bring to the workplace.	Aberdeenshire Council already has plans to support its own employment of Autistic People. In our employment and communities Key Themes, there is an action noted to review and enhance a community approach to accepting Autistic people, both within their community and also within the workplace.
		BBAC 2	A diagnostic pathway needs to be established for children.	Noted, this is an action to be achieved within the Action Plan.
		BBAC 3	Permanent funding for support for assessments of autism in adults to be established (evidenced by difference adult cf children numbers receiving support).	Noted, ongoing dialogue is required around how funding can be secured.

		BBAC 4	Note the strategy should look forward, and its learning be added to the existing GIRFEC strategy.	The Autism Strategy will work hand in hand with GIRFEC strategy. As the GIRFEC Children with a Disability Group (alongside the AHSCP Autism Strategic Outcomes Group) will oversee the tasks within the action plan.
		BBAC 5	Like to see strategy embedded into Education - the current exclusions policy often considered issues where autism may be a contributory element.	Noted.
		BBAC 6	Would like to see the Action Plan.	The Governance process has been pre-agreed – Strategy and Action Plan to be presented to Education and Children’s Service’s Committee on 25.05.2023 and then Aberdeenshire Health and Social Care Partnership Integrated Joint Board on 05.07.2023.
		BBAC 7	Would like to see finalised Strategy before approved by Council.	The Governance process has been pre-agreed – Strategy and Action Plan to be presented to Education and Children’s Service’s Committee on 25.05.2023 and then Aberdeenshire Health and Social Care

				Partnership Integrated Joint Board on 05.07.2023.
Marr	07.03.2023	MAC 1	Found the visual model of the spectrum helpful and would welcome this being shared to raise understanding.	Noted.
		MAC 2	Queried adult autism diagnosis falling under mental health services.	Noted, autistic people fall under many services; while it can feel challenging to be diagnosed through a mental health service, it is important that a diagnosis is offered no matter what the service. It's also important to note if the prevalent diagnosis is a learning disability, the adult will be seen within the learning disabilities team and not adult mental health.
		MAC 3	Employability – important for people to be able to move into meaningful and inclusive activities. How can we enhance work with employers?	This is a challenge and it's so important that meaningful and inclusive employment opportunities are created. Within the Action Plan, both under employment and communities, it is hoped to develop an autistic friendly environment where autistic people will be included and supported.

				Aberdeenshire Council continues to develop their own services.
		MAC 4	Praised work within local schools, particularly Banchory Primary School.	Noted.
		MAC 5	Highlighted key role of carers and importance of support for carers.	Noted.
		MAC 6	Considering the complexity of presentation of autism, with reference to masking, particularly in women/girls – how can the strategy be inclusive and drive support with no one left behind.	This has been considered further and a further statement has been added within the strategy document. A separate action has also been noted within the Action Plan.
		MAC 7	Challenges and delays in diagnosis/ assessment pathways – can these be further supported.	Noted, ongoing work is required for the assessment pathways to be reviewed and developed, this will be linked to funding.
Buchan	14.03.2023		Agreed to provide following comments to Head of ECS and Chief Officer of HSCP – (see below)	
			(1) welcomed Draft Strategy, in particular the collaborative approach taken and that it covers the whole life span, and thanked staff for their work to	Noted.

			date in putting together this easy-reading document.	
			(2) to note that Members are looking forward to seeing the delivery plan which should show the success of the Strategy by way of measuring its impact, and that any measurement taken should include the views of autistic people of all ages.	The Governance process has been pre-agreed – Strategy and Action Plan to be presented to Education and Children’s Service’s Committee on meeting date 25 th May 2023.
			(3) in considering the Key Themes – (a) 3 – Training, to request that Teachers are appropriately trained and that they receive ongoing support, and (b) 5 – Employment – to request that the DYW (Developing the Young Workforce) be consulted and encouraged to be involved.	Training has been reviewed and will also form part of the Action Plan Developing the Young Workforce Lead Officer has been consulted and is happy to be involved.
			(4) to request that, when reporting back to AC’s, that the number of people waiting to be assessed be reported to	As of the 4 th April 2023 - 347 referrals for Aberdeenshire and 40 have been completed. Adult Autism Assessment Team currently

			allow Members to know how many people remain on waiting lists.	telling people that the wait time is over 2 years if you join the wait list in April 2023.
			(5) to request that the importance of 'transition points', for example from early years to primary, be highlighted,	Noted.
			(6) to note that 'getting it right' does not necessarily mean, for example, parents choosing the nearest facility to their home-setting but that choosing the right setting is more important, and that the importance of this needs to be filtered through to parents/carers at the early years stage,	Noted.
			(7) that it be highlighted that the assessment of individuals should not be a speedy process in an attempt to deal with waiting lists, but should be a thorough process allowing observation in multiple settings to allow an accurate diagnosis, and that the diagnosis should then unlock the approaches to be taken by the various partnership agencies involved, and	Noted, this is one of the challenges in that the team are taking their time offering a full assessment, meaning as the list grows the wait times increase. Work is ongoing around the Post Diagnostic Support.

			(8) to question how the various priorities highlighted within the Strategy are to be prioritised, particularly when there are so many different agencies involved	Action Plan should support this. A Strategic Monitoring Group will also be arranged to support the monitoring and provide assurance that the Action Plan is being achieved.
Garioch	14.03.2023	GAC1	Challenge to meet the aspiration to increase awareness of autism in carers given the recruitment issues in this sector.	While the recruitment of carers is a challenge, we can support all to have an understanding of autism and this is linked to our Key Theme Community in that we hope to build a sense of community where everyone includes, accepts and acknowledges autism.
		GAC2	Consider the inclusion of the potential to have to prioritise the priorities within the strategy.	Action Plan should support this. A Strategic Monitoring Group will also be arranged to support the monitoring and provide assurance that the Action Plan is being achieved.
		GAC3	Consideration should be given to the reintroduction of day services in order that there is a balance between this and holistic delivery of services.	Day Services within Learning Disabilities has always been available. Older Adults is being reviewed and considered. Support can be offered to those eligible in lots of different manners which will support the autistic person to develop a meaningful purpose to their life.

		GAC4	Note that the Ready to Go services have ceased.	Noted.
Formartine	21.03.2023	FAC 1	All staff need to have an understanding of autism.	Current training available on the Council's online training platform: https://aldo.aberdeenshire.gov.uk/course/view.php?id=1719 This is available to all Council employees.
		FAC 2	Suggest that the wording on Page 108 first line "Of course" should be replaced with "Some".	Noted
		FAC 3	How connectivity will be affected by recent changes needs to be carefully monitored.	Noted
Kincardine & Mearns	21.03.2023	KMAC 1	Welcomed the report and commended the work being carried out by Officers.	Noted.
		KMAC 2	We need to ensure we address issues when the needs of children are not being met, what action do we take and how is this recorded?	Noted. GIRFEC processes address this.

		KMAC 3	More emphasis needed on family focus and support for the whole family throughout the strategy and in practice.	Noted.
		KMAC 4	Ensure further input with LLA to have inclusive appropriate sessions as part of their school holiday activity programme,	Noted. Links with LLA have been established.
		KMAC 5	Ensure the strategy is translated into outcomes	Action Plan should support this. A Strategic Monitoring Group will also be arranged to support the monitoring and provide assurance that the Action Plan is being achieved.
		KMAC 6	Continual training and support offered to all staff within the school environment	Current training available on the Council's online training platform: https://aldo.aberdeenshire.gov.uk/course/view.php?id=1719 This is available to all Council employees. The Aberdeenshire Professional Learning Framework for Supporting Autistic Learners has been developed to ensure that there is an Aberdeenshire-wide core level of knowledge and understanding of autism across the

				education workforce, as well as pathways for developing more advanced knowledge and skills. This was shared with all schools in March 2023.
		KMAC 7	Ensure we have the appropriate staff in place to assist with training and assist with referrals	<p>Training – noted, the need to review and develop training will be highlighted within the Action Plan.</p> <p>Referrals – this requires ongoing work and review, linked to funding.</p>
		KMAC 8	Consider language used within the strategy, “working with the wider community,”	Noted.
		KMAC 9	Key theme 7, create a supportive community in our shops, libraries, bus stops by raising awareness of autism.	Noted and actioned within the Action Plan.
		KMAC 10	Ensure we have some allocated metric indicators from outcomes to know when implemented and statistics/criteria being met.	Noted.

		KMAC 11	Suggest we include information re adult diagnosis when we issue a child diagnosis, to help highlight the possible family links.	Noted and this comment will be fed back to the teams supporting with child diagnosis.
		KMAC 12	Important to build into the strategy into the roll out stage the willingness to respond if we are not meeting the needs of individuals, to capture it and respond to it.	A Strategic Monitoring group will be formed to support and monitor overall progress. It is hoped that those with lived experience will play a key role in this group.

DRAFT

**REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
05 JULY 2023**

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

1 Recommendation

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

- 1.1 Provide comment on the high-level quarterly performance report on the HSCP Strategic Delivery Plan to end of May 2023, noting work ongoing regarding the prioritisation of workstreams and performance report format.
- 1.2 Approve the decisions taken to not progress specific projects under the Strategic Delivery Plan at this time, allowing focusing of resources on priority workstreams and deliverables, and for further engagement with IJB members to take place to shape and inform the priority programmes of work.
- 1.3 Endorse the accompanying quarterly report on specific progress against the Medication Assisted Treatment (MAT) Standards Implementation.

2 Directions

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

3 Risk

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

4 Background

- 4.1 As set out in the Aberdeenshire HSCP Organisational Governance Framework, performance governance within the HSCP is based on a tiered approach to provide assurance at local and strategic levels within the HSCP,



to NHS and Council partners and the Scottish Government. Ultimate accountability for and scrutiny of performance is held by the IJB.

- 4.2 At its meeting on 7th December 2022, the IJB approved the new format for its performance reporting framework to provide assurance as to progress against the Aberdeenshire HSCP's Strategic Delivery Plan. The aim of this report is to provide a high-level overview of all projects (transformational, improvement and business as usual workstreams), outlining overall progress and enabling exception reporting of any key barriers or delays.
- 4.3 As previously agreed by the IJB, this report includes a more detailed update on the HSCP's progress against delivery of the Medication Assisted Treatment (MAT) Standards, with the report for this period covering January to March 2023. The full quarterly report is provided in Appendices 1 and 2.
- 4.4 The Strategy Team in conjunction with Senior Management Team (SMT) members has also been progressing discussions to scrutinise and prioritise further its list of projects and deliverables under its Strategic Delivery Plan recognising the continuing pressures on capacity. The initial outputs from this work are described below, but further updates will be brought back to the IJB once further project prioritisation has taken place and appropriate engagement with all key stakeholders including operational management and professional leads.
- 4.5 As reported to the IJB in its last quarterly report on 1st March 2023, it had been intended to bring forward a proposal for future incorporation of financial information within these performance reports. This work has not been possible to conclude within the timeframe but will be aligned with the update of the AHSCP's Medium Term Finance Strategy.

5 Summary

- 5.1 The Aberdeenshire IJB formally agreed the Strategic Delivery Plan 2022 – 2025 in December 2022, outlining the key areas of work to be progressed over the next two years. Appendix 1 provides a summary update with key highlights and risks, including the 'in-focus' update for MAT Standards Implementation to March 2023, now including a progress rating against all 10 MAT Standards which require to be fully implemented by April 2024.
- 5.2 Appendix 2 provides individual updates for each of the workstreams as originally identified from the Strategic Delivery Plan. In response to an Internal Audit recommendation (Transformational Projects Internal Audit Report 2212), each project has been given a unique ID reference number to support the IJB in monitoring and obtaining assurance over progress.
- 5.3 In the intervening period since the last quarterly report to the IJB, the Strategy Team in conjunction with the Senior Management Team (SMT) has been implementing work to review and further prioritise workstreams which are deliverable over the next 12-18 months particularly in light of system



pressures which have continued beyond the winter period. As reported in the last quarterly performance report to the IJB, the Social Care Sustainability Programme Board had already agreed to removing the Social Work Education and Practice workstream with oversight of this ongoing area of activity to sit with the AHSCP's Workforce and Training Group.

- 5.4 In relation to the National Care Service – Local Implementation workstream, a local working group has been established however due to the extended period for the Scottish Parliament's consideration of the Stage 1 Bill, it is proposed that this workstream is paused. Officers from the HSCP will continue to actively engage with any national co-design and consultation events, with oversight and updates to also be communicated through the Strategic Planning Group.
- 5.5 Moving forward, the SMT has agreed that AHSCP capacity will be focused on the three key areas of: Social Care Sustainability, Community Hub, and Place-based Approach. By organising our work around these three areas, the AHSCP will be able to prioritise resources effectively utilising a programme management approach, phasing workstreams in logical and priority order with a focus on progressing service redesign needed to ensure the sustainability of critical health and social care services for our local communities. This approach will also provide focus for the alignment of HSCP resources augmented by the recent recruitment to both our Workforce Transformation Programme Manager and Digital Project Manager posts.

5.6 Social Care Sustainability

- 5.6.1 Due to ongoing system and staffing pressures there has been an impact on attendance at the Social Care Programme Board which has impacted its ability to monitor and make decisions around projects as required. Taking cognisance of the IJB's direction to ensure deliverability of projects over the coming year, the Programme Board will implement a workshop during the summer to review its performance and identify areas for improvement including agreeing key deliverables in year 2 to inform our focus for capacity and resources.
- 5.6.2 Good progress has nonetheless continued to be made in supporting workstreams, with key highlights noted below:

In-house Care at Home – The Future – A new post of Care Team Support Officer has now been agreed and graded, and approval given to proceed in recruiting to 6 posts (one for each area of Aberdeenshire), to be monitored under the project to determine the impact on recruitment and benefit to the service of these posts. The aim of this post is to address a service gap in the current structure of the Home Care Service and better provide for career development and succession planning.

Very Sheltered Housing Review - Stakeholder engagement sessions took place at Pleyfauld House on 24th March and at Dawson Court on 2nd April 2023. These were facilitated session for tenants, staff, and family members



to gather their views and experiences and were well attended at both services, particularly by tenants and staff. North East Advocacy provided support to tenants at the group sessions and privately. A survey is being distributed to stakeholders who could not attend.

5.7 Community Hub

- 5.7.1 Initial visioning workshops have taken place with a small group of stakeholders providing clarity around the scope for the community hub model and also enabling prioritisation of workstreams under its remit.
- 5.7.2 Through this process it has been agreed that the Reviews of Community Nursing and Combined Minor Injury Unit workstreams will not be progressed under the programme at this time, as this work has been superseded by wider national developments and can now be mainstreamed to operational activity.
- 5.7.3 Focus will be given to implementing a test of change in one area but implementing workstreams on a phased basis prioritising key objectives required in this financial year. This must include the stabilisation of primary care services in particular ensuring sustainable arrangements for the transfer of Pharmacotherapy and Community Treatment and Care Services from General Practice this financial year (in response to recent [BMA Guidance](#)) and also the requirement to ensure a sustainable out of hours nursing service model with work in both areas now progressing at pace.
- 5.7.4 Work will now commence on establishing the Programme Board and recruiting to a Programme Management post to provide the required additional capacity to co-ordinate and progress this programme of work.

5.8 Place-based Approach

- 5.8.1 The HSCP must ensure it participates fully in the development of the community, placed based wellbeing approach to support a shift of care pathways to prevention and improvement whilst also maximising the intent of the IJB Integration Scheme. Existing pathfinders and tests of change, including the Fraserburgh Shaping Places for Wellbeing Programme and Inverurie Wellbeing Hub provide us with the opportunity to collaborate, maximise assets and build on existing work. The learning from the place-based approach also provides us with a context for the continued implementation of Deeside and Inch Strategic Needs Assessments.
- 5.8.2 HSCP officers are engaged in the Council Place Based Strategy group and a more detailed presentation on this approach will be brought to the IJB meeting on 23rd August 2023.

Next Steps

- 5.9 The critical review of all projects under the HSCP's Strategic Delivery Plan remains a work in progress at this stage. IJB comment on the proposed



approach outlined above is sought to ensure this is congruent with IJB direction and expectation. IJB approval is also sought for the proposal to hold a development session with members for officers to share and gain feedback on developing work around the key themes of Social Care Sustainability, Community Hubs and the Place-based strategy.

- 5.10 In addition to the work outlined above, officers have been attending Area Committee meetings over the last month to present the IJB quarterly performance report (previously reported to the IJB in March 2023) as well as providing additional information on key updates for local health and social care services in each Area. The process to date is proving very beneficial and constructive with comments and questions from all of the Area Committees to be compiled and responded to, including feedback on proposed areas for future performance information. This work will also support the HSCP in achieving progress towards Internal Audit recommendations (specifically Internal Audit Report: 2312 - Assurance Review of IJB Governance Arrangements; recommendation 1.15 Performance Reporting to Partners).
- 5.11 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 was undertaken as part of the development of the proposals for the performance framework reported to the IJB in December 2022. No impacts were identified as this is a report on performance/activities of the HSCP over the reported period. There will be no differential impact, as a result of the report, on people with protected characteristics.
- 6.2 An Integrated Impact Assessment will be undertaken for each individual project under the Strategic Delivery Plan. Financial and staffing outcomes and measurements will be determined on an individual project basis and scrutiny will be provided through the agreed governance structure.

Pamela Milliken
Chief Officer
Aberdeenshire Health and Social Care Partnership

Report prepared by Angela MacLeod, (Interim) Strategy and Transformation
Manager
Date: 12 June 2023

Appendix 1 – Summary update.
Appendix 2 – Workstream updates.

APPENDIX 1



Strategic Delivery Plan - Quarterly Performance Report Summary

IJB Report Date: 05 JULY 2023

KEY HIGHLIGHTS	
18 out of 32 projects currently reporting Green RAG status indicating they are currently on track to achieve project aims and milestones.	<p>Overview of RAG Status - All Projects</p> <p>Not stated, 3 Red, 0 Amber, 11 Green, 18</p>
RAG status performance improved against 3 projects (Digital Strategy Development, In-House Care at Home and Primary Care Mental Health Hub).	
Autism Strategy - The final version of the Autism Strategy has been produced based on feedback from the public consultation. The strategy has been approved by Aberdeenshire Council's Education & Children's Services Committee and will be submitted to the IJB meeting in July for approval.	
Community Hub Programme: <ul style="list-style-type: none"> Completion and agreement of the project mandate with Senior Management Team Initial workshops taken place with Senior Management Team Representatives to agree workstreams within scope under the Community Programme remit. 	
Digital Strategy - A Digital Project Manager has been recruited and is in post. Work has started around the development of the digital work programme	
Frailty Pathway - Aberdeenshire has been selected to be part of the Hospital at Home expansion programme offered by Healthcare Improvement Scotland providing additional improvement advice and capacity, support in planning and networking with other programme teams.	
<p>Social Care Sustainability Programme:</p> <p>In-House Care at Home - A new post of Care Team Support Co-ordinator has been created and graded to provide succession planning and promote service quality. 6 posts will be advertised as a test of change. A job referral incentive scheme for home carers has been agreed. A recruitment strategy for home carers has been completed and is being implemented. The service has been shortlisted for participating in Scottish Government international recruitment pilot. Work trialling full-time shift patterns and supporting transport options for home carers is ongoing.</p> <p>Very Sheltered Housing (VSH) Review: A number of engagement sessions have been held with residents, relatives and staff from both VSH services in Central Aberdeenshire to gather their views and experiences. These have been very positive and invaluable in informing how we continue to support and enable these services to be fit for the future. Further feedback/comments to support the review are being collated through a survey on Engage Aberdeenshire.</p>	
<p>Primary Care Improvement Plan:</p> <ul style="list-style-type: none"> Responsibility for delivery of Vaccinations have been successfully transferred over to the Health Board. We have several clinics operating across Aberdeenshire and a premises review of all our clinics is underway. First Contact Physio - This is a well established service which has physiotherapists based in practices offering appointments for musculoskeletal conditions. We currently have 29 practices with access to this service averaging 477 appointments offered weekly across Aberdeenshire. 	
<p>Health Improvement Delivery Plan - Progress since last report includes:</p> <ul style="list-style-type: none"> The delivery of the Aberdeenshire Wellbeing Festival in May 2022 (theme Loneliness); The delivery of the HEAL component of the Aberdeenshire Health and Wellbeing LOIP priority, which has included the development of a HEAL Action Plan featuring 35 actions under 4 key priorities (Physical Activity, Food Accessibility, Mental Health and Wellbeing and Education and Self-Management; a range of healthy eating, food skills and healthy weight work e.g. Confidence to Cook and HENRY Supporting Live Life Aberdeenshire in the delivery of a Physical Activity Pathway for individuals living with long-term conditions 	
2c Practices - What is the Future - The number of salaried GPs has now increased reducing our reliance on locum GPs. We now employ 11 salaried GPs in Aberdeenshire. Additionally, we have had successful trials of using shared resources and hubs across our 2c practises which has allowed for the more efficient utilisation of resources and shared processes.	

ISSUES FOR ESCALATION	
Issue	Mitigations or Improvement Actions
Analogue to Digital RAG status has moved to amber due to a number of risks including supply chain and manufacturer issues, uncertainty around timelines for migration and costs.	Work is currently ongoing to lessen these risks. We have undertaken a purchasing strategy with Tynetec/Legrand for their hybrid digital alarms which should start to see our stock levels improve since monthly ordering began in November 2022 and increased to 100 units per month since February 2023. Currently, around 20% of installed dispersed alarms are digitally compatible, with the anticipated increase in stock it is hoped to increase this to 50% by the end of this calendar year.
Insch Service Review - The RAG status has moved from Green to Amber reflecting the requirement for ongoing conversations with stakeholders.	The project has been progressing again with Community Treatment And Care Services (CTAC) starting to deliver services onsite at the beginning of June.
11 projects currently reporting Amber status.	Relevant impacts and mitigations described in project performance tracker. Work will continue on critical review of Strategic Delivery Plan and identification of key priorities for this financial year to ensure deliverability of targets and objectives.
Primary Care Mental Health Hub model previously at Red RAG status due to no national funding allocated in 2022/23.	Local options appraisal is being considered in relation to opportunities within existing resource, with a focus on building mental health support from a primary care perspective and within the wider Community Hubs programme, hence RAG status improved to Amber for this quarter.
Social Care Sustainability Programme Board - Ongoing system and staffing pressures have impacted attendance at the Social Care Programme Board.	A workshop is to be convened during the summer to allow the programme board to review its progress over its first year, to identify areas for improvement and to agree focus for capacity and resources in year 2.

IN-FOCUS - PERFORMANCE AREAS FOR IJB OVERSIGHT

Performance Area / Overview	Medication Assisted Treatment (MAT) Standards Implementation - one of the platforms for successful delivery of the National Drugs Mission to improve and save lives of people who use drugs and their loved ones. This performance update summarises Aberdeenshire HSCP progress against the first five Standards which are expected to be in place by 31/03/23 with full implementation of all ten Standards by 31/03/24.	
Period covered by report	January 2023 to March 2023	RAG Rating
Key Objectives	1. All people accessing services have the option to start MAT from the same day of presentation.	Green
	2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.	Green
	3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.	Green
	4. All people are offered evidence based harm reduction at the point of MAT delivery.	Green
	5. All people will receive support to remain in treatment for as long as requested.	Green
	6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.	Amber
	7. All people have the option of MAT shared with Primary Care.	Amber
	8. All people have access to independent advocacy and support for housing, welfare and income needs.	Amber
	9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	Amber
	10. All people receive trauma informed care.	Amber

<p>Progress - Key Highlights</p>	<p>Progress on MAT implementation is scored nationally by the MAT Implementation Support Team (MIST). This is based on a 'RAGB' rating where a 'Blue' rating is achieved once evidence of two years' information indicates the process is fully embedded as day to day practice and includes all elements of each standard. MIST rating was initially undertaken for standards one to five last year. Each ADP area was asked to submit information on each of the ten standards by 14 April 2023. This included:</p> <ul style="list-style-type: none"> • Process information e.g. Standard Operating Procedures (SOPs), Prescribing guidelines etc. • Data – various numerical information for standards 1-5 (no data for standards 6-10 as yet). • Experiential feedback of staff, people accessing the service and family members. <p>The MIST team have attended regular Support to Implement and Report (STIR) meetings with delivery partners in the area. It was at these meetings that indicative scorings of Green for standards one to five and Amber for six to 10 were given. Feedback from the rating process is that Aberdeenshire have scored well overall. The anticipated Green and Amber scores were changed to provisional scores as we did not have adequate experiential feedback for these standards as this process commenced later than anticipated. This was the case in many other ADP areas and there is recognition that this will improve over time.</p> <p>We have been advised that all ADP areas will score either red or Amber for standards six to ten. This is mainly due to the data reporting element not being confirmed. The expectation is still that we achieve these standards by the end of March 2024.</p> <p>Next steps will involve continuing to develop services delivering standards one to five to allow evidence of this being fully embedded across Aberdeenshire and achieving a blue rating (this rating will be achieved once evidence of two years' information indicates the process is fully embedded as day to day practice and includes all elements of each standard) whilst also ensuring an increased focus on standards six to ten.</p>
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Risks / Issues	Mitigations / Actions
<p>Risk to delivery of MAT standards in some areas due to premises availability.</p>	<p>Premises have been secured in Peterhead and Banff and we have leased premises in Fraserburgh for a year. Premises have been identified in Inverurie and work ongoing to get final approvals and plans in place. Temporary accommodation has been identified in the meantime. Stonehaven do not have permanent premises yet and operating in local hospital and in communities - work continues with the HSCP property team to resolve these issues.</p>
<p>Recruitment and Retention</p>	<p>Recruitment issues are being experienced across Scotland. Consultant vacancy has been unsuccessful in recruitment and we are progressing recruitment of a locum. In relation to increasing safe prescribing capacity in the service, 5 nurses started Non-Medical Prescribing course at end of September and have passed. A further 4 nurses started this course March. A further 5 will start in September.</p>
<p>Gathering of appropriate Experiential Feedback for each standard.</p>	<p>Experiential feedback required to support good progression with MAT 3 but applies to all standards. Some people and family members have provided feedback for the experiential capture. We continue to review how best this is done and will establish a specific questionnaire for Outreach activity.</p>

<p>Data Measures and Targets</p>	<p>Local Delivery Plan Standard: Drug and Alcohol Waiting Times - 90% of people wait less than 3 weeks between referral and treatment: Aberdeenshire Performance 2022-23 Quarter 1: 87.2% Quarter 2: 90.8% Quarter 3: 91% Quarter 4: 96%</p> <p>National Substance Use Treatment Target - by 1 April 2024 there will be at least 32,000 people with problem opiate drug use in community-based Opioid Substitution Therapy (OST) treatment in Scotland (90% of all drug-related deaths in Scotland currently involve opiates). This target equates to approx. 9% increase on current baseline and a target increase of 72 (count) for Aberdeenshire (national target increase has been applied equitably across Integration Authority areas in Scotland).</p> <p>Other data measures in development to ensure meaningful reporting of progress towards delivery of MAT Standards (to include experiential information), supported by NHS Grampian Health Intelligence and linking to the DAISy system. [Drug and Alcohol Information System (DAISy) is a national database holding data relating to specialist drug and alcohol treatment from services across Scotland with the aim of monitoring treatments provided, understanding outcomes from treatment and improving future care.]</p>
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Project	Reference Number	Project Category	Link to Strategic Priority	Project Phase	Project Status - end of January 2023	Project Status - end of May 2023	Trend Since Previous	Explanation for Red or Amber RAG Status
SOCIAL CARE SUSTAINABILITY PROGRAMME								
In-house Care at Home - the future	SDP 23-25_Dec22-01	Transformational	Effective Use of Resources Reshaping Care Prevention & Early intervention	Implementation	Amber	Green	Improved	
Maximisation of Support at Home Framework	SDP22-25_Dec22_19	Improvement	Reshaping Care Effective Use of Resources Prevention & Early intervention	Initiation	Amber	Amber	No change	Amber rating as a formal decision required on re-commencement of project and at what time. Work has continued in operationalisation of framework including tests of change. Evaluation to be undertaken by Contracts and Commissioning Team and decision to be sought from Programme Board as to next steps.
Very Sheltered Housing Review	SDP22-25_Dec22_15	Transformational	Reshaping Care Effective Use of Resources Prevention and Early intervention	Implementation	Green	Green	No change	
Rehabilitation and Enablement	SDP22-25_Dec22_21	Improvement	Prevention & Early intervention	Implementation	Green	Green	No change	
Effective Support for Carers and Self-Directed Support	SDP22-25_Dec22_30	Improvement	Reshaping Care Effective Use of Resources Prevention and Early Intervention Tackling Inequalities and Public Protection	Planning	Amber	Amber	No change	Work continues to recruit to posts needed to support delivery of project objectives.
COMMUNITY HUB PROGRAMME								
Primary Care Mental Health Hub (Central)	SDP22-25_Dec22_05	Transformational	Prevention and Early intervention Tackling Inequalities and Public Protection	Planning	Red	Amber	Improved	The RAG status improved as local options appraisal is being considered in relation to opportunities within existing resource, with a focus on building mental health support from a primary care perspective and within the wider Community Hubs programme.
Combined Delivery Model (MIU)	SDP22-25_Dec22_08	Transformational	Reshaping Care Effective Use of Resources	Initiation	Amber			This has been considered as part of SMT critical review of priority workstreams and agreed this work does not require to progress as a distinct project - there will be no impact on strategic objectives with most areas having moved to or commencing operational implementation of Combined Delivery Model.
Out of Hours Review (Unscheduled Care)	SDP22-25_Dec22_06	Transformational	Reshaping Care Effective Use of Resources Prevention & Early intervention	Initiation	Green	Green	No change	This is now progressing at pace due to requirement to ensure sustainability of service within Aberdeenshire and Moray but financial challenges present; planning for a Test of Change underway.
Primary Care Improvement Plan (PCIP)	SDP22-25_Dec22_11	Transformational	Effective Use of Resources Reshaping Care Prevention & Early intervention Tackling Inequalities and Public Protection Engagement	Implementation	Amber	Amber	No change	Continue to face challenges around the funding envelope, premises and recruitment. Vaccinations have fully transferred over to the NHS Board. Recent BMA guidance has advised that Community Treatment And Care (CTAC) services and Pharmacotherapy, although challenged with progression, must be prioritised for delivery by health boards under PCIP. Implementation plans are being looked at between the three HSCPs to continue with this work at pace.
Community Nursing Review - Skill Mix and Future Requirements	SDP22-25_Dec22_07	Transformational	Reshaping Care Effective Use of Resources Prevention & Early intervention	Initiation	Amber			This has been considered as part of SMT critical review of priority workstreams and agreed this work does not require to progress as a distinct project as this will be directed by wider national developments including implementation of NES/Scottish Government community nursing career framework.
Section 2C Practices - what is the future?	SDP22-25_Dec22_16	Transformational	Reshaping Care Effective Use of Resources Prevention and Early Intervention Tackling Inequalities and Public Protection	Planning	Amber	Amber	No change	RAG rating reflects current period of uncertainty whilst tendering processes continue; strategic work around sustainability continues.
OTHER PROJECTS / WORKSTREAMS								
MAT Standards Implementation	SDP22-25_Dec22_22	Improvement	Prevention and Early intervention Tackling Inequalities and Public Protection	Implementation	Green	Green	No change	NB: Overall RAG status noted as green reflecting progress to April 2023 in delivery of MAT Standards 1-5. Indicative scores from MIST for Standards 6-10 currently Amber. Feedback from the rating process is that Aberdeenshire has scored well overall.
Autism Strategy	SDP22-25_Dec22_02	Transformational	Reshaping Care Prevention & Early intervention Tackling Inequalities and Public Protection Engagement	Implementation	Green	Green	No change	
Out of Area Complex Care Placements	SDP22-25_Dec22_18	Transformational	Reshaping Care Effective Use of Resources	Implementation	Green	Green	No change	
Insch Service Review	SDP22-25_Dec22_010	Transformational	Reshaping Care Effective Use of Resources Prevention and Early intervention Engagement	Planning	Green	Amber	Worsened	The RAG status has moved from Green to Amber to enable ongoing conversations with stakeholders. The project has been progressing again with CTAC starting to deliver services onsite at the beginning of June.
Deeside Needs Assessment	SDP22-25_Dec22_32	Improvement	Reshaping Care Effective Use of Resources Prevention and Early Intervention Engagement	Planning	Green	Green	No change	
Digital Strategy development	SDP22-25_Dec22_12	Transformational	Effective Use of Resources Reshaping Care Prevention & Early intervention Tackling Inequalities and Public Protection Engagement	Initiation	Red	Amber	Improved	A Digital Project Manager has been recruited and is in post. Work has started around the development of the digital work programme.
Analogue to Digital Transition	SDP22-25_Dec22_23	Improvement	Prevention and Early intervention Reshaping Care Tackling Inequalities and Public Protection	Planning	Green	Amber	Worsened	RAG status has moved to amber due to the following risks: • Supply chain and manufacturer issues continue to severely impact the availability of suitably tested and security assessed digital compatible devices, both for dispersed alarm clients and sheltered housing sites with warden call system •The resumption of forced migration to digital telephony, uncertainty around timelines for that migration and when areas will be impacted coupled with a lack of suitable digital equipment •The risks associated with operating analogue telecare equipment over digital telephone lines e.g. power outages, failed calls •Eosts. Work is ongoing to lessen these risks. A purchasing strategy has been undertaken with Tynetes/Legrand for their hybrid digital alarms which should start to see our stock levels improve since monthly ordering began in November 2022 and increased to 100 units per month since February 2023. Currently, around 20% of installed dispersed alarms are digitally compatible, with the anticipated increase in stock it is hoped to increase this to 50% by the end of this calendar year.
Frailty Pathway	SDP22-25_Dec22_09	Transformational	Reshaping Care	Initiation	Green	Green	No change	
National Care Service - Local Implementation	SDP22-25_Dec22_13	Transformational	Effective Use of Resources Reshaping Care Prevention & Early intervention Tackling Inequalities and Public Protection Engagement	Initiation	Green			Propose to pause reporting until further clarity on national timelines.
Suicide Prevention Strategy development	SDP22-25_Dec22_04	Transformational	Prevention and Early intervention Tackling Inequalities and Public Protection	Initiation	Green	Green	No change	
Replacement of Social Care Management System	SDP22-25_Dec22_20	Improvement	Effective Use of Resources	Planning	Amber	Amber	No change	Data tidy up requirements from Trial 1 still being analysed. Complex data queries are being discovered due to a combination of issues which will take time to resolve.
Learning Disability Strategy Delivery Plan	SDP22-25_Dec22_17	Transformational	Reshaping Care Effective Use of Resources	Implementation	Green	Green	No change	
Re-shaping Learning Disability day services	SDP22-25_Dec22_26	Improvement / Business as Usual	Reshaping Care Effective Use of Resources	Implementation	Green	Green	No change	
Review and re-provision of Learning Disability accommodation	SDP22-25_Dec22_27	Improvement	Reshaping Care	Planning	Amber	Amber	No change	Work is ongoing through Location based groups, complex care project, supported accommodation group and discussions with Housing to ensure that we are fully utilising all options open to the Partnership in relation to Housing.
Mental Health Strategy Delivery Plan	SDP22-25_Dec22_03	Transformational	Reshaping Care Tackling Inequalities and Public Protection Engagement Prevention and Early Intervention	Implementation	Green	Green	No change	
Development of Mental Health Accommodation Options	SDP22-25_Dec22_28	Improvement / Business as Usual	Reshaping Care Effective Use of Resources Prevention and Early Intervention	Planning	Green	Green	No change	

Project	Reference Number	Project Category	Link to Strategic Priority	Project Phase	Project Status - end of January 2023	Project Status - end of May 2023	Trend Since Previous	Explanation for Red or Amber RAG Status
Implementation of Outcome Measurements with focus on Outcome Star	SDP22-25_Dec22_29	Improvement / Business as Usual	Effective Use of Resources Prevention and Early intervention	Implementation	Amber	Amber	No change	Limited useage in CMHTs. However, good feedback received from service users where Outcome Star has been used. Continued discussions on way Outcome Star can be used, potentially link to ADHD clinics.
Vaccination Programme Board	SDP22-25_Dec22_31	Business as Usual	Prevention & Early intervention	Implementation	Green	Green	No change	
Health Improvement Delivery Plan	SDP22-25_Dec22_14	Transformational	Prevention and Early intervention Engagement Tackling Inequalities and Public Protection	Implementation	Green	Green	No change	
Expansion of Fit Note	SDP22-25_Dec22_25	Improvement	Effective Use of Resources Reshaping Care	Planning	Green	Green	No change	
Health & Social Care Staffing Act (Scotland) 2019	SDP22-25_Dec22_33	Business as Usual	Effective Use of Resources Reshaping Care	Planning	Green	Green	No change	

KEY

Project Phase - Description:

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

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

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

Trend since previous:

Indicates whether RAG status is improved, unchanged or worse since last report.
 Blank - First report (no previous RAG status recorded); or project completed/ceased.

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 05 JULY 2023

ABERDEENSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP - WORKFORCE PLAN 2022-25

1 Recommendation

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

- 1.1 Note the submission of the update on the Aberdeenshire Health and Social Care Partnership Workforce Plan 2022-25 (Appendix 2) to NHS Grampian to include within their own, co-ordinated update to Scottish Government on 1 June 2023
- 1.2 Note the progress made during the last 12 months on the delivery of the Workforce Plan and the proposed actions for the current financial year.
- 1.3 Note the initial work done to update the baseline data to monitor the Workforce Plan going forward (Appendix 1).

2 Directions

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

3 Risk

- 3.1 Overarching Datix risk for Workforce capacity, recruitment, training development & staff empowerment. A more detailed risk assessment is included in the Workforce Plan and this is being detailed through the work of the sub-groups that will deliver the Workforce Plan actions.

4 Background

- 4.1 In October 2022, the Aberdeenshire Health and Social Care Partnership Workforce Plan 2022-25 (Appendix 5) was published at the request of Scottish Government and initial work to commence implementation of the Plan began.
- 4.3 This work has included the recruitment of additional and fixed term staffing resources to support the delivery and co-ordination of the Plan and some of the key Plan actions.
- 4.2 On 17 May 2023 we were requested via NHS Grampian to prepare and submit an annual update to NHS Grampian to collate into a Scottish Government response as part of the Strategic Delivery Plan process by 1 June 2023 (Appendix 3).

5 Summary

- 5.1 This report includes the full update (Appendix 2) as an attachment together with the request from Scottish Government (Appendix 3). The update details the progress the Workforce Plan Team have delivered during the seven months since publication of the approved Workforce Plan (Appendix 5) at the request of Scottish Government in October 2022 across the seventeen actions, together with an indication of activity for the current financial year and beyond.
- 5.2 The activity planned for this financial year and beyond will be driven forward at an increased pace now given the appointment of the additional staff resources identified in the Workforce Plan including the Digital Project Manager and the Workforce Transformation Programme Manager. Three thematic sub-groups reporting to the Workforce and Training Groups have also recently been formed to develop and deliver more detailed Action Plans for each of the seventeen actions.
- 5.3 This report also includes updated work as an Appendix 1 to refresh the data indicators that will allow us to track and measure our impact against the Plan actions and outcomes. This document did not have to be submitted to Scottish Government with the update. In some cases this is still work in progress to achieve comparable data and it is our intention to update this data at a minimum of twice a year with the support of the various data owners across Aberdeenshire Council and NHS Grampian. The document includes a summary of key challenges and common issues across both employing organisations.
- 5.4 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

6 Equalities, Staffing and Financial Implications

- 6.1 An Integrated Impact Assessment (IIA) has been carried out as part of the development of the proposals set out above. It is included as Appendix 4 and the following impacts have been identified which can be mitigated as described: -
- Through creating a robust Workforce Framework and Delivery Plan, and dedicating our resources to take a strategic and methodological approach towards examining our workforce. With the aim of having better understanding of our workforce, analysing its issues, identify processes to achieve our targets. This piece of work will be led by a dedicated Workforce Transformation Programme Manager, who has oversight of the project planning and supported by the existing Partnership's Workforce and Training Group. We are already aware of much of what our workforce

needs and where the gaps are. The current status quo has been challenging and we need to dedicate and target our resources around closer understanding of demand and supply to sustain, recover and grow. By doing this, it will create opportunities for advancing equality of opportunity.

6.2 This is a progress update report and at this moment in time, there are no staffing and financial implications which have not already been captured within existing strategic projects.

6.3 As mentioned in paragraph 5.2, we appointed a Workforce Transformation Programme Manager for a two-year post in April 2023.

Philippa Jensen Interim Strategy & Transformation Manager Aberdeenshire Health and Social Care Partnership

Report prepared by Chris Coldwell, Workforce Transformation Programme Manager
Date: 6 June 2023

List Appendices:

Appendix 1 Workforce Data, June 2023 v2

Appendix 2 Aberdeenshire Workforce Update May 2023 v.2.2 Final (submission to
Scottish Government)

Appendix 3 Scottish Government Letter 2023 – Workforce Plan Update

Appendix 4 IIA-000914 Workforce Plan 2022-2025

Appendix 5 Aberdeenshire Health and Social Care Partnership Workforce Plan 2022-2025

Aberdeenshire Health and Social Care Partnership

May 2023

Appendix 1 – Workforce Plan 2022-25

Current Workforce Data

Aberdeenshire Council Staff

Headcounts Feb 2023 and Feb 2022

Team	2023	2022
Health & Social Care Central	698	664
Health & Social Care North	1022	982
Health & Social Care South	766	709
Strategy & Business Services	137	132
Total	2623	2487

Full time fixed and permanent Feb 2023 and Feb 2022

Team	2023	2022
Health & Social Care Central	117	110
Health & Social Care North	249	239
Health & Social Care South	146	135
Strategy & Business Services	87	90
Total	599	574

Part time fixed, permanent and relief Feb 2023 and 2022

Team	2023	2022
Health & Social Care Central	623	617
Health & Social Care North	868	850
Health & Social Care South	676	623
Strategy & Business Services	52	47
Total	2219	2137

***Note The total headcount is lower than the total full and part-time contract counts, since some staff hold more than one contract.**

Age Profile Feb 2023 and 2022

	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	Totals
Health & Social Care Central	13	30	35	56	63	58	99	120	101	90	33	698
Health & Social Care North	12	42	80	102	103	115	109	139	156	116	48	1022
Health & Social Care South	8	37	53	61	65	82	99	140	106	88	27	766
Strategy & Business Services	0	4	5	8	13	18	20	21	24	15	9	137
Totals 2023	33	113	173	227	244	273	327	420	387	309	117	2623
Totals 2022	41	120	173	215	257	315	363	444	437	435*		

*2022 figures are for 60+



Gender Apr 2023

Age Group	Female	Male
<20	30	6
20-29	274	23
30-39	437	47
40-49	546	52
50-59	757	70
60-64	279	23
65+	106	18
Total 2023	2,429	239
Total 2022	2,567	233

Sickness absence 2022/23

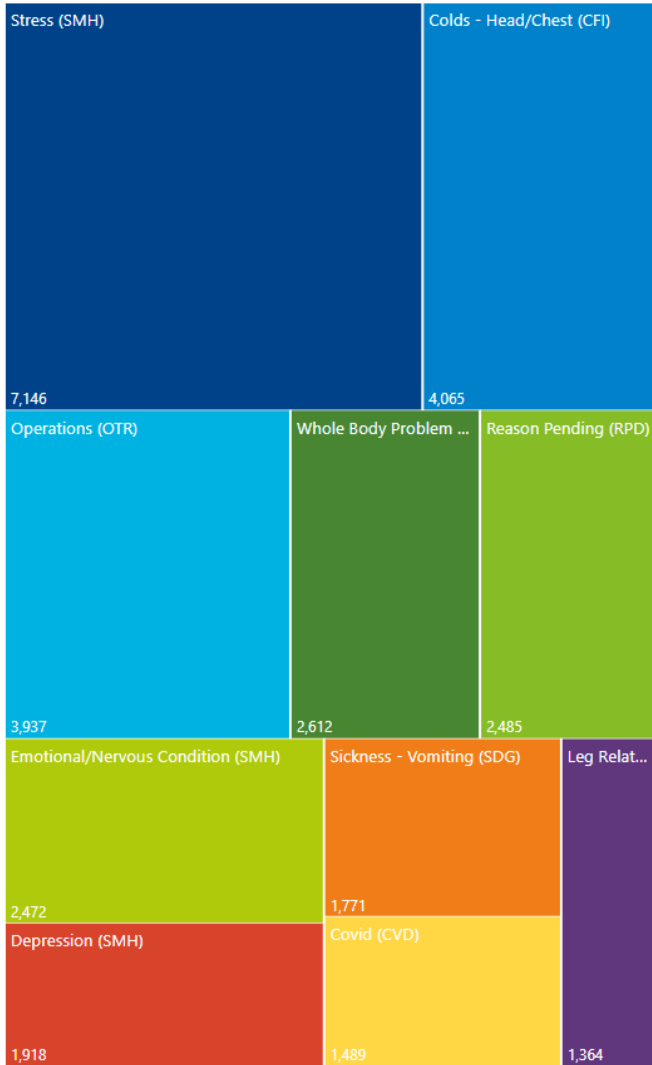
Absence Instances

● Short-term ● Long-term





Days Lost by Reason (top 10 where applicable)



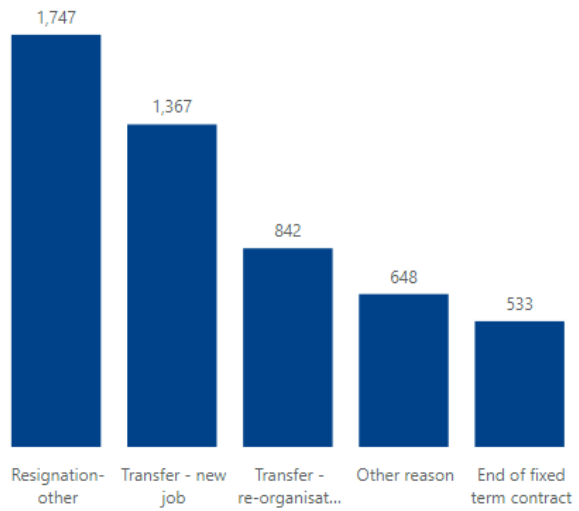
Data as of 31/05/23 Filtered by Absence Reason (top 10) Absence Days (All)), Start Date:Absence (6/1/2022 - 5/31/2023), Absence Type (is Sickness), Absence Type (is not Adoption, Paternity, Sabbatical Leave, Shared Parental Leave, Shared Parental Only, Sickness (Ind Inj), or Special Payments)

For our Health and Social Care staff in Aberdeenshire Council, 83% of presenting issues to the Council's Employee Assistance Programme are for a combination of stress, depression, anxiety and work-related stress. These issues are also the second largest reasons for occupational health referrals within our council staff and only marginally less than musculoskeletal as the top reason for referral.

Starters, leavers and turnover 2022/23 and 2021/22

Service	Job Holders at period start	Job Holders at period end	Average Job Holders	Leavers in period	Turnover (%)
Health & Social Care 2022/23	2440	2474	2457	531	21.6
Health & Social Care 2021/22	-	-	-	418	17

Leaving Reasons (top 5 where applicable)





Training courses on Aldo comparable with NHS Grampian TURAS	% completion	Notes
Infection Prevention & Control	37	947 within last 12 months
Fire Safety	54	1382 since 2015
Equality & Diversity	55	1426 within last 5 years which NHS recommends as a suitable cycle for refresh
Child Protection	23	593 since 2015
Moving & Handling	81	2096 since 2015

NHS Grampian staff

Headcount 2023

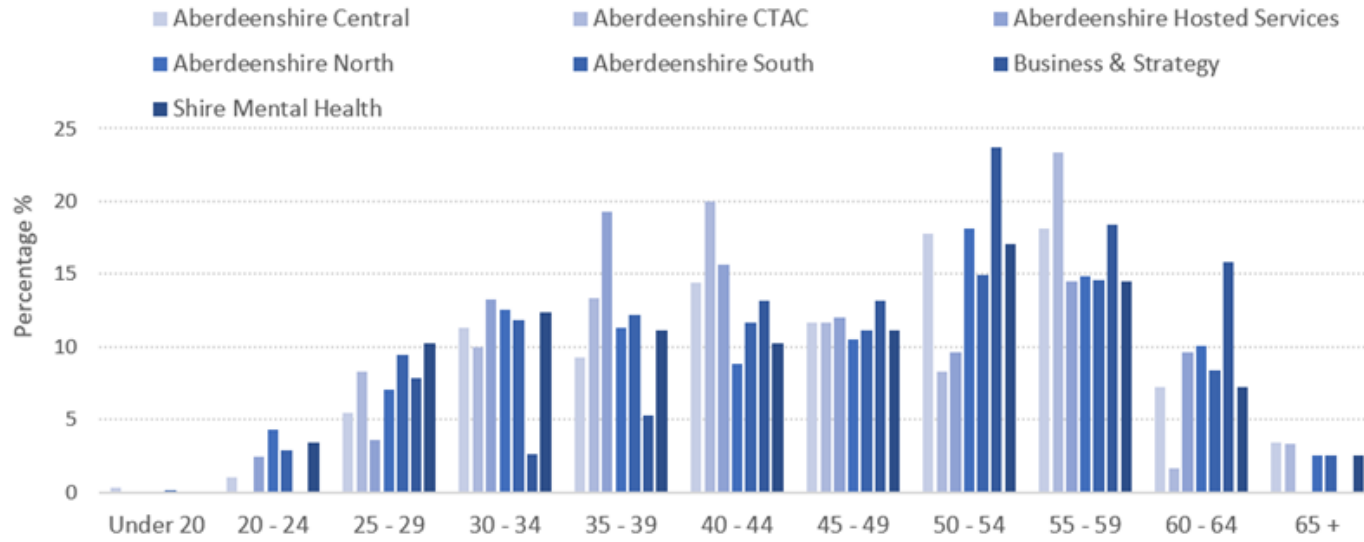
Business area	2023	2022
Aberdeenshire Health & Social Care Partnership Total	1690	1647
Aberdeenshire Central	292	-
Aberdeenshire Community Treatment & Care	60	-
Aberdeenshire Hosted Services	83	-
Aberdeenshire IJB Management	3	-
Aberdeenshire North	398	-
Aberdeenshire South	582	-
Business & Strategy	38	-
Aberdeenshire Mental Health	234	-

Whole time Part time 2023

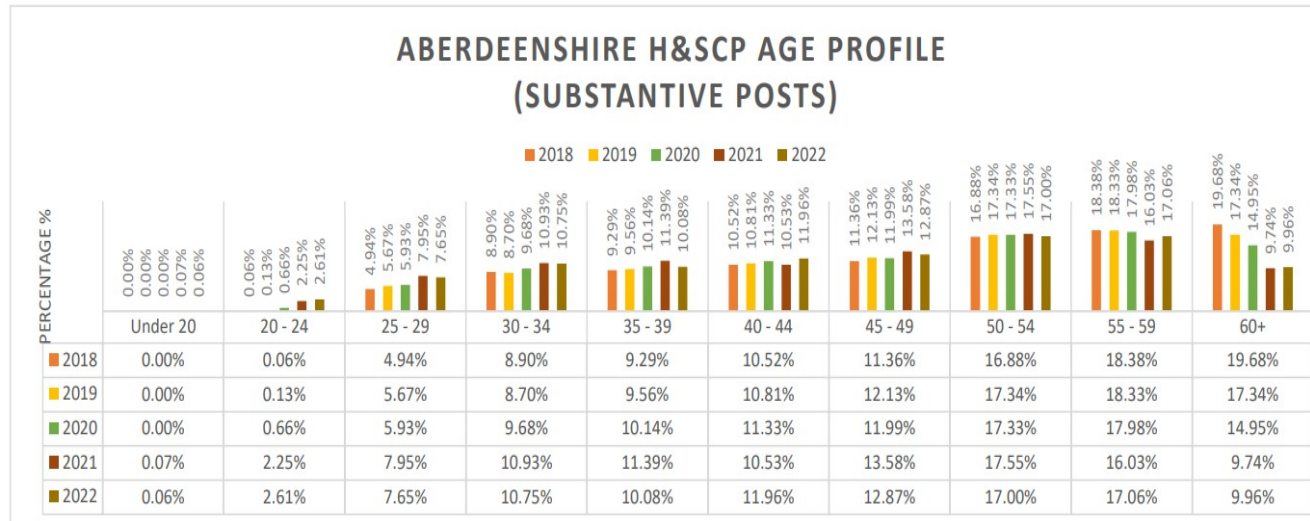
	%	%	%	%
	Permanent whole time	Fixed term whole time	Fixed term whole time	Fixed term part-time
Aberdeenshire Health & Social Care Partnership 2023	35.1	59.3	2.3	3.2
Aberdeenshire Health & Social Care Partnership 2022*		35.03		64.97

*2022 percentages are for whole time and part time as a whole

Age profile 2023



Age profile 2018-22

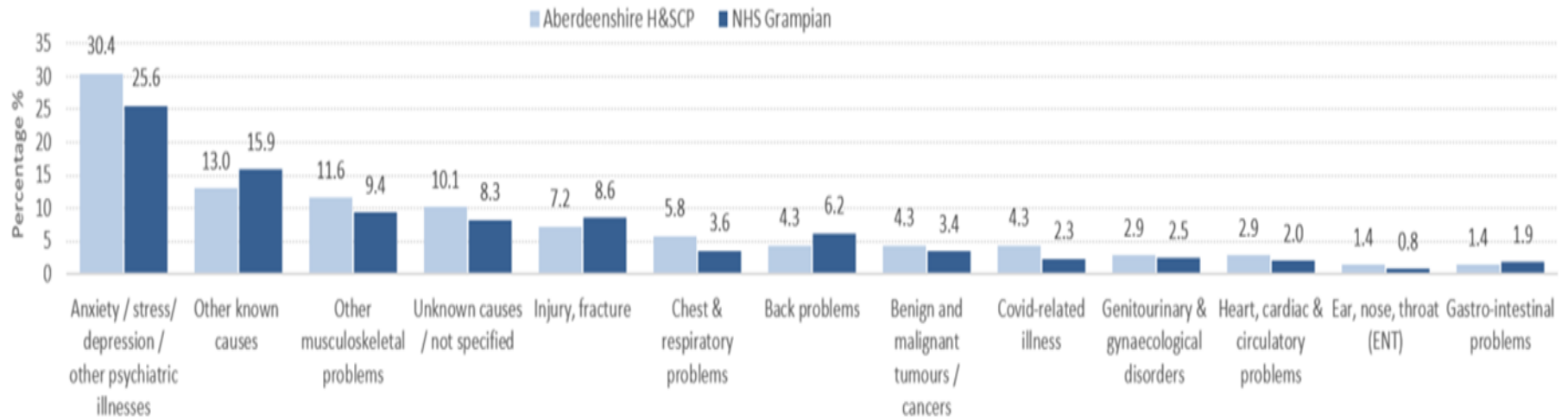


Sickness absence – 2022/23 and 2021/22

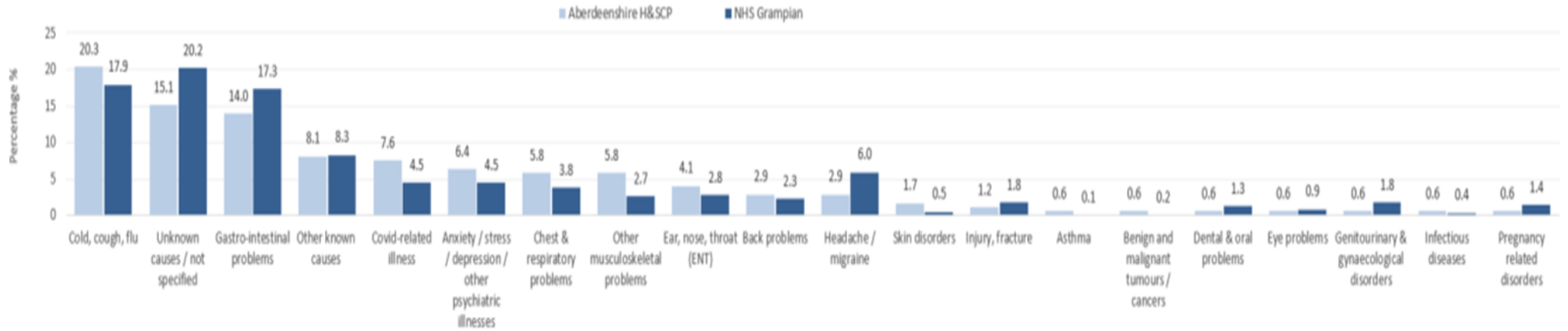
	Long term rate	Short term rate
Aberdeenshire Central	4.79	2.02
Aberdeenshire Community Treatment & Care	3.41	0.55
Aberdeenshire Hosted Services	3.10	1.33
Aberdeenshire North	2.06	2.59
Aberdeenshire South	3.70	1.86
Business & Strategy	-	1.07
Aberdeenshire Mental Health	3.11	1.08
Aberdeenshire H&SCP average	3.23	1.89
NHS Grampian	2.73	2.41
Aberdeenshire H&SCP 2021/22	3.65*	

*2021/22 percentage is for overall sickness absence rate

Long term absence reasons

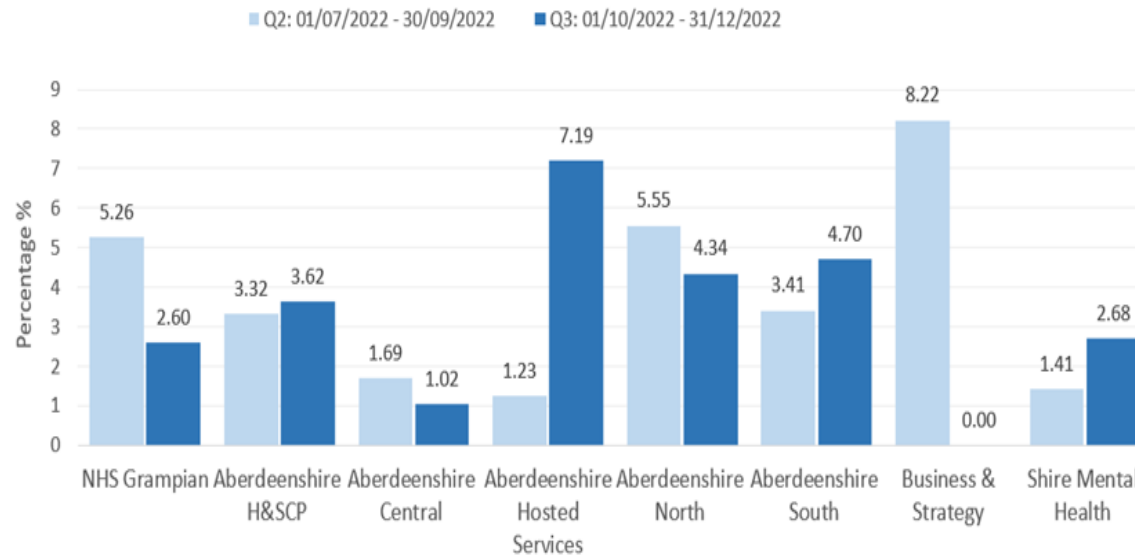


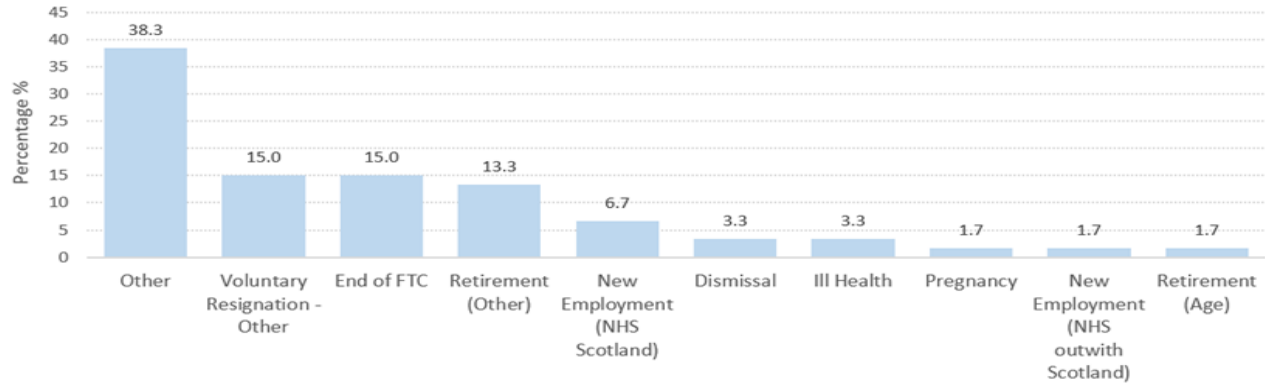
Short term absence reasons



Turnover and leavers reasons for leaving

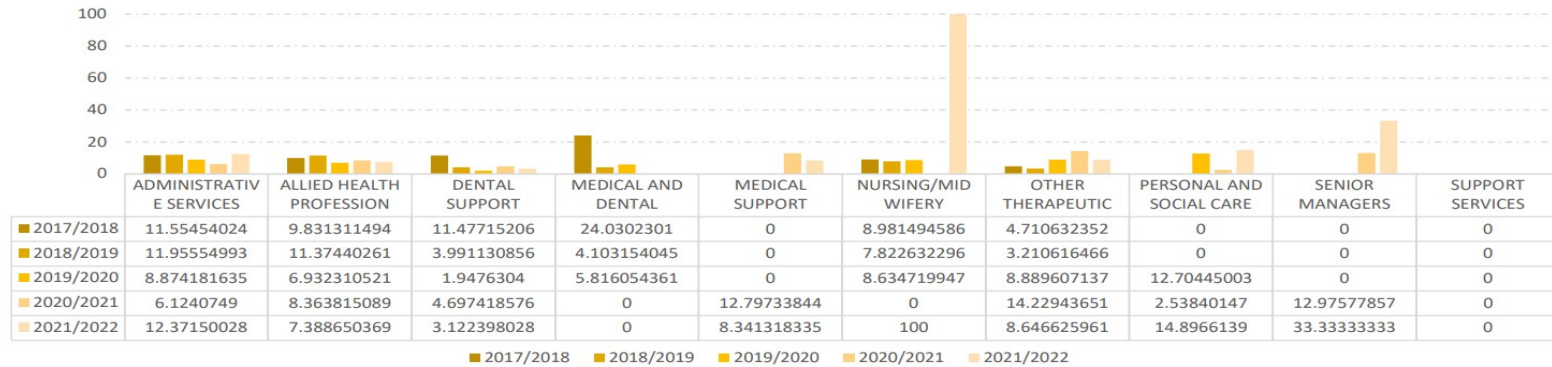
Quarter 2 and Quarter 3 2022/23





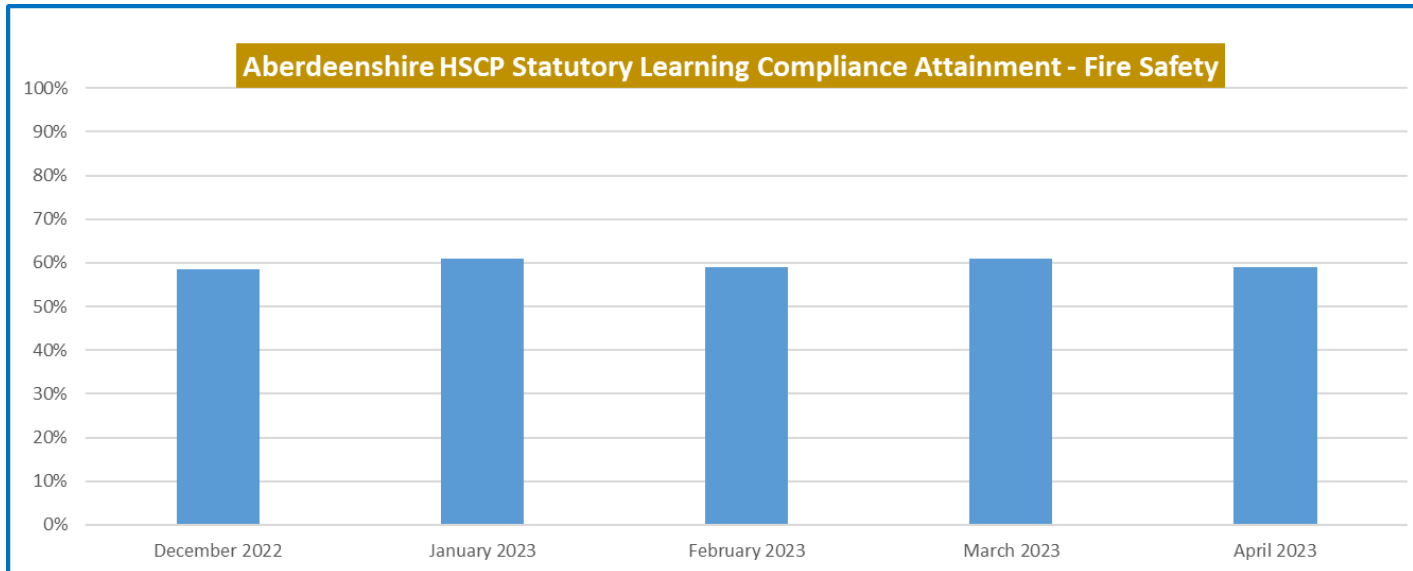
Turnover 2017/8-2021/22

ABERDEENSHIRE H&SCP TURNOVER RATES - SUBSTANTIVE STAFF BY JOB FAMILY

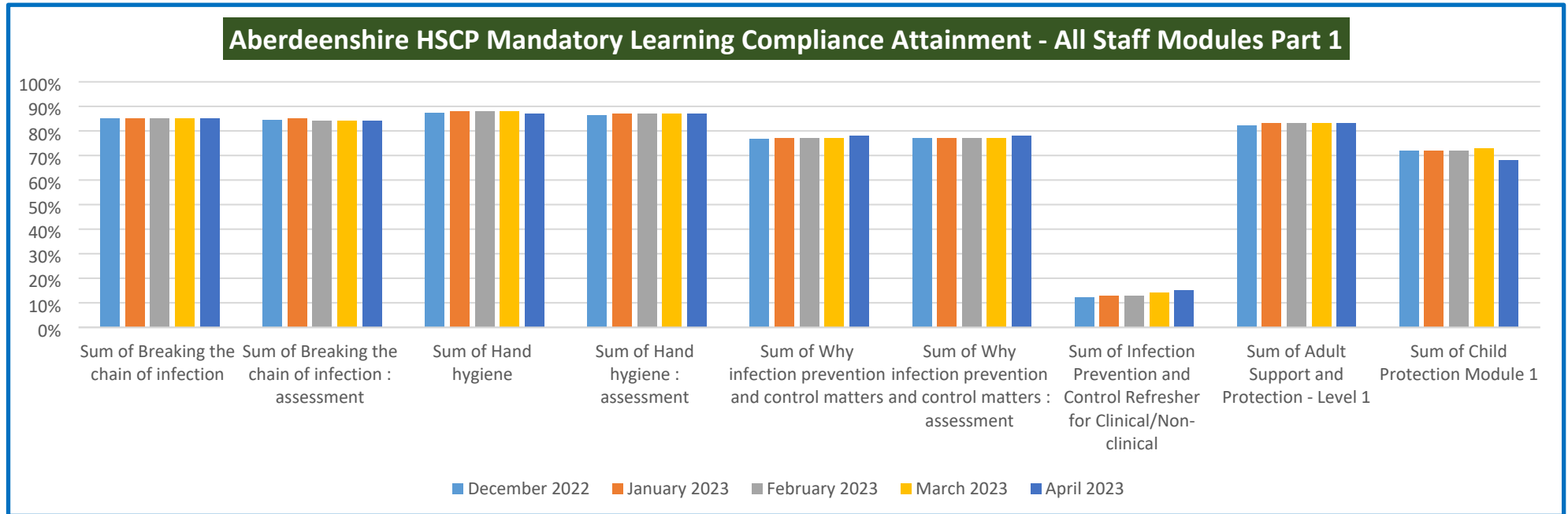


Training

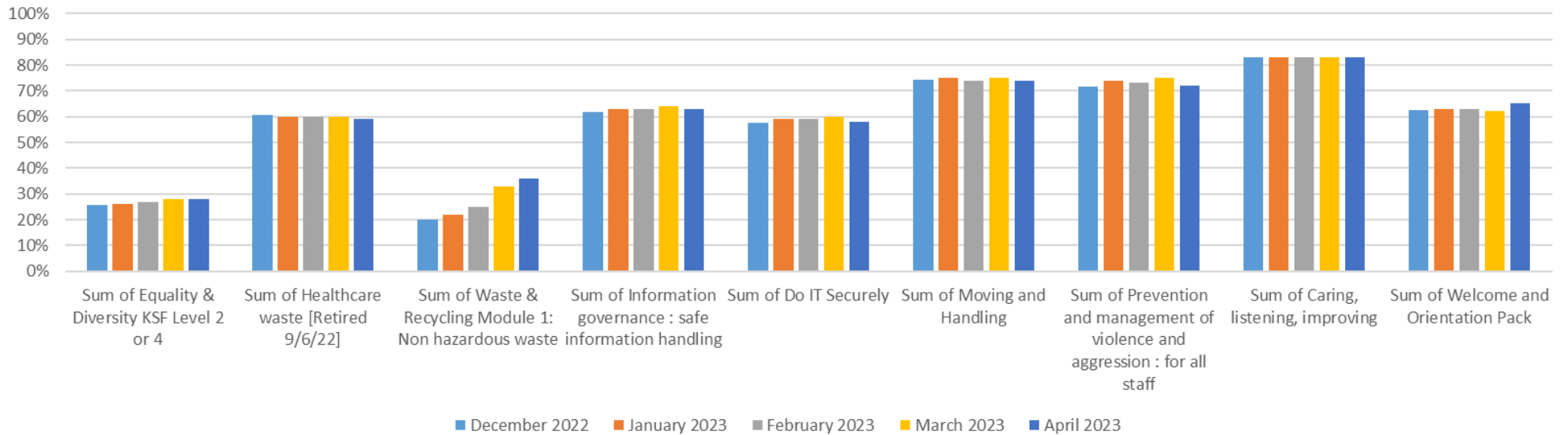
Statutory training



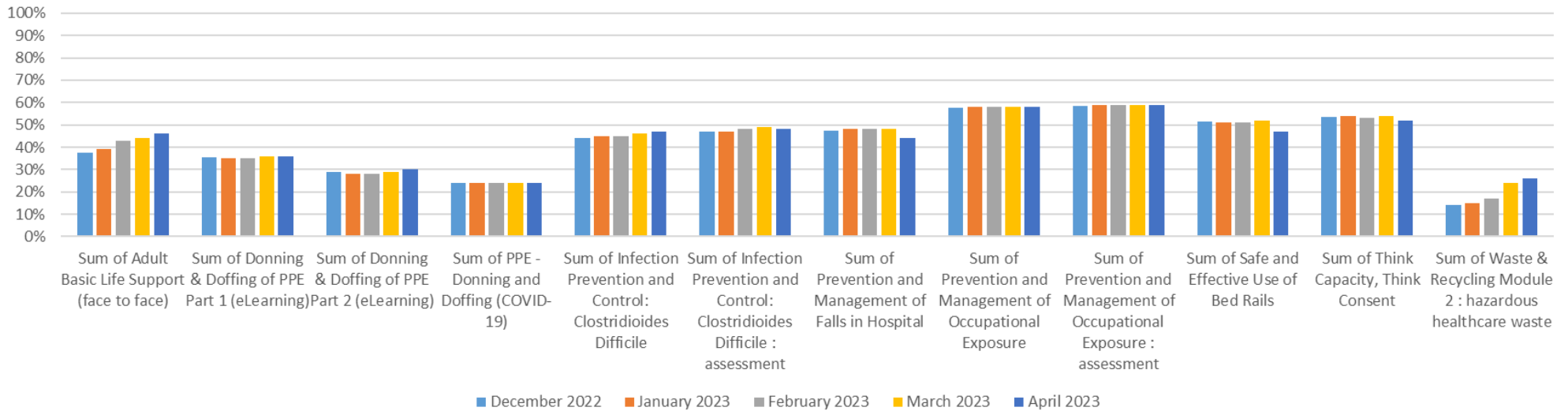
Mandatory training



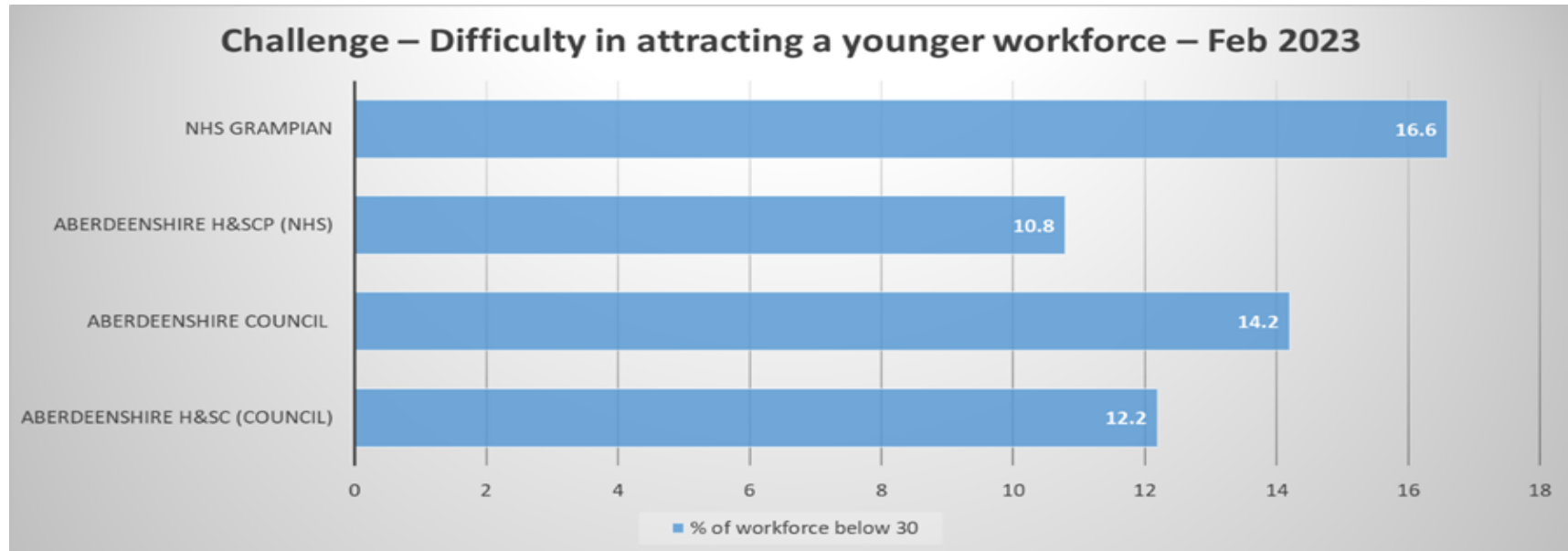
Aberdeenshire HSCP Mandatory Learning Compliance Attainment - All Staff Modules - Part 2

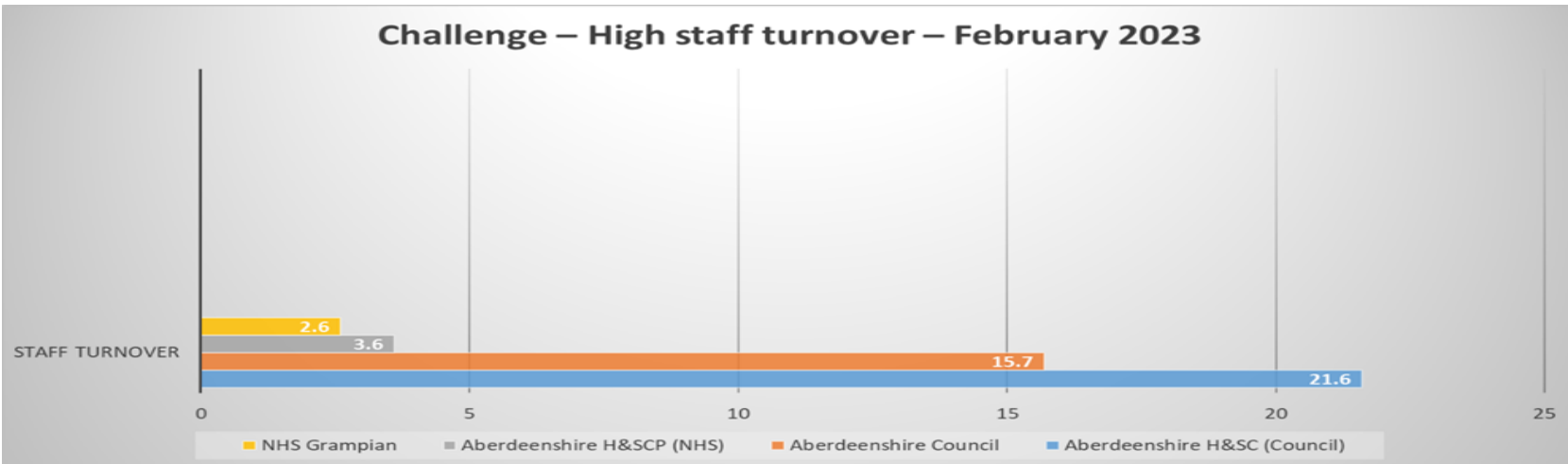


Aberdeenshire HSCP Mandatory Learning Compliance Attainment - Clinical/Patient Facing Staff



Comparisons across Aberdeenshire Council and NHS staff and key challenges





Summary

1. There are strong similarities between both Shire workforces in terms of age, well-being and turnover
2. However, the age profile does show signs of improving probably aided by the good work underway on recruitment events and activities
3. Whilst sickness absence rates have improved, the proportion of sickness as a result of stress and depressing is worrying and with the significance of the “other” category as one of the prime reasons for leaving, this is probably a key driver of turnover
4. Turnover has improved in the NHS, but remains a significant issue for the Council
5. Training compliance, including both statutory and mandatory, is a significant issue for both Council and NHS staff
6. All this suggests and reinforces the key role that our proposed sub-groups will play in improving our position on training, development and succession planning, continuing to promote our roles in new and innovative ways to aid recruitment and in working with our teams to improve staff health and wellbeing and in turn retention.

ABERDEENSHIRE HEALTH & SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025

05/30/2023

Aberdeenshire Health & Social Care Partnership Workforce Plan 2023-2025

The Aberdeenshire Health and Social Care Partnership is progressing the implementation of the National Workforce Strategy for Health and Social Care in Scotland¹. Our published Aberdeenshire Health & Social Care Partnership Workforce Plan 2022-2025², October 2022, describes the drivers for change, associated workforce actions, risks and challenges expected over the next three years that form the focus of the Plan. The priority actions align to the five pillars of the workforce journey: Plan, Attract, Train, Employ and Nurture. We continue to focus on developing a sustainable workforce, driving increased recruitment using innovative and different solutions, with ongoing programmes of work in relation to staff health and wellbeing, preparing for the deployment of new technology solutions, which will deliver more effective staff utilisation whilst also easing the burden on the workforce. We will also increase our use of workforce data to support more evidence-based decision making by gathering comparative data from both of our employing organisations and updating this on a quarterly basis going forward.

Key Data Headline Challenges 2023

We have reviewed the data measures across both Aberdeenshire Council and NHS Grampian who both employ our Health and Social Care staff and these reveal a number of key challenges for us going forward:

1. We have a smaller proportion of young people employed in Aberdeenshire than the average across both employers as a whole
2. Conversely we have a greater proportion of older people employed, which brings with it succession issues for our workforce
3. Turnover is also significantly higher for Health and Social Care staff especially within the Council

¹ [National Workforce Strategy for Health and Social Care in Scotland \(www.gov.scot\)](https://www.gov.scot)

² [Aberdeenshire Health and Social Care Partnership Workforce Plan 2022 - 2025](#)

ABERDEENSHIRE HEALTH & SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025

05/30/2023

4. In addition wellbeing issues are significant for staff employed by both organisations, which highlights the need to address these to reduce turnover and improve recruitment and retention
5. We also face continuing high vacancy levels in both Home Care and Nursing, with vacancy in the latter encompassing 18% of the total headcount.

Headcount	Age less than 30	Age 50+	Staff turnover	Stress and depression as a % of sickness
Aberdeenshire Council HSCP Staff				
2,582 (-218 since 2022)	12.2% (up from 11.9% in 2022)	47% (same as 2022)	21.6% (up from 17% in 2022)	19.1%
Aberdeenshire Council comparators	14.2%	43%	15.7%	Not available
NHS HSCP Staff				
1,690 (+43 since 2022)	10.8% (up from 10.3% in 2022)	43% (down from 44% in 2022)	3.6% (down from 18% in 2022)	30.4%
NHS Grampian comparators	16.6%	35.9%	2.6%	25.6%

ABERDEENSHIRE HEALTH & SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025

05/30/2023

Workforce Actions and Monitoring Process

Our Workforce Delivery Plan identified seventeen priority actions and our progress since 2022 on these is outlined below. In order to embed collaboration and joint working to mitigate the risks of silo working, going forward we have allocated each action plus the comments received from Scottish Government to a series of new Sub-groups that will report to our Workforce and Training Group as shown in the diagram:



ABERDEENSHIRE HEALTH & SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025

05/30/2023

This governance structure will ensure our work is co-ordinated across the Partnership, integrated to other transformational programmes and closely aligned with our Medium Term Financial Plan as well as enable us to drive a more proactive delivery with our actions, reaching out to engage a wider range of specialisms and partners.

Recruit hard to fill posts

2022 Progress

We have made excellent progress with this action. Through a combination of attending a varied range of events and proactive marketing of posts we have achieved the following progress against our Workforce Plan targets for 2022:

	Nursing posts filled	Home care posts filled
Initial Plan target	52	180
Outcome achieved	90	196

During the last 12 months we have attended seven major events with our Partnership recruitment stand across Aberdeenshire plus smaller school events. These included three major events, which alone generated 56 additional job applications through our process monitoring of this activity.

2023 and beyond

We recruited to our fixed term two year Workforce Transformation Programme Manager post at the end of January and the postholder commenced in post in Mid-April 2023 and work is underway to form a Recruitment Sub-group of our Workforce and Training Group. This group will drive forward the delivery of our recruitment actions, building on the first year's good progress.

In May we submitted an expression of interest for the Scottish Government's International Recruitment Pilot for our Home Care and Care Home teams in the first instance. Currently these teams have 130 vacancies, which acts as a considerable pressure on the business. If we are

ABERDEENSHIRE HEALTH & SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025

05/30/2023

successful with being selected as a Pilot, this will help to realise the recruitment of 15 international new starts in these teams by March 2024, which will enable us to identify learning to apply to other teams across the Partnership.

Recruit to posts which have received additional funding

We have secured 30 WTE Health Care Support Workers (HCSW) at band 3 – 4 via additional funding that was given via the Scottish Government last year to develop the roles of HCSW. We have been able to achieve very well with this and we are now in the process of recruiting Associate Practice Educators to support the education and development of these staff.

Undertake 6 step planning with teams

Our new Workforce Transformation Programme Manager will lead the rollout of 6 steps planning with our Health and Social Care teams that will commence in 2023/24 and run for the full period of this fixed term post. This rollout will commence in the first instance with the Prison Team and the Joint Equipment Service. These initial reviews will clarify timescales, identify lessons and case studies to enable a roll out plan to be developed and implemented for the wider Partnership.

Develop an integrated training needs analysis

A Training, Development and Succession Sub-group has been formed reporting to the Workforce and Training Group. This group will be supported in part by the new Workforce Transformation Programme Manager and will amongst other key actions develop an integrated training needs analysis for the Partnership.

This will also include addressing the shortfall in compliance of existing mandatory training across the Partnership. Initial data suggests that completion of five key mandatory courses is at only 49% and 50% as an average across these courses amongst staff employed by NHS Grampian and Aberdeenshire Council respectively. This indicates a need to address the basics as a priority through this new group.

ABERDEENSHIRE HEALTH & SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025

05/30/2023

Develop a staff development and succession planning framework

This action will also form part of the Training, Development and Succession Group's work. A key challenge for us going forward is to improve staff development and succession planning to enable us to retain existing staff, grow our own local talent and plan for the retirement of our older members of staff.

Part of this work will be to ensure all staff of both organisations have an agreed, current Personal Development and Training Plan in place. Currently within the staff teams employed by NHS Grampian only 17% have an agreed appraisal for the current financial year. We are currently working to get the comparative percentage for Aberdeenshire Council Health and Social care staff, although initial indications suggest this data is not held centrally within the Council. We will therefore look at sampling with various teams of staff as to completion.

Continue to provide ongoing staff health and wellbeing support

Building on the existing Staff Health and Wellbeing Group, this re-focussed sub-group will take forward an action plan for health and wellbeing events and seek to make the NHS and Aberdeenshire Council Health and Social Care employers of choice to address our recruitment and retention challenges as well as the significant issues of stress and depression faced by many of our staff as referred to above. For our Health and Social Care staff in Aberdeenshire Council, 83% of presenting issues to the Council's Employee Assistance Programme are for a combination of stress, depression, anxiety and work-related stress. These issues are also the second largest reasons for occupational health referrals within our council staff and only marginally less than musculoskeletal as the top reason for referral.

Part of the work of this group will be to explore how we can support staff to work more flexibly as well as improve on the engagement of our teams in our transformation journey as a Partnership. For example iMatter indicates that only 57% of NHS staff feel involved in decision-making.

ABERDEENSHIRE HEALTH & SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025

05/30/2023

Technology and innovation

In April 2023, we also recruited our Digital Project Manager, who will deliver this key action that will improve the efficiency of our staff teams, support self-care and early intervention in order to reduce the demand on our health and social care services. This action sits within our Training Development and Succession Group to ensure alignment with other skills and staff development actions.

Current Digital projects include:

Remote Health Pathways is a pan-Grampian project that will expand and reconfigure the current remote blood pressure monitoring system for patients for additional health conditions. This is expected to commence rollout by the end of 2023 and in to the first quarter of 2024 and includes a workstream to provide staff training.

Social Care Management - Eclipse is a new solution that will replace Care First and equip staff to input case notes directly in to the system to reduce the time delay with the current process whereby case notes have to be manually given to admin staff to enter in to the system. The new solution will save staff time and travelling. Staff training and change management support is also a key component of this project.

Digital Champions is seen as a project that will improve digital skills across the Partnership utilising peer to peer support across staff teams to help less confident members of staff adopt and become confident with new technology, whilst also improving their skills and confidence and helping to address and mitigate any potential dis-benefits associated with this action. This project responds to one of the comments of Scottish Government on our Workforce Plan since it allows us to be more aware and cognisant of the impact of new technology on our staff and staff roles, ensuring we maximise the benefits of new technology solutions to permit staff to become more efficient and agile, improving skills and confidence, but ensuring through effective change management that we mitigate the potential for uncertainty and lack of support to less technologically literate team members.

ABERDEENSHIRE HEALTH & SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025

05/30/2023

Rehabilitation and Enablement is a project that provides patients with a tool to give them suggestions on how to improve their living conditions and confidence in their homes with the aim of reducing the burden on health and social care services.

Federation data sharing is also being planned for rollout during 2023/24, which initially will enable our staff in both Aberdeenshire Council and NHS Grampian to share one another's calendars followed by being able to share and view relevant and appropriate files as well as Microsoft based applications.

Insch Strategic Need Assessment

Over the last twelve months extensive staff engagement has taken place to develop ideas and solutions for planning and implementing a sustainable model of care in the Insch area. During the forthcoming year, we will commence the implementation of a test of change for a model of care going forward, engaging with staff throughout this process to ensure buy in and support.

Frailty Pathway/Hospital @Home

We have been undertaking further scoping work to deliver this action. We have faced continued challenges to recruit medical staff particularly geriatricians. We are now looking at the scope for seconding staff to Aberdeenshire to undertake a test of change.

Going forward we are working with the Clinical Lead for Geriatricians to host a secondment role as a test of change pending a permanent solution.

Primary Care Improvement Plan

Due to challenges around finance, recruitment and accommodation it has not been possible to deliver the Memorandum of Understanding 2 (MoU 2) by March 2023.

ABERDEENSHIRE HEALTH & SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025

05/30/2023

However our intention is that the Partnership's proposed Community Hub model, which will permit different ways of working and increase capacity, will be our mechanism for delivering the full MoU 2. A pilot for the Community Hub model is expected to be further developed and tested over the forthcoming year after initial visioning and scoping work began in May 2023.

2c Practice review

As of May 2023 we now have five 2c practices and are currently out to a first stage tender to implement our Sustainability Plan for the 2c practices.

Once expressions of interest have been scored we will launch a full tender stage to invite business plans from shortlisted applicants. The Sustainability Plan assumes a move away from a reliance on Agency GP Locum staff.

Nursing review

Work remains on going with the nursing review. No blended posts have been developed at this time due to service models still being developed e.g, Community Hubs and Hospital @ Home. Nursing vacancies remain consistent on a monthly basis with the largest vacancy factor services: - 9.8 WTE in Health Visiting /School Nursing, 9.2 WTE in Prison Nursing and 18.8 WTE across Community Hospitals.

We are ensuring that we have the correct professional leadership in post to support the unique and diverse range of nursing posts across Aberdeenshire. We now have a Mental Health Lead Nurse and are in the process of employing a Custody and Prison Lead Nurse to ensure that staff have the correct professional support and leadership to enable them to do their roles well and deliver high quality and safe care. We have also agreed to support 2 WTE Associate Practice Educators to develop the needs of the HCSW workforce across Aberdeenshire. Locally we are also working with managers to support retire and return posts where appropriate and right for the service.

ABERDEENSHIRE HEALTH & SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025

05/30/2023

Allied Health Professional review

In preparing for our review, we found that to date there has been no Workforce Plan for each of five skill areas of podiatry, physiotherapy, occupational therapy, dietetics and speech and language therapy. We have begun work to address this deficiency. Whilst recruitment remains an issue we will shortly be able to close the risk around recruitment for speech and language therapy.

Going forward we will complete Workforce Plans for the five skill areas, looking at further opportunities for skill mixing.

Deeside and Upper Donside review

With this project, we have begun preparations for a staff workshop with a representative sample of people from across the H&SCP spectrum, which is planned for 7 June. This will look at developing new solutions to the retention and recruitment of hard to fill posts. Data is currently being sourced on the posts which are hardest to fill to inform this work. An option for a community-led service model is to be explored to provide care at home. Currently community groups are being consulted as to whether there is any interest in this proposition.

Looking forward to the remainder of 2023/24, a workshop with community groups will be arranged for August and September to look at models for care at home and to develop a support package and timeline for this transfer, which might lead to a reduction in in-house carers or will build capacity.

Embedding of Immunisation Programme

The bid for the permanent workforce funding has still to be agreed and the immunisation workload throughout the year is so variable that to find a model to match capacity to demand is extremely challenging. We are currently working on developing an agile workforce to cover two different work streams within the Primary Care Improvement Plan (PCIP) – Immunisations and CTAC.

The uncertainty of the COVID aspect of the funding is not conducive to having a permanently funded workforce – this remains challenging as PCIP funding does not cover what is required for non-COVID work. We are therefore developing a workforce that can work between two services, combining experience and availability.

ABERDEENSHIRE HEALTH & SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025

05/30/2023

Across both work-streams this would look like this for the remainder of 2023/24:

Band 7 x 5.24 WTE

Band 6 x 13.59 WTE

Band 5 x 50 WTE

Band 3 x 47 WTE

Band 2 x 27 WTE

Early Intervention and Prevention

During 2022-2023 we hosted two Aberdeen University students who were able to support the work of the team through their involvement in a specific programme of work/project. It is hoped that these placements will illustrate Health Improvement as a career path and may go some way to enhancing our recruitment options for Community Health Improvement Officers at Band 4 level.

We have also had one member of staff on secondment with us from the Health Improvement Team in Aberdeen City. Opportunities such as this allow us to showcase the benefits of working in the team and may increase interest in Band 6 posts when they become available in the future.

Looking forward in to 2023/24, we will look to appoint to the Health and Wellbeing Lead post in 2022-2023 as well as the Advanced Public Health Coordinator (South) post on the retirement of the current post holder.

ABERDEENSHIRE HEALTH & SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025

05/30/2023

HMP Grampian – Health and Care Team

During the last 12 months we have prepared a Project Mandate that has scoped a plan to review our Prison Team and to identify options and approaches to reduce the current high level of staff vacancy and reliance on agency staff. The Project Mandate is expected to be approved by the Senior Management Team on 8 June and soon after a Short Life Working Group will be convened to provide multi-agency governance to oversee the delivery of this project action.

We expect to conclude the review in early 2024 and to implement the preferred option.

6. Actions and Risks to 2025

6.1 Progress on Workforce Plan Actions to 2022-2025

The Aberdeenshire Health and Social Care Partnership will continue to monitor and progress actions over the next 12 months as described in the Workforce Plan 2022-2025. The above sections provide a detailed summary of the progress made in respect of key areas during the first year of the three year plan, and areas requiring specific attention will be reflected in our Medium Term Finance Plan updates and Annual Strategic Delivery Plan updates.

6.2 Risks

The Workforce Transformation Programme Manager is currently developing a full overview of all the project actions in order to fully and proactively support and track the work of the governance sub-groups to ensure alignment and the identification and realisation of benefits. He will also develop and maintain a detailed RAID (Risks, Assumption, Issues and Dependencies) log for the Plan going forward to manage risks, issues and dependencies and to ensure clarity over any assumptions that have been made.

ABERDEENSHIRE HEALTH & SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2022-2025

05/30/2023

Initial work indicates the following key risks:

1. There is a risk that our actions to mitigate the impact of our ageing workforce are not as successful as they need to be due to the high levels of potential retirements within this age group
2. There is a risk that we do not succeed in reversing the low numbers of young people in our workforce
3. There is a risk that staff feel they are not sufficiently engaged in our decision making continuing to impact on turnover
4. There is a risk that our plans to better develop and equip staff with new skills does not benefit our current high turnover and recruitment efforts
5. There is a risk that staff reviews and transformational change will impact upon staff morale and increase wellbeing challenges that we already face
6. There is a risk that our health and wellbeing actions do not reduce the high proportion of stress/depression within sickness levels
7. There is a risk that the certainty of Scottish Government funding levels going forward impacts on business as usual and workforce stability
8. There is a risk that the increasing levels of agency staff reduces team cohesion and encourages more permanent staff to leave and seek agency roles
9. There is a risk that our Digital projects will impact on staff wellbeing and pressures particularly for less IT literate staff
10. There is a risk that the impact of rurality and the urban draw lessens the impact of our actions compared to Aberdeen City
11. The Deeside and Upper Donside Project is being delivered through a fixed term role that ends in November, funded by temporary Transformation Funding. There is a risk that ongoing delivery will be hampered by the plan to complete the work through business as usual staff

12. There is a risk that the lack of permanent workforce funding for our Immunisation Programme impacts on recruitment and retention
13. There is a risk that business as usual may not have the resources to deliver all of the actions concurrently
14. There is a risk that communications between the various delivery groups are not managed effectively leading to competing work and actions not being joined up

6.3 Implications and mitigation

- We are working toward thorough risk mitigation for the above that is managed effectively and consistently by the Workforce Transformation Programme Manager on behalf of the Workforce and Training Group.
- There is a need to develop a thorough Stakeholder Engagement and Management Strategy and Communications Plan by the Workforce Transformation Manager that is owned and supported by all of the action leads on conjunction with our Communications lead.

Health Workforce Directorate
Health and Social Care Workforce Planning and
Development Division
Stephen Lea-Ross, Deputy Director



Scottish Government
Riaghaltas na h-Alba
gov.scot

E: DeputyDirectorofHealthWorkforce@gov.scot

05/05/23

Dear Colleagues,

THREE YEAR WORKFORCE PLANS: DEVELOPING AN INTEGRATED PROCESS

Purpose

1. This letter highlights recent developments with regard to two practical workforce planning issues.
 - The first issue – requiring your action - is the **review of three year workforce plans** – covered in paragraphs 2-10 below.
 - The second issue – primarily for information at this stage - concerns **quantification of local workforce need**, and is covered at paragraphs 11-13 below.

Review of three year workforce plans

2. Scottish Government guidance to NHS Boards and HSCPs on three year workforce plans was set out on 1 April 2022 in DL 2022 (09) [DL\(2022\)09 - National Health and Social Care Workforce Strategy: Three Year Workforce Plans \(scot.nhs.uk\)](#)
3. Paragraph 10 of DL 2022 (09) asked NHS Boards and HSCPs:
 - to review and update their workforce plans annually in the years between publication of full three year plans, to reflect progress on actions and workforce planning assumptions; and
 - to submit annual revisions to the Scottish Government WFPPMO@gov.scot, with updated plans published on organisations' websites by the end of October each calendar year.
4. Colleagues in NHS Boards have sought clarification on these requirements, following Scottish Government guidance circulated in February 2023 on Annual and Medium Term Development Plans (ADPs). This guidance includes sections requiring responses from NHS Boards on local workforce planning issues.



5. To streamline reporting, and rather than separately submitting annual workforce plan revisions to the Scottish Government under the DL requirements above, NHS Boards are therefore asked to use the ADP process to update the Scottish Government on their workforce plans and to work with HSCPs to provide comprehensive updates on workforce planning.
6. The Health Workforce Planning and Strategy Unit will consider the ADP sections on workforce planning as part of the overall ADP process, responding as appropriate to NHS Boards and HSCPs on revisions to three year workforce plans.
7. This development is part of an ongoing process to evolve planning arrangements for service, finance and workforce so that they can be considered together within a more effective integrated context.
8. To sum up, we are therefore requesting that:
 - NHS Boards use the ADP process instead of the DL guidance to respond as they undertake the annual review of their workforce plans;
 - HSCPs undertake a collaborative approach, with the NHS Boards in their areas by feeding into their workforce plans.¹
9. In addition to what is asked within the ADP, we ask that NHS Boards and HSCPs set out in their ADP responses:
 - how they are measuring against their actions set out in their three year workforce plans;
 - what are the main/new and emerging challenges to their workforce and objectives of their three year workforce plans.
10. For the first point, Boards and HSCPs should outline progress toward the actions they advised they would take in their three year workforce plans. For the second point, Boards and HSCPs should advise of the main challenges as well as any unforeseen and emerging challenges they are facing that were not included in their three year workforce plans. We ask that answers to these two points are provided within the workforce section in the ADP which is **due for return 8 June 2023.**

Quantification of workforce supply/demand needs

11. Scottish Government feedback in 2022 to individual Boards on their three year workforce plans identified that further work would be required to accurately quantify levels of anticipated workforce need, particularly given continuing financial challenges. More quantified information will be key to informing future decisions on workforce planning, particularly where that involves investing in workforce capacity where it is most needed.
12. We believe Boards and HSCPs would welcome further support to undertake this quantification more effectively and consistently. We are working in partnership with

¹ The ADP guidance requires Delivery Plans to be developed in a complementary way, with clear reference to IJB Strategic Plans and priorities, including reference to workforce plans; and to demonstrate local partnership working across IJBs and Local Authority Partners, as well as joint deliverables.


colleagues in NES and the Centre for Workforce Supply to see how supply and demand challenges can be helpfully represented and modelled.

13. Good progress is being made in constructing a modelling tool which can be used both nationally and at local level. Prior to introducing this tool, further discussion, presentation and testing will be required first with regional and national groups with involvement in workforce planning. We are embarking on this process now.

Further guidance

14. As set out in this letter, we are striving toward a more integrated approach to reporting on workforce planning. We are considering this further with colleagues, and will update you in the Summer on future reporting processes.

Yours sincerely



Dr Stephen Lea-Ross
Deputy Director,
Health Workforce Planning and Development

Aberdeenshire Council

Integrated Impact Assessment

Aberdeenshire Health and Social Care Workforce Plan 2022 -2025

Assessment ID	IIA-000914
Lead Author	Maria Chan
Additional Authors	Lynn Boyd
Service Reviewers	Angela Macleod
Subject Matter Experts	Kakuen Mo
Approved By	Alex Pirrie
Approved On	Thursday October 27, 2022
Publication Date	Monday June 05, 2023

1. Overview

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

The purpose of our Workforce Plan is to depict our workforce position, future needs and demands, and set out the key priorities for the next 3 years. The Partnership's Chief Officer has the ultimate responsibility for workforce planning, which is delegated to the Workforce Planning and Training Group. This Group is represented by staff from HR, the third sector, Universities and Managers from across the Partnership. The Staff Health and Wellbeing Group reports to the Workforce Planning and Training Group and includes operational staff and representatives of We Care, NHS Grampian's staff support team and Aberdeenshire Council's wellbeing lead.

Address the following:

- Service Objectives and Strategic Direction
- Identify the requirements to meet the objectives and direction
- identify the challenges
- identify areas of good practice
- identify workforce risks and challenges
- are we meeting the needs of the Workforce - Health, Safety and Wellbeing
- Moving forward, what are the priorities

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

- Equalities and Fairer Scotland Duty

In total there are 11 positive impacts as part of this activity. There are 0 negative impacts, all impacts have been mitigated. The impact on 2 groups is not known, information is provided in the detailed sections of this document.

A detailed action plan with 4 points has been provided.

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

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

2. Screening

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

3. Impact Assessments

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

4. Equalities and Fairer Scotland Duty Impact Assessment

4.1. Protected Groups

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

4.2. Socio-economic Groups

Indicator	Positive	Neutral	Negative	Unknown
Low income	Yes			
Low wealth	Yes			
Material deprivation				Yes
	Will find out by: Census data			
Area deprivation	Yes	Yes		
Socioeconomic background				Yes
	Will find out by: Census data			

4.3. Positive Impacts

Impact Area	Impact
Age (Older)	<p>There has been a significant increase in the number of older persons taking retirement. There are a lot of job vacancies due to retirement and lacking in the next generation and cohort of qualified people to take over.</p> <p>There appears to be a lack of interest within in our current workforce, to take on more additional training and responsibilities.</p> <p>The Partnership acknowledges that perhaps to attract more people to join the workforce, it needs to make positions more flexible and adaptable.</p> <p>The Partnership aims to focus on addressing these issues and support our older workforce.</p>

Impact Area	Impact
Age (Older)	We would like to support retirees who may wish to return to work. We would like to support older individuals who may wish to go onto further training and career progression.
Age (Younger)	The workforce plan hopes to be able to identify ways on how to attract young persons, school aged persons and those in further and higher education to apply, join and train in jobs within health and social care. The Partnership acknowledges that perhaps to attract more people to join the workforce, it needs to make positions more flexible and adaptable.
Age (Younger)	We hope to recruit young persons to join our workforce, by working with our local schools, further and higher education establishments.
Disability	We aim to support having a diverse workforce - initiate programmes such as Autism at Work. Such work will be closely guided by relevant organisations.
Area deprivation	Aberdeenshire is a vast and largely rural area, which has pockets of deprivation. Our aim is to have workforce that targets and supports these particular areas - areas where the need is most wanted.
Area deprivation	Aberdeenshire is a vast and largely rural area with pockets of area deprivation. By creating a robust workforce and targeting recruitment to posts based in such areas, should hopefully support the issues around area deprivation. We will ensure that accessibility and transport is addressed.
Low income	We recognise the need to encourage career progression and change, which may alleviate problematic issues linked to low income.
Low income	By supporting a robust workforce and meeting their workforce needs and gaps, this should support people and service users of Aberdeenshire who experience low-income and other related issues. By support career progression, may help workforce staff who experience low-income.
Low wealth	We recognise that we have a workforce which work closely to support families and communities who possess low wealth - particular given we are in a cost of living crisis. We provide support on debt and financial advice.
Low wealth	By supporting a robust workforce and meeting their workforce needs and gaps, this should support people and service users of Aberdeenshire who experience low-wealth and other related issues.

4.4. Evidence

Type	Source	It says?	It Means?
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Type	Source	It says?	It Means?
Internal Consultation	Partnership workforce staff	From our discussion with workforce staff and the projects which are they are delivering; their main aim is to recruit and retain staff.	In turn, by supporting our current workforce and also looking at improving a robust workforce - this will improve our delivery of service and support to members of the public and communities. The projects to be delivered does not and will not intentionally differentiate people by their characteristics.
Internal Data	Workforce Data	Data tells that we have an increasingly high number of part time workers. There are some post which we find harder to fill - particularly part time and fixed tern posts.	We would like to continue support our workforce by offering flexible working and reduced/part time hours. With this, we would like to look into how we can perhaps we can support the workforce to work additional hours whilst also supportive of their needs for flexible work - support family life.
Other Evidence	National Workforce Strategy for Health and Social Care	Sets out our vision for the health and social care workforce. Supports our tripartite ambition of recovery, growth and transformation of our workforce and the actions we will take to achieve our vision and ambition.	This Workforce Strategy sets out a national framework to achieve our vision of a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do.
Other Evidence	Scottish Government 3 year Workforce Development Guidance	Sets out our future workforce requirements in a national context and provides revised workforce planning guidance to health and social care employers.	Actions to be taken to meet workforce needs and challenges.

4.5. Information Gaps

Develop a Workforce and Transformational Planning Framework

Succession Planning Programme

Advancement - support growth mindset and offer opportunities for career progression

Diverse and Equal Opportunity Workforce - new recruitment schemes ie ex-offenders

Return to work practice - target retirees and those who have been on career breaks

'Promote' opportunities - communication and recruitment styles

4.6. Measures to fill Information Gaps

Measure	Timescale
Staff audit	2022-2025

Measure	Timescale
Observations > analysis > report findings	2022-2025
Action Planning - progress and task reporting	2022-2025
Quantitative data	2022-2025
Qualitative data	2022-2025
Surveys/Questionnaires/Polls	2022-2025
Interviews	2022-2025
Sub Groups - with mixed background of professionals inc front line staff	2022-2025
Short-life working groups - with a mix of professionals inc frontline staff	2022-2025

4.7. Engagement with affected groups

Workforce interviewed

Third sector organisations interviewed

Workforce training and development team consulted

Plan will also consult the Strategic Planning Group (SPG) and Senior Management Team (SMT)

Plan will seek approval from IJB

4.8. Ensuring engagement with protected groups

The groups and organisations which we have consulted represent our whole workforce - with no differentiation.

4.9. Evidence of engagement

Team managers were asked to engage with their teams about workforce related issues.

4.10. Overall Outcome

No Negative Impacts Identified.

The work to be delivered under Workforce Planning aims to:

- empower the workforce
- respect and protect

We fully acknowledge that our workforce consists of individuals from various backgrounds and protective characteristics

We want to support the workforce who provide a service and support to those who suffer from socio-economic disadvantage i.e, recruitment and training of social workers to support vulnerable individuals.

4.11. Improving Relations

- consultation with the workforce - discuss their needs
- focus groups with our service users, - who are recipients of service delivery (health and social care) ie. consult with care homes
- support and encourage team managers to support their staff - appropriate supervision and support for their health and wellbeing

- support the Partnership's planning around an Engagement Strategy, a Communication Strategy and also recruitment into Engagement and Participation posts.

4.12. Opportunities of Equality

By creating a robust Workforce Framework and Delivery Plan, and dedicating our resources to take a strategic and methodological approach towards examining our workforce. With the aim of having better understanding of our workforce, analysing its issues, identify processes to achieve our targets. This piece of work will be led by a dedicated Workforce Transformation Programme Manager, who has oversight of the project planning and supported by the existing Partnership's Workforce and Training Group. We are already aware of much of what our workforce needs and where the gaps are. The current status quo has been challenging and we need to dedicate and target our resources around closer understanding of demand and supply to sustain, recover and grow. By doing this, it will create opportunities for advancing equality of opportunity.

5. Action Plan

Planned Action	Details	
<p>Meet with Workforce and Development Group - chaired by Alex Pirrie. Ask for all attendees and representatives to share information and ideas. Everyone is updated on the developments and timescales around preparing the Workforce Plan for Scottish Government.</p>	<p>Lead Officer Repeating Activity Planned Start Planned Finish Expected Outcome Resource Implications</p>	<p>Lynn Boyd No Wednesday September 01, 2021 Friday July 29, 2022 Update on work being undertaken. Sharing of ideas and concerns. .</p>
<p>Continue to engage and regular meetings with NHS Grampian Workforce Planning Group.</p>	<p>Lead Officer Repeating Activity Planned Start Planned Finish Expected Outcome Resource Implications</p>	<p>Lynn Boyd No Wednesday September 01, 2021 Tuesday November 01, 2022 Collaborative working - Grampian-wide Data analysis Consider the following: the availability, affordability and adaptability of the workforce Identify the strategic direction which the workforce will take .</p>
<p>Contact Service Team Leads - to identify their workstreams and projects</p>	<p>Lead Officer Repeating Activity Planned Start Planned Finish Expected Outcome Resource Implications</p>	<p>Lynn Boyd No Wednesday September 01, 2021 Friday July 29, 2022 Identify workforce implications in each of the workstreams. Potential cost to recruit - recruit issues</p>

Planned Action	Details
<p>Meet with stakeholders: AVA, trade unions reps, HR leads, reps from Further Education, private providers</p>	<p>Lead Officer Lynn Boyd</p> <p>Repeating Activity No</p> <p>Planned Start Wednesday September 01, 2021</p> <p>Planned Finish Friday July 29, 2022</p> <p>Expected Outcome</p> <ul style="list-style-type: none"> - formulate questions to ask all stakeholders i.e. current situation, future projections, workforce implications - undertake interviews - prepare survey <p>Resource Implications .</p>



FORWARD BY OUR CHIEF OFFICER

Welcome to the Aberdeenshire Health and Social Care Partnership's Workforce Plan 2022 to 2025.

Our workforce has faced huge challenges and pressures over the last 2 years and our plan provides an opportunity to reflect on this and to look towards how we will move forward and adapt how our staff will meet our Strategic Delivery Plan, while living within our Medium Term Financial Plan targets.

We live in a beautiful and rural area of Scotland, which provides a fantastic backdrop for our staff to work in, but presents challenges in relation to recruitment and retention of staff. Our plan over the next three years includes our commitment to flexible models of working and staffing services and recruitment drives with the third and education sectors. We will also focus on succession planning and attracting a younger workforce with integrated training allowing for greater flexibility.

I would like to thank our dedicated staff for their ongoing commitment to our Vision.



If you need information from this document in an alternative language or in a Large Print, Easy Read, Braille or BSL, please email aberdeenshireHSCP@aberdeenshire.gov.uk

CONTENTS

1	Introduction to Aberdeenshire Health and Social Care Partnership.....	4
2	We are listening: engaging with our workforce and stakeholders	8
3	Our Current Service Model: our Strategic Delivery Plan and Medium-Term Financial Plan	30
4	Our Future Workforce: Transformational Change	35
5	Our Workforce Delivery Plan: what do we want to achieve and how will we do it	42
6	Conclusion	62
7	Appendix 1 – Data – see separate document	

1. Introduction to Aberdeenshire Health and Social Care Partnership

Who are we and what is our Vision?

Aberdeenshire Health and Social Care Partnership (hereafter referred to as AHSCP) was formed in April 2016 following on from the implementation of legislation by the Scottish Government to integrate health and social care services. We deliver and support adult social care and health services through a partnership between Aberdeenshire Council and NHS Grampian and are governed by our Integration Joint Board (IJB).

The AHSCP aims to deliver the best service for people's needs:

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

In accordance with AHSCP's Strategic Plan 2020-2025, we will focus on delivering the 9 National Health and Wellbeing Outcomes and the following 5 strategic priorities:

Prevention & Early Intervention

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



Reshaping Care

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.



Engagement

We will be clear & 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



Tackling Inequalities & Public Protection

We will work to keep vulnerable people safe
 We will work to make sure that everybody is able to access the service or treatment that they might 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



Effective Use of Resources

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



The IJB is responsible for the integrated planning and delivery of adult and social care services in Aberdeenshire. Additionally, it delivers key areas within the Aberdeenshire Children's Services Plan as it retains some responsibility in aspects of children's health services (health visiting and school nursing), transitions planning, and services that support parents and carers.

AHSCP is one of three Health and Social Care Partnerships in the Grampian area. The others are Aberdeen City and Moray. AHSCP hosts the management of some health services within the Grampian area, which include the health care services at Her Majesty's Prison (HMP) & Young Offender Institution (YOI) Grampian, forensic custody health care, Marie Curie nursing services, diabetes service, continence service, chronic oedema service, retinal screening and heart failure service.

Our Workforce is made up of the following health and social care services:

Community Health Services

- Primary care services
 - General Practices
 - Community pharmacists
 - Optometry services
 - Dental services
- Community hospitals
- Minor injury units
- Public health services
- Health visitors
- School nurses
- Vaccination programme
- Pharmacotherapy services
- Community link workers
- Community based Allied Health Professions
 - Occupational Therapy
 - Physiotherapy
 - Podiatry
 - Speech and Language
 - Dietetics

Adult Social Care Services

- Social care services for adult care home provision
- Social Workers
- Home care services
- Community mental health services
- Care and support for adults with physical and learning disabilities
- Carer support service
- Adult support and protection
- Alcohol and other drug services
- Aids and adaptations for homes
- Supported accommodation
- Telecare & Telehealth
- Criminal Justice
- Adult Social Care OT's

Since the creation of the HSCP in April 2016, an integrated system was formed with staff employed by NHS and Aberdeenshire Council. The current headcount (at April 2022) is 1647 NHS staff and 2800 Social Care staff. This has increased by 296 since April 2019, mainly as a result of COVID related posts. Included in the plan are also staff who are not directly employed by the HSCP, such as staff and volunteers from the third and independent sectors. Additionally, we work with key stakeholders in primary care and support services, such as HR, finance, property, facilities and estates.

Aberdeenshire is a largely rural area covering 6,313km². AHSCP has a workforce of 4447 (headcount), 2887.67 WTE to service a population of 261,470. The area is served by 10 community hospitals, 8 local authority care homes, 6 very sheltered housing units, 30 GP practices and a wide range of other primary care, community and day services.

The HSCP is managed within 3 areas - North, Central and South Aberdeenshire, subdivided into 12 locations and 20 teams plus Strategy and Business Services teams. The IJB and HSCP believes that to achieve our strategic aims, our commissioning of services, finance and workforce are inextricably linked. The Workforce Plan is closely aligned to the HSCP's two other plans, the Strategic Delivery Plan and the Medium Term Finance Strategy.

Any increase or decrease in finance will have a knock-on effect on staffing and service delivery will be impacted. The inability to recruit staff, while making a financial saving will reduce service provision. Changes in the commissioning of services to meet future need will require a different staffing mix, which will have financial consequences. The key geographical influencers on our workforce are the commuter belt draw into Aberdeen City, pay comparators with the private sector and the ability to attract staff to our most rural communities.

In response to the financial and workforce challenges it is essential that there are links to our Strategic Delivery Plan and Mid Term Financial Strategy all of which provides the detail of the transformational change we want to achieve, the outcomes we will deliver and how these will be measured.

Following on from the publication of our previous Workforce Plans, we realise that moving forward, we must continue to support our workforce and listen to their voices.

Strategic Delivery Plan



MT Finance Strategy

Workforce Plan

The purpose of our Workforce Plan is to identify our workforce needs and demands and set out the key priorities for the next 3 years. The HSCP's Chief Officer has the ultimate responsibility for workforce planning, which is delegated via our Strategic Planning Group to the Workforce and Training Group. This Group is represented by staff from Human Resources (HR), trade unions, the third sector, universities/colleges and managers from across the HSCP. Our Staff Health and Wellbeing Group reports to the Workforce and Training Group and promotes positive messaging and active wellbeing support and includes operational staff and representatives of We Care, NHS Grampian's staff support team and Aberdeenshire Council's wellbeing lead.

Following on from the outbreak of the Covid-19 pandemic, our workforce has shown amazing resilience and dedication. The pandemic has had a significant effect on how and where we deliver our services and where to base our staff. For some of our services, delivery was reduced, paused or suspended to enable staff to be flexibly redeployed and support pressures experienced in other critical services. For example, the re-deployment of our staff to deliver and support our vaccination clinics and Aberdeen Royal Infirmary's Discharge Team. Recovery work is now underway to tackle the health debt and to transition to future services which includes a greater use of a digitally enabled workforce.

In developing this Workforce Plan for the next 3 years (2022-2025), we have begun to forecast the workforce size which we need, and the optimal skill mix to support the ongoing redesign of our services across Aberdeenshire. This will be refined on an ongoing basis in line with our strategic direction, delivery plan and service change plans. Aberdeenshire HSCP attends the NHS Grampian Change Management Oversight Group, along with other HSCPs to ensure change management projects/pilots are captured and our staff are fully protected in taking forward new ways of working with HR and Staff Side support. The Aberdeenshire Council Change Management Team along with HR and Staff Side also provide equivalent support using agreed policies and processes. Our aim is to provide sustainable services which are deliverable and within budget.

The delivery of this Plan will focus on the following three main purposes:

- Ensuring the right numbers and types of individual staff and teams are located in the right areas to meet our emerging strategic priorities and workstreams
- Ensuring we have in place individual personal development plans and team development plans, linked to our overarching HSCP's Strategic Plan. This will be supplemented with team action plans developed annually through iMatter and other workforce tools.
- Ensuring the Workforce Plan links with the vacancy control process for the HSCP. Currently all vacancies are reviewed and agreed by senior managers. All future vacancies will be assessed against the Workforce Plan projections and going forward we will actively use the 6 steps workforce planning tool.

In addition to the Workforce and Training Group, a Grampian-wide Workforce Planning Group was set up in 2019. This was to ensure consistency of approach to workforce planning. Representation in this group comes from NHS Grampian, local authorities and HSCPs within the Grampian region.

2. We are listening: engaging with our Workforce and Stakeholders

We are committed to and recognise the importance of listening to our staff, our service users and our stakeholders. We believe in engaging with people when shaping the services which we deliver. Over the years, we have used various methods to engage and involve our staff, managers, universities and colleges and the third and independent sector to discuss and share information around workforce issues, for example – consultation events, workshops, surveys and 1 to 1 discussions. This has resulted in initiatives such as developing integrated training courses to improve our workforce's skillset and this allows for more flexible employment. Recent examples of our work around engaging with people are the Inch Memorial Strategic Needs Assessment and the Deeside Strategic Needs Review, the outcomes of which may see our staff working and offering a different service depending on outcomes.

In preparation of our 2020-2025 Strategic Plan, we learned through our engagement process that our health and social care staff want to be 'respected and valued' and the 'role of the HSCP is not well understood'

OUR SERVICES AND TEAMS – THEIR INVOLVEMENT AND INPUT

Our **Workforce and Training Group** meets four times a year, with smaller task groups established in between times. The group is represented by a wide range of stakeholders, as already mentioned above, as well as having links with finance teams from NHS Grampian and Aberdeenshire Council. Finance teams, staffing teams and HR representatives provide us with up-to-date information around staffing data, budgets, affordability, costs, training, etc. The Group sets the strategic direction in relation to our workforce, workforce planning, training, staff development, links with stakeholders etc. A key element of the group's role is in relation to recruitment challenges, succession planning and sustainability.

The **Staff Health and Wellbeing Group**, reporting to the above Workforce and Training Group, has met regularly over the last 2 years, producing newsletters to support staff, offering a range of wellbeing activities and ideas, and has distributed £110k in staff wellbeing support activities ranging from outdoor archery and clay pigeon shooting to pampering and relaxation sessions.





“I very quickly got over the guilt of enjoying myself, even although it was on a school day! Lunch was lovely, meeting new people was great and there was a lovely sense of friendship, fun and easy laughter. I did feel we all knew what the drivers behind our outing was, which I believe made the camaraderie and the bonding of our small group special. I was personally disappointed and frustrated that a good number of Podiatry staff were unable to attend due to clinical commitment and lack of workforce to allow staff to take time out.”

F. Bruce, Lead Podiatrist

We are fully aware of the impact Covid-19 has had on the health and wellbeing of our workforce. To help look after our staff, a programme called We Care was created to support and enhance staff wellbeing across NHS Grampian and Health and Social Care Partnerships. The We Care website is a hub which offers a range of support to staff who are struggling with their wellbeing and mental health. Staff can get access to sessions such as Cognitive Behavioural Therapy and counselling services. Aberdeenshire Council has also offered a range of similar supports to HSCP staff, allowing staff the flexibility to choose the support they need.

Our **Engagement and Participation Strategy** is currently at the final stages of being approved and implemented. It gives a detailed outline of how we support others to engage in our work and helps us shape and deliver our health and social care services. The HSCP’s ambition is for us to co-produce our services with the people who use them. This means giving our staff, our community and our stakeholders the opportunity through various means, to influence our decision making around our health and social care services. Subsequently, the way in which we engage with everyone around us will also shape and empower our workforce and the way our services will be delivered.

The **iMatter survey tool** is conducted annually across all teams within the HSCP. Staff members are requested to anonymously complete the online survey and share their staff experiences. Once data has been collected, teams are directed to discuss the findings and collectively look at what we do well and identify the desired outcomes to be achieved, as a team. In addition a range of **questionnaires** have been used over the last years to gauge the support requirements for teams working through Covid. This has helped target a range of wellbeing support tools for staff.

The iMatter response rate to the 2021 survey was 60% (2424/4053 respondents). Overall satisfaction levels were high in relation to staff feeling well informed, appropriately trained, treated fairly and consistently and provided with a continuously improving and safe environment. A slightly lower score was achieved in relation to being involved in decision making and the visibility of our Board Members. This has been exacerbated by Covid and lock downs.

Our Senior Management Team iMatter action plan currently focusses on improved team working and the development and resilience of the team to support staff and managers.

The Culture Matters Survey - NHS Grampian as a board recently undertook a Culture Survey targeting all nursing, midwifery, estates and facilities staff using the Best Practice Australia model. The results for the teams are based on fact, producing a strong empirical base, on real perceptions that staff have of the organisation. Regardless of what these perceptions are they are factual and our employees have these perceptions of their own team/manager and wider organisation.

This gives us data and evidence to look at how we can work with our teams to improve the organisation's culture, work on challenges that impact on staff satisfaction and understand potential basis for staff attitudes and behaviours. Results have been received for NHSG in late May 2022 and action planning has begun to move forward with our Culture Improvement journey.

The Aberdeenshire Council (including our HSCP) **Wellbeing Survey** is due to be realised next month. The survey focuses on understanding how staff are feeling. We want to get a clearer picture of how our employees are feeling and understand the root causes of those feelings so we can strategically support the individuals who need help. This survey will also help with the creation of our wellbeing KPI's going forward, a benchmark to gauge our employees' wellbeing over time.

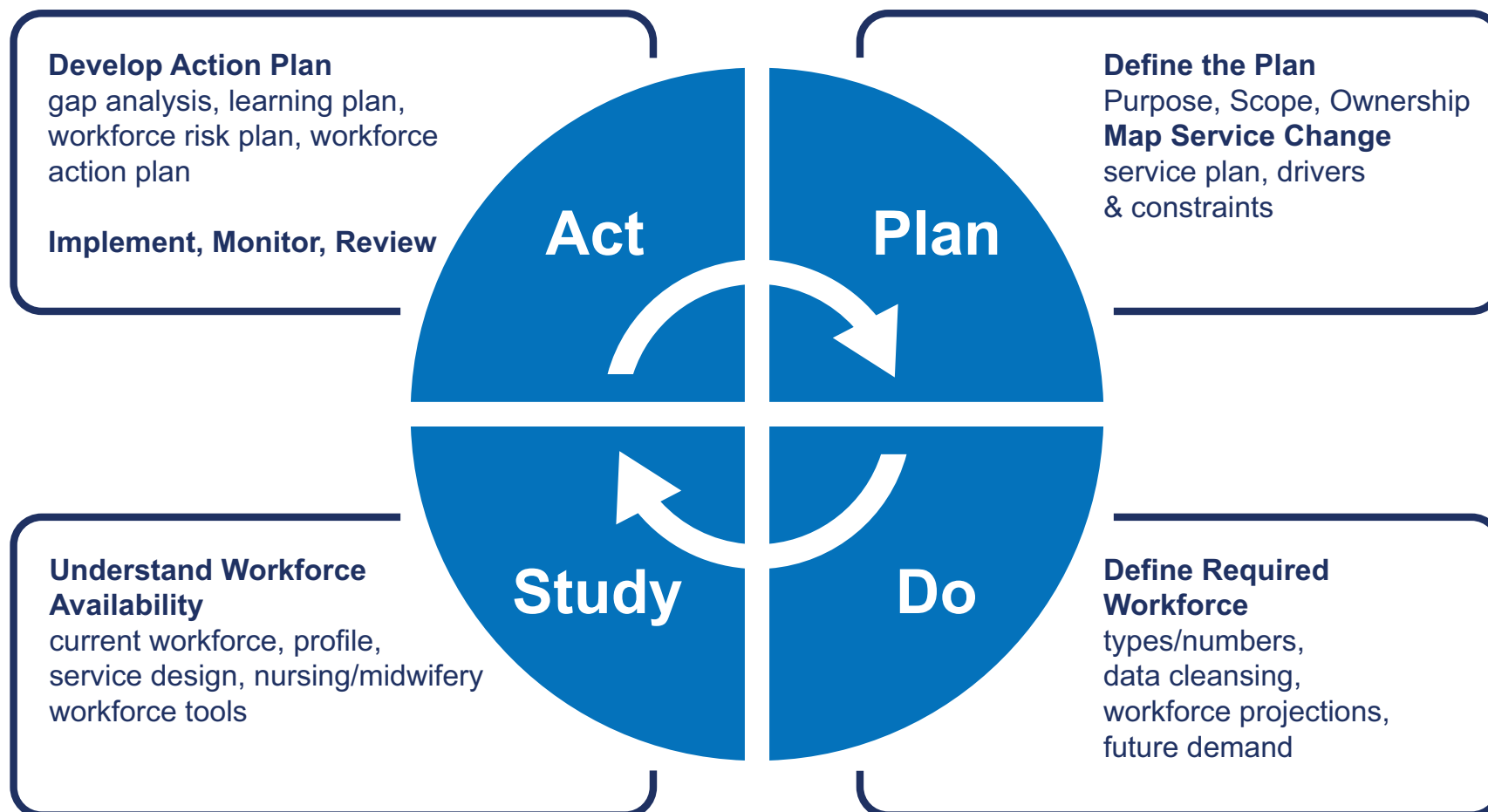
The survey has been promoted via Yammer, Trickle, Arcadia and paper copies have been made available to those employees who are not connected to the network.

Since January 2021, the HSCP's Senior Management Team committed to the delivery of the **Continuous Improvement Framework**. This describes the philosophy, aims and approach which will enable the HSCP to build organisational capacity and capability and truly embed a culture of continuous improvement and innovation, supported by the HSCP's continuous improvement team utilising a variety of improvement tools. The role of the workforce is recognised as integral to this, whereby empowering the workforce to make necessary decisions at a local level to deliver the best possible service will ultimately improve the services that we deliver to the people and communities of Aberdeenshire. This will only be achieved by:

- Ensuring new ideas are encouraged from staff
- Delivering improvement projects that staff / teams can innovate themselves
- Supporting staff to respond well to change, being open to new ideas and encouraging forward thinking.

Implementing the Continuous Improvement Framework represents a significant opportunity for change together with supporting our staff and key stakeholders to not just be a part of the changes that matter to them, but to own and steer them.

'6 Steps' - The national workforce tool, 6 Steps is widely used by our NHS Board and Aberdeenshire Council. Aberdeenshire HSCP streamlined the 6 Steps workforce model to a 4 step tool. This was going to be rolled out to our workforce in 2019/20, the challenges of Covid-19 caused this to be paused, though some teams, including Mental Health reviewed and redesigned their workforce using the tool in late 2019, which helped them meet challenges over the last 2 years.



DIRECT CONSULTATION REGARDING OUR WORKFORCE PLAN

Using teams and electronic tools we undertook wide consultation on workforce challenges and opportunities in order to develop this plan. The majority of this consultation took place in the 3 month period from October to December 2021.

A. Stakeholder survey – independent providers

In October 2021, we reached out to our external care providers and asked them to tell us about their workforce challenges and opportunities in relation to workforce recruitment, retention, training and development. Over 130 external providers were contacted via email and asked to complete an online survey, unfortunately we only received 14 replies. The questionnaire was designed in discussion with Aberdeenshire Voluntary Action, our Third Sector Interface (see below) and then shared with private care providers. With it being such a low response rate, we would like to explore the reasons for this with respondents, but Covid-19 pressures and questionnaire fatigue are suggested. From this, we could also learn – what and how we could do better at communicating and engaging with our external providers.

With such low response rates, it is felt that outcomes below are not truly representative of the larger picture, but are indicative of concerns.

Here are some of the questions asked and summary responses given:

What are some of the main training-based challenges which you are facing at the moment?

- *Re-certification of staff skills due to no face to face training*
- *We have our own internal training officers*
- *All training done online, no in person training*
- *Moving and handling*
- *Freeing enough staff from services to attend sessions*
- *The courses are not being run due to Covid*
- *Lack of face to face training due to Covid restrictions x3*
- *We have spaces on courses but due to absence or staff requirement to be on the floor supporting this cannot be utilised to its full potential*
- *Our staff prefer face to face training. We do provide e-learning which we ask staff to complete on shift but not always possible to provide supernumerary staff*

Are there any comments you would like to add about the effects which the pandemic has had on your paid workforce, particularly on recruitment and retention?

- *They are all scared of the rumours, the untruths, the lack of clarity on what can and cannot be done, the fear of infection spreading, will we still be able to remain open, solvent and that they have a job to do*
- *We were able to retain all staff during the pandemic and run a remote service*
- *Social care was not recognised enough during the pandemic as much as health care which is understandable but staff have felt forgotten about by the government and recognising their hard work to also keep people safe and this has played a part in retention of staff*
- *We have seen people join us from various roles during the pandemic but as restrictions ease we have had an increase in leavers in general*
- *We've had excellent results from working with the Jobcentre/DWP and their Kickstart and other schemes. I don't know if this is due to the pandemic or not, but I would highly recommend them to any other very small social enterprise, or any business really.*
- *Due to the pandemic there were a lot people interested in care but mainly due to them not working. Once establishments began opening up again, there has been little interest working within the care sector*

Please share with us what kind of challenges you are currently experiencing in recruitment and retention?

- *We cannot afford to pay high wages so we do not attract the best people and we find it difficult to fill some roles*
- *Low number of candidates, staff frequently moving on*
- *Skill shortage*
- *Not a lot of people applying for jobs, the quality of people applying for jobs to is very low*
- *Lack of people applying for recruitment, the new people we have seen have joined us and left us through the pandemic so retention of longer serving staff has been generally positive.*
- *Working alongside the government schemes is a lifesaver to a small business like us. We've had the chance to have job trials, two weeks where we can get to know the applicant and they know if they really want to work with us, brilliant so much better than an interview and some amazing staff have come from it. The Kickstart scheme is excellent, such a financial boost for a not-for-profit organisation and wonderful to watch young people learn and grow to be such good team members.*
- *Volunteers to join the board to look at long-term strategy and development rather than day to day existing work*
- *There doesn't appear to be anybody interested in working night shifts*

“The kickstart scheme is excellent, such a financial boost for a not-for profit organisation and wonderful to watch young people learn and grow to be such good team members”

“Due to the pandemic there were a lot people interested in care but mainly due to them not working. Once establishments began opening up again, there has been little interest working’ within the care sector”

“We saw people join us from various roles during the pandemic but as restrictions ease we have had an increase in leavers in general”

B. Stakeholder Survey – Third Sector

Aberdeenshire Voluntary Action (AVA) provides the Third Sector Interface (TSI), which is the main channel of communication between the Third Sector and the HSCP. The third sector’s role is invaluable to the HSCP, its combined workforce far exceeding that of the HSCP and it provides us with a diverse range of preventive and specialist services. The third sector offers to us innovation and active engagement with communities and individuals, when designing and planning the delivery of services. AVA and the HSCP work very closely together, as they both strive to support services and our respective mutually dependent workforces. It is part of AVA’s future vision to increase their role around workforce development with the HSCP and relationships with communities, through the following ways:

1. *Create a database of local and community groups to support effective signposting*
2. *Develop more effective training to support services*
3. *Two-way interaction through better and effective use of forums.*

C. Trade Unions /Staff Side/Staff Partnership

We have listened to the views of our staff side, staff partnership and trade union representatives who has identified the following:

- *Concerns around the risk of potential outsourcing – which may undermine our own local economy and local workforce*
- *Workforce plan should ensure protection of pay to our staff, respect our workforce and give support through providing high quality levels of training*
- *Protecting our skilled staff - and keep them highly skilled and trained.*
- *Use of community-led interventions should be thoroughly considered, particularly around the potential risk of using untrained and unskilled volunteers.*
- *Ensuring staff and staff side are involved at the earliest stage in any organisational change and throughout the process*

D. Universities and Colleges

Our academic and further learning institutions have shown a lot of commitment towards contributing to our workforce demands. They recognise the difficulties in recruiting to their courses and retaining graduates to remain in the North East of Scotland. We are all aware of the concerns around the geographical challenges, and how this is linked to isolation as a profession – for our trainees while on work experience and on placement.

They have taken the ‘grow your own’ approach, supporting and investing in our current workforce to becoming more upskilled, to meet the needs of the future. Many have invested in the remodelling of specialist and graduate courses. Learning courses have been adapted to being more flexible.

Institutions have been working hard at trying to return to classroom teaching from having been mostly online-based, which had to happen very suddenly when the pandemic began.

As a HSCP, we want to be more encouraging of our communities to support learning and academic initiatives, to help encourage and attract people to take on local work experience placements supported by the local community. This may mean exploring how the HSCP can re-design placement experiences, making them more positive and enjoyable, to help recruits consider staying and working in the region in the future.

University of Aberdeen

The School of Medicine, Medical Sciences and Nutrition has noted difficulties in recruitment of clinical academic staff in both the school of Medicine and Dentistry, in which this is a longstanding national issue which is exacerbating our own challenges.

The Medical School has made significant efforts over the years to reshape their courses, such as careful consideration around providing greater support, opportunities and enriching experiences in working life for clinicians based in rural areas. The School supports students on placement in rural areas, and provides outreach with Schools and Colleges to help enrich the training experience, and knowledge of the various kinds of background and needs of patients. Trainees are encouraged to learn about how health and social care is delivered across Scotland. Admissions to the school has been buoyant and due to policy introduced by the Scottish Government on admission requirements, successful applicants to the school have largely been from Scotland.



The School has developed alternate courses to help add to the workforce, such as the 2-year intensive Masters programme for science graduates to become Physician Associates. These posts have responsibilities similar to junior-level Doctors, but work under supervision. Alongside these other programmes developed in recent years include Advanced Clinical Practitioners, open to AHPs and nursing and Advanced Nurse Practitioners which include a prescribing module, which is an essential skill for our workforce to have.

Other programmes which the School is currently exploring are specific prescribing programme and education programme.

One of the most successful programmes developed a few years ago is the 'Gateway to medicine' programme. This is joint programme delivered by the North East of Scotland College (NESCOL) and the Medical School to support socially disadvantaged applicants, giving them the opportunity to study medicine after completing one year of study on the Gateway programme.

To enhance staff experiences and address inequalities, led by senior members of staff, the School has been focusing on addressing issues of racial discrimination and inequalities. The School has been working closely with their students to tackle this issue and raise awareness.

At the **Institute of Dentistry**, funding received a few years ago from NHS Scotland has been invested in dental technology and specialist dental nursing programmes to enhance practice. Due to the Aberdeen based Dental Institute being a relatively modern building with more up to date facilities in comparison to other schools in Scotland, this has meant that it has been able to introduce the relevant health and safety adaptations and open sooner to students.

The School has seen a relatively stable number in admissions in the last few years because of its graduate entry level. However, they are having to provide support to students who have not been able to gain practical experiences through placements.

The Dental School has had to face considerable workforce challenges of its own for a few years. This is in relation to challenges around filling posts to senior academic and clinical positions, which impacts on teaching.

Robert Gordon University (RGU), Aberdeen

This institution has taken a strong stance in reaching out and supporting school aged pupils, not only to promote courses but also give them access to and support around the various and possible options within higher education. The University continues to call for other organisations to offer more work-based placements, and support students while on placement to have a positive experience within the community. It has been acknowledged that the location, accessibility, and availability of placements is problematic as well as costly.

The University has developed a Continuous Improvement Development Framework, which will allow students to study on a more flexible basis. It will also allow them to study on an intermittent basis and at their own pace making studying more affordable.

In response in the decline in applicants to study Social Work courses, the University and NESCOL (North East Scotland College) have established 'new articulation route', whereby subject to eligibility, it allows an HNC student to enter Year 2 Undergraduate Social Work course.

Following the challenges of maintaining social work placements during the early stages of the pandemic we have seen our highest numbers of social work students placed in social work and social care settings. Over the previous two placement blocks, 60 placements have been provided and we have seen at least 30 newly qualified social work appointments annually over the last two years. This includes members of staff who are completing their social work degrees.

The intention of the Open University to introduce social work graduate apprenticeships is welcomed as an effective means of building on existing workforce strengths and commitment in addition to social care modern apprenticeships. It is anticipated that an increase in training and development posts to support this initiative effectively is required

At present, students studying Occupational Therapy and Physiotherapy can apply and work for NHS Grampian as health care support workers at Band 3 level. This allows them the experience of being in an employment setting. A range of AHP professions are trained locally and this also includes dietitians. There are two physiotherapy cohorts that are educated in RGU that we support in Aberdeenshire with clinical placements and this is the two year accelerated MSc in Physiotherapy and then the four year Master of Physiotherapy course. The OT and Dietitian courses have also recently been re-validated to be Masters Programmes.

There is work that has been done in 2020 and now this year 2022 about internship posts in Physiotherapy and this is being supported in Aberdeenshire alongside Aberdeen City. This is an opportunity for students who have completed their third year of the four year programme to apply for twelve weeks of work over their summer break to come and work as Band 3 HCSW in Aberdeenshire Physiotherapy depts. This has been shown to be successful in Physiotherapy around recruitment and retention for three years and work is now being reviewed by the other two locally trained professions and how they look to replicate this model.

It should be noted that students studying Speech and Language therapy at the two training schools in Scotland will be also offered opportunities at band 2/3 whilst training if they are seen to be able to find accommodation locally.

NHS Grampian and the University have collaboratively developed a 2-year work-based and online learning course named Diploma in Higher Education Wellbeing and Enablement. The intention is to train more Health Care Support Workers through placement based and online learning.



NESCOL The North East Scotland College

The College continues to work on its strong links with future school leavers and develop courses which meet future need and demand. The College has worked very hard in recent years to tackle the issue of a lack of care workers. They are of the view that this is linked to low pay, cost of living and lack of incentives to join the profession. The College is keen to target young people and break the 'gender stereotypes' link to the care profession. The message being – care work is not just for women.

Over the years, stronger links have built between the College and NHS Grampian to revise standards and create opportunities to learn and gain practical experience. In addition, NESCOL offer a HNC in social services which enables students to pursue a social work career.

E. HR Leads

Our Aberdeenshire Council and NHS Grampian HR teams alongside our HSCP Staffing Team help us perform and deliver our plans. They play an important role around having the correct people in the correct roles. By working in collaboration with our HR teams, we can successfully examine our levels of supply and demand and go onto fulfilling our future objectives.

We have sought feedback from HR Leads within our organisation:

“Within the Aberdeenshire HSCP we have an informed set of people metrics to allow a diligent consideration of each of our workforce plan intentions as we start to emerge from the Covid related demands of the last two years.

There will be a 'legacy' impact on the workplace and workforce from the pandemic, and our workforce plans will need to be able to accommodate this, whatever that looks like and however it might present; this will be in addition to our need to align with the wider organisational business strategies and change agenda. The ongoing challenges, risks and threats around resourcing, a changing political environment and the Scottish Government's commitment to a National Care Service will inform each of the above, and will largely determine the knowledge, skills and experience – and where current gaps are in these, and in support of our need to deliver. Setting targets for our workforce planning activity will be essential, so that our strategy has direction and progress can be measured. Also, as far as possible, flexibilities and a measured contingency-based response should be built in to our workforce plans, which can accommodate if turnover-rates, absenteeism or training needs analysis change beyond the predicted levels.”

(Aberdeenshire Council HR Manager)

What has been the main challenges in recent years?

- *High vacancy rates*
- *Resourcing from the same pool across organisations/HSCPs*
- *Timings/delays to support peak periods e.g. winter pressures*
- *Capacity/service pressures - impacting on ability to review and carry out proper workforce planning utilising tools available*
- *COVID - resilience / recovery / retention*
- *Supplementary staffing*

Has there been any positive changes and experiences in recent years, if so, please share?

- *Development of new roles and career pathways e.g., Wellbeing & Enablement practitioners*
- *International recruitment*
- *Ability to upscale workforce and streamline process during pandemic e.g., vaccination programme, test and protect (also brings other challenges in management of workforce)*
- *Reduced time to hire - recruitment*

From your perspective, what would you like to see in the future planning of our Workforce?

- *Consideration of apprenticeships (Grow your own).*
- *Training posts/opportunities to support retention of staff and succession planning. Ensure a consistent approach to training posts - lessons learned and best practice from other areas.*
- *Using close links with education/training partners - role development.*
- *Service redesign - involving staff/HR/Partnership*
- *Positive promotional campaigns - schools / colleges / university / social media*

(NHS Grampian Workforce Manager)

F. Primary Care Contractors

In October 2021, responses were given from a small sample of **GPs, Dental and Optometry Practices** from Aberdeenshire who were asked about the effects of the Covid-19 pandemic on the workforce. Here are some responses:

Positive effects experienced by the workforce:

“Microsoft Teams again has been excellent resource for carrying out interviews. One such interview resulted in the successful recruitment of an Apprentice who was living in Luton...”

“The ability to work remotely – staff are looking for more of a work life balance – and to free up clinical space for those who need it, as we are very short of clinical space.”

“Those who could accept more responsibilities have risen to the challenge.”

“During early pandemic stages with significant furlough and redundancies occurring in other sectors, any administrative vacancies received unprecedented high calibre of applicants.”

The Challenges experienced by the workforce:

“Training based challenges: training has become mostly focussed around Covid”

“Unable to find time to undertake training due to workforce pressures”

“Not being able to network face to face”

“Demands and dissatisfaction impacting on staff morale”

“..we assume due to negative social media and public perception regarding GP surgeries, recruitment has proven more difficult with reduced number of applicants.”

G. Our Managers and Staff

The views of our workforce are extremely important to us. The HSCP fully acknowledges and appreciates the effort which staff put in towards adapting to new ways of working in the last two years. To know and prepare ourselves for the next journey, we held conversations with members of our workforce, to gather their views and ideas. It is our staff and managers who have given us ideas of new ways of working. For some of our services, such as the Vaccination Programme, there are going to be further changes ahead, such as those that have been on short term contracts and how we can support them moving on.

We reached out and interviewed most of our managers and some staff members. Here are some of the main highlights captured:

(It should be noted that some of the issues highlighted have started to be addressed in the intervening period – but it is important to reflect issues raised by staff)

Topic of discussion: We asked our staff about pressures which have been experienced, this is what we were told:

- *Significant increase in the number of complex care cases in Care Management – leaving staff members overstretched – demand on caseloads. This created a demand on health and safety and managing risk.*
- *Ongoing struggle to recruit into the care sector. Agency companies/private sector are also experiencing the same shortfall*
- *Increase in staff reporting on their own mental health related problems*
- *Significant challenges towards recruiting into posts – lack of applicants for AHP's, carers, nursing, psychiatrists, psychologists, OT's, Physio's*
- *Staff feel overstretched – leading to feeling overworked and lack of enthusiasm towards career progression*
- *Challenges around two different IT systems – time wasted having to work between two systems that don't talk to each other*
- *Mental Health community-based service – need for appropriate medical cover to be part of the service*
- *We need to support staff who are concerned about working in other people's homes – and the risks this poses*
- *Adult Support and Protection – there has been a significant rise in referrals, placing huge pressures on workload*
- *High staff sickness rates – staff are tired and working more and extra hours than usual*
- *The uncertainty around whether offices will reopen or not, this is causing anxiety*
- *There has been and continues to be a lot of scrutiny around Care Homes and Care at Homes services*
- *Due to the pandemic, there has been increases in reports made by staff members about abuse from patients and service users*
- *Professions such as AHP's have not been able to deliver services – such as rehabilitation, prevention, and intervention. Instead, it has been more about managing risk*
- *Those who are coming forward looking for a service – they are now presenting themselves at a later stage when they have become more unwell, which puts pressure on the service*

Topic of discussion: we asked our staff about their views towards workforce requirements, objectives and strategic direction:

- *Desire for better technological support and standardisation of working models, i.e., this would allow health care workers to be able to work remotely*
- *The introduction of A National Care Service for Scotland – this will mean that there is a need for a redesign around training and development for our workforce, which could be directed by those at national level, leaving a lack of flexibility and a lack of understanding about local needs*
- *Best use of funding received from Scottish Government to address drug related deaths and implement the new Alcohol Standards and the Medication and Treatment Standards*
- *Criminal Justice will continue to focus on the Community Justice Action Plan*
- *Chalmers Community Hub – ongoing pilot development around delivering services in vaccinations, CTAC provision and minor injury service*
- *Funding required beyond 2022 for Appropriate Adults*
- *Temporary funding for temporary posts – this needs to be looked at for the longer term*
- *Primary Care Improvement Plan – concerns around not enough funding to fulfil what the Memorandum of Understanding wants to achieve. It will look at providing services which will free up GP's and undertake generalist disciplines*
- *Invest in training professionals to 'enable' service users and patients to be more independent, rather than meeting their immediate needs right now*

Topic of discussion: supply and recruitment, these are some of their responses:

- *A change in employment requirements in the workforce – staff taking early retirement and preference towards flexible working.*
- *More staff members want to reduce their hours or work part time*
- *Challenges around meeting the increased demand for 'care at home'*
- *A lot of staff were mobilised into new roles in response to the pandemic, however there was no extra resource invested*
- *Having to be 'creative' with roles*
- *Need for 'consistent and sustained' leadership*
- *Increase in sickness rates*
- *Structuring shift patterns*
- *Shortage of staff across the board*

- *Currently waiting for Action 15 Link Workers to come into post*
- *Need to recruit ‘fresh staff’ and a generation of workforce into ‘flexible roles’ – the need for a workforce who are willing to be ‘adaptable and intellectually skilled’*
- *Some staff don’t like irregular shift patterns as this affects family life/childcare*
- *It is vital that we have sufficient administrative staff – to reduce the demand on clinicians to complete administrative tasks*
- *Need to support and encourage a ‘cultural change in the existing workforce’ – support them in being more flexible i.e. work in different location settings and alternative roles*
- *Mental Health and Learning Disabilities Teams – aim to expand on the community-based teams. In collaboration with NHS Grampian – offer fellowship and training schemes to attract medics from other countries*
- *Trainees and students are not remaining in the Northeast/Aberdeenshire after their studies*
- *There are no significant recruitment issues within Primary Care’s Dental Services and Optometry Services, however it has been challenging to recruit into Community Pharmacy*
- *It has become extremely difficult to recruit to fixed term contracts*
- *There are inequalities around how we support our staff to develop and undertake training to progress to higher level roles*
- *Need to develop peripatetic and bank/relief roles*
- *There is no incentive to take on additional roles*

Topic of discussion: workforce development – learning and growing:

- *Role transformations – being more flexible with roles and responsibilities, by training low banding/graded workers to take other and more duties. We are piloting training Health Care Support Workers to work into health, care and third and voluntary sector settings*
- *Take on student placements with the view of appointing them into paid employment after qualifying*
- *Being able to backfill posts to allow staff members to attend training and gain experiences in other settings*
- *Holistic delivery approach – encouraging skills mix when delivering a service*
- *Lack of interest towards ‘career progression’ whilst more investment is needed to put into this area to retain staff and to tackle staff’s levels of apathy*
- *Staff having to experience a lot of changes and learning to cope with this*
- *We need to be more focussed around ‘making the best’ of staff and their skills*

- *Staff receiving a higher salary as an apprentice than in the job being trained for*
- *The Workforce Development Team is working with RGU to secure funding to establish a short-term, one year post, to develop innovative social work student placement models and increase overall placement numbers and workforce capacity. A significant number of our newly appointed social workers, approximately 30, were previously on placement with the council.*
- *In February 2022 Aberdeenshire Council had the fifth highest proportion of Newly Qualified Social Workers (NQSW) according to the number of WTE Social Workers in post. It also had the third highest ratio of placements to Social Work WTE. (2022 SSSC CSWO Meeting)*
- *It is intended that the Workforce Development Team will plot, with NQSWs and the support of operational teams, data around NQSWs trajectory from their first and subsequent posts to further develop effective mechanisms for supporting professional development, work force capacity and capability.*
- *The assessment and verification of social care SVQs, and related qualifications has, in the face of very significant increases in the numbers of staff registered with the SSSC, and others requiring post related qualifications, been steadily moving forward. In the last year 114 colleagues have started their SVQ and related qualifications, approximately half having completed. Information on required processes and timeframes is routinely circulated across services. Work is ongoing with the Workforce Development Team to secure robust assessment and verification in the light of these increasing demands. Consideration is being given to the potential added value of a senior practitioner Assessor/Verifier post to take forward supervisory duties for this growing area of specialist work, to improve capacity and drive workforce improvement.*
- *Similarly, the need for internal bespoke courses and materials across both Adult Social Work and Social Care, and Children's Services, is also growing. Supported by an employee development officer and Corporate Learning & Development shared resources are co-produced with Health, including those on online platforms such as Turas and ALDO*

Topic of discussion: what has been tried so far to support staff experiences:

- *Daily catch ups*
- *Ensuring that everyone has access to Health & Wellbeing hub and support, which has been well received*
- *Staff support: through creating staff 'bubbles' and set up of informal peer support and supervision*
- *Quick responses towards ensuring that staff were supplied with the required equipment and furniture in order to work from home*
- *-Linked to staff wellbeing – staff being allowed to form bubbles and meet for 'picnics in the park', while adhering to restrictions at the time*

Other issues raised, identified and suggested:

- *Workload has been reactive – therefore less time is spent on the planning and delivery of ideas*
- *There is the need to make working for AHSCP ‘more attractive’ – but how? Need for more innovative ideas*
- *The current temperament – ‘playing catch up’*
- *The variation in pay between NHS and Council staff has generated a ‘divide’*
- *Creation of a health and social care HSCP apprenticeship for all ages – staff will be trained and based across various locations and departments*
- *Mentorship, group supervision and interactive support working*
- *To consider targeting school leavers – offer work experience and ‘career ready placements’*
- *Needs to be an agreed balance between working from home and face to face contact*
- *Managers being on site and being seen to support staff is essential*
- *Investment needed (from Scottish Government) to promote the positive aspects of working in care to attract people into the care sector*
- *The HSCP needs to look at workload and is it achievable within the contracted hours rather than individuals requesting to reduce their working hours in order to cope*
- *Invest in attracting more men and young people into roles within the HSCP*
- *How do we provide support to our workforce based in remote areas*

Case Study

“I was involved with setting up the core teams in North and really found it a positive experience. I really got to know my colleagues that I probably would not have without the process. For me I found that I built up a really good trust and supportive relationship that influenced my staff on how they looked at colleagues. This in turn benefitted our service users to get the right person at the right time. An added bonus is that I have also got some great colleagues who support each other to problem solve and support each other. There are also loads of training opportunities for everyone!”



**Kerry Adam, Acting Location Manager,
previously Occupational Therapy Team Manager**

Joined Aberdeenshire Health and Social Care HSCP in 2014

Case Study (extract)

1. What is your role

I work 3 days a week as a Health Visitor and School Nurse Team Leader in Community in Aberdeenshire, and 2 days a week in an Operational Lead Nurse role with a specific responsibility for workforce planning and development in a specialist nurse team. When the HSCP started I was full time in the Team Leader role, specifically working with children families and young people.

2. How long have you been with the HSCP?

I have been in the NHS for over 40 years, so the Partnership has been with me rather than me being with the Partnership. It has evolved around me, and including me.

3. With regards to your role and linking that in amongst the wider workforce, has there been any challenges in recent years?

I have been privileged to have been in a team which has been farsighted and innovative right from the beginning of the HSCP. I was included in all the meetings for my level of management right from the start, the meet and greets, the getting to know you sessions and the planning for a new way of working. This facilitated a real feeling of working together despite the main agenda being adult focussed. I have learnt from the wider team regarding adult services and utilised this learning sharing with my team, and I have had feedback that the Partnership team has learnt about my service too so this enhances relationships and professional knowledge.

4. Please share with us some of your positive experiences? What do I like about my job?

Team leading is one of the most privileged roles there is. With it comes a responsibility for empowering staff to grow and develop whilst meeting organisational requirements, both NHS and HSCP, as sometimes it feels we are employed by the NHS, yet have to carry out HSCP requirements, so ensuring that my colleagues feel valued, respected and supported is a priority. I am lucky in that I feel included in the HSCP, however I think this is more challenging for some of my peers who feel there is a disconnect. However I also believe we all have a responsibility to make it work and to keep raising the profile of children's services but I would have to be honest and say that there is an adult focus which sometimes leaves children's services feeling forgotten about. I believe that there is a wider recognition of this now and HSCP managers attend more strategic groups for children's services, however I am unsure how this translates through or down to the workforce. It is however a good start. Strengths are in our teams and what you make them, but there is a disconnect between local teams and the HSCP where values have changed, and keeping 'Mrs Smith' at the centre becomes ever more challenging.

5. From your perspective, what would you like to see in the future planning of our Workforce?

Over the last 2 years the focus has become all about ticking boxes, collecting data, measuring services, counting beds, counting how many vaccines have been done, counting how many people have Covid, and I believe the Partnership, (NHS and council) have lost their way. The need to number crunch has deflected from the 'child at the centre', or 'Mrs Smith' who used to be the focus of what we did, however now we only record if Mrs Smith has had Covid, had their regular LFT or PCR, and if it was positive and if so what impact will that have on others round about them, not the direct impact on Mrs Smith herself. We count how many beds are available for accepting patients into, and whether the person being admitted to them has Covid, and we count how many staff have Covid and who will cover the shortfall, but we are not good at drilling down into the human element.

There has to be a renewed effort from the HSCP to get back to the original values from 5 years ago where Mrs Smith was valued for being Mrs Smith, not just seen as someone who needs a bed or blocks a bed, but as a valued member of society. Unfortunately, the silos have been rebuilt.

6. What would you like to say and share with us, to help inspire our current and future workforce?

My message is this - Have an open mind and an open heart, regularly reflect and re-evaluate why you are here and what you want to achieve. Take advantage of any coaching opportunity or values based reflective practice or clinical supervision made available to you, even though you think you are doing just fine. Chances are you're not. Don't be afraid of reframing your thoughts and beliefs, you will enhance your practice by doing so. Don't be scared of talking about why you love what you do, and why you love your colleagues, feeling genuinely valued and unconditionally positively regarded are the most powerful ego boosts, and when our ego feels good we do a better job and provide a better service. Always try to see the glass as half full, speak of challenges rather than problems, look for alternatives to how we work and do things, rather than identifying how we get things wrong, and can't do things. Do not allow negative thoughts or mind sets to influence how you provide care. Feel empowered to ask, 'Is there another way we could do this which might be better for our patient/client/service user?' Finally, Serenity prayer:- 'God', or whoever, 'grant me the serenity to accept the things I cannot change, the courage to change the things I can and the wisdom to know the difference'.



**Rosie Crighton,
Health Visitor and School
Nursing Team Leader**

Quotes from staff are given below

“Staff have gone above and beyond to be flexible throughout the pandemic, very proud of what they have achieved”

“Sometimes it feels like there is more focus on the strategic than operational and the balance is out”

“Diversification has worked well and teams have been welcoming”

“Facilitate a team approach to assessment and support”

3. Our Current Service Model: Our Strategic Delivery Plan and Medium-Term Financial Plan

Our Strategic Delivery Plan 2020 to 2022

As depicted on Page 5, our HSCP has a Strategic Plan covering the period 2020 to 2025, based on the strategic priorities of prevention and early intervention, reshaping care, engagement, effective use of resources, tackling inequalities and public protection.

From this our Strategic Delivery Plan for 2020 to 2022 is made up of 4 workstreams depicted below. This plan was prepared at the end of 2019 and therefore the impact of Covid-19 has seen some workstreams move on quickly while others require refocussing. Digital First and Partnerships are enablers to Operation Home First and Reshaping Care. Operation Home First, while being a major priority through Covid, has seen the biggest workforce challenges in terms of lack of geriatricians, home care staff and some difficult to recruit posts in multi-disciplinary teams. The below table highlights the projects agreed in 2019 against the 4 workstreams.

Digital First Maximise the use of technology	Work with partners to address digital inequality in our communities, ensuring that addressing digital access becomes an integrated part of our assessments
	Maximise use of smart technology in homes and homely settings to promote independence.
	Total Triage will be maintained and developed through use of E-consult etc.
	Support the further roll out of technology to support the management of long-term conditions
	Support reduction in rural health inequalities through access to digital technology making services more accessible
	Support our integrated teams with shared systems that improve real time information
	Embed flexible working, reduce travel and define our future building bases estate needs

Partnerships Develop existing partnerships and build new ones	Capitalise on opportunities to work strategically with partners in Housing and Education
	Maximise opportunities to work together with Live Life Aberdeenshire and others to promote improved physical and mental health.
	Joint working with housing partners to ensure access to accommodation that promotes independence
	Alongside Partners in the CPP address the LOIP Community Justice and ADP Priorities
	Enable communities to support community capacity building and resilience
Operation Home First Develop community services	Develop a new community based Frailty Pathway
	In partnership with the Acute sector we will implement 'Hospital at Home' pilots, moving more secondary care supports into our communities
	Enhance community based specialist dementia care
	Transformation of Hosted Mental Health services in line with agreed Grampian Strategy.
Reshaping Care Person centred and sustainable services for the future	Support Pharmacy First – supporting people to access quick, local advice and treatment from the pharmacist.
	Primary Care Improvement Plan
	Move the balance from unscheduled to scheduled care
	Complete a future needs analysis on Care Home / Homely Setting provision and plan, with all partners, both for the future estate required and sustainable models of care provision.
	Utilise the 'Action 15' funding to increase the mental health workforce to give enhanced access to mental health support across Primary Care, Police Custody and HMP Grampian.
	We will work with partners and providers to enhance 'commissioning for outcomes'
	Work with all partners to reduce the need for out of area placements (both inpatient and social care)

In order to focus resource appropriately, workstreams were further broken down into whether they were transformational, improvement or business as usual projects. Transformational projects will impact the most on our workforce, but will also take some time to achieve. A review of all projects listed is underway in order to develop the next 2 year Strategic Delivery Plan. Projects are listed below and in Section 5 Workforce implications for some of these projects are highlighted.

<p>Transformational Projects</p>	<p>T1. New ways of working – buildings, digital, partnerships</p> <p>T2. Development of Autism Strategy</p> <p>T3. Covid vaccination programme</p> <p>T4. Care homes/homely settings review</p> <p>T5. Out of area social care placements</p> <p>T6. Community Hospital / Home First workstreams:</p> <ul style="list-style-type: none"> ■ <i>Ensuring efficient use of inpatient resources to meet future need</i> ■ <i>MIU Review post Covid – pathway for community led urgent care</i> ■ <i>Development of frailty pathway including hospital at home model</i> ■ <i>Redesign of sustainable community nursing out of hours service</i> ■ <i>Community nursing review (linked to out of hours review)</i>
<p>Improvement Projects</p>	<p>I1. Social care transport commissioning review</p> <p>I2. Dementia whole systems approach</p> <p>I3. Engagement strategy</p> <p>I4. Mental Health Strategy delivery plan</p> <p>I5. Shared lives review</p> <p>I6. Primary Care Improvement Plan</p> <p>I7. LD Strategy delivery plan</p>
<p>Business and Usual</p>	<p>B1. Review of current capital projects</p> <p>B2. Primary Care sustainability</p> <p>B3. Community Hubs</p> <p>B4. Implementation of IDEA principles</p> <p>B5. Analogue to digital telecare transition</p> <p>B6. Replacement of Social Care Management System</p>

Our Medium Term Financial Plan 2020 - 2025

The purpose of this Medium Term Financial Strategy (MTFS) is to ensure that resources are targeted at the delivery of the priorities set out in the Strategic Plan 2020 – 2025 and also to support the annual budget setting process. The Strategy has also been developed in conjunction with two other documents which are crucial to delivering the priorities set out in the Strategic Plan.

The financial position for public services continues to be challenging. It is therefore important that the IJB's ambitions are set within the context of the funding which is available. The MTFS assists the IJB to plan based on the totality of resources across the health and social care system to meet the needs of local people and support the delivery of the Strategic Plan.

Aberdeenshire IJB delivers a wide range of services and is one of the largest IJBs in Scotland. In 2022/23 the IJB will have funding of approximately £375 million to spend on services, equivalent to £1m a day.

Aberdeenshire IJB is clear about the challenges which lie ahead and the aspirations to improve all services. This needs to be considered in the context of the financial resources which will be available over the medium term. The MTFS estimates that without further savings there will be a significant shortfall on the IJB budget by the end of the current MTFS 2024/25 financial year. Funding levels contained in the MTFS have only been set for one year (2020/21) given the funding allocation from Scottish Government and our partners. Future projections have been based on historic trends and planning assumptions used by our partners.

The IJB will need to address this financial challenge over the next five years. The MTFS sets out a framework and trajectory for doing this.

The MTFS sets out a map to ensure that the IJB remains financially sustainable over the medium term. This will require services to be transformed and recalibrated to meet demographic, workforce and infrastructure factors. There will be significant changes for the IJB, our partners and the population of Aberdeenshire. Delivering these changes will require us all to work together to focus limited resources on offering services which are sustainable over the longer term and are targeted at those with the greatest need.

The MTFS is currently under review and a revised strategy covering the period 2022 to 2027 will be presented to the IJB in August 2022 for approval.

Our Response to the NHS Scotland Recovery Plan

Alongside our partner, NHS Grampian, we are committed to supporting the current developments around the NHS Scotland Recovery Plan. We are currently closely engaging with our partners and stakeholders around the work in relation to strategic direction and identifying key priorities to deliver. In terms of workforce impact, work will be done around the distribution of staff and delivering services differently, such as virtual working. We must support our staff by building on their resilience, by doing so we will focus on their wellbeing and training needs as well as making staff retention and recruitment our core priorities.

We have consistently provided support around the Covid-19 vaccination programme through the availability of facilities, staff remobilisation and additional training.

We are committed to supporting our workforce – their health and wellbeing and tackle those skills and training gaps and target key recruitment positions. However, we have persistently experienced recruitment challenges which has had an impact on our aim to meet the recovery and remobilisation targets. Therefore, we hope that placing workforce in the forefront of our future Strategic Planning, will lead to ways of tackling the challenges and making those much-needed changes.

4. Our Future Workforce: Transformational Change

Our Journey to Transformation

Over the years, and in particular response to the Covid-19 pandemic, the HSCP has had to make some significant changes towards how we do things – which has impacted on how our staff members deliver services and their working environments. In some instances, the delivery of services has had to be reshaped. Being able to deliver a service to our service users and patients have always been at the forefront of our minds. Such evolution of new learning and future progression will be inevitable.

Aberdeenshire is spread over a large geographical area, with Aberdeen placed in the middle. As such there are pockets of affluence, deprivation, rurality and commuter draw. It is important to recognise the workforce challenges this presents moving forward as transformation plans will not be possible without an agile and flexible workforce to support these plans. It is important for the HSCP to recognise and work with the complexities of changing technologies and ways of working. The workforce needs to be flexible and able to meet service requirements as they transform for the future while recognising the ageing workforce and the difficulties of attracting and retaining staff across Aberdeenshire.

During the pandemic, we had to make changes, such as redeployment of staff not just within the HSCP but also from within Aberdeenshire Council. We saw staff members from Aberdeenshire Council's Live Life Aberdeenshire (Sports and Cultural Services) taking on tasks in our care homes, equipment services, PPE distribution etc.

Following on from the pausing of our Day Services, staff members were not able to have face to face contact with service users, however they maintained contact by telephone calls.

For some services, such as Speech and Language Therapy, contact with service users was conducted via videocall.

We worked with Aberdeenshire Voluntary Action over the winter period to recruit, train and support volunteers to provide much needed support in care homes and sheltered housing complexes. The volunteers have offered social contact to residents and helped with meal times.

Volunteers supported by Aberdeenshire Council and HSCP helped in the vaccination centres during Covid – they helped with meet and greet, supporting people to navigate the centres, basic infection prevention and control measures were undertaken such as wiping down seats etc.

By making such adaptations, we got to witness the resilience and dedication of our extended workforce.

Vaccination Programme Service

In response to the Covid-19 pandemic and the creation of our national Covid vaccination programme, the vaccination programme service in Grampian was quickly established. We saw hundreds of staff members being mobilised and new staff being recruited to the service. This significantly reshaped the delivery of our Primary Care services.

At present, this service is always changing and adapting itself to the needs and the demands, particularly as to uncertainty of requirements moving forward. The team around the vaccination service are facing challenges around poor retention of staff, lack of training due to workload and a workforce suffering from stress and sickness. This is compounded by limited access to GP IT systems and SIRS appointing and also protocols not being in place to administer childhood immunisation for non-registered and a range of other staff. The team is working hard towards developing a multi-skilled and agile workforce which strives to increase patient satisfaction and safe working practice. As our Health Care Support Workers can only offer Covid and flu vaccinations we need them to work flexibly into other roles, such as Community Treatment and Care Services (CTAC), when other immunisation programmes are underway.

The National Care Service

It is anticipated that the introduction of the National Care Service will have a significant impact on our workforce. We trust that this will mean opportunities and resources will be shared more widely and fairly. From a localised perspective, we hope that it will not cause a loss of insight into our local needs and service demands or reduce flexibility. An overarching framework at national level must consider geographical differences and local needs, as well as inequalities.

PPE Service

Our PPE service, initially consisting of up to 10 seconded staff, has now been mainstreamed into our Joint Equipment Service. While the Memorandum of Understanding remains in place until September 2022, it is important that the ongoing legacy of PPE is embedded in daily provision. Currently **one WTE** administrator supports the remaining PPE and Lateral Flow Device workload.

Grampian Test and Protect Team and Contact Tracing Team

223 NHS Grampian staff are currently in post, from a variety of backgrounds, who now need to be redeployed to support roles across Aberdeenshire and Grampian. These staff, from a range of grades and with wide experience, will be invaluable to meeting recruitment challenges in the area. Joint work is ongoing to place staff by September when the services stop.

Care Homes Oversight Group

In May 2020, the Scottish Government gave additional responsibility and accountability to the Executive Nurse Director, Director of Public Health, Medical Director and Chief Social Worker with operational leadership from the Health and Social Care Chief Officer, to deliver against an extension of their duties with specific focus on enhanced oversight of care homes. In addition, NHS Board Nurse Directors received a variation letter to their accountability on 17 May 2020 with a clear direction from the Cabinet Secretary:

“to be accountable for the provision of nursing leadership, support and guidance within the care home and care at home sector.”

The Aberdeenshire HSCP Care Home Oversight Group currently meets three times a week to discuss the current situation within Care Homes. This is provided by a team of staff especially pulled together to support this made up of Location Managers, Care Home Assurance Nurses and Health Protection Scotland Nurses. Areas of good practice are shared as well as any concerns. Concerns identified are reviewed and supported collaboratively by the Group Stakeholders. The Oversight Group reports to the Enhanced Oversight Group and shares information to Scottish Government via DPH return.

Representation on the group is Social Work, Health Protection Scotland, Assurance Nurses, Contracts, Location Managers from South, Central and North Aberdeenshire. Assurance nurses are new appointment to the HSCP and provide an invaluable resource to Care Homes.

Home Care Oversight Group

The Home Care Oversight Group has met at least weekly over the last two years to support in and out of hours home care provision. There are currently 180 home care vacancies across Aberdeenshire, at May 2022 and a wide variety of advertising techniques have been used to attract to vacancies. The Home Care Oversight Group is made up of existing staff and managers.

Primary Care Improvement Plan (PCIP)

The aim of this is to deliver the 6 PCIP workstreams under The Scottish General Medical Services contract, building on the many strengths within primary care in Aberdeenshire, improving outcomes for patients and supporting greater sustainability in the primary care workforce, such as enabling our GP workforce to concentrate on complex care and all other aspects of the Expert Medical Generalist role. Recruitment challenges to a range of posts, particularly GPs is ongoing.

There are a range of work streams that sit below this and one of the key elements being recognised is the growth in multi-disciplinary team members which allow the GP staff to become expert generalists. For AHP services we have MSK first contact practitioners across Aberdeenshire and are keen to engage in other work streams and believe this is key to successful retention of staff.

Aberdeenshire-wide Autism Strategy for Children, Young People and Adults

This is a co-produced strategy which is currently being developed between AHSCP and Aberdeenshire Council's Education and Children's Services. There is also significant collaboration being undertaken with people with lived experiences, members of the autistic community, stakeholders, community groups as well staff members from various professional backgrounds. Some of the main aims of this strategy are to determine clear strategic priorities for AHSCP's autism services, ensure AHSCP are outcomes focused on the future planning and commissioning of autism services. This project is commencing its Engagement Phase from April until June 2022, therefore it is perhaps too early to foresee the impact this will have on the workforce. However, it is acknowledged that we must review our current service provision to identify the gaps and there is a demand for innovative Autism-related training to our health and social care staff.

Aberdeenshire HSCP remains committed to working with Aberdeen City HSCP and NHS Grampian around the **Adult Autism Assessment Team**. This team was formed at the end of 2020 and it has developed a pathway for adults seeking an autism assessment in Aberdeen City and Aberdeenshire. This is a multi-disciplinary team consisting of administrative and clinical support, which came from existing posts. To date, the team have successfully managed to focus on setting up a clinical pathway for adults who submit a self-referral. Moving forward, they would like to secure funding to invest in training others about autism and on autism assessment and screening.

We welcome the support and Scottish Government's commitment towards building capacity to provide neurodevelopment support to children, young people and adults.

Workforce Investment

A number of funding source have been made available to our HSCP to enable us to attract staff to pressure points in the system and where new ways of working were required. These have including Winter Pressures/Preparedness, Primary Care Improvement Fund/Primary Care Improvement Plan (PCIF/PCIP), Community Treatment and Care Services (CTACs), School Nursing, Childsmile expansion, Action 15 funding, additional Aberdeenshire Alcohol and Drugs Partnership funding, Assertive Outreach, funding relating to Near Death Overdose and Medication Assisted Standards Implementation Support, Recovery & Renewal funding, Immunisation Funding, Care Home funding, Hospital @ Home as well as internal redesign.

In relation to winter pressures monies the following have been put in place at 1 April 2022 –

10.62 whole time equivalent (WTE) care staff, equating to 27 staff doing extra hours in the fields of care managers, care team coordinator, assistant cooks, care assistants, enablement and support coordinators, care & support workers, domestic assistant and admin support assistant

A further 1.2 WTE adult social care staff have been appointed.

In health 17 WTE posts have been appointed (5 temporarily) to the posts of staff nurse, senior staff nurse, physiotherapy health care support worker, senior physiotherapist, community rehabilitation physiotherapist, dietician, highly specialised OT, administrators, Area Support Manager and dental support.

Other Projects

Learning Disabilities Strategy Delivery Plan

To effectively deliver this plan, there are going to be inevitable changes towards how services are provided from our Learning Disabilities Day Services and the Complex Care Project.

As a result of the transformational changes to the Learning Disabilities Day Services, this will consequently have an impact on the staff based in the Day Services. They will need to be trained to SVQ level 2 over the next 5 years and require to be registered with the SSSC. This also means that we require an increase in SVQ assessors and training team staff members. Changes to the way services are to be delivered has led to resultant changes to Care Inspectorate registration.

To extend the commitment towards delivering the Complex Care Project, we would like to see a growth to the multi-disciplinary team, such as looking at the possibility of increasing the workforce by recruiting to Learning Disabilities medics, psychology, nursing, speech and language therapy, physiotherapists and occupational therapists.

Engagement and Participation Strategy

The aim of this Strategy is to involve people and communities in the decision-making process which affects them, by working together to design, deliver and make decisions about services which will lead to better outcomes for everyone. The HSCP is committed to engaging and building a stronger relationship with our communities. By doing this, the HSCP hopes to appoint a dedicated member of staff to guide and oversee the entire engagement process. Presently, attempts are being made to recruit an Engagement Officer to deliver on the Strategy. Once that post is in place, it is envisaged that there will be further staff requirements, such as training and development and upskilling the workforce to effectively deliver the process around our transformational programmes and continuous service improvements.

This Strategy is currently in draft form. To help bring it to completion, we are currently using the Health Care Improvement Scotland (HCIS) self-evaluation tool to ensure the areas for improvement required in the Strategy are current and reflect the perspectives of all staff members and our partners.

Children's Services

We are committed to ensuring we implement the outcomes of the strategic plan in relation to children's services. It is important to recognise the huge contributions of our school nursing, health visiting, family nurse practitioners, speech and language therapists and public health staff who deal with all aspects of childhood development including healthy weight, peri-natal mental health etc. There are ongoing challenges in recruitment and retention of these important staff. We support the ongoing work on gaining the child's voice and Aberdeenshire's response to "the promise".

Challenges and Risks

The HSCP wants to be able to address the risks to our workforce. However, we must accept that there will never be enough resource to meet the needs and demands of everyone. We want to address those challenges and risks to the best of our ability. We have a new HSCP Health and Safety Team, appointed recently, who are actively supporting practical risks and providing face to face support. (1 manager and 0.5 WTE administrator)

In Aberdeenshire, even before the Covid-19 pandemic, we were facing some challenges with recruitment and retention.

The local picture and the contributory factors are:

- The rurality - concerns around transport links, access and isolation
- A more attractive pull to City-based positions
- Ageing workforce - forecast of high number of retirements and challenges around replacing these posts. 46% of our staff are over 50
- Brexit – departures from the labour markets. Red tape making it less easy to stay or be employed from Europe and to take up posts in Aberdeenshire coming from Europe.
- Employment positions in other sectors may offer more favourable pay, and employment terms and conditions.
- Negative media coverage of care work

At 18 May 2022 we have 180 vacancies in home care and 52 nursing vacancies

As we remodel our workforce, we must also be mindful that other NHS sectors, our local authority partners, the third, independent and private sectors are all having significant similar difficulties in recruitment. Within our health and social care sector, we have suffered extreme challenges. Lack of applications and at times, no applicants to vacancy advertisements are increasingly common.

Brexit and the downturn of the oil and gas industry have influenced and increased the level of migration away from the North East of Scotland. Although, as already mentioned, the redundancy of certain posts in the oil and gas industry has benefitted our own sector, in that we saw an upsurge in applicants during Covid, but this has not been continued as we continue to live with Covid.

People have not been widely attracted to the idea of re-training and taking on professions within the health and social care sector. This could be linked to cost of living and therefore not being able to afford the cost to study. There has laterally been poor media reflection of the profession linked to the Covid-19 pandemic. Another reason could be linked to more favourable employment conditions in other jobs.

Our future workforce wants reassurance and stability. This could be offered by remodelling our style of working. We want to reach out and be responsive to our workforce – what does it want and need, such as flexible working; hybrid working; innovative work experience placements; changing the roles and work patterns.

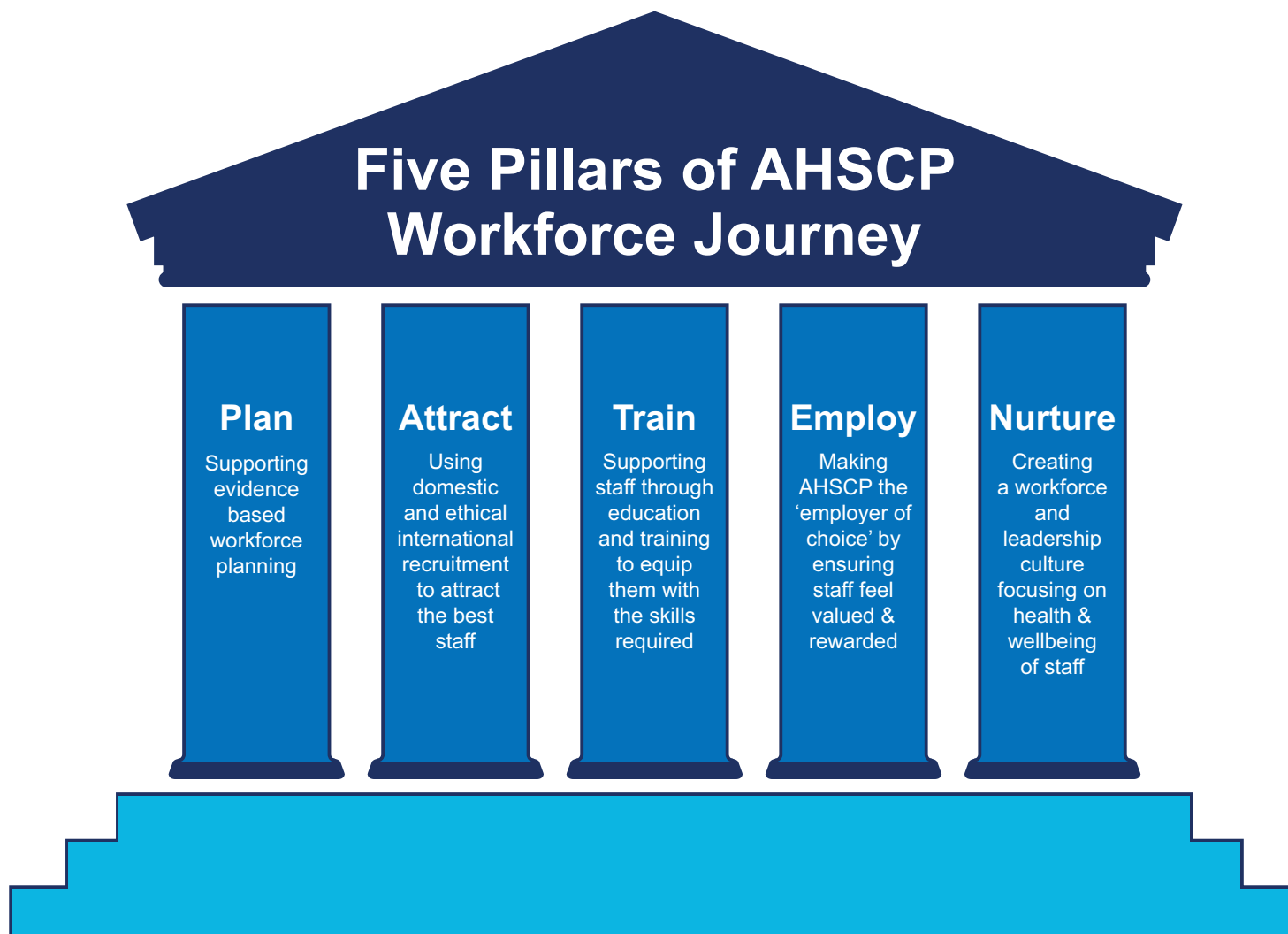
Covid related restrictions have brought challenges to teaching styles and placement experiences, such as classroom learning being replaced by online and home learning. Therefore, students and trainees have felt that they missed out on the experiences and interactions with peers, which would usually come with part of the educational experience.

Similarly, school placements, apprenticeships and career days have all been affected by Covid and require renewed vigour in reengaging with these valuable workforce sources.

In terms of challenges in relation to training, within the Workforce Development Team we have seen unprecedented increases in waiting lists for some mandatory courses due to the restrictions on the deliverability of face -to- face training. This would include physical interventions training where we are optimistic in seeing an increase in our ability to deliver the necessary face to face sessions to ensure that staff meet regulatory requirements as timeously as possible

More positively a wide range of social media advertising campaigns have been used to attract staff to Aberdeenshire.

5. Our Workforce Delivery Plan: what do we want to achieve and how will we do it



Much of our work in 2022/23 relates to Recovery, Growth and Transformation.

The following tables set out our aspirations in relation to workforce in the next 12 months and beyond.

Some of our identified projects are ongoing from 2021/22 while others will develop over the next 3 year period.

Recruit to Hard to Fill Posts

Plan	Attract	Train	Employ	Nurture
<p>We will continue to identify the range of hard to fill posts and the reasons behind this.</p> <p>We will use a range of methods to attract staff to these posts</p>	<p>We will ensure posts are advertised flexibly, at different hours and grades, employing a range of recruitment and advertising techniques</p>	<p>We will try to offer an attractive induction, training and development plan to stop staff leaving</p>	<p>We will employ staff as flexibly as possible in relation to hours, base etc while still meeting organisational needs.</p> <p>We will trial mixing home care and occupational therapy assistant tasks to provide a more attractive post.</p>	<p>We will continue to provide ongoing support to staff in relation to health, wellbeing and 1 to 1 support and where possible provide succession planning support</p>

Number of posts	Type of post	Year
180	Home care vacancies	2022/23
52	Nurses including Health Visitors and School nurses Mental Health Officers Geriatricians Care Managers Social Workers AHPs – all specialisms	2022/23

Recruit to posts which have received additional funding

Plan	Attract	Train	Employ	Nurture
We will review how we have used Scottish Government monies to support a number of new posts, which are proving difficult to fill and retain.	We will ensure posts are advertised flexibly, at different hours and grades, employing a range of recruitment and advertising techniques. We have moved home care funding to Care Team Coordinators care management and social work occupational therapy posts to attract staff	We will offer an attractive, induction, training and development plan to stop staff leaving	We will employ staff as flexibly as possible in relation to hours, base, role etc while still meeting organisational needs	We will continue to provide ongoing support to staff in relation to health, wellbeing, 1 to 1 support etc

Number of posts	Type of post	Year
28	Unfilled home care posts from additional funding	2022/23

Undertake 6 Step planning with teams

Plan	Attract	Train	Employ	Nurture
We will support teams to undertake 6 step modelling to ensure we have the right staff in the right place to meet our strategic delivery plan	We will aim to attract the right staff, at the right grades in the right place to meet future demand	We will train and support teams to undertake 6 step modelling	We will employ staff to meet future demand confident that a modelling tool has been utilised	We will support staff through transition from current state to new model using the appropriate Organisation Change Policy

Number of posts	Type of post	Year
1	Workforce Transformation Programme Manager (2 year post)	2022 to 2024

Develop an integrated training needs analysis

Plan	Attract	Train	Employ	Nurture
We will develop an integrated training needs analysis for all HSCP staff and share this with local universities and colleges	We will encourage staff to utilise various training options and support staff to undertake appropriate training	We will seek to offer integrated health, social care and third & independent sector training – eg Scottish Training Passport	We will seek to offer recognised transferrable training which will enable flexible employment across health, social care and the third and independent sector	We will offer a holistic, flexible approach to training to encourage recruitment and enhancement

Number of posts	Type of post	Year
See above	Workforce Transformation Programme Manager with training teams	2022 to 2024

Develop a staff development and succession planning framework

Plan	Attract	Train	Employ	Nurture
<p>We will ensure all staff have an up to date, relevant Personal Development/Training Plan</p> <p>44% of our health staff and 47% of our social care staff are over 50 – we will develop succession plans for posts utilising 6 steps modelling</p>	<p>We hope to retain staff who feel their training and development needs are acknowledged</p> <p>We will improve our future planning of turnover and ease transition when a staff member retires</p>	<p>We will enable tailored training to meet Personal Development Plan requirements</p> <p>We will offer training to staff who are potential successors to posts in advance of retirement etc to allow continuity</p>	<p>Employment and retention is eased when clear development options are identified</p> <p>We will seek to employ staff who will be able to move into vacated posts – eg school leavers, college graduates, apprentices etc</p>	<p>We want staff to feel supported if their development needs are recognised</p> <p>We will ensure staff are supported to move into a post with relevant training and handover</p>

Number of posts	Type of post	Year
	All managers to support this action	2022 to 2025

Continue to provide ongoing staff health and wellbeing support

Plan	Attract	Train	Employ	Nurture
We will ensure meetings of the Staff Health and Wellbeing Group continue with regular newsletters and clear action plans	We wish to retain staff who feel supported in a variety of ways in relation to their personal health and wellbeing	We will empower staff with a range of stress management, relaxation, exercise and talking techniques	We hope to retain staff who feel supported	We will provide ongoing tailored support to staff who have been dealing with high workloads for 2 years

Number of posts	Type of post	Year
	Support via the Staff Health & Wellbeing Group	2022 onwards

Technology & Innovation

Plan	Attract	Train	Employ	Nurture
We wish to review and plan for the impact on staff roles of patient/ carer technology – eg eConsult	We will seek to attract staff who can work remotely to support patients and people in their own homes	We will offer information and training to patients/ clients and staff in using a range of telecare/ telehealth options to support and enable care	We hope to attract staff who can work more flexibly to support patients/clients remotely – e.g. virtual cardio exercise sessions	We will prepare staff for an increasingly technology driven future
We will help to plan how staff can work differently moving forward using technologies introduced during Covid - Teams	We will advertise where appropriate for hybrid workers and home workers where this enables a greater pool of candidates	We will train staff to make the best use of technologies available to them to ease workload	We will help staff to be technology aware and support innovation	We will support staff to embrace new ways of working
We will continue to support staff to work flexibly from different bases including home	We will continue to work toward technology solutions that reduce barriers to staff working flexibly	We will support and train staff in use of technology and work with them to identify skill gaps	We will appoint staff who are aware of the technological environment in which we work	We will support staff to embrace new ways of working

Number of posts	Type of post	Year
	N/A	

Insch Strategic Need Assessment

Plan	Attract	Train	Employ	Nurture
We will continue to work with local people to identify a sustainable model of care in the Insch area	We will retain staff through a period of transition. Current inpatient bed provision has been paused at Insch since 2020 and the Strategic Needs Assessment will determine the future need of the site.	We will train and develop staff to meet future needs of service when determined	We will employ staff, where vacancies arise, to work flexibly until the outcome of the Strategic Needs Assessment is agreed and in line with NHSG Organisational Change Policy	We will continue to support staff who are currently working at other bases.

Number of posts	Type of post	Year
	N/A	

Frailty Pathway/Hospital @ Home

Plan	Attract	Train	Employ	Nurture
We will see to attract a range of staff to enable patients/clients to be cared for at home and supported through discharge	We hope to attract a range of staff, outlined below, to meet service needs. There has to date been particular challenges in recruiting consultant medical cover.	We will undertake team building to achieve a successful service	We will employ a range of staff to support the model, using flexible approaches to achieve team requirements	We will support staff to understand the model being developed and work as an effective team

Number of posts	Type of post	Year
	Advanced Nurse Practitioners, Advanced AHP Clinical Practitioners, Band 5 Nursing, Occupational Therapists, Physiotherapists, Health Care Support Workers and Arch Responders (social care out of hours), Consultant Medical Cover	2022/23

Primary Care Improvement Plan

Plan	Attract	Train	Employ	Nurture
We will deliver the full requirement as laid out in the Memorandum of Understanding 2 by March 2023	We will explore different models of delivery to attract staff to areas which are proving difficult to recruit and retain staff	We will develop Service Level Agreement options with practices to provide training and mentorship including - Train the trainers for certain aspects for support within teams. External courses to support staff to do the different roles and work to their full potential and remit.	We will highlight the policies of family friendly, flexible and home working where practicable to do so.	We will support staff to be flexible and adaptable and be part of a blended workforce, working across workstreams.

Number of posts	Type of post	Year
Numerous	Physiotherapists, ANP, Treatment Room Nurses, HCSWs, Pharmacists, Pharmacy Technicians, Pharmacy Admin, Vaccinators, Link Workers	2022 onwards

2c practice review (Primary Care staff employed by NHS Grampian)

Plan	Attract	Train	Employ	Nurture
We will continue to working on a sustainability plan and what can be achieved working across the 3 x 2c practices remotely. We will work towards moving away from reliance on Agency Locum GP staff.	We will support a mix of working at home and in surgery for some roles. We will engage with new GPs as to what they are looking for in a job going forward to try and attract more staff	We will provide ongoing training and development of staff to meet service requirements	We will take every opportunity when staff leave to review future needs/skill mix.	We will support staff to work in new and different ways ie. across various sites

Number of posts	Type of post	Year
5	Salaried GPs	2022 to 2025

Nursing Review

Plan	Attract	Train	Employ	Nurture
<p>We will adopt a transformative approach to nursing using a flexible model of Advanced Nurse Practitioners supporting a range of grades and roles. This will enable us to meet safer staffing levels with a blended model of posts and grades and deal more flexibly with workstreams such as the frailty pathway, urgent care, illness/ injury services</p>	<p>We hope to attract a wider range of nursing (and AHP) staff to work in more flexible and transformative roles with a broader skill mix with opportunities to cover wider geographical areas, provide on call rotas etc</p>	<p>We will work with colleges and universities to attract sufficient graduates to meet the significant nursing shortfall. We will support HCSWs to be trained to undertake qualified nursing roles</p>	<p>We will seek to employ a more flexible nursing workforce to support the geographical and recruitment challenges in Aberdeenshire.</p> <p>We will actively seek staff who wish to return to a nursing role.</p>	<p>We will continue to support our existing workforce to feel valued and offer them opportunities for development to meet the needs of the service going forward</p>

Number of posts	Type of post	Year
52	Range of qualified nursing vacancies, particularly health visitors and school nurses	2022/23

AHP Review

Plan	Attract	Train	Employ	Nurture
We will adopt a transformative approach to all specialisms within our AHP service to increase flexibility, improve recruitment and the range of roles such as consultant AHPs	We hope to attract a wider range of AHP staff to work in more flexible and transformative roles with a broader skill mix with opportunities to cover wider geographical areas, provide on call rotas etc	We will work with colleges and universities to attract sufficient graduates to meet the AHP shortfall. We will support HCSWs to be trained to undertake qualified AHP roles	We will seek to employ a more flexible AHP workforce to support the geographical and recruitment challenges in Aberdeenshire.	We will continue to support our existing workforce to feel valued and offer them opportunities for development to meet the needs of the service going forward

Number of posts	Type of post	Year
	Range of unfilled AHP vacancies, particularly speech and language therapy and dieticians	2022/23

Deeside Corridor review

Plan	Attract	Train	Employ	Nurture
We will continue to undertake staff focus groups ahead of public survey and public focus groups. Options will then be considered identifying the impact on the workforce	We are committed to a cost neutral review so the option agreed may involve staff working in different ways	We will provide staff with the necessary training to meet future requirements, when determined	We will ensure that any new or replacement staff will be appointed to meet future requirements, when agreed and the process with use respective Organisational Change Policies	We will ensure staff are fully informed and supported through any transition.

Number of posts	Type of post	Year
	Not know at this time	2023/24

Embedding of Immunisation Programme

Plan	Attract	Train	Employ	Nurture
<p>The bid for permanent workforce funding has yet to be agreed – we will ensure appropriate staff are employed but capped so no new recruitment can take place until funding is confirmed.</p> <p>We hope to take forward a possible Test of Change to work alongside CTAC/Urgent Care – details to be agreed</p>	<p>We will continue to seek a diverse range of immunisation age groups – varied across Aberdeenshire. We will seek and support an agile workforce – visiting schools, care homes, housebound patients as well as working within the vaccination centres themselves</p>	<p>We will provide training in all aspects of vaccination. We hope to offer opportunities for career progression for all grades of staff. We will support time scheduled for protected learning.</p>	<p>We will attempt to employ staff as flexibly as possible whilst meeting service requirements with an appropriate line management structure</p>	<p>We will engage with staff – work as a team – value relationships.</p> <p>We will continue to offer regular team meetings promoted as well as 1:1 appraisals</p>

Number of posts	Type of post	Year
	Recruitments halted meantime until permanent workforce funding established by Scottish Government	

Early Intervention and Prevention

Plan	Attract	Train	Employ	Nurture
<p>At a national level, the Scottish Government has commissioned Public Health Scotland and The Scottish Improvement Manager Group to develop and consult on a health Improvement Workforce Strategy for 2022-2025, this will inform the development of our local workforce.</p> <p>As the HSCP returns its focus to building our integrated locality service delivery model, there is a strong commitment to work closely with the 3rd sector and communities to focus on staying well and preventing/ minimising poor health.</p>	<p>We will work closely with our 3rd sector to ensure wellbeing, prevention and early intervention opportunities are available</p>	<p>The National Health Improvement Workforce Plan will set out a range of actions to strengthen the public health workforce that the HSCP alongside NHS Grampian will take forward.</p> <p>We will train and develop staff to make every opportunity count to engage with patients, service users and their families on keeping well and accessing support/ opportunities within their community.</p>	<p>The national health Improvement Workforce Plan will identify a range of actions that will be taken forward to ensure we have an effective public health workforce.</p>	<p>We will continue to support our existing public health workforce to feel valued and offer them opportunities for development to meet population health needs going forward</p>

Number of posts	Type of post	Year
	To be determined	2023-2025

HMP Grampian – Health & Care Team

Plan	Attract	Train	Employ	Nurture
<p>We have identified posts that are difficult to recruit to.</p> <p>We will look to undertake a strategic review of prison health care to ensure we have a staffing model for the future that is fit for purpose and has the right skill mix within it which allows us to deliver health care services to the prison population which is the equivalent of the services that they would access in the community.</p>	<p>We will work to retain staff by offering training opportunities and work nationally and locally to try and secure Prima funding for the staff working in the prison service.</p> <p>We will seek to undertake greater advertising for posts, through social media and radio broadcasting.</p> <p>We will continue utilise staff from the wider health and social care partnership teams by offering bank shifts, but also opportunities to come and shadow, talk to the team etc about working within a prison environment.</p>	<p>We will continue to train and develop staff to ensure they know their roles and are enthusiastic about providing the best care for patients.</p> <p>We will continue to train students about the service delivered in the prison, offering them the many learning opportunities there are in the prison.</p> <p>We will consider training return to practice nurses and working with the university around this.</p>	<p>Where vacancies arise, we will ensure they are advertised in a timely manner and demonstrate the exciting work available in the prison.</p> <p>We will continue to offer flexible options for employment such as hours, joint posts etc.</p>	<p>We will continue to support staff with their health and wellbeing, using supportive mentors and offering regular 1:1's.</p> <p>Using our clinical psychologist we will continue to provide psychological support through face to face sessions reminding staff how to care for themselves.</p> <p>We will continue to use the Queens nurse to introduce self-help techniques to staff in order to deal with stressful situations.</p>

Number of posts	Type of post	Year
6.6 WTE	Mental Health Nurse Primary Care nurse Substance use nurse HCSW Rehabilitation physiotherapist and a range of AHP inputs	2022/23

6. Conclusion

Workforce Plan 2022 – Transformational Themes

As we slowly emerge from two years of heightened Covid pandemic and head into our recovery phase, we take this opportunity to reflect on the 'lessons learned'. To do this, we have identified some trends which have emerged from the workforce data.

What are the main issues identified so far?

- **Low numbers of applicants** – skills shortage
- **Staff turnover** – increase in numbers of leavers and retirees
- **Poor succession planning** – challenges around recruiting enough staff to replace the numbers who are leaving and retiring
- **Staff sickness** – the need to improve our sickness rates and support staff's health and wellbeing

What is our goal?

To be able to support the needs of our Aberdeenshire community and deliver effective services, we need a robust workforce that feels motivated and supported. The HSCP wish to take this opportunity to learn from its workforce and together make those necessary transformational improvements and changes.

We want to deliver a unified and holistic approach in targeting our workforce gaps. Such unified approach entails working collaboratively with everyone including frontline staff and partner organisations to develop and achieve this, with clear and agreed goals.

We want a sufficient workforce to meet local short-term recovery and medium-term growth requirements across health and social care services.

What do we want to do next?

We will dedicate resources to take a further strategic and methodological approach towards examining our workforce. With the aim of having better understanding of our workforce, analysing its issues, identify processes to achieve our targets.

How do we do this?

This piece of work will be led by a dedicated Workforce Transformation Programme Manager, who has oversight of the project planning and supported by the existing Partnership's Workforce and Training Group.

Why is this important?

We are already aware of much of what our workforce needs and where the gaps are. The current status quo has been challenging and we need to dedicate and target our resources around closer understanding of demand and supply to sustain, recover and grow.

Developing a Workforce Transformational Planning Framework

This will be developed and led by a dedicated Workforce Transformation Programme Manager on behalf of the Workforce and Training Group

There will be an aim to create a framework which will focus on:

- Identifying priority areas set against our Strategic Delivery Plan and Medium Term Finance Plan and any new national targets
- modelling team and service plans using 6 steps to meet our priorities
- Identifying deliverables
- Projection and process planning
- Refresh of the action plans and sub groups linked to the Workforce and Training Group with clear aims, reporting structure, collective targets, planning and checks
- Recruitment strategy and action planning

Below, are some suggestions of wider projects, targets, and themes to also focus on.

Transformational Project Planning - the gaps in our workforce and future project targets areas and themes:

- **Succession Planning Programme**
- **Young Workforce** – attract school leavers by way of accessing and working closely with schools and colleges. Deliver pilot schemes, test of change projects, offer placement opportunities, offer mentoring opportunities, offer apprenticeship opportunities
- **Advancement** – promote a growth mind-set and offer opportunities for career progression – look at how we can encourage and support our existing workforce to apply for other posts and promotions. Take a personal interest in our staff. Support further training. Train managers to support career progression and widen experience within their own team.
- **Diverse and Equal Opportunity Workforce** – ensure that we do share more widely the message that we welcome a diversified workforce, i.e., new recruitment schemes - Autism at Work Scheme and ex-offenders
- **Return to Practice** – target retirees and those who have been on career breaks. Support our former colleagues to return to work and those who are retirement age who may wish to continue in their jobs.
- **Study and Engage with our Workforce**

Our Workforce Plan has begun to set out strategic direction for the next 3 years. And within those three years, effort will be placed around learning more detail about our workforce by engaging with our staff and analysing their needs and responses, which shall contribute and shape how our strategic priorities will look.

- **Promote Opportunities** – use the power of media
 - **Publicity and Communication styles** – use the correct communication method(s) to target our diverse audience
 - **Plan and deliver a recruitment plan that proactively targets potential applicants**
 - **Inspire** – peer support, share success stories and positive role modelling

- **Security and Engagement: How do we make employees stay longer?**
 - **We will not be afraid to ask that question** – how can we help to make you stay? Our HSCP wants the Workforce to know that we are prepared to listen and make necessary changes, with the aim of keeping hold of our current workforce as well as focusing on its future growth.
 - We note that there has been an increase in our part-time workforce, which we fully support as we recognise the importance of meeting individual needs and flexible working. We would like to explore this further and ask questions, such as what are the reasons behind choosing to work part time; is it a choice? Would some of our current part time staff like to work full time hours, or not? If so, what is seen to be getting in the way of that?

Appendix A – DATA – please see separate document

**REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
05 JULY 2023**

**ABERDEENSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP (HSCP)
ANNUAL PERFORMANCE REPORT – 2022-2023**

1 Recommendation

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

1.1 Approve the Aberdeenshire HSCP 2022-2023 Annual Performance Report.

1.2 Agree for the Chief Officer to share the Annual Performance Report with the Chief Executives of 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).



5 Summary

- 5.1 The annual performance report covers the period of 1st April 2022 to 31st March 2023. 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 2022-23 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 2022 calendar year. At the time of writing, PHS are due to publish data in the public domain on 4th July 2023, until such time Scotland rates cannot be referenced. The data within the final published Annual Performance Report will be updated accordingly and reissued to IJB members thereafter. Any changes are expected to be minimal.
- 5.3 The HSCP's performance and progress has continued to be significantly impacted by ongoing system-wide pressures on health and social care services. Updates on the progress made against the key workstreams identified under the HSCP's strategic delivery plan as agreed in 2022 take this into context, 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, (Interim) Strategy and Transformation Manager and Lynne Gravener, Team Leader (Strategy)
Date: 12 June 2023



Aberdeenshire
Health & Social Care
Partnership

Aberdeenshire Health and Social Care Partnership Annual Performance Report 2022 – 2023

July 2023



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 if you require:

- information within 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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Contents

Foreword	4
Introduction	5
Overview of Aberdeenshire Health & Social Care Partnership.	5
Aberdeenshire Health & Social Care Partnership's Strategic Plan	6
Aberdeenshire Health & Social Care Partnership's Governance	12
Engagement	17
Prevention and Early Intervention	21
Reshaping Care	38
Tackling Inequalities and Public Protection	44
Effective Use of Resources	54
Performance	63
Appendices	68

Foreword

This is the seventh Annual Performance Report for Aberdeenshire Health & Social Care Partnership since its formal establishment in 2016.

2022-2023 has been a challenging year for Health and Social Care Services, not just within Aberdeenshire but across Scotland. We continue to be extremely grateful for the continued dedication, commitment and hard work of staff, colleagues, and partners in delivering services to communities across Aberdeenshire.

The Aberdeenshire Health and Social Care Partnership (AHSCP) has five strategic priorities which continue to be our driver for how we deliver our services now and into the future.

Whilst the environment we work in continues to be highly pressurised we believe that now is the time to seize the initiative and look at the opportunities we have to transform, work differently and deliver sustainable, integrated health & social care services. We believe that by focussing on and delivering the best outcomes for people across our communities we will also deliver on the challenge.

The AHSCP agreed a new [Strategic Delivery Plan](#) in December 2022 which laid out our strategic focus from 2022 – 2025. We are continuing to face ongoing pressures from a high level of service demand, an increasing complexity in the care and support required by people as well as challenges across the partnership from building issues and recruitment and retention of staff for example. This has meant that workstreams within the plan are being progressed on a priority basis working around the capacity of teams.

Over the coming year and well into the future our workforce will be key to how we continue to grow and develop and ensuring that we invest in our people and their wellbeing will be key. We will also continue to work closely with our partners across the council, NHS and the third sector and with our communities to continue to deliver the best health and social care outcomes for Aberdeenshire.



Councillor Anne Stirling
Chair, Aberdeenshire IJB



Dr John Tomlinson
Vice Chair, Aberdeenshire IJB



Pamela Milliken
Chief Officer

Introduction

Welcome to the Aberdeenshire Health and Social Care Partnership's seventh Annual Performance Report for 2022/23 as required by the Public Bodies (Joint Working) (Scotland) Act 2014.

This report sets out how the AHSCP (Aberdeenshire Health and Social Care Partnership) has performed over the last year, builds on the information provided in previous annual reports and provides information on how services are progressing as we emerge from the Covid-19 pandemic amidst a cost of living crisis.

This report will demonstrate the progress made by the AHSCP towards meeting local and national outcomes which provide the strategic framework for all partnerships in Scotland.

This is an opportunity to highlight the successes and the key achievements of the partnership over the last year and it is important that we recognise that some of the circumstances related to the pandemic and other external factors continue to affect the progress of some of transformational projects, and in some cases our performance throughout the year.

Overview of Aberdeenshire Health & Social Care Partnership.

Building on a person's abilities, we will deliver high quality person-centred care to enhance their independence and well-being in their own communities.
(Aberdeenshire HSCP Vision)

The Aberdeenshire Health & Social Care Partnership (AHSCP) was formally established in April 2016 and is responsible for the operational management and performance of integrated services in line with the Aberdeenshire Integration Joint Board's Strategic Plan. The [Strategic Plan](#) sets out the strategic direction, vision and the priorities for health and social care in Aberdeenshire and explains how we will work with our partners, the third sector and communities to improve the health of local people and provide care and support when needed, towards the delivery of the National Health and Wellbeing Outcomes.

The work of the partnership is governed by the Aberdeenshire Integration Joint Board (IJB) with the planning and delivery of adult social care and health services enabled through a partnership between Aberdeenshire Council and NHS Grampian as set out in our Integration Scheme.

The [membership of the IJB](#) consists of Aberdeenshire Councillors, NHS Grampian Board members as well as non-voting members from both the council and NHS Grampian as well as representatives from users of adult health and social care services, carer groups and trade unions and the third sector.

The AHSCP also delivers key areas within the Aberdeenshire Children's Service Plan as it retains some responsibility in aspects of children's health services (health visiting and school nursing).

AHSCP hosts the management of some health services within the Grampian area, which include the health care services at Her Majesty's Prison (HMP) & Young Offender Institution (YOI) Grampian, forensic custody health care, Marie Curie nursing services, diabetes service, continence service, chronic oedema service, retinal screening and heart failure service.

The partnership's workforce includes staff who are employed by Aberdeenshire Council and staff who are employed by NHS Grampian. The Partnership has a workforce of over 4,400 and an annual budget of over £393 million (2022-23)

Aberdeenshire Health & Social Care Partnership's Strategic Plan

The strategic direction, vision, and priorities of the IJB are set out in its Strategic Plan 2020-25. 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:

- Prevention and Early Intervention
- Reshaping Care
- Engagement
- Effective Use of Resources
- Tackling Inequalities & Public Protection

Aberdeenshire Health & Social Care Partnership's Services

The HSCP is a complex organisation which brings together Health and Social Care Services in Aberdeenshire which includes staffing and financial resources to provide an integrated approach to service delivery. The partnership represents the operational arm of the organisation which manages the resources in order to improve outcomes for people in Aberdeenshire who use our services in line with the strategic direction set by the IJB through the Strategic Plan. The range of Services the HSCP is responsible for delivering is illustrated in figure 1 below:



Figure 1: The range of services delivered by Aberdeenshire Health & Social Care Partnership

In delivering effective and person-centred health and social care services, we recognise that people remaining connected within their own communities leads to strong benefits in terms of remaining independent and remaining healthy and safe for longer.

We also understand the value of managing and delivering services through a locality based model with services currently delivered across the six localities of Aberdeenshire are then split into North, Central and South Aberdeenshire areas.

The IJB has different levels of responsibility for different services. Some services such as Adult Social Care, Community Mental Health Services, Criminal Justice, General Practitioner services, District Nursing, Health Visiting and Allied Health Professionals are fully delegated with the IJB having responsibility both for the strategic planning and operational delivery of these services.

Other services are Grampian wide services which Aberdeenshire IJB “host” on behalf of all three IJBs in the NHS Grampian area as previously described and as indicated above (figure 1).

Clinical and Adult Social Work Governance and Inspections

The AHSCP is very supportive of scrutiny and processes which provide feedback from both external audit and inspection organisations as we appreciate that this feedback will support our focus on continuous improvement.

Within the partnership the Clinical and Adult Social Work Governance (CASWG) structure provides the framework for monitoring and assurance of the quality of health and social care services. The committee continues to review and update its reporting and governance processes. One of the areas of work that the committee requires assurance on is the inspections that take place within health and social care in Aberdeenshire.

CASWG Inspection reports focus on the requirements, recommendations or issues that arise from the inspections where the committee is seeking assurance that effective action has been undertaken. 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.

Children's Joint Inspection

The Care Inspectorate conducted a joint inspection of services for children and young people at risk of harm across Aberdeenshire from 11 July 2022 and 30 November 2022. The [final report](#) was published in February 2023

The inspection process considered the effectiveness of services for children and young people up to the age of 18 at risk of harm. The inspectors reviewed the impact of community planning partnerships for children and young people at risk of harm and their families.

The following key messages demonstrate a summary of the inspection findings:

1. Staff were using well-established child protection processes effectively to keep children and young people safe.
 2. A wide range of targeted and community-led initiatives provided children, young people and families with support that had made a positive difference to their lives.
 3. Staff worked hard to build strong relationships with children, young people and their families. Children, young people, parents and carers felt listened to, heard and supported by staff.
 4. Partners were enabling the active involvement of children, young people and families in service planning and improvement.
 5. The partnership had the collective drive and ambition to continuously improve the delivery of services for children, young people and their families, supported by well embedded quality assurance and self-evaluation arrangements.
 6. Senior leaders had strategic oversight of services for children and young people at risk of harm, facilitated by clear governance structures. Staff had confidence in leadership arrangements.
 7. Partners had further work to do to build on their use of data to demonstrate the effectiveness of service delivery on the lives of children, young people and their families and ensure the consistency of written assessments, plans and chronologies.
-

The care inspectorate evaluated the impact of Aberdeenshire services on the lives of children and young people as **Very Good**; this indicates major strengths in practice and service delivery. They reported that the work of partners was making a positive difference to the lives of children and young people at risk of harm.

They identified areas for improvement and acknowledged that partners were already aware of this through self-evaluation.

Glen O'Dee Hospital Scolty Ward

Scolty Ward, Glen O'Dee Hospital was inspected by the Mental Welfare Commission on 24 May 2022. Scolty Ward is an older adult assessment unit for people with dementia, co-located on the same site as the community hospital. The ward has 12 beds and on the day of the MWC visit there were 10 patients on the ward.

The key messages from the inspection indicated that we were required to carry out an external audit of the nursing documentation and identify training and development opportunities for staff, this was actioned from colleagues within Royal Cornhill Hospital with the support from our Mental Health Lead Nurse.

Following the report and visit, we had ongoing challenges with the recruitment and retention of staff, particularly registered nurses to the Deeside area who have the right specialist skills to work with this patient population, so we had to make the difficult decision in October 2022 to temporarily close the ward. However, we have still been able to progress work with Estates ensuring the safety of the garden whilst also progressing training opportunities for staff, but due to ongoing recruitment and retention challenges at present, the ward remains temporarily closed.

Care Home Inspections

There are currently 42 care homes across Aberdeenshire registered to provide a service to older people and people with mental health issues. They are inspected by the Care Inspectorate using the Quality framework for care homes for adults and older people.

The Collaborative Care Home Support Team is pivotal in the sharing of intelligence and facilitates the exchange of information between Health Protection, Care Home Support Team Nurses, Care Inspectorate, Adult Support and Protection and Care Management. Through these meetings plans are devised to effectively support care homes with any issues which arise. This includes our private sector care homes.

Westbank care home in Oldmeldrum (AHSCP Care Home) was inspected on 2 March 2023. This was a follow up inspection from the December 2022 inspection at which time an improvement notice was issued. The Care Inspectorate issued the home with five requirements and the home was placed under a Large Scale Investigation under Adult Support & Protection. The requirements related to: management and staffing, health, safety and wellbeing, the management of falls, restraint and freedom of movement and infection prevention and control.

Key messages from the 2 March inspection included the management team and staff had worked hard to meet the improvements required in the Improvement notice issued in December 2022. The quality of people's lives had improved, and risks had reduced and there was an improved understanding of restrictive practice, people's needs and outcomes.

The 5 previously issued requirements were all deemed met within set timescales and no complaints had been upheld since the last inspection. The inspector concluded that residents were no longer at risk. Subsequently the home has been taken out of Large Scale Investigation and is reopened to phased admissions.

The following grades were issued:

- How well do we support people's wellbeing? 3 – Adequate
- How good is our leadership? 3 – Adequate
- How good is our staff team? 3 – Adequate
- How good is our setting? 3 – Adequate

The Care Inspectorate undertook an unannounced inspection of Meadowview Respite residential service at Willowbank, Peterhead in September 2022. The inspection report highlighted a number of key positive messages with overall quality grades as per below (based on a six-point scale where 1 is unsatisfactory and 6 is excellent):

- How well do we support people's wellbeing? 4 – Good
- How good is our leadership? 5 – Very Good
- How good is our setting? 3 – Adequate

In relation to the grade 3 for 'How good is our setting?', funding has been identified to complete building updates, new kitchens and bathrooms, new flooring and decoration. Management is currently looking at how best to support the works.

Case Study

Peter came in for what was due to be a two-night respite stay but due to his complex needs and challenging behaviour this had led to a breakdown in a previous placement and then a breakdown in the family home so Peter has stayed in respite longer-term until suitable permanent accommodation can be found.

With support from the Multi-Disciplinary Team, staff learnt effective communication with Peter, understanding his needs and how best to support him, especially through periods of Peter being unsettled. This then led to opportunities to engage in meaningful activities (a trip to Macduff Aquarium and various castles in Aberdeenshire) with staff being confident in how to support Peter in higher risk environments.

Peter has recently started a placement at Buchan Farm, this took a lot of detailed planning from the Multi-Disciplinary Team and staff but with social stories in place and a detailed routine for Peter to follow this has become a very successful placement for Peter and he looks forward to going every Tuesday and Thursday.

One of the biggest highlights for the team is seeing Peter forming a bond with them. As well as the team learning to communicate with Peter in a way that is right for him, Peter has learnt to trust the team and know that they understand what he is trying to communicate with them. This has led to far less periods of challenging behaviour but also Peter being happy, cheery, and relaxed and enjoying his time at respite and enjoying new experiences. Peter will laugh with staff, sing, go to them for reassurance and has recently started to enjoy 'banter' and has a great sense of humour. Peter will now communicate with staff using a much wider vocabulary and will verbalise much more.

Whistleblowing

Whistleblowing can be defined as a member of staff (or ex-staff member) raising a concern that relates to speaking up in the public interest, where an act or omission has created, or may create, a risk of harm or wrongdoing. Both Aberdeenshire Council and NHS Grampian recognises the importance of and are committed to ensuring all concerns raised through the whistleblowing procedures.

In the period from 1st April 2022 until 31st March 2023 there have been two whistleblowing incidents reported through NHS Grampian's Whistleblowing processes in relation to Aberdeenshire HSCP community services.

There have been no whistleblowing incidents reported through Aberdeenshire Council's whistleblowing procedure.

All incidents reported through either procedure are investigated and where appropriate remedial action is taken.

Aberdeenshire Health & Social Care Partnership's 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 2022 to 31st March 2023 are included in Appendix 1.

During 2022-23 the IJB's focus has moved to look at recovery from the pandemic and responding to ongoing challenges due to the ageing population and complex presentations of need whilst ensuring scrutiny and oversight of governance matters.

Key headlines from the year include:

Governance

- Following the local government election, new Council members were nominated to the IJB and the Committees and were provided with an induction on the IJB and the Health and Social Care Partnership including the Code of Conduct.
- The Terms of Reference of the Clinical Adult and Social Work Governance Committee were reviewed, approved and included in the Governance Handbook.
- The Integration Scheme has been reviewed, subject to public consultation and approved by the IJB, Aberdeenshire Council and NHS Grampian and has been submitted to the Scottish Government for approval.
- Regular finance updates brought to each Meeting.
- Regular updates from Audit Committee, Clinical and Adult Social Work Governance Committee and Strategic Planning Group.
- Oversight of use of Chief Officer Delegated Powers in relation to Urgent Matters

HSCP Strategic and Operational Priority Business

- A framework for emerging from emergency measures implemented due to Covid 19 was agreed and implemented.
 - Consideration of the Chief Social Worker's Annual Report 2021/2022.
 - Consideration of the NHS Grampian Out of Hours Primary Care Service.
 - Consideration of the Annual Report on Community Justice in Aberdeenshire 2021/22
 - Consideration of the Annual Performance Report 2021/2022
 - Consideration in Reshaping Care.
 - Consideration of Adult Social Care Sustainability.
 - Regular Strategic Delivery Plan updates
 - Property Asset Strategy
 - Charging Policy and Unit Cost consideration
 - Consideration of Grampian Operational Pressure Escalation Systems Updates
-

Local and National Priorities

- Contribution to Scottish Government Draft Mental Health and Wellbeing Strategy.
- Implementation of the Medicated Assisted Treatment Standards
- Winter resilience and surge planning
- Delayed Discharge updates

IJB Audit Committee

Scrutiny, other than that delegated to the Clinical and Social Work Governance Committee, of the IJB is delegated to the IJB's Audit Committee which has representation from both voting and non-voting members of the IJB. 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 seeks 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 property 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 2022-2023 included:

- Consideration of the Business Planner
- Consideration of the Internal Audit Annual Report
- Consideration on Progress Report for the External Audit 21/22 Audit Report
- Consideration of the Unaudited Annual Accounts for 21/22
- Consideration of Internal Audit Reports
- Updates from the Risk and Assurance Group
- Updates from other Audit Committees (City, Moray and NHS Grampian)
- Consideration of progress towards a National Care Service
- Discussions on Revenue Budgets, Winter Planning and Alcohol and Drugs Partnership.

Internal Audit Recommendations

During 2022-23 a number of Internal Audits were undertaken across different service areas within the AHSCP, from which a significant number of recommendations were identified and agreed.

An overarching review of all recommendations has been undertaken and themes have been identified. The HSCP is focusing substantial resources on ensuring timely responses to all audits in addition to accessing support from both Aberdeenshire Council and NHS Grampian. The AHSCP will continue to closely monitor the progress of audit recommendations, ensuring this is driving learning and improvement, and providing regular updates through the IJB Audit Committee to the IJB.

About Aberdeenshire

Aberdeenshire is a largely rural area covering 6,313km² with the sixth highest population of 262,690 (National Records of Scotland) out of all 32 Scottish Local Authorities.



Figure 2: Map of Aberdeenshire localities (Source:[Aberdeenshire Council](#))

Aberdeenshire is served by 10 community hospitals, 8 local authority care homes, 6 very sheltered housing units, 30 GP practices and a wide range of other primary care, community and day services.

In considering the performance of the AHSCP over the last year, it is relevant to note some of the significant demographic changes we have seen in recent years and forecast changes for future years. In 2021 Aberdeenshire's population is estimated to have been 262,690, an increase of 0.7% on the 2020 figure of 260,780. This is a reversal of the trend for small annual decreases in population which has been the case since 2016.

Aberdeenshire's population is ageing more rapidly than in Scotland as a whole. Over the last decade it had the second highest growth rate nationally in the over 65 age group, with an increase of 30%. During the same period the population aged 0-15 increased by 2% and the population aged 16-64 decreased by 3%. (Source: Aberdeenshire Council Mid 2021 Population Estimates, Scotland Briefing Note)

In the 10 years between 2018 and 2028, the total population of Aberdeen City and Aberdeenshire is projected to increase by 1.8% from 489,030 in 2018 to 498,066 in 2028 and follows a broadly similar trajectory to that of Scotland. The rate of increase is projected to be higher in Aberdeenshire (2.5%) than in

Aberdeen City (1.1%). Figure 3 below shows the projected rate of change for Aberdeen City and Aberdeenshire.

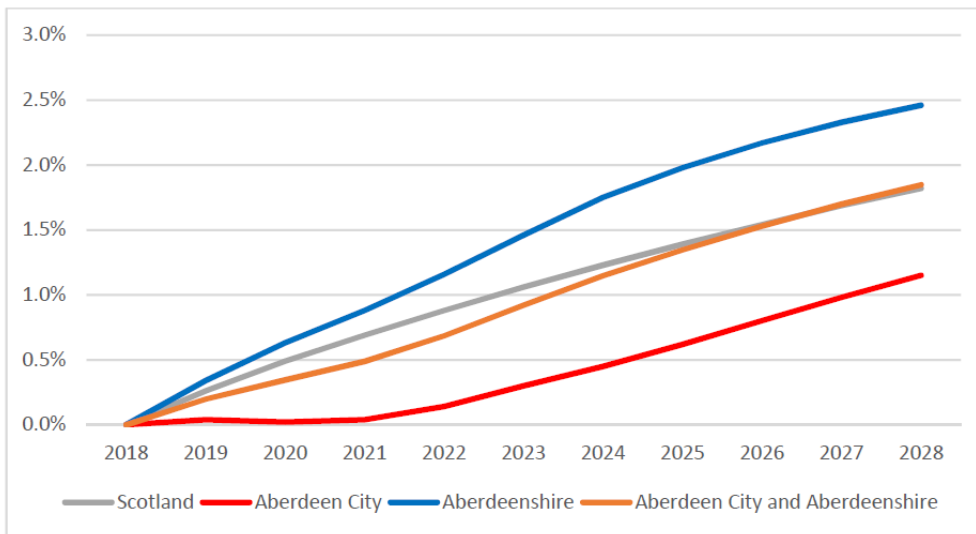


Figure 3: Projected percentage change in population, 2018 to 2028
(Source: National Records of Scotland, Population Projections for Scottish Areas (2018-based))

Not all age groups are projected to change in the same way. In Aberdeenshire the number of children (0-15 years) and the number of adults aged 25-44 and 45-64 years is projected to decrease, while the number of young adults (16-24) and older adults (65+) is projected to increase. The most notable projected change is in the 75+ years age group which is projected to increase by 39.6% in Aberdeenshire (compared to 25.4% in Scotland).

It is important to note that these projections do not take into account the circumstances surrounding Covid-19 or Brexit which may affect the trend.

Population studies show that in the future people will live longer. The good news for Aberdeenshire is that average life expectancy for both men and women is higher than that of Scotland and Grampian and this is coupled with an increase in 'healthy' life expectancy. However, over the last decade we have seen a slowdown in mortality improvements exacerbated by growing health inequalities, deprivation and an increase in drug and alcohol related deaths.

Over the coming years it is predicted that we should expect to see a rise in the number of people living with Dementia furthermore we forecast a significant increase in the prevalence of long-term health conditions known to increase with age. Essentially this means that people are increasingly living with more than one long term condition and their care needs are more complex.

Progress on Aberdeenshire Health & Social Care Partnership's Strategic Priorities

Below are some of the areas of key progress that has been achieved by the Aberdeenshire HSCP against its strategic priorities during 2022-23. The remainder of the report provides further detail and examples under each of the priorities.

Engagement

- Staff engagement
- Autism Strategy programme of engagement
- Deeside & Upper Donside Strategic Needs Assessment

Prevention & Early Intervention

- Aberdeenshire Health Improvement Plan
- Primary Care Improvement Plan
- Supporting Unpaid Carers

Reshaping Care

- Winter response and sustainability
- Digital Technology
- Home care

Tackling Inequalities and Public Protection

- Mainstreaming Equalities
- Adult Support and Protection

Effective Use of Resources

- Financial performance
 - Workforce Planning
 - Community Hospitals
-

Engagement

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:

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

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.

The AHSCP's approach to engagement and participation follows that of the Scottish Government's Planning with People: community engagement and participation guidance for health and social care services. Services that are shaped by listening to and involving patients, staff and service users have been found to result in improved outcomes. Keeping well requires people to make healthy choices, be actively involved in the management of their health conditions and be connected with the community in which they live.

The AHSCP recruited a Consultation and Engagement Officer in early 2023 supporting the commitment to build and develop our approach in involving our service users, communities and stakeholders. Over the last quarter the work has begun to build the foundations to an Engagement & Participation Strategy.

Work has continued over the last year to develop our engagement content on the HSCP's hub on [Engage Aberdeenshire](#). This digital platform is the focal point online for engagement and consultation activity by the partnership. It is used as a tool which can be supported by other methodologies to ensure that key stakeholders are reached in a way that engages with them.

There have been approximately 15 projects where Engage Aberdeenshire have been used and including the Aberdeenshire Autism Strategy for Children, Young People and Adults, the Deeside and Upper Donside Strategic Needs Assessment, Sensory Support Service Engagement and the Learning Disability Strategy. The site provides key information about the projects being designed alongside the ability for stakeholders to provide feedback. During April 2022 and March 2023 1,334 individuals have taken part in engagement activity and provided feedback to the partnership and over 7,000 individuals have read the information about projects promoted through Engage Aberdeenshire.

Sensory Loss – Review of Service Provision

In Spring 2023 we commenced a programme of engagement to hear views about the currently commissioned sensory support services from Deaf Action and the RNIB to inform and help shape the support these services provide in the future (current contract for these services ends in 2024).

The Partnership engaged with people who currently benefit from sensory support services, carers of people with a sensory loss and professionals providing services to people living with sensory loss. Surveys were created which would allow us to capture views. In addition, face to face sessions were planned where support would be available to enable people to contribute locally within their areas.

The face to face sessions included; dedicated drop-in sessions (some with BSL translators), 1 to 1 individual appointments either in person and over the telephone, and members of HSCP staff attending Deaf Action drop in sessions in 8 location across Aberdeenshire. The survey converted into British Sign Language (BSL) which we hosted on our Engage HQ platform.

The information from the engagement is currently being analysed and an update on how this has helped to shape service provision from 2024 will be provided in next year's annual report.

Autism Strategy

As part of progressing the Aberdeenshire Autism Strategy for children, young people and adults a comprehensive engagement programme was undertaken. This programme was collaboratively organised with and coordinated by the Autism Strategy Planning Group.

The programme consisted of two key stages - the engagement phase between April-September 2022 and the public consultation phase between February- April 2023.

As part of our engagement phase, our aim was to gather the views and needs of Aberdeenshire's Autistic Community and other stakeholders in order to help shape the Strategy and Action Plan.

A range of engagement methods were used throughout the engagement phase to encourage stakeholders to take part. The engagement programme included a mix of:

- Jointly facilitated online sessions
- Jointly facilitated face to face sessions
- Jointly facilitated autist-led sessions
- Autism-specific and autist-led facilitators training
- A dedicated Aberdeenshire Autism Strategy webpage
- A dedicated email account to receive feedback vis email
- Easy-read documents available for comments
- Online surveys vis the Engage Aberdeenshire platform.
- Feedback forms



- 1 to 1 conversations
- Drop in events around Aberdeenshire.

Deeside and Upper Donside Strategic Needs Assessment

The Deeside and Upper Donside Strategic Needs Assessment was completed at the end of 2022 with the report summarising the outcomes and agreeing next steps was approved by the Integration Joint Board in December 2022. The extensive staff and community engagement highlighted several areas for improvement to Health and Social Care services within the area.



Tell us what you think!
About health & social care services across Deeside

As part of the Deeside Strategic Needs Assessment we want to know what you value about health & social care services across the area.

<https://engage.aberdeenshire.gov.uk/deeside-strategic-needs-assessment>



Fig 4: A summary of the Deeside Needs Assessment engagement with Staff and the community

A Project Board has been set up and is overseeing project implementation around the 3 key workstreams of Communication, Staffing and Service Provision.

Staff Engagement

We are committed to and recognise the importance of listening to our staff and believe in engaging with people when shaping the services we deliver. iMatter is an annual staff experience survey implemented across NHS Grampian and including both NHS and Council employed staff within the HSCP, providing staff with the opportunity to feed back on their experiences of working within both their particular team and wider organisation (essential to continuous organisational learning and improvement). 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.

As illustrated below, the 2022 AHSCP Directorate report for iMatter demonstrated an improvement in scores across each strand when compared with 2021 with a similar number of responses received.

	2021 Weighted Index Value	2022 Weighted Index Value
Number of respondents	2424 of 4053 = 60%	2360 of 3988 = 59%
Well informed	79	81
Appropriately trained and developed	77	79
Involved in decisions	72	75
Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued	79	81
Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community	79	80

Nursing teams within the HSCP also participated in the BPA Culture Matters survey in 2022. Similar to the iMatter results, responses were more positive in relation to people’s experience within their own teams, relationships with their peers, colleagues and team leaders but there was greater dissatisfaction expressed in respect of organisational issues such as trust in system leadership and being listened to by the organisation.

Individual teams are progressing their iMatter and BPA action plans to achieve targeted improvements. Following BPA, the Aberdeenshire senior nursing team circulated a survey to dig deeper into issues about communication and establish how it might be improved. There was no overall consensus, and a mixed approach was preferable to respondents.

Participating in iMatter and BPA provides valuable data and feedback, enabling Aberdeenshire HSCP to hear directly from its members of staff. It initially provided a benchmark position and identifies areas for improvement and has been encouraging to see results improve over time. It is nonetheless very much recognised that the conditions of the last few years have had a significant impact on staff, their wellbeing and morale. There are unfilled vacancies at every level and discipline, and whilst many external factors such as the pandemic or cost of living crisis cannot be influenced, how the HSCP treats its staff is within its control and has a direct impact on how people feel and perform at work.

The 5 elements of the Staff Governance Standard serve as overarching principles for HSCP activity. The AHSCP seeks to achieve and support delivery of these standards in a variety of ways. There are regular meetings of the Integrated Joint Staff Forum which include staff side and Trade Union colleagues.

The HSCP has a responsibility to ensure all NHS-employed staff are treated in accordance with the NHS Scotland Staff Governance Standard but also to ensure equity and consistency for Aberdeenshire Council-employed staff who must be treated in accordance with the One Aberdeenshire Council Principles. The commitment to both has been re-affirmed in the IJB's Integration Scheme which has been reviewed and updated during 2022-23, including public consultation.

Prevention and Early Intervention

Communities, the third sector and other partners continue to have a role alongside the AHSCP in supporting the opportunities for people to be active, to be involved and to connect with others. This approach is a key basis through all of the partnerships 'condition specific' strategies and plans, whilst acknowledging this is primarily driven through the AHSCP Health Improvement Delivery Plan. In doing so the HSCP's ambitions are:

- 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:

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

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.

This delivery plan highlights what we will do at an Aberdeenshire level working towards the priorities above. Key achievements within the plan include:

Community Paradigm New Pitsligo

The AHSCP Public Health Team in collaboration with the Kings Fund has begun to implement a 'Community Paradigm' test of change in the New Pitsligo community. The 'Community Paradigm' is referred to as a future practice and culture of community engagement, which challenges and empowers communities to collaborate in developing and delivering solutions to some of the most complex problems they face. It describes a re-imagined social 'contract' between public services, communities and

individual citizens. The project set out to build capacity to understand health and wellbeing needs and priorities in New Pitsligo; build stronger relationships with stakeholders and the wider community and work jointly with community to identify innovative solutions to identified needs and priorities. The findings from this project will set out how the NHS will make a step change to its contribution across the full range of important social and economic determinants of health. Community Engagement is currently identifying key areas of activity which local partners along with the local community in New Pitsligo can take action on.

Health and Wellbeing LOIP Priority, Healthy Eating Active Living (HEAL)

The Public Health Team continue to lead on the development and implementation of the Healthy Eating Active Living strand of the Aberdeenshire Health & Wellbeing Local Outcome well being w (LOIP). A program of workshops with the HEAL Strategic Planning Group and HEAL Community Engagement took place to understand what helps people make healthier choices about food and to lead more active lives. This work resulted in a HEAL action plan consisting of 35 actions across 5 themes. A HEAL Action Monitoring Framework has been developed that details current work supporting the actions and 'action gaps' where solutions and additional resource are needed. The current focus for the HEAL Strategic Planning Group is to prioritise specific actions to focus on during 2023/24 and explore ways in which partners can work better together on common actions.

A Mood Food session was delivered in Ballater as part of the Well-being Festival as well as a one-off cookery session in Stonehaven in partnership with the LD team and pupils in Alford Academy were offered support on healthy snacking and 'brain food' as part of a session on the run up to exam season.

The Marr Walking Festival was held in March 2023 hosted by the Alford Men's Shed.

Building Community Capacity for Health Improvement

There were five people trained across the whole of South Aberdeenshire (Marr and K&M) to deliver NHS Grampian's Confidence to Cook programme. This has increased capacity across the whole of the south area to deliver food skills work across a range of ages, stages and demographic in the area.

The new Community Health Improvement Officer, who came into post in August 2022 was one of those trained and this has allowed HEAL work to move forwards working with partners to identify potential groups who would benefit with a focus on budgeting and 'one pot' meals to reduce waste and save fuel.

Work continues to re-establish the Huntly Community Kitchen as well as set up mobile cooking boxes as a South-wide resource for all Confidence to Cook trainers to be able to access.


Improving mental health and well being

The Public Health team continue to facilitate the annual Aberdeenshire Wellbeing Festival and each year have developed more engagement within local communities with support of partner organisations and local groups. The festivals in 2022 and 2023 supported the Mind yer Mind campaign by including the five ways of wellbeing within the festival programme and with hosts sharing resources to help promote positive mental wellbeing.

The second phase of the Mind Yer Mind campaign was launched in Autumn 2022 with a number of wellbeing ambassadors in Aberdeenshire describing how they use the Five Steps to Wellbeing to maintain and improve their mental wellbeing. The work has continued with emphasis on working with communities to share resources through revised e-books for each area in Aberdeenshire. A number of resources were created for anyone to download including six printable e-books to show exactly how to take part in activities in your area.

Last year's festival was very successful and showed an increase in participant numbers from the previous years. The Wellbeing Festival has shown the willingness and enthusiasm of many local organisations to work together to enhance the wellbeing of the residents in Aberdeenshire and shine a spotlight on the benefits of looking after your mental wellbeing

- 87% of activities held across Aberdeenshire were face-to-face
- 99% of hosts want to take part in future festival activities
- There was a 16% increase in activities provided on the 2021 festival

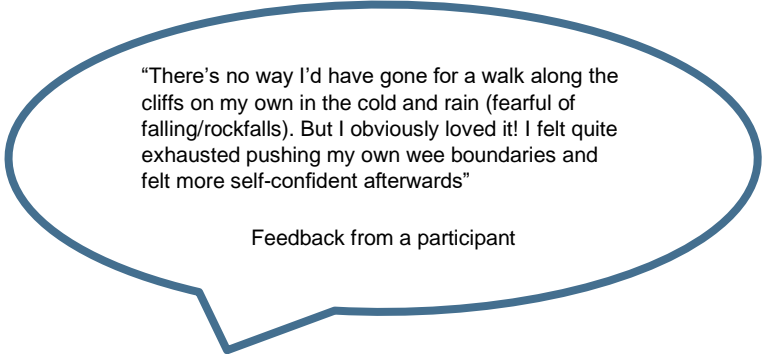


"My first time hosting an event at the festival. It went very well. The kids and I had a great time"

Feedback from a host.

Response to key survey questions:

- It has helped me feel connected 68% yes (38% in 2021)
- I have learned something new 64% yes (38% in 2021)
- I am encouraged to be more active 71% (37% in 2021)



"There's no way I'd have gone for a walk along the cliffs on my own in the cold and rain (fearful of falling/rockfalls). But I obviously loved it! I felt quite exhausted pushing my own wee boundaries and felt more self-confident afterwards"

Feedback from a participant

The Kincardine & Mearns Mental Health and Well-being Hub

The Kincardine and Mearns Mental Health and Well-being (MH&WB) sub group was resurrected in September 2022. Key partners around the table represented many organisations who work with the public around mental health. Work has begun to develop a local resource to raise awareness of all the local services, what they each offer and how they differ and how a referral can be made, who can make referrals and who the service is targeted at. Initial meetings have been well received and positive in particular the connection with local GPs through the cluster lead who

attends the meetings. A number of community cafes have been established up and down the coastal strip and another is in the process of being set up in a Care Home in Stonehaven.

Reducing the impact of poverty and inequalities

The Public Health Team continue to work towards reducing the impact of poverty and inequalities within Aberdeenshire through supporting the delivery of various projects across Aberdeenshire.

The Shaping Places for Wellbeing programme is a 3-year programme, running until March 2024, which is being delivered by Public Health Scotland (PHS) and the Improvement Service (IS) jointly with local authorities and NHS local boards. The programme has funding from the Health Foundation and Scottish Government. The aim of the programme is to:



Improve Scotland's wellbeing by reducing the significant inequality in the health of its people while addressing the health of our planet.

The initial work of the programme has been targeted on developing a quantitative data underpinning for the work required in each project town. The data focused approach that has been adopted by the Shaping Places for Wellbeing programme has been well received in Fraserburgh and the wider Aberdeenshire area. The work undertaken by the Public Health Scotland Local Intelligence Support Team colleagues, to develop project town profiles, has complimented workstreams already being undertaken by Aberdeenshire Council data analysts.

The combination of these pieces of work has led to a rich quantitative foundation to initiate, inform and frame discussions around Fraserburgh, the inequalities being experienced, key health concerns and challenges that can be identified and addressed. In addition to the fundamental data profiling work, the project lead has also been working to identify opportunities to introduce the proposed strategic level change required to truly embed 'Place-based' approaches when tackling inequalities.

Fraserburgh joined the programme as an active project town in October 2022, with key highlights of the work up to March 2023 including:

- 2 x workshops (one in person one online) to engage stakeholders and introduce the Shaping Places for Wellbeing Programme.
- Data profile development (up to version 5). Using conversations with stakeholders to enhance the profile and expand and sense check.
- Network building and raising awareness through presentations to various groups, including:
 - Local Community Planning Group
 - Corporate Leadership Group
 - Area Management Team
 - Planning and Economy Management Team Meeting
 - Strategic Community Planning Meeting
 - Ward 3 Elected members
- Continuing the development of the evidence base around the Place and Wellbeing Outcomes to support the assessment process.

- Engagement with the Grampian Place and Wellbeing Network Steering group making links and promoting the work of the Shaping Places for Wellbeing Programme
- Mobilising Community Response and Community Paradigm discussions for Banff & Buchan
- Supporting the Fraserburgh Wellbeing Festival organisation
- Healthy Eating Active Living Strategic Partnership Group

Primary Care Improvement Plan

We are continuing to implement the Primary Care Improvement Plan based on the 2018 GMS contract. Where we have some fantastic and established services, we do remain challenged in terms of expansion and development based on recruitment and the current financial envelope. Where we have practices with access to the services, the challenge can often be the breadth of access that is offered.

Pharmacotherapy

The current pharmacotherapy service provides pharmacists and pharmacy technicians to support the pharmacotherapy workstreams in GP practices. This can either be basing the teams within practices or offering the service via a hub approach. Currently we have twenty-seven practices with access to Pharmacotherapy – this can range from Level 1 (authorising prescription requests) to Level 3 (polypharmacy reviews and specialist clinics).

Community Treatment and Care

We currently have all thirty practices with access to phlebotomy services and we are working on expansion of our treatment room services. Where we have some established hubs in Aberdeenshire, we are continuing to try and increase our hubs and ultimately increase access to the service.

First Contact Physiotherapy

This is a well-established service which has physiotherapists based in practices offering appointments for musculoskeletal conditions. We currently have twenty-nine practices with access to this service averaging 477 appointments offered weekly across Aberdeenshire.

Vaccination Transformation Programme

Services have been redesigned to allow all pre-school, adult and travel vaccination to be delivered through a co-ordinated Grampian-wide vaccination service. This has been successfully transferred over to the health board with responsibility to deliver. We have several clinics operating across Aberdeenshire. We are in the process of undertaking a premises review of all our clinics and the planning and work around this has started with a premises review of the Stonehaven Vaccination centre. The survey was designed and available online, or paper copies were available at the vaccination centre and other locations within the Stonehaven area. The feedback from this review will help shape the planned wider Aberdeenshire review to be carried out in 2023/24.

We are currently offering pre-school immunisations, school age immunisations, out of schedule, adult immunisations, adult flu (twenty-seven out of thirty practices), pregnancy and travel.

The HSCP implemented an ‘extended flu immunisation programme from September 2022 for all over 50’2, pre-school and schoolteachers, health and social care staff, prison residents/staff and care home residents. The autumn and spring Covid booster programmes have also been delivered and first, second and booster doses are illustrated in the graphs below which highlight the progress made during April 2022 – March 2023. (see figure 5)

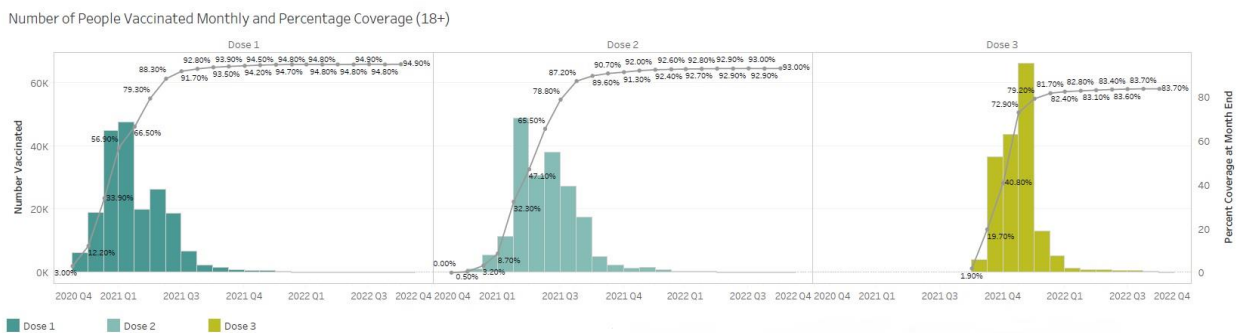


Figure 5: Number of people vaccinated monthly within Aberdeenshire (Source: Health Intelligence)

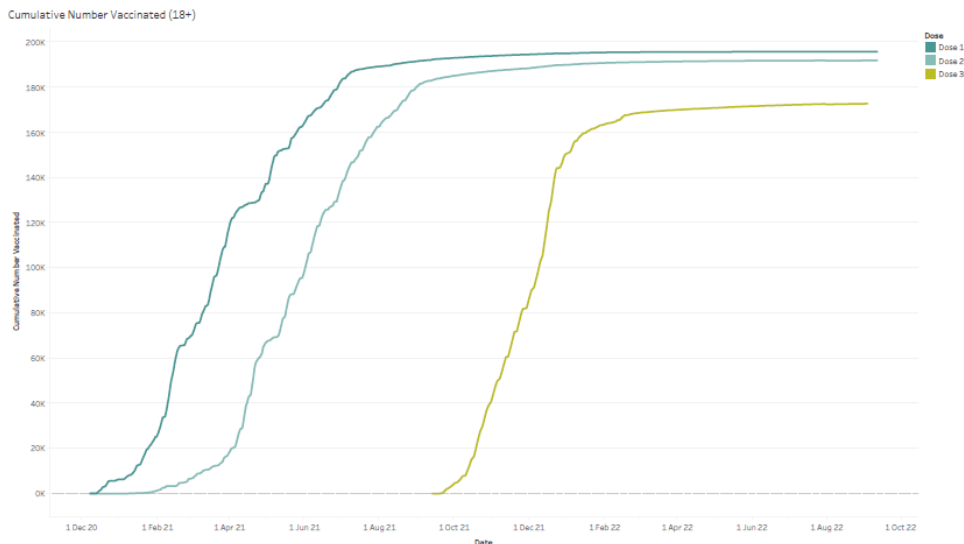


Figure 6: The Cumulative number of people vaccinated in Aberdeenshire (Source: Health Intelligence)

Percentage Coverage by Age Group as at 11 September 2022 (Dose 1 and Dose 2)

Dose 3 reporting more sporadic, value given is for latest possible date for each age group (dates throughout August 2022).

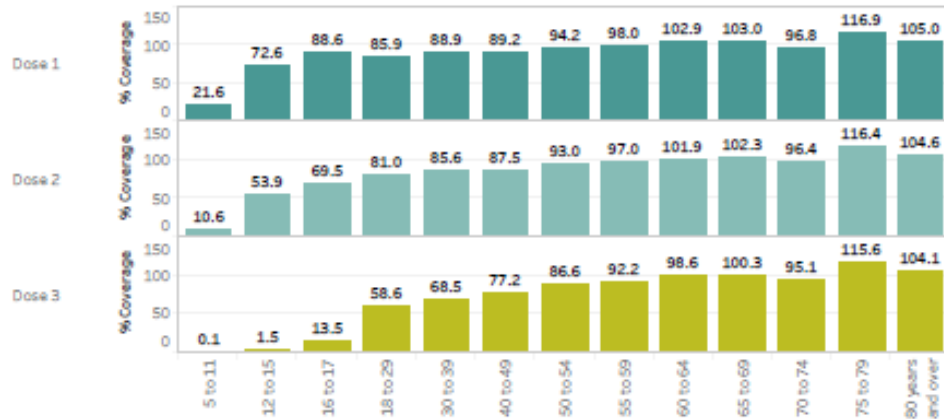
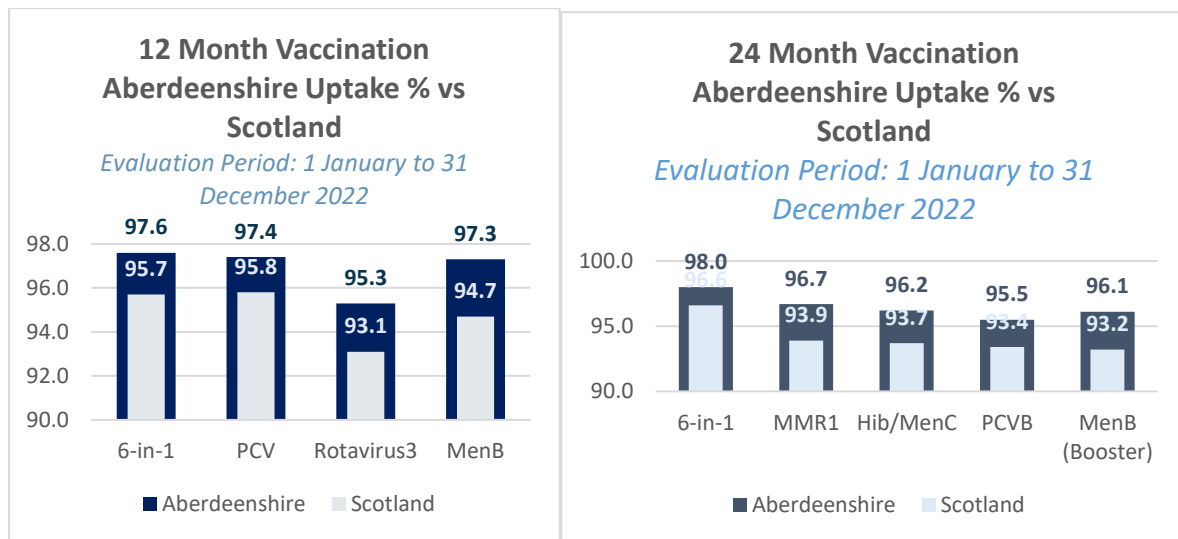


Figure 7: Percentage coverage by age group: (Source Health Intelligence)

The data in figure 8 below show that childhood immunisations completed during the reporting period show that all of immunisations across the age groups in Aberdeenshire were higher than the overall Scottish uptake which is an improvement on the previous year.



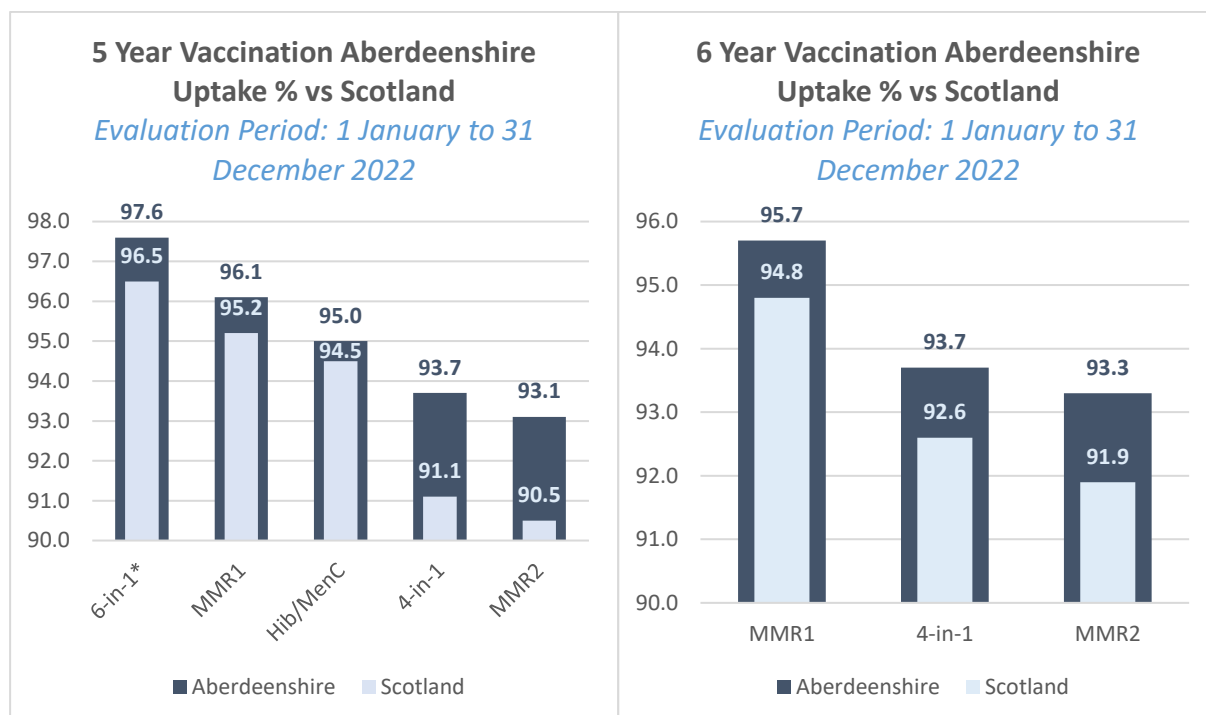


Fig 8: Vaccination uptake in babies and children in Aberdeenshire (Source: Health Intelligence)

In Aberdeenshire, 8,348 immunisations were delivered to the under 12-month age group. The 24-month age group had an uptake of 11,448 immunisations. 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.

Urgent Care

This has been a challenge to fully deliver with the biggest barriers being our geography in Aberdeenshire and the demand for Advance Nursing Roles with recruitment being a continual challenge. We currently have fourteen out of twenty-nine practices with access to Urgent Care. We are now offering a robust training programme in Aberdeenshire which works in tripartite with the HSCP, GP practices and the two Universities in Aberdeen.

2C practices sustainability work

General Practice nationally is facing a serious and prolonged sustainability challenge. These challenges are felt acutely locally due to long standing recruitment and retention issues in Grampian. Aberdeenshire specifically, has had seven contracts to deliver with GMS services handed back to the HSCP, with us retaining five '2c' practice in Aberdeenshire. What this means is that they are run by the health board rather than being independent partnership models.

The reasons for why practices are handing back their contracts is multi-factorial:

Recruitment and retention

We have a decreasing number of practices and GP headcount dealing with an increasing ageing population that has more complex health needs and growing practice list sizes.

There have also been significant premises challenges, rising utility costs, population behaviour changes and population demographic changes which have compounded the ever-increasing challenges facing general practice.

The rising challenges facing the partnership model have meant that we, as a Health and Social Care Partnership, have had to look forward at the future and work to support the sustainability of Primary Care.

We are very proud to have our own dedicated Clinical Lead to support 2c practices and sustainability who has been leading on our own work for Aberdeenshire and has also working with other leads to looking at the 'Future of general Practice' and helping produce sustainability documents for practices and staff. In addition, they have been looking at developing different models within our 2c practices and supporting new roles within. Aberdeenshire Primary Care Management Team have also been conducting our supportive visits to our General Practices. These visits have been utilised to support all practices in Aberdeenshire and collect key themes in relation to challenges and successes across. In turn, we have used this information to report back to Scottish Government and hold a series of programmes too support practices.

Aberdeenshire Public Dental Service

There are increased pressures due to challenges within the General Dental Service largely due to recruitment and retention issues. This is being acutely felt in North Aberdeenshire where approximately 7000 patients have been de-registered. The NHS delivery plan has asked that boards work to increase provision of routine and emergency care for this patient group and plans are being made to try and increase staffing to accommodate this.

Despite the challenges, the Public Dental Service is maintaining all core work streams at this time; Paediatrics, Oral Surgery, Anxiety Management and Special Care referral service as well as providing continuing care to our registered patients including domiciliary care.

Childsmile Program is delivering tooth brushing in the majority of schools and nurseries and twice-yearly fluoride varnish sessions concentrated in SIMD 1 and 2 schools. There is a push on delivering more community engagement which has been aided by altering working patterns of staff to work year-round rather than being restricted to term time.

A summary on the context of primary care in the last year, challenges, and impacts

Whether the model is independent partnership or 2c, there continues to be fantastic work happening in Primary Care and a real focus in keeping care in our communities. The HSCP work closely with our practices to support the services offered. We have seen tests of new roles within General Practice (Occupational Therapy for example) and fantastic collaboration within clusters. We are also very proud of our Virtual Community Wards which is an exclusive service to Aberdeenshire.

Virtual Community Wards are offered by all practices in Aberdeenshire. This is a service that sees professionals from both health and social care work in a multi-

disciplinary format to offer rapid around care in the community to prevent unnecessary admissions.

Supporting Unpaid Carers

Since the implementation of the Carers (Scotland) Act 2016 we have continued to see increases in the number of new carers registered with the Aberdeenshire Carers Support Service (Quarriers) as well as substantial increases in the number of Adult Carers eligible for support to meet identified needs which are substantial or critical. The graph below (figure 9) shows the number of new adult carers registered with the Quarriers Aberdeenshire Carer Support Service during 2022-2023. These figures show an increasing number of referrals from 2022, being up from 354 to 393. This increase is likely to be as a result of increased awareness of carers rights and carers support available in Aberdeenshire, resulting in an increase in enquiries to the Aberdeenshire Carers Support Service.

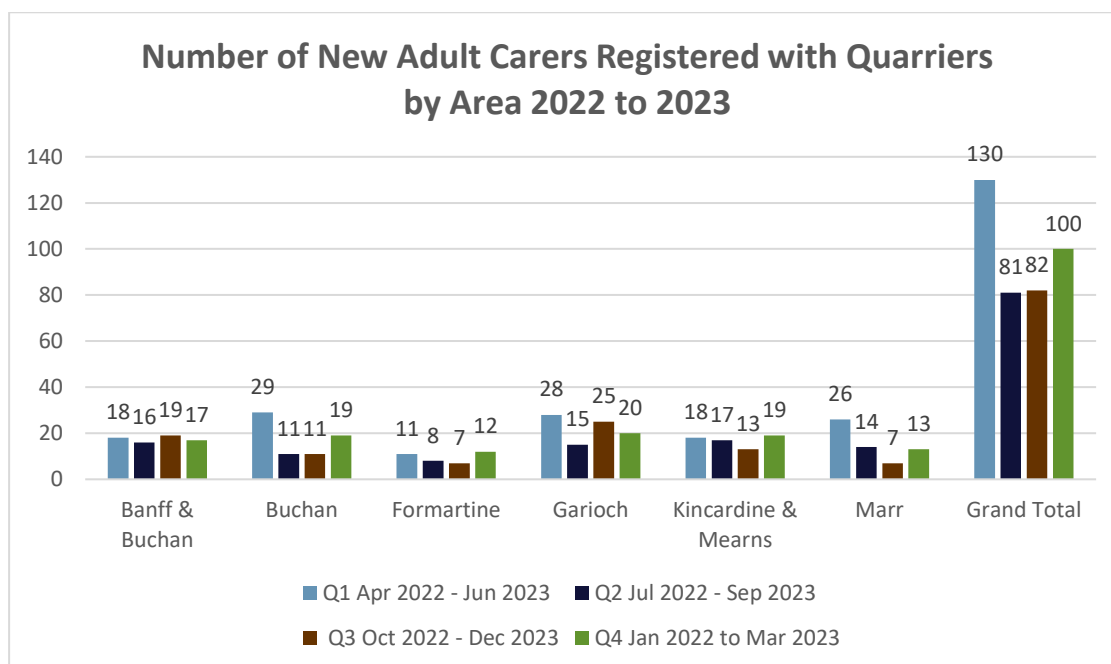


Figure 9: Number of new carers registered with Quarriers

During 2022-2023 the Carer Practitioners continued to support a huge increase in the number of unpaid carers eligible for support via SDS budgets. The number of carer practitioners supporting unpaid carers to access SDS budgets increased during 2021-2022 to three practitioners. This increase is not enough to meet the continued high demand during 2022-2023. Over the last year, whilst 90 new adult carers were supported with SDS budgets and 149 existing carers supported to maintain ongoing SDS budgets there has been an increase in Adult Carers who completed an Adult Carer Support Plan, which resulted in a referral for support with an SDS budget, leading to there being 118 carers waiting to access SDS budgets at 31/03/2023 as shown in figure 10 below.

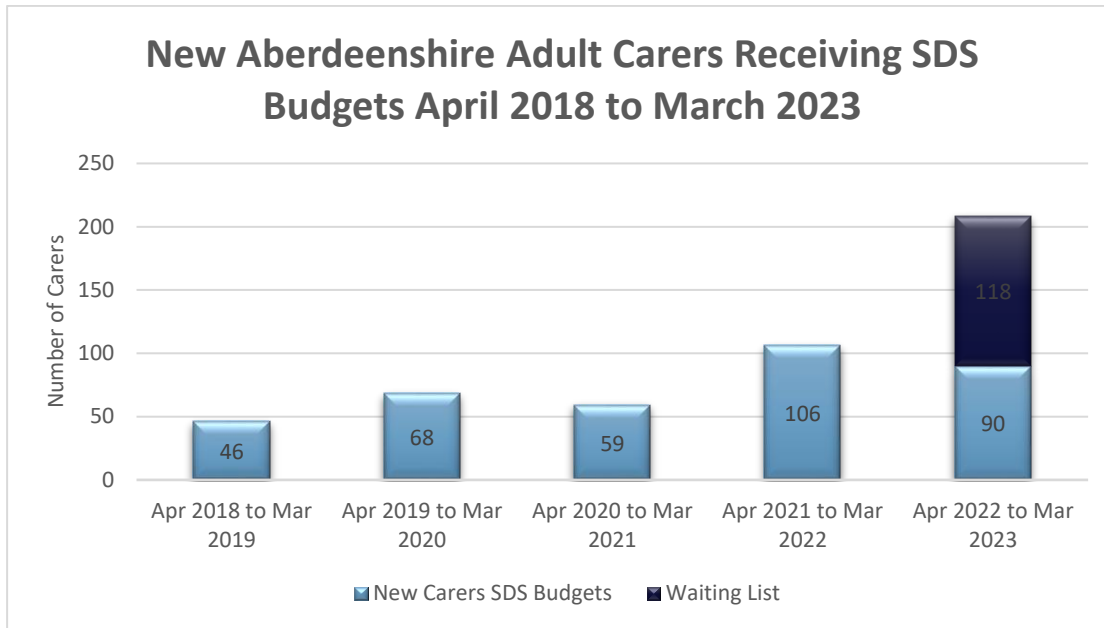


Figure 10: Number of new adult carers receiving SDS budgets in Aberdeenshire

Carers continue to be encouraged to use their SDS budgets creatively to meet their identified outcomes. Since learning to live with Covid unpaid carers are using their SDS budgets to access support both at home and in their local communities. Examples of these include home gym equipment, online exercise classes, streaming services and garden equipment and/or Live Life Aberdeenshire Memberships, short breaks accommodation, holistic therapies such as massage or relaxing pamper sessions. Some carers are using their SDS budgets to access replacement care for the person they care for to enable them to attend Peer Support Groups, holistic therapy sessions, social activities with friends and/or family, activities in their local communities and replacement care is also supporting carers to go away for short breaks to rest and recharge and maintain their health and wellbeing.

Carers are supported to identify which SDS Option would work best for themselves. Figure 11 shows a significant number of carers (182) have chosen to use SDS Option 1 to access short breaks activities and support, using an Aberdeenshire Council Payment Card, whilst 66 carers have used SDS Option 1 to access replacement care via a personal assistant, with lower numbers having chosen SDS Option 2 or 3 to access replacement care via agencies. Carers are one of the fastest growing user groups of SDS Option 2 within Aberdeenshire.

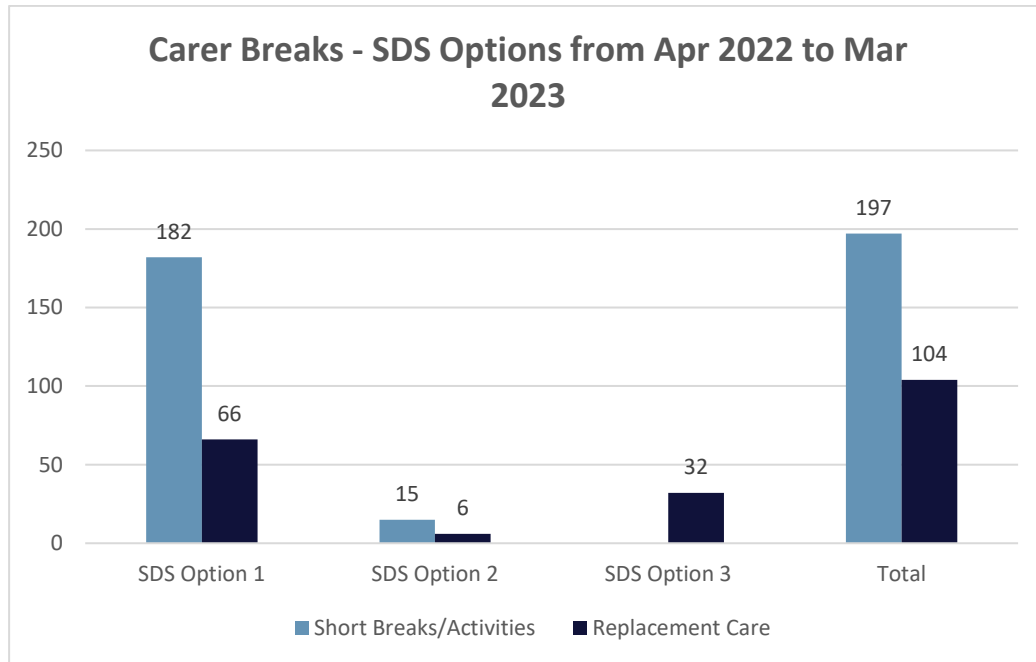


Figure 11: Carer breaks – SDS options

Figure 12 shows that unpaid carers are using their SDS budgets to access activities and support over all three areas of Aberdeenshire.

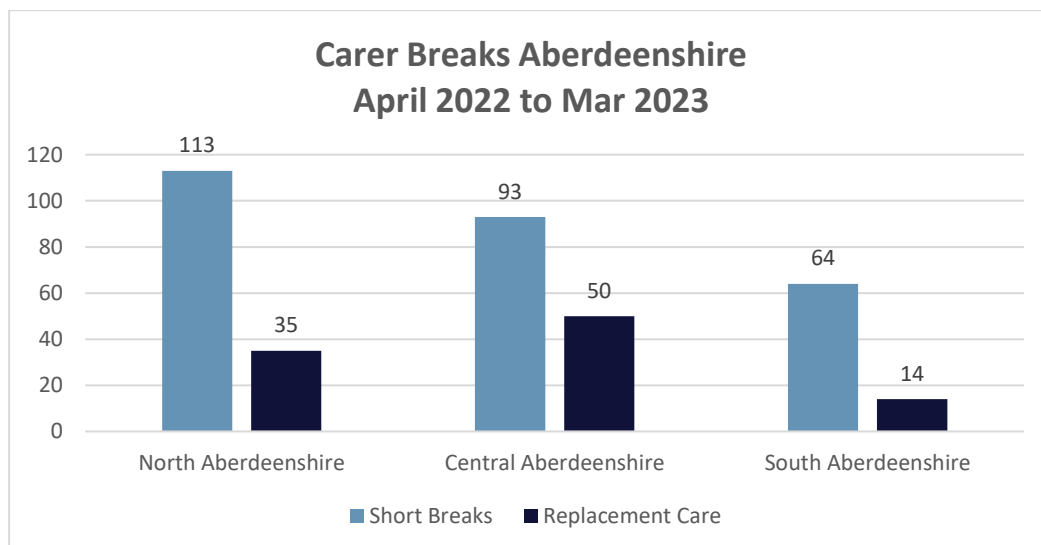


Figure 12: Carer Breaks in Aberdeenshire

Carers have also been able to benefit from access to breaks from caring due to 74 service users accessing residential respite care during 2022-2023, for a total of 956 nights. All unpaid carers of 227 service users over Aberdeenshire have also been able to access breaks from caring when the person they care for has attended Day Care Services. [The Storytelling Sessions \(Issue 01\) \(readymag.com\)](https://readymag.com) provides a first-hand account of using Self-directed Support as told by carers.

In addition to the service provided by Quarriers, unpaid carers in Aberdeenshire continue to be supported by Advocacy North-East and PAMIS and Cornerstone SDS Aberdeenshire.

It has not been possible to revisit the Pilot Project previously started within three Aberdeenshire Hospitals, to improve the involvement of unpaid carers in the hospital discharge of the person they care for, impacted by unavoidable NHS capacity issues. We are currently scoping other areas of Scotland to identify different approaches in supporting this involvement of unpaid carers and aim to include plans in any renewed specification for the Carers Support Service.

Self-directed Support

Aberdeenshire Council continues to offer the 4 options of self-directed support, a duty under the Social Care (Self-directed Support) (Scotland) Act 2013. Self-directed support is embedded across all service user groups in Aberdeenshire including adult services, children’s services and unpaid carers.

Although option 3, where the service user wants the Local Authority to arrange support, remains the most popular option choice, the number of supported people choosing an Option 1 or Option 2 continues to increase. These are the statistics for the end of March 23.

Current Client Count by Category - Option 1 and by option 2.

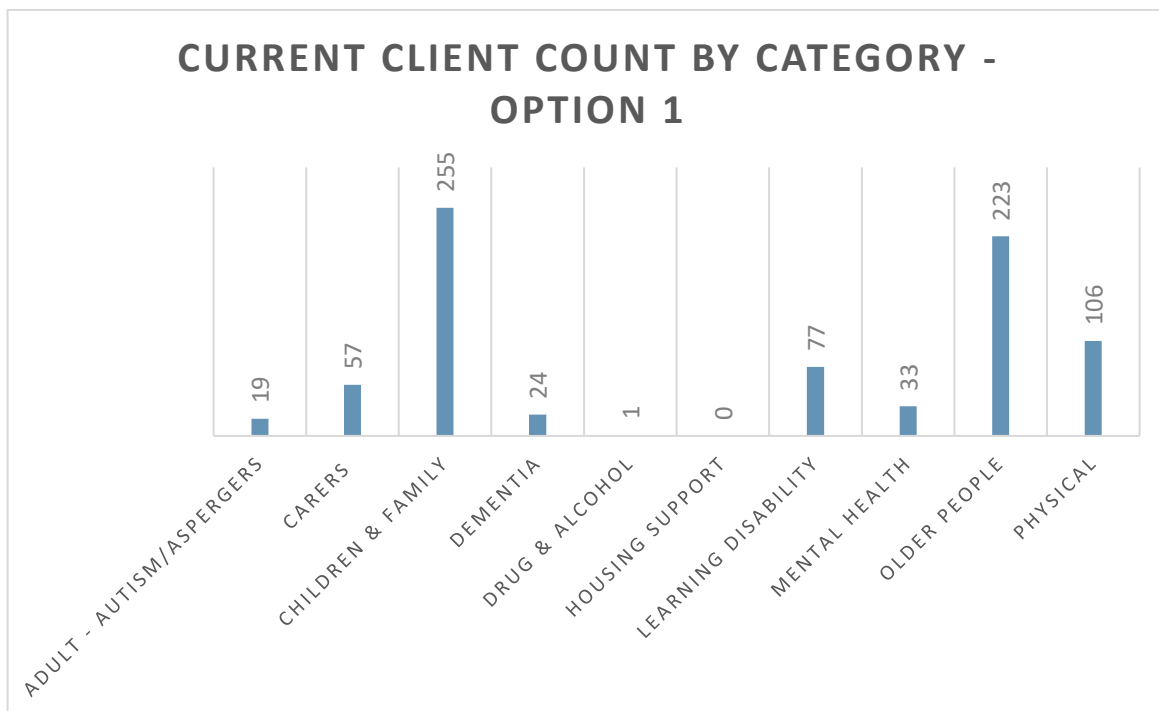


Figure 13: The current client count by Category using option 1

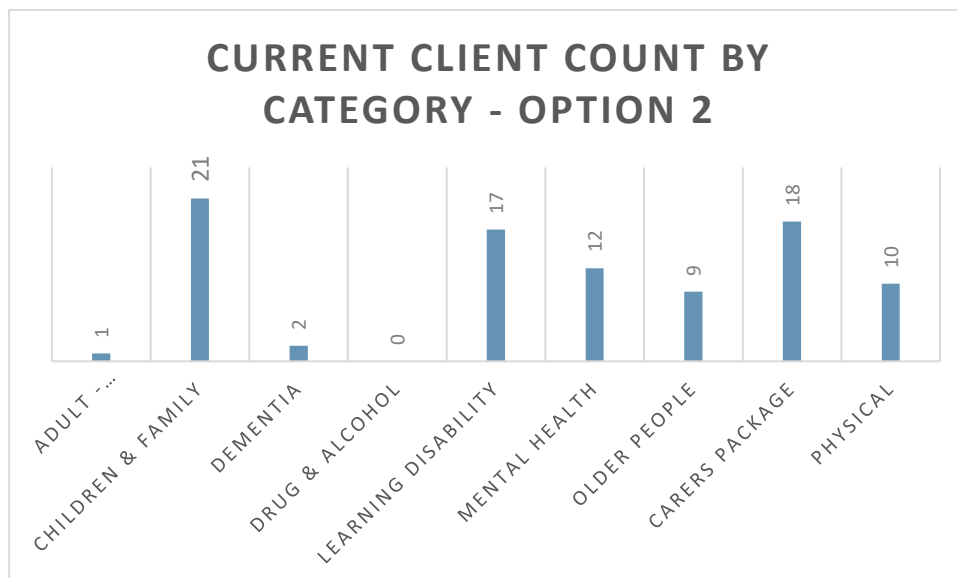


Figure 14: Current client count by category – option 2.

On a national level Scottish Government commissioned In Control Scotland to carry out a Scotland wide study of Option 2 provision.

Aberdeenshire was chosen as 1 of 5 Local Authorities who were asked for information on how an Option 2 ISF (Individual Service Fund) is delivered.

The final report stated, “the overall picture is of a well-designed system working well, and Aberdeenshire’s model is perhaps the most “in the spirit” of the Act”. We were then offered further input from In Control Scotland to improve and streamline the service, identifying any barriers and finding ways to tackle them. This included 3 workshops attended by practitioners, finance staff, commissioning, service users, Cornerstone ISF staff and external service providers. We continue to work on the actions from this group.

Case Study

Personal Budgets: One of our service users has become a valued part of the Garioch rugby club through walking rugby. He recently attended the annual award dinner where he had a brilliant time, enjoyed the dinner, the speeches and danced the night away until midnight, including fast and furious Scottish country dancing. This was possible due to the flexibility of hours using the new weekly budget funding mode and outcome assessment and commissioning at St James Court, a supported living service.

We also attend the SWS Practice Network and the SDS Community of Practice hosted by the SDS Project Team working under the umbrella of Social Work Scotland. These groups have helped to shape the review of the SDS Standards as Scottish Government works to embed self-directed support consistently across Scotland.

During the year the decision was taken to combine the Support Services Steering Group and the Service User and Carer Representative Group. It was felt that this would enable the voices of those with lived experience to be heard more directly and they could hear first-hand information from our internal supports, finance and commissioning and external organisations who provide payroll, employment law and general SDS support.

We have continued to provide training to practitioners, this has been successfully delivered online through Microsoft Teams. SDS Pathway training has been delivered over 8 sessions to 62 practitioners. Option 1 and 2 training was delivered to 73 practitioners. New training on the RAS (Resource Allocation System) was developed and delivered to 72 practitioners from the Mental Health, Older People & Physical Disability and Learning Disability teams.

Mental Health & Wellbeing

Across Aberdeenshire, community mental health teams are delivering a wide range of groups to support self-management of mental health. One of these groups is the Decider Skills course which teaches a number of techniques across four core skill sets: distress tolerance, mindfulness, emotion regulation and interpersonal effectiveness. The course has an excellent record of feedback from participants, both individuals who use mental health services and those who are referred directly from their GP.

The Decider Skills have been taught to approximately 120 staff members of the community mental health teams. This means individuals on the course or who have graduated from it can have consistency in the treatment and advice they are given by community mental health team members.

The Crisis Intervention Team

The Crisis Intervention Team have been operational since April 2021 and have undergone a test of change since October 2022 trialling different working days to ensure the greatest uptake of their service. This has been successful, and they are now moving to seven days working, 9am-5pm from the Fraserburgh Custody Suite. Between October 2022 and March 2023 there were 194 Police Concern Reports screened and of those 194 screenings 42 were deemed appropriate referrals to the CIT and were offered appointments and 42 of these resulted in Initial Contact Assessments being completed.

Additional feedback received regarding the Crisis Intervention Team includes:

- Unscheduled Care stated that the Crisis Intervention Team has been the most effective use of Action 15 money to date. It is helpful knowing that the team is there to accept appropriate referrals.
 - GPs have advised patients that our Team offer rapid appointments and can offer support much faster than other referral sources.
 - Clients have been very grateful to the input we have offered, stating that they are pleased to have been offered support quickly.
-

Mental Health and Wellbeing Improvement Service

As part of Action 15 of the Scottish Government Mental Health Strategy, the Mental Health and Wellbeing Improvement Service was developed and has now been fully operational for 12 months. The service is available from every GP practice across Aberdeenshire to support people with their mental wellbeing. The service receives referrals from GPs, other mental health professionals and individuals can now self-refer. Between May 2022-April 2023 there has been:

- 467 referrals (63% female & 36% male)
- 67% referrals received were from a GP
 - Waiting times were on average 13 days.

Well Aberdeenshire

Penumbra started a new contract in April 2022 delivering WELL Aberdeenshire across all of Aberdeenshire. A powerful testament of their work and impact work can be illustrated by sharing some of their work through individual's stories. (Names have been changed)

Case Study Ben's Story

During his first Time, Space, Compassion session, Ben shared that he has been suffering from anxiousness for over a year. He explained that this got worse after a car accident that happened two weeks prior to the session. Because of this, he lost his job as a delivery driver because he became afraid of driving in the dark. Ben also had trouble falling asleep and avoided looking at mirror reflections.

By giving Ben space to open up about what caused him distress, we naturally began talking about things he enjoyed doing. Ben mentioned that he used to enjoy creating music, however had not done this for a long time. We discussed whether this might help ease his mind, especially in the evenings when his anxiety grew. As employment was another concern, we shared some resources for a job searching website. Finally, when we explored the support Ben had already around him, he mentioned that his GP had referred him for counselling sessions, however he had not yet followed up on this.

Ben attended his second Time, Space, Compassion session a week later and excitedly shared that he had submitted a job application via the website we looked at and had been offered a trial shift. He had also been creating music which he found to have improved his sleep. Ben had also been in contact with the counselling service, hoping this would provide an opportunity to work through what has happened.

Togetherall

Togetherall is a clinically managed, online community designed to improve mental health. The digital platform provides anonymous, peer-to-peer interactions so that as many people as possible can benefit from instant, easy-access and round-the-clock support when they need it.

From May 2022-April 2023 160 individuals have registered to use the service (75% female and 18% male, 2% trans man, 0.68% trans woman, 0.68% trans (unspecified), 0.68% other, 0.68% gender fluid, 0.68% gender neutral and 0.68% would rather not say).

Suicide Prevention

The national suicide prevention strategy, 'Creating Hope Together', was published in Autumn 2022. In December and January, we held two multi-agency meetings using a benefit mapping model to guide discussions towards identifying what we can do better in Aberdeenshire for suicide prevention. From these discussions, an Action Plan is being created and we are working with SAMH who have been recommissioned to provide suicide prevention services across Grampian to deliver better outcomes for people affected by suicide in Aberdeenshire.

Primary Care Mental Health Hubs

Case Study CM's Story

Before engaging with the 12 session pathway CM had struggled with mental health issues for the past few years and had been involved with CAMHS between the ages of 16 to 18 years old. CM has been diagnosed with an Eating Disorder, Depression and Anxiety. CM had several suicide attempts over the last few years. At the time of accessing WELL Aberdeenshire, CM struggled with a workplace which she described to be toxic. She also expressed that she was finding it difficult to manage her emotions.

During the 12 session pathway: We started working through the Living Life to the Full 8 week online course. Due to an increase of distressing emotions during her engagement with the WELL service, we completed a Distress Management Plan; a tool designed by the Distress Brief Intervention Programme we can utilise having completed DBI level 2 training. CM was also supported to complete and update her Safety Plan which she felt comfortable sharing with her support network. We shared relevant resources with CM during support, many of which she found very helpful.

After completing the 12 session pathway: A second I.ROC was completed to measure outcomes. CM also offered feedback and was supported to reflect on her journey by completing the feedback forms and Recovery story.

Due to national budget constraints the Mental Health and Wellbeing in primary care fund has yet to be released to any of the Health and Social Care boards in Scotland.

Whilst awaiting confirmation of funding there has been collaborative working with the TRAKCARE project team to ensure permissions are included to allow easier referral transfer between services to prevent GPs having to forward on referrals to appropriate services.

Reshaping Care

The Reshaping Care programme of work focusses on improving the quality and outcomes of care particularly for older people within Aberdeenshire. It looks at how support packages can be interlinked to enable to stay at home or in a homely environment for as long as possible. It allows to look at how we plan our services moving forward to ensure they are sustainable and 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:

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.

Winter response and social care sustainability

Following the significant impacts of the adverse weather events over the winter in 2021/22, the AHSCP convened a workshop with key partners and stakeholders in October 2022 to plan for the next winter including how we would respond to surge in demand whilst reducing delayed discharges. The workshop was attended by representatives from the AHSCP Senior and Operational Management Teams, Aberdeenshire Council (HR and Live Life Aberdeenshire) and Aberdeenshire Voluntary Action (Third Sector Interface). The primary outcome was to produce a clear plan – including the AHSCP's 'Surge Plan' - documenting existing controls/assurance and what actions were required to provide further assurance as to our preparedness and resilience moving into winter, working collaboratively with all partners.

A key target for the AHSCP, working with its partners in Aberdeen City and Moray, has been to reduce delays in accessing care by 31 March 2023. Key areas of focus within the AHSCP's surge plan, setting out its approach to managing cross-system surges in demand and maintaining patient flow, included increasing our community hospital bed base to create additional surge capacity based on a risk assessed approach. Interim care home placements were also commissioned in Aberdeenshire from 21 December 2022 to end of March 2023. This helped to reduce the number of

delayed discharges and improve flow through the acute sector to community hospitals during quarter 4. It enabled patients to be cared for in a more suitable, homely setting with increased opportunity for social engagement and lower risk of gaining a hospital acquired infection.

Aberdeenshire Care Managers gained access to Trakcare (hospital patient record system) in December 2022 which reduced the timeframe for the assessment for patients delayed in Aberdeen Royal Infirmary from 15 hours on average per assessment to 1 hour 11 minutes. The AHSCP also introduced a temporary leadership role to oversee and support the management of people who are delayed in hospital, starting in January 2023. The postholder supported teams to maximise resources including interim beds and focus activity to ensure people could be discharged timeously and supported in the correct environment for their needs. Moving forward the AHSCP will be undertaking a winter debrief again and at the earlier stage of June 2023.

To address the challenges around capacity for adult social care in Aberdeenshire, and following discussion with the Integration Joint Board, the Chief Officer commissioned the Chief Social Work Officer to convene a Social Care Sustainability Programme Board. The purpose of the Board has been to oversee a programme of work to create self-improving and sustainable social care services through cultural, system and transformational change. Recognising that there is no single solution to the issues of social care sustainability, work has been progressed across a number of areas.

For example, the In-House Care at Home workstream is working towards creating new and innovative ideas to create posts that enable adaptability across the health and social care system and allow the opportunity for carers to learn different skills and experiences.

Home care has been at the forefront of supporting our service users as we come out of the Covid 19 pandemic and through the challenges of winter pressures. Data shows that there has been a significant increase in unmet need in care provision and ongoing challenges with retaining the existing workforce. While winter pressures funding has been allocated to recruit home carers, the majority of vacancies remain unfilled. The lack of flexibility in the rotas and availability of alternatives requiring access to your own transport for the home carer role is not attractive for recruitment, particularly with the recent rise in fuel costs.

The project consists of the following workstreams to address the challenges identified:

- Recruitment and Retention.
- Home care service posts – evaluation and creation.
- Staff and Service Development
- Review of the four pillars model

Over 2022 engagement and collaboration with home care service staff, trade unions reps, other services, service users and informal carers and other stakeholders took

place to support all the workstreams, and various actions have been achieved throughout the year. These actions include:

- Funding approved to support posts to support the project – Home Care Manager backfill to release substantive posts holders to lead the 4 workstreams, a Project Manager and admin support.
- Test of Change of trialling full-time shifts has commenced under the Staff and Service Development Workstream
- Universal Credit Information Session for Carers held following feedback about carers having to leave posts due to economic concerns.
- Creation of new post in home care between home carer and CTC drafted and ready for advertisement.
- Transport options for carers being considered in partnership work with the Council.
- Exit survey specifically for Home Care Staff created to allow detailed feedback of the reasons behind the resignation.

The project will continue to explore and work through challenges facing Home Care in Aberdeenshire and remain committed to identifying, planning and implementing changes to benefit service users and colleagues through the next financial year.

Rehabilitation and Enablement

Rehabilitation and Enablement was an existing agreed approach across our community health and social care teams, which aims to embed an intake model of rehabilitation and enablement for older people and people with physical disabilities. This means that when people ask us for support with daily living at home, we will take a rehabilitation and enablement approach, with teams working together to support people to regain and maintain their abilities before making decisions about their longer-term care needs. An AHSCP leadership group for rehabilitation and enablement was re-established in April 2022 and an improvement project agreed and commenced. Initial focus has been on the Community Hospital Multi-Disciplinary Teams to embed Rehabilitation and Enablement as the default pathway on discharge from Community Hospital supported by the development of a training plan and communications plan. This model has anticipated benefits for the person, the team, and the service and will be evaluated using quantitative and qualitative measures.

Digital Technology

The Aberdeenshire HSCP have recruited a Digital Project Manager who started in April 2024. The initial focus of their work will be developing the programme of work to ensure the digital technology is in place to support the HSCP workstreams.

The Analogue to Digital programme which involves switching over to digital services, requiring all of our call alarms and telecare to be replaced in 3000 households, sheltered and very sheltered housing complexes is still progressing. There has been challenges over the last financial year due to supply chain issues for equipment continuing to be very problematic. As a result an ordering strategy was implemented in November last year which should start to alleviate issues during June.

Very Sheltered Housing, Residential and Respite Service

A review of the existing Very Sheltered Housing model commenced in October 2022, focusing primarily on Dawson Court in Turriff and Pleyfauld House in Inverurie. A short life working group was established to assess the services currently being delivered and to produce recommendations for any future redesign. The group has representation from across a range of services including Health and Social Care, Housing and Finance.

In February, the group began planning the types of engagement that would be required in order to gain the views of key stakeholders such as tenants, families and staff members. The purpose of the engagement is to establish what is important to those taking part, what they feel works well currently and where they feel improvements could be made.

Once received, all feedback will be analysed and reviewed in the coming months and will be used to formulate an options appraisal outlining their recommendations.

Post Diagnostic Support Dementia Work

After a period of engagement in 2021 which involved speaking with people living with Young Onset Dementia and their carers, feedback was received which highlighted that they felt their needs are different to older adults diagnosed with dementia later in life. It is also felt that services which were being offered were not meeting their needs.

Three main areas for improvement which were identified are:-

- The Dementia Journey
- Information given at the time of diagnosis
- Post Diagnostic Support

In November 2022, a Post Diagnostic Support Worker was commissioned for one year to provide dedicated support and information to people receiving a dementia diagnosis under the age of 65.

Having this dedicated worker has enabled people (under the age of 65) to receive support which is tailored to their individual needs as well as ensuring that information is provided quickly following diagnosis, ultimately improving the dementia journey for the individual and their carers. This approach will be reviewed in 2023.

Relief Care Managers - A test of change

A test of change was undertaken in 2022, to develop a team of Relief Care Managers in north Aberdeenshire, which has now been extended. The recruitment across these teams has been challenging with a number of posts remaining unfilled. The task focused work, being carried out by the Relief Care Management team is helping to relieve the pressure. There are currently seven Care Managers with relief contracts and to date, 85 statutory assessments, reviews and screenings have been completed by the team, with a further 18 pieces of work underway.

The individuals in post all hold Social Work qualifications who are keen to utilise their skills but due to their own personal circumstances, do not want to be tied to a permanent contract. A Manager and Senior Practitioner have been appointed to fixed term posts until the end of 2023 to support ongoing development of this team and enable access to much needed local resource.

Learning Disabilities

The Partnership have six Adult Day Services for people over 16 with learning disabilities and additional support needs who are eligible for Social Work services. These community-based Day Services in Banff, Fraserburgh, Peterhead, Inverurie, Ellon and South Aberdeenshire and each offer a different selection of community-based activities depending on local demand and opportunity. In 2022-23, 227 users were supported across our six Day Services.

The key focus of learning disability services during 2022-23 was in maintaining services and supporting our population as we continue to navigate the impacts of the Covid pandemic. Some of our services such as Day Opportunities were re-modelled to provide increased community-based opportunity to those service users not being supported by their providers. Building-based Day Services are being used primarily for those with more complex needs.

The HSCP continues to value the support from our Third Sector partners and our Provider Forum ran by ARC Scotland is vital in sharing information and learning. These are key areas we aim to continue to develop and grow.

'Be All You Can Be' – Learning Disability Strategy

We continue to deliver our 5-year Learning Disability strategy 'Be All You Can Be'. Our 4 priorities from the Strategy are that people with learning disabilities in Aberdeenshire feel:

- Well
- Involved
- Valued
- Supported

Some notable highlights from the year include:

Addressing health Inequalities – As part of this project looking at the health needs of our Learning Disability

population, a number of pathways including a palliative and end of life care pathway and a dementia pathway has now been completed with discussions ongoing with staff on how to support people with a learning disability with these pathways.

Case Study

Mickey from South Day Opportunities has been volunteering at Dalvenie Gardens in Banchory, a very sheltered housing complex. His work has been much appreciated as he has been keeping the gardens nice and doing some jobs around the setting. Mickey's confidence and skills have come on so well and he enjoys chatting to everyone



Out of Area Complex Care – In February 2022, the Scottish Government published the ‘Coming Home Implementation’ report 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. £20 million of funding has been provided to support authorities address the long-standing issue of delayed discharges and out-of-area placements.

In Aberdeenshire we are looking at developing suitable accommodation options for adults who have complex support and behavioural needs, enabling them to be supported appropriately, remain in Aberdeenshire and reduce inappropriate out of area placements and ensuing costs. 10 service users currently inappropriately placed out with Aberdeenshire have been identified as being a priority to return to the area. The Partnership has been looking to enhance current service provision with better complex care support and care options locally to support the reduction in need for out of area placements.

The Covid pandemic forced us in to re-evaluating how we delivered support and how we can go further in embracing new technologies. As a result, Near Me is now embedded within Learning Disability teams as an option for communicating with service users when face to face is not required. Early 2023 also saw the introduction of Virtual Community Wards for people with Learning Disabilities. Virtual Community Wards are a means of agreeing and co-ordinating focussed short term, intensive support for those deemed to be high-risk with the possibility of admission to hospital or placement breakdown.

We continue to embrace a new model of delivering Day Opportunities with particular focus on community integration and outreach. Examples of initiatives to strengthen these community links, such as Shopping Buddies, where service users collect shopping for people who are unable to leave their home and Books on Legs, delivering library books to older or disabled people, are indicative of a strategic shift away from building based day services.

Mental Health Strategy

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 was impacted by the operational demands of the pandemic but 10 of the 12 projects are now complete. Some projects have been modified considering the change in priorities since the pandemic.

Aberdeenshire Autism Strategy for Children, Young People and Adults

The Autism Strategy is a five-year strategy jointly produced by the Health & Social Care Partnership and Education and Children's Services. This strategy supports a whole lifespan approach aiming to improve support and services for autistic people of all ages - children, young people, adults and older adults. The strategy has been developed in collaboration with autistic individuals, parents/ carers, third sector organisations and various professionals who support autistic individuals within Aberdeenshire.

Following on from completion of this phase, the data was analysed, responses and feedback gathered, and the following 7 key themes were identified:

1. Whole Lifespan
2. Diagnostic Pathway (for children, young people, adults and older adults)
3. Training
4. Lifelong Learning
5. Employment
6. Connecting
7. Community



The final version of the strategy is currently going through the IJB and Aberdeenshire Council's approval processes.

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:

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

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

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.

Furthermore the Equality Act 2010 (Specific Duties) (Scotland) Amendment Regulations 2015 each HSCP is required to publish a progress report which provides an update on the work been undertaken in both mainstreaming the equality duty within the partnership and the progress in working towards the equalities outcomes agreed. The [Aberdeenshire HSCP progress report 2020 – 2022](#) was published in July 2022. Key areas of progress in mainstreaming the Equality duty included:

- Embedding equalities in all Strategic Delivery Plan reporting
- Understanding how changes to service delivery due to COVID affected people and/or groups with protected characteristics
- Public Sector Equalities Duty and Fairer Scotland Duty workshops
- Adoption of Integrated Impact Assessment
- Support to stakeholder members to participate in Decision Making Processes

Integrated Impact Assessments

The Aberdeenshire HSCP adopted Aberdeenshire Council's Impact Assessment Process in 2021. In May 2022 Strategic Development Officers (SDOs), who have undertaken the Integrated Impact Assessment Training became linked with the Equality Ambassadors in Aberdeenshire Council. The SDOs access training on the integrated impact assessment process and the assessment areas including Equalities, Fairer Scotland Duty and Health and Wellbeing for example. This provides ongoing support and knowledge to colleagues within the HSCP undertaking Integrated Impact Assessments.

Live Life Aberdeenshire Physical Activity Pathway

Aberdeenshire HSCP have supported Live Life Aberdeenshire (LLA) to develop and deliver a Physical Activity Pathway for individuals living with Long Term Conditions. AHSCP has enabled LLA to develop their offer to patients across Aberdeenshire

through an online referral process and triaging patients to the programme most suited to their needs. The Live Life Well service offers:

- Online classes
- Classes delivered on site
- Health Walks
- One to One's Self-Management Support materials
- Health checks 3 times per year
- Follow up support

The programme enables individuals living with long term conditions to self-refer into the programme or be referred by a health and social care practitioner. The initial 18 month period of development saw 656 referrals, mainly from North Aberdeenshire, with 57% of participants completing part or the whole of the programme. 48% of non-starters were not appropriate for the programme and instead signposted to alternative LLA services, or supported by Health & Wellbeing Instructors in different ways.

The programme supported individuals living with a range of long term conditions e.g. COPD, Diabetes, Cancer, Musculoskeletal conditions, mental health conditions and Parkinson's disease. Participants were offered a 12 week programme of classes/activity. Participants received educational content on smoking cessation, alcohol, healthy eating, mental wellbeing and physical activity. Light Movers classes were available at all LLA sites, providing individuals with an appropriate exit pathway which allows them to continue to attend low level classes following completion of the 12 week referral programme.

The Healthy Eating Active Living Programme commenced May 2022 at Peterhead and feedback showed that overall, 67% of those participating in the programme reported an improvement in their overall health. From the individuals who recorded an improvement in their pain and discomfort, 73% increased their moderate physical activity over the 12-week period and 65% increased the amount of walking they do each week.

Overall, all levels of activity (walking, moderate and vigorous) saw an increase in days performed and time spent over the 12 weeks. The mean time spent performing moderate and vigorous exercise improved from 10-30 minutes to 30-60 minutes and time spent walking improved to sessions of 60-90 minutes. Over the 12 weeks we saw an increase in moderate physical activity. From the total cohort at week 12, 80% completed at least 1 session of moderate physical activity per week compared to just 39% at baseline

Just Ask

JUST ASK

CONTACT INDIVIDUAL
Record all information on excel sheet
3 attempts to call an individual (no message to be left)
Follow up letter after 3rd attempt
Acknowledge receipt of referral form
Introduction

REFERRAL RECEIVED
Ensure disclaimer signed
Assign referral number
Store referral in Just Ask One Drive

REQUEST ITEMS
All service referrals to be completed whilst on the phone.
Foodbank - referral portal, delivery of food parcels by foodbank, date/time to be confirmed
Stella's Voice - email referral, share address only to enable delivery by Stella's Voice, date/time to be confirmed
SCARF - referral portal, expect call back, timescale
Bairnecessities - website referral, confirm collection or delivery, date/time to be confirmed
Ythan Valley Clothing Bank - email referral, no personal details required use referral number, confirm collection or delivery, date/time to be confirmed
Emphasise we will endeavour to source all items. However, we cannot guarantee that everything will be available.
PLEASE ENCOURAGE COLLECTION OF ITEMS FROM MAUD RATHER THAN DELIVERY FOR ITEMS SUPPLIED BY BAIRNECESSITIES AND YTHAN VALLEY CLOTHING BANK.
Follow-up in 2 weeks

DELIVERY/COLLECTION OF ITEMS
Worrying about Money Leaflet included with items distributed from Maud
All items for collection or delivery to be clearly marked with appropriate information
Collection: Maud Resource Centre, Friday PM
Delivery: Awaiting information from Dial-A-Bus

FOLLOW-UP CALL
2 attempts to call an individual (no message to be left)
Record all answers on excel sheet
Make referral to Money Advice Service

Just Ask is a self-referral service for individuals and families living in Central Buchan where a member of staff spends time with an individual to find out the support required. It is aiming to minimise the impact of poverty and inequalities by improving how individuals and families living in Central Buchan access help when experiencing financial difficulties.

The reasons that people provided for asking for a just ask referral are:

- 17 mentioned being unemployed
- 4 were in employment
- 27 mentioned cost of living increase
- 6 mentioned illness or disability in the household
- 6 mentioned being a single parent
- 1 mentioned recent separation from partner

Just Ask commenced in October 2022. Between October 22 and February 23 there were 77 referrals received. A summary of the referrals are below in Figure 15

The difference between requested and referred numbers is due to the referee being unable to be referred as out with Central Buchan area.

Issue	Requested (n)	Referred (n)	% referred
Foodbank	46	40	87
Stella's Voice (Furniture)	20	17	85
SCARF (Energy)	27	25	93
Home Heating Advice	16	12	75
Bairnecessities (Baby items)	12	7	58
Ythan Valley Rotary (clothing)	38	35	92

Figure 15: A summary of the referrals received through Just Ask

Feedback from users of the services:

“You have no idea, I've been sitting here crying, I honestly can't believe it. The food bank delivered last Friday and it was a pleasant surprise how much there was and the quality. It's been a really hard 2 years and to be honest I'd given up hope of anything good happening, you have no idea what this means. Thank you so very much”

“Many thanks again! I'll always be thankful for all the kindness shared and hope I plan to pay it forward to someone else”

“I wanted to thank you again for all the help you gave my family over this tough times for us. We really appreciate it. I've never known so much kindness from strangers before but it really touched our hearts. From the food parcel when we had no food to helping us with the heating company and also helping my younger children have a fulfilled Christmas I just wanted you all to know that I appreciate all the hard work and time and support you have gave my family and all other family's out there . You put a smile on my face when I thought I had no hope getting through this year without struggling but your support gave us a lot more faith in everything.”

The provision has continued to receive and respond a significant volume of referrals. All local services continue to support us with the delivery. We have successfully gained funding to continue until the end of the year 2023.

New Pitsligo Paradigm Project

The New Pitsligo 'Community Paradigm shift' project is supported by NHSG and partners. This way of working aims to generate local evidence on how to engage and relate with communities using an Asset Based Community Development approach. A community engagement approach which challenges and empowers communities to collaborate in maximizing local resource, developing and delivering solutions to some of the health and wellbeing problems they face.

The North Public Health Team AHSCP was chosen to trial this way of working within the village of New Pitsligo with the support from the King's Fund health charity.

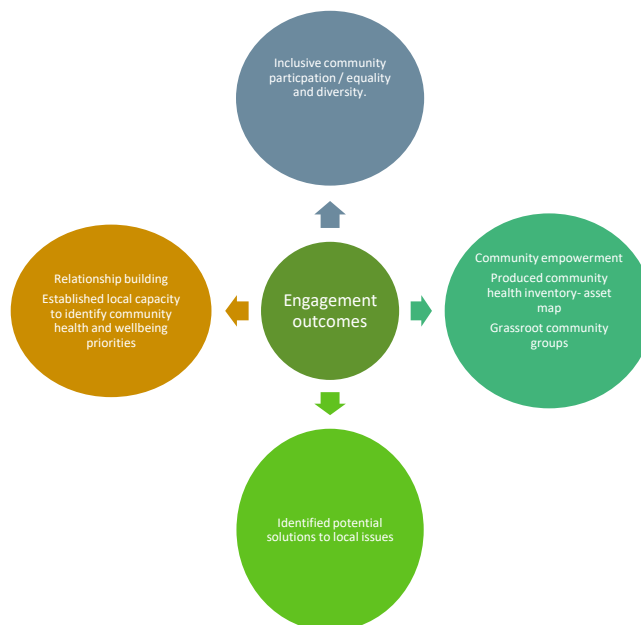
The project aimed to:

- build local capacity to understand health and wellbeing needs and priorities in New Pitsligo.
- build stronger relationships with stakeholders and the wider community.
- work jointly with communities to identify innovative solutions to identified needs and priorities.

The initial approach between December 22 and February 23 involved developing a collaborative partnership. This included initial engagement with health professionals and site visits to understand the community, engagement with health professionals in the area, community enthusiasts, elected members and leaders in the community to collect stories of previous engagements, outcomes, identify interests and bring together a core group to explore this way of working.

A project infographic was designed and shared to raise awareness of the project and the opportunity to be involved in the planning and delivery of the engagement.

This was followed by a community asset mapping process between February and March 2023 which enabled an understanding of what already exists, as part of project Asset mapping activity finally followed by the last phase – empowering the community- building, strengthening and expanding relationships between April and June 2023.



The Community Paradigm shift focuses on preventing illness and reducing the need for treatment. It recognises the role and potential of communities, their networks, assets and capacity in early prevention and intervention.

Work will continue with the community to identify gaps and solutions over the next few months.

Adult Support and Protection

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, Prevent 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.

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 October 2022 the APC published their [Biennial Report](#) outlining progress that had occurred between 2020- 2022 and setting out priorities over the next reporting period.

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. There was a significant increase in referrals during the pandemic and this increase has not reduced in the last year. Recognising the increase in demand HSCP funded additional staffing to which enable the service to continue to meet the needs of adults at risk of harm. The graph below (figure 16) illustrates the impact on referrals to the Adult Protection Network.

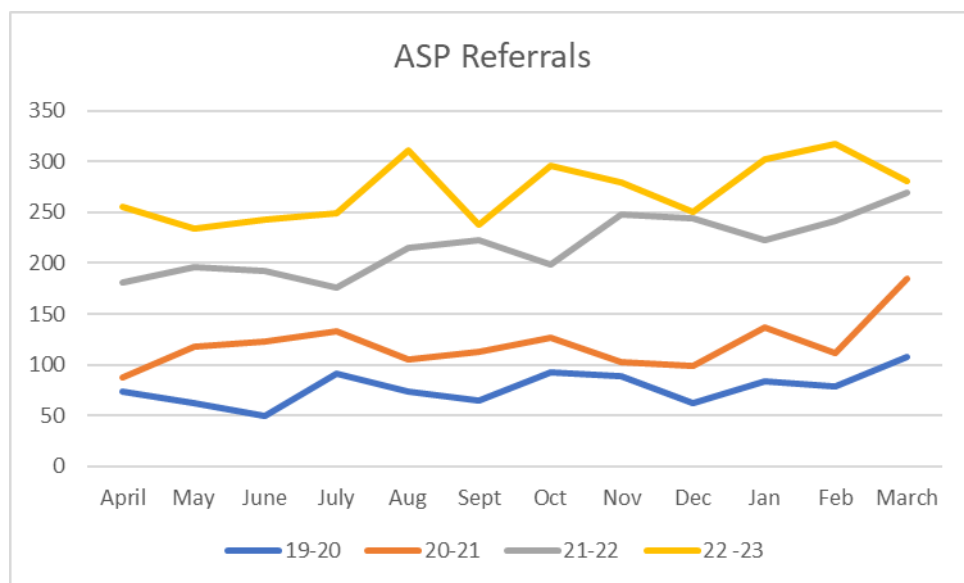


Figure 16: Adult Support Referrals

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 remains a key priority, and all services to support and protect adults at risk of harm continue.

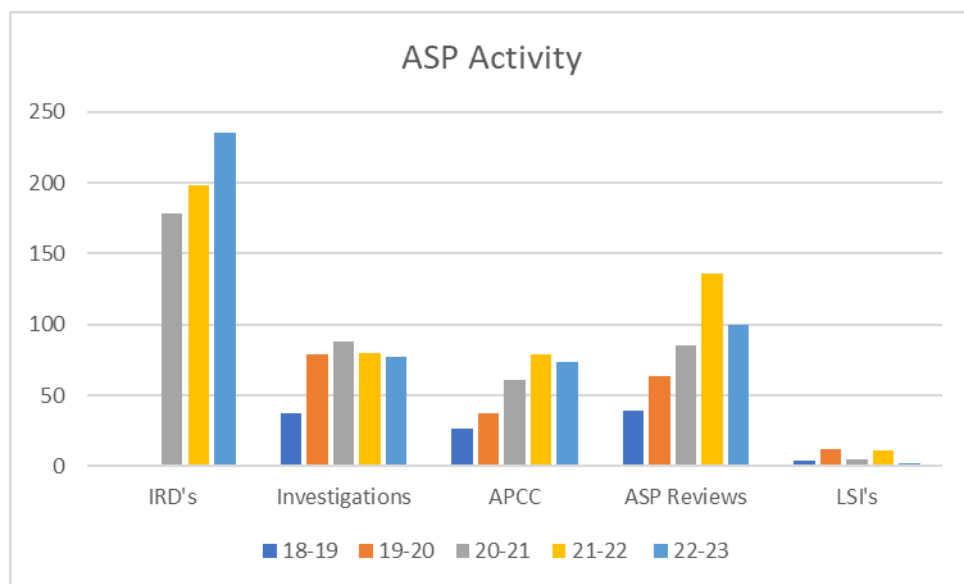


Figure17: Adult Support Protection activity

Domestic Abuse

Strategy and Action Planning for domestic abuse sits with the Aberdeenshire Violence Against Women and Girls 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.

By adopting a gendered definition, the VAWP does not deny or minimise the use of violence against men or within same sex relationships. The gendered analysis is a reflection that women and girls are disproportionately affected by particular forms of violence that they experience because they are women and girls which has its roots in gender inequality. Whilst particular forms of violence, including domestic abuse, are disproportionately experienced by women, men also experience domestic abuse and are entitled to support in the same way that women are. The AVAWGP condemns all forms of violence and abuse and also recognises the critical role men play in challenging violence and inequality.

In 2022 HSCP and Aberdeenshire Council Housing jointly commissioned Grampian Women's Aid to provide outreach support to women and children that had been affected by domestic abuse. The outreach support provides practical and emotional support, advice and advocacy on matters such as housing, tenancy sustainment, resettlement, safety planning, risks and management of risks, emotional support, welfare benefits, legal options, health, education, training and childcare.

The HSCP continues 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).

Numbers into HSCP Drug and Alcohol – Clinical and Social Work combined

The HSCP Drug and Alcohol Service continue to see a rise in the numbers of referrals received. This has increased substantially in Quarter 4 (Figure 18) as we have introduced a new Step-In model to support implementation of the Medication Assisted Treatment (MAT) standards (described in further detail below). We are witnessing people presenting with increased complexity and are working with a range of partners to allow a range of support to be readily available.

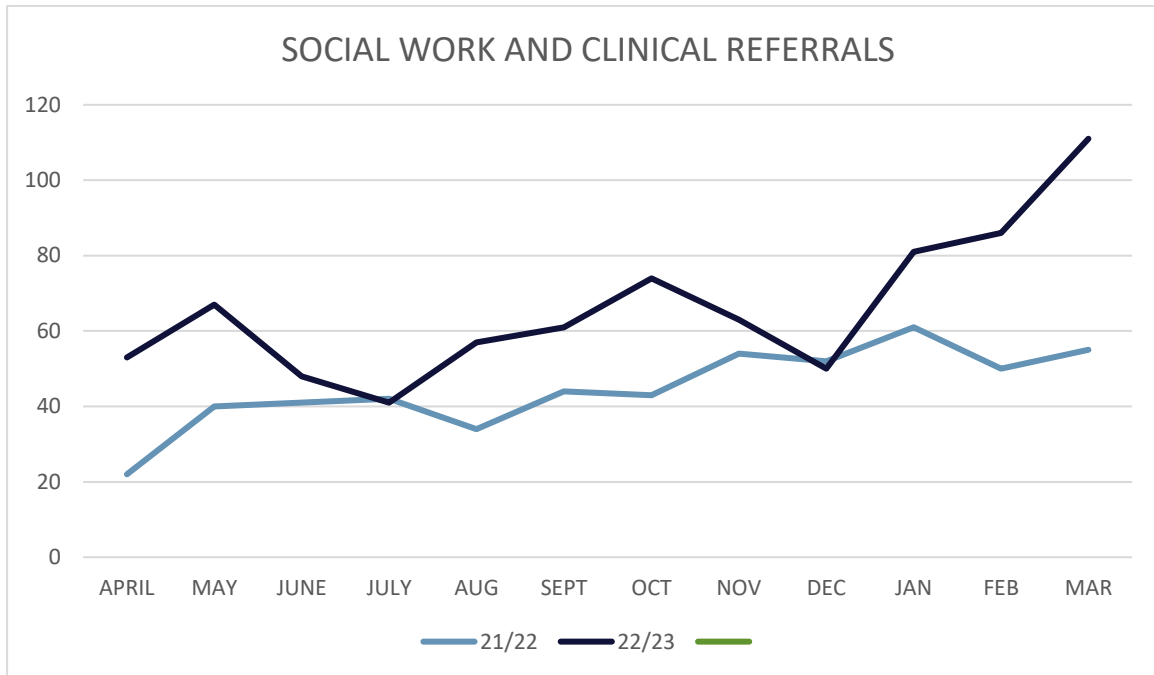


Figure 18: Social Work and Clinical Referrals

Waiting Time Performance

Q1 Performance:	87.2%
Q2 Performance:	90.8%
Q3 Performance:	92.8%
Q4 Performance:	94.8%

Steady progress has been made in achieving the waiting time of 90% of people starting treatment within three weeks of referral and 100% within 6 weeks. Increased capacity and redesign of service has supported this achievement. There were no waits over 6 weeks in Quarter 4.

Implementation of MAT Standards

MAT Standard	21/22 rating	22/23 rating
1 Same day access to Treatment	AMBER	PROVISIONAL GREEN
2 Choice of Treatment	AMBER	PROVISIONAL GREEN
3 Assertive outreach to address high risk	GREEN	PROVISIONAL GREEN
4 Harm Reduction	GREEN	PROVISIONAL GREEN

5 Retention in Service	GREEN	PROVISIONAL GREEN
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Background

The Medication Assisted Treatment (MAT) Standards are one of the platforms for successful delivery of the National Drugs Mission to improve and save lives of people who use drugs and their loved ones. Progress on MAT implementation is reviewed nationally by the MAT Implementation Support Team (MIST). This was undertaken initially for Standards one to five in year 2021/22. Each Alcohol and Drug Partnership (ADP) area was then asked to submit information on each of the ten standards by April 2023. Evidence looked for included:

- Process information e.g. Standard Operating Procedures (SOP), Practice Guidance, Prescribing Guidelines etc.
- Data – various numerical information for standards 1-5 only. Not for 6-10 as yet.
- Experiential feedback - analysis and raw data from staff, people accessing the service and family members' feedback.

The MIST team have had regular Support to Implement and Report (STIR) meetings with delivery partners in the area. It was at these meetings that indicative scorings of Green for standards one to five and Amber for six to 10 were given in March 2023.

Feedback from Rating Process

Aberdeenshire have scored well overall. The anticipated Green and Amber scores were changed to provisional scores as we did not have adequate experiential feedback for these Standards. This was the case in many other ADP areas and recognition that this will improve over time is accepted by all.

We have been advised that all ADP areas will score either Red or Amber for standards 6 to 10. This is mainly due to the data reporting element not being confirmed. Aberdeenshire have been scored as Amber for standards 6 and 7 and provisional Amber for 8 to 10. The expectation is still that we achieve these standards by the end of March 2024.

In addition, all 10 Standards must be implemented in Justice settings by March 2025. The work has started to ensure this will be in place. Collaboration between drug and alcohol services and community justice partners will be a key factor to achieve the implementation. The learning from the work already undertaken in the community will of course be a vital component contributing to this work.

Challenges locally include the availability of suitable premises in some areas of Aberdeenshire, recruitment and retention issues (this is experienced across Scotland) and gathering of appropriate Experiential Feedback for each Standard, again a common issue in other areas.

Aberdeenshire quarterly implementation reports to Scottish Government can be found [-Health and Social Care Strategies, Plans and Reports - Aberdeenshire Council](#)

This has been a priority in 2023. We have received investment through the National Drugs Mission funding which has allowed recruitment of additional staff and roles within the service. Staff have received a variety of training to ensure they all have the appropriate tools and approaches to deliver an engaging, trauma informed and person-centred service.

As part of the redesign, new roles within the service have been tested this year. An example is the role of an Occupational Therapist within the Drug and Alcohol service. This was funded through Action 15 funding and has proved to be very effective and also well received by service users. An evaluation was completed for this test of change with the following conclusions:

- Occupational therapy shows early therapeutic promise for service users through self-identification of activities that have true meaning for each person, based on their unique strengths, histories, roles and identities.
- This additional treatment approach, that places occupation at the centre, can augment existing systems and provide a valuable and beneficial biopsychosocial lens for clients and colleagues to consider
- Scale up of the pilot OT service requires long term funding for multiple highly specialized therapists with a commitment to ongoing quality improvement, flexible service design, and a pioneering spirit of client advocacy.

STEP-IN is a creation of a new pathway for people to access services quickly and at a time that is suitable for the individual. There are five multi-disciplinary teams located in Peterhead, Fraserburgh, Banff, Inverurie and Stonehaven. The team provide a range of support through Social Work, Nurse, Health Care Support Workers, Social Work support Workers and commissioned third sector workers. This ensures that people who are seeking support from Step-In receive individualised care which addresses a range of issues and reduces barriers. We are working with Housing and Welfare Rights to allow easy access to support from these services too. Further information can be found here - [Easy access to drug and alcohol services - Aberdeenshire Council](#)

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 and those with more complex needs.

Recruitment and retention of staff is a challenge for the HSCP in a similar way that it is for most organisations currently. Coupled with increasing demand for services and reducing budgets, the partnership, is going through processes to ensure the resources are focused and used in an effective way.

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:

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

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

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 - Financial Year 2022/23

At the beginning of the financial year the IJB set a balanced budget for 2022/23 of £374 million after recording an underspend position for the 2021/22 financial year of £24.3 million against the revenue budget (£16.2m relating to additional Scottish Government for Covid-19).

The financial position for 2022/23 resulted in an overspend which mirrored the financial positions pre Covid-19 in 2018/19 and 2019/20 where the AHSCP had recorded overspends against budget. In overall terms the AHSCP recorded an overspend of £6.4 million against the operating budget (1.6% of total revised budget for 2022/23).

A number of operational areas experienced financial pressure throughout 2022/23. The areas which recorded the largest pressures for the year are shown below:

GP Prescribing	£3.1m	Significant item price increases, attributed to the impact of short supply causing a spike in prices. An overall 4.% volume increase during the period was higher than expected following a period of increased volumes in 21/22.
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Older People – Care Management	£3.0m	Covid sustainability payments have now come to an end, so an increase in expenditure over the previous year was expected but all packages continue to be reviewed, especially those of high value. An increase in care at home provision post Covid, both in terms of referral numbers and complexity of cases, has been identified.
Adult Services – Community Care	£2.6m	Significant rise in costs this year due to complexity of needs, double up care and an increase in service users.
Other Direct Patient Care	£2.0m	Impact of 2C salaried medical practices generated an overspend during the period.
Community Mental Health	£1.7m	Due to requirement to use locum medical staffing due to vacancies.
Older People – Residential Care	£1.1m	Reliance on overtime, relief and agency staff due to vacancies.

Some areas recorded underspends in 2022/23 and the largest underspends for the year are shown below:

Headquarters	£2.9m	Due to difficulties and timing of recruitment relating to additional funding received in year.
Primary Care	£1.7m	This underspend primarily reflects the benefit of a rates refund in respect of prior years.
Adult Services – Mental Health	£0.9m	Payments to Third Sector are underspent as redesign of services for this client group is undertaken.
Out of Area	£0.8m	Ceasing of payments relating to a specialist facility due to transfer to a community placement.

Financial Performance - Financial Year 2023 and beyond

Aberdeenshire HSCP agreed the revenue budget for 2023-2024 in March 2023. 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.

2023-2024 is again likely to be a challenging year in financial terms, the HSCP will require to continue to balance delivery of services whilst avoiding developing the type of financial pressures which have been experienced in previous years.

Account will also continue 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 IJB is operating in an increasingly challenging environment with funding not keeping pace with increasing demand for services and increasing costs linked to the delivery of services. This is reflected in the HSCP's Medium Term Finance Strategy (MTFS), which has identified a potential £23.5 million financial gap over the next 4 years if funding levels and demand for services continue on current trends. This equates to an annual requirement of the need to identify circa £5.9 million of new cash releasing savings each year over the next 4 years, equivalent to 1.5% of the total IJB budget.

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

Many public sector organisations are facing an increasing challenge to balance their budgets in the context of increasing service demand and rising costs. Aberdeenshire IJB is no different to this pattern.

The IJBs revenue budget for 2023/2 totals £393.5 million and was agreed on 29 March 2023. The overall budget includes planned savings of £4.7 million.

Joint Equipment Service (JES)

The Joint Equipment Centre is based in Inverurie and provides an equipment ordering, delivery, collection, decontamination and storage service across the whole of Aberdeenshire. Prescribers accessing the service include Occupational Therapy, Physiotherapy, ARCH Responder Service, District Nurses, Care Management, Care Homes and staff in the acute sector at Aberdeen Royal Infirmary, Woodend Hospital, Rosewell and Dr Grays Hospital in Elgin.

In 2022-23, 36,603 items were issued by the Joint Equipment Service with a total value of £6,740,355 to 27,730 clients across Aberdeenshire. The demand for equipment through either collection or delivery is continuing to increase as illustrated in figures 26 and 27 with the trend highlighting that demand and supply levels higher are higher than in 2022. Currently the JES is able to meet the demand although there are concerns around sustainability moving forward.

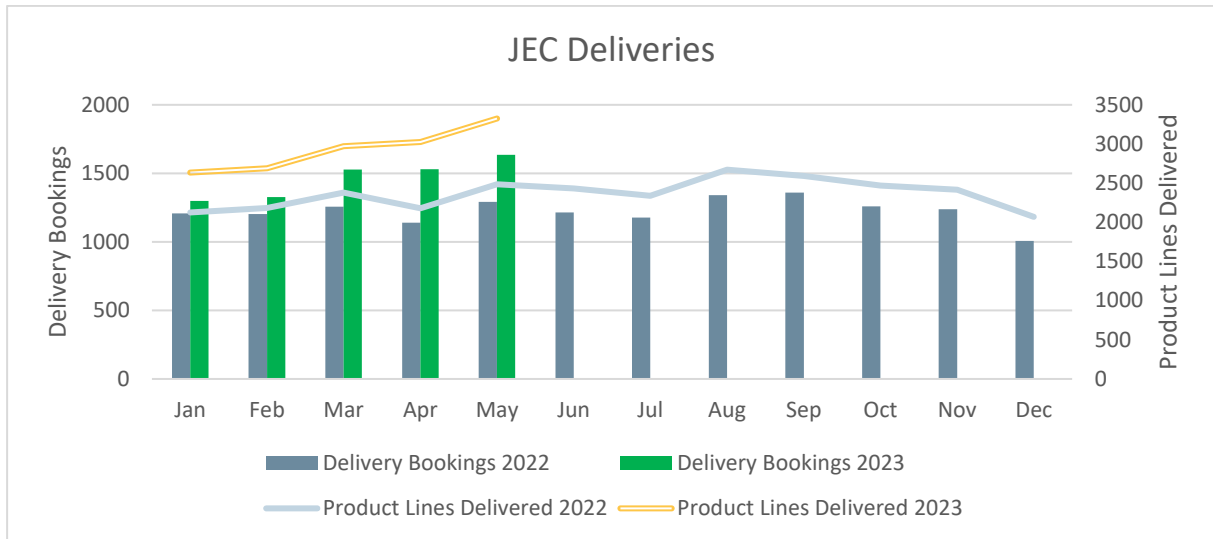


Figure 19: The number of deliveries made by the JEC

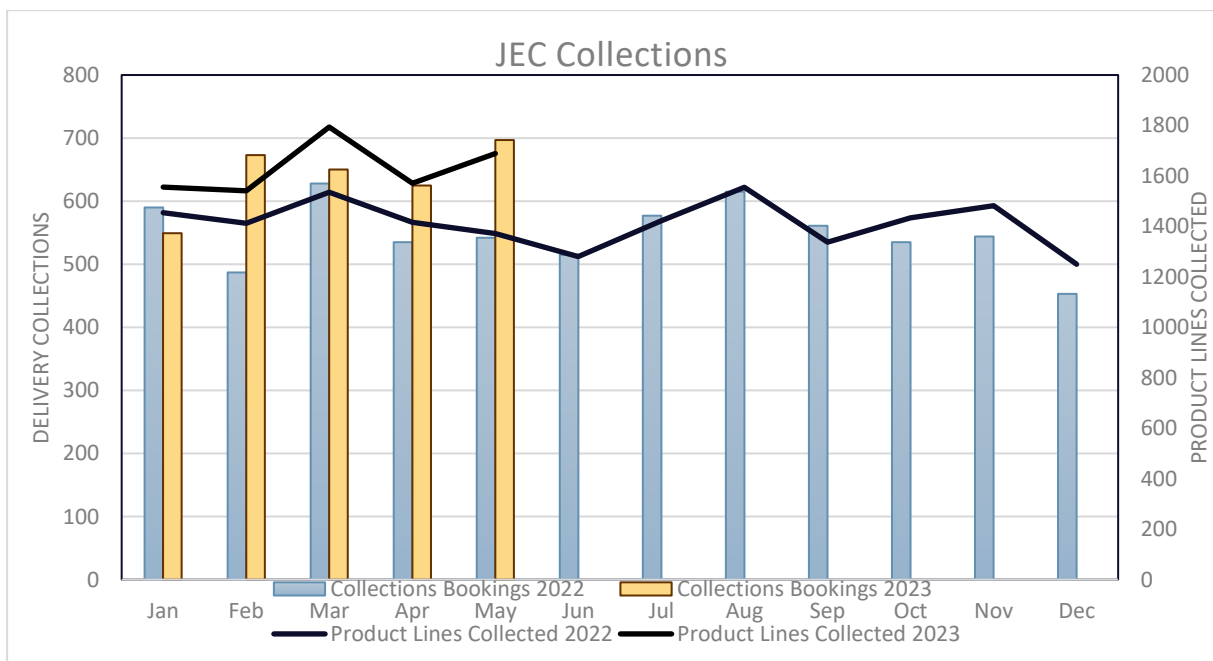


Figure 20: The number of equipment collections from the JEC

Workforce Planning

Aberdeenshire HSCP's Workforce plan was agreed by the IJB in Autumn 2022. The purpose of our Workforce Plan is to identify our workforce needs and demands and set out the key priorities for the next 3 years. Supporting staff's physical and psychological wellbeing continues to be 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.

Providing a workforce to deliver health and social care services continues to be exceptionally challenging with a range of unfilled vacancies across a wide range of staff groups but particularly in home care and nursing. More flexible approaches to recruitment and retention continue to be taken forward to help respond to these challenges.



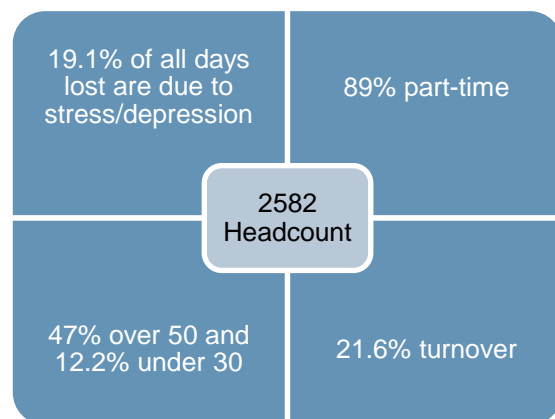
Aberdeenshire Council Health and Social Care Partnership context

After a decline in the headcount between 2019 and 2020, the current Council H&SC headcount has nearly increased back to its pre-Covid-19 level with a headcount of 2582 in February 2023.

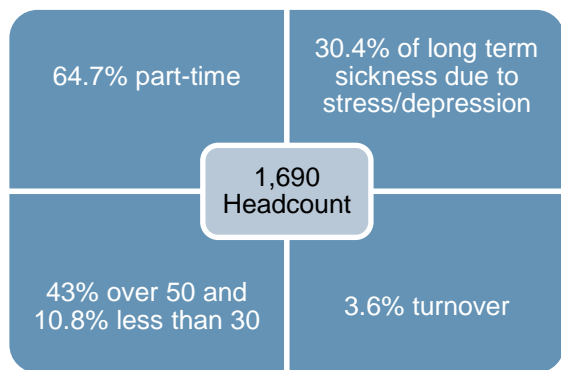
89% of the H&SC workforce is part-time permanent compared to 46% for the Council as a whole (this is also due to the fact that the Council only counts staff on 37 hours a week as full-time).

47% of the H&SC workforce is over 50 compared to 43% for Council as a whole. This has increased slightly since 2016/17 when the proportion of the H&SC workforce over 50 was 46%.

Only 12.2% of the workforce is less than 30 compared to 14.2% for the Council as a whole. The proportion younger than age 30 has improved slightly since 2016/17 when only 11.3% were in these age bands.



NHS Grampian H&SC Partnership context



The headcount for the partnership’s NHS-employed staff increased by 6.6% 2022-23 to 1,690 while the corresponding measure for NHS Grampian as a whole fell by 1.7% for the equivalent period.

Most staff (94.4%) have permanent contracts compared to a Grampian equivalent of 89%.

Most staff are part time (62.5%) although this has decreased from 64.7% during

22/23. Aberdeenshire has an older workforce than Grampian as a whole with 16.2% age 50-54, 15.7% age 55-59 and 10.9% age 60+ compared to 13.4%, 12.4% and 10.1% for Grampian. This has increased slightly since 2017/18 when 41.6% of the workforce was older than 50.

Aberdeenshire also has a lower proportion of younger people in the workforce with only 10.8% less than 30 compared to 16.6% for Grampian. However, this has improved since 2017/18 when only 8.8% of the workforce was aged less than 30.

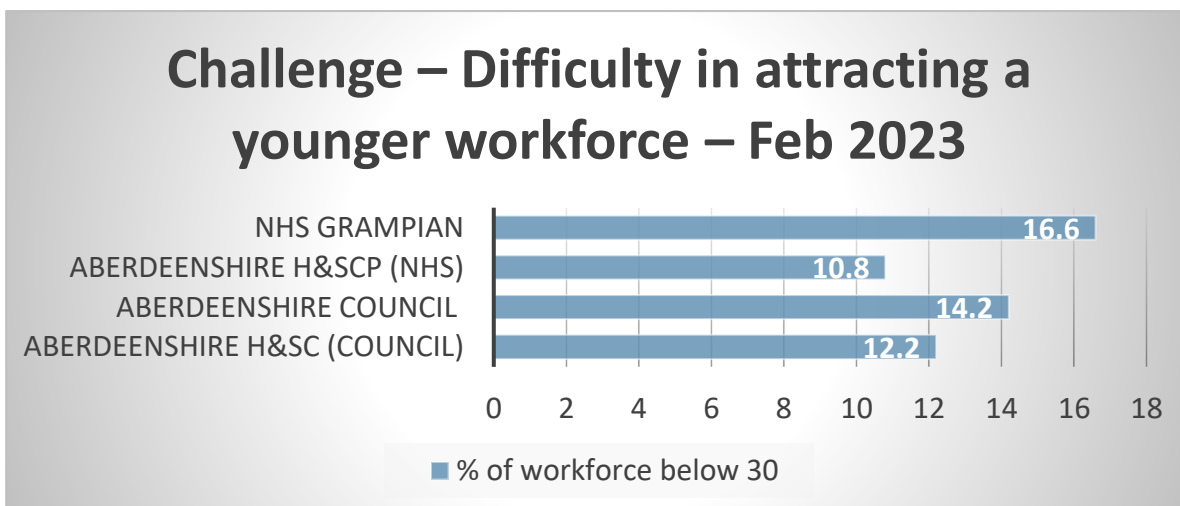


Figure 21: The percentage of workforce below 30 years old

Attracting younger people and succession planning are key challenges going forward as Aberdeenshire has the potential to lose 10.4% of its workforce by Feb 2028.

Turnover is a key issue as are the reasons for people leaving as turnover in Aberdeenshire is increasing from 3.3% to 3.6% while Grampian declined from 5.3% to 2.6% in 22/23. Turnover has however reduced from 2017/18 when it was 11.6% for Aberdeenshire.

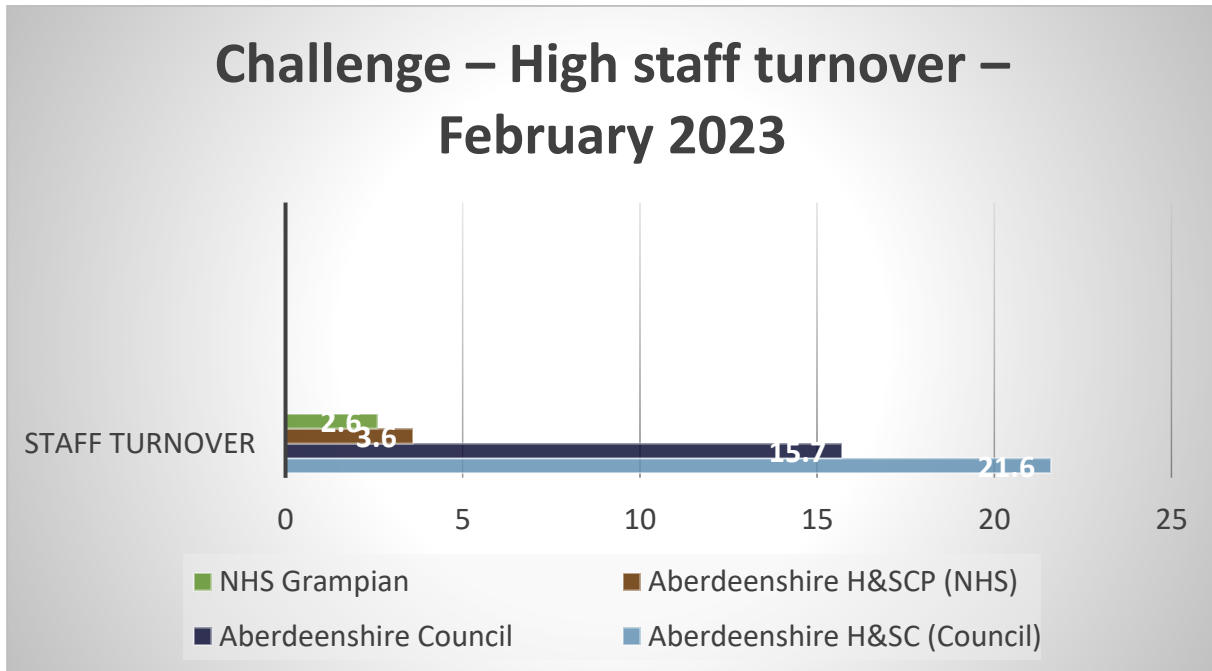


Figure 22: Percentage staff turnover

Figure 23 highlights the key actions being taken to try and respond to the workforce challenges the HSCP face.

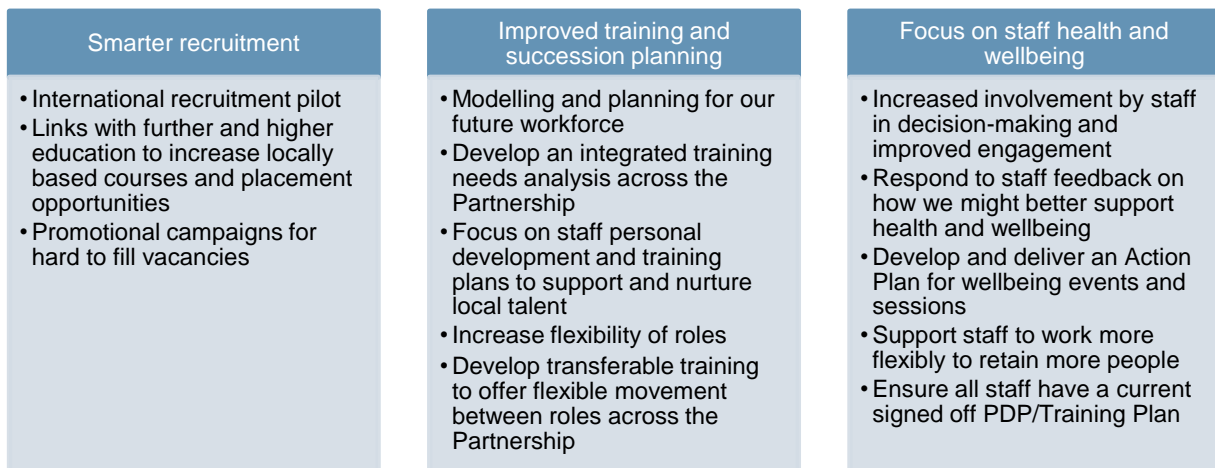


Figure 23: Keys actions in response to recruitment challenges

Staff perceptions of engagement in decision-making is low - iMatter reports that only 57% of staff feel involved in decisions. This will be a key action for the Workforce Plan’s Staff Health and Wellbeing Group to improve upon. However, 70% of iMatter respondents report that they are provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community

Community Hospitals

The AHSCP has seen a number of significant issues affecting our community hospital resources over the past year including staffing pressures and the impact of physical estates issues. Staff have shown incredible resilience and worked very hard to continue to provide safe and quality care to patients, some examples of which are described below.

A major refurbishment at Jubilee Hospital in Huntly has commenced, with Rothieden Ward now closed to inpatients whilst the roof and internal improvement works are underway. Whilst this adds to pressures in the system for beds, the work was required and is on track to be completed in November 2023. The ward will then be able to open at its full capacity which it has not been operating at for a number of years.

Staffing pressures in our community hospitals have presented challenging circumstances across Deeside towards the end of 2022. Staff have worked very hard and supported each other to continue to provide care to patients across Deeside. Measures have included increasing our bed base to manage winter pressures across the sites and continuing to support recruitment to vacant posts.

The newly developed secondary care hub service at Chalmers Hospital in Banff is now operational providing phlebotomy for secondary care patients and is working well. The increase in number of inpatient beds from 16 to 20 operational beds has also been a significant development for the GP Ward.

The response of all staff to the very challenging circumstances at Peterhead Hospital and Health Centre following the detection of Legionella pneumophila in the water system in early 2023 has been incredible both in supporting each other and all of the patients that use the site. In particular we are very grateful to the teams at both Peterhead and Fraserburgh for their hard work and support in managing the very complex process of moving Summers Ward to Fraserburgh Community Hospital to make this move as smooth as possible

Case Study: Coaching Method in Summers Ward

Summers Ward in Peterhead Community Hospital is piloting a new model of learning for nursing students commencing in June 2022. This will be the first pilot in Scotland with a desire to roll this model out across other health boards in the near future. The ward will evaluate this model of coaching and be involved in the publication of a national paper.

Coaching empowers students, allowing them to take responsibility for their learning in a non-traditional environment. The new NMC Standards for Student Supervision and

Assessment (2019) state that the student will actively participate in their own learning, “students are empowered to be proactive and to take responsibility for their learning”. The coaching model supports this aspect of the standard as the practice supervisor uses a coaching strategy to allow the learner to identify solutions to practice based problems in a safe environment.

The new standards have moved away from a mentorship approach to a practice supervisor and assessor method. Using a coaching approach allows larger groups of students to work together to deliver total patient care under the supervision of a registered nurse which changes daily. The practice assessor meets with the students regularly to assess their progress, review feedback and tailor their learning plan to ensure the learning outcomes are attainable and completed in a timely manner.

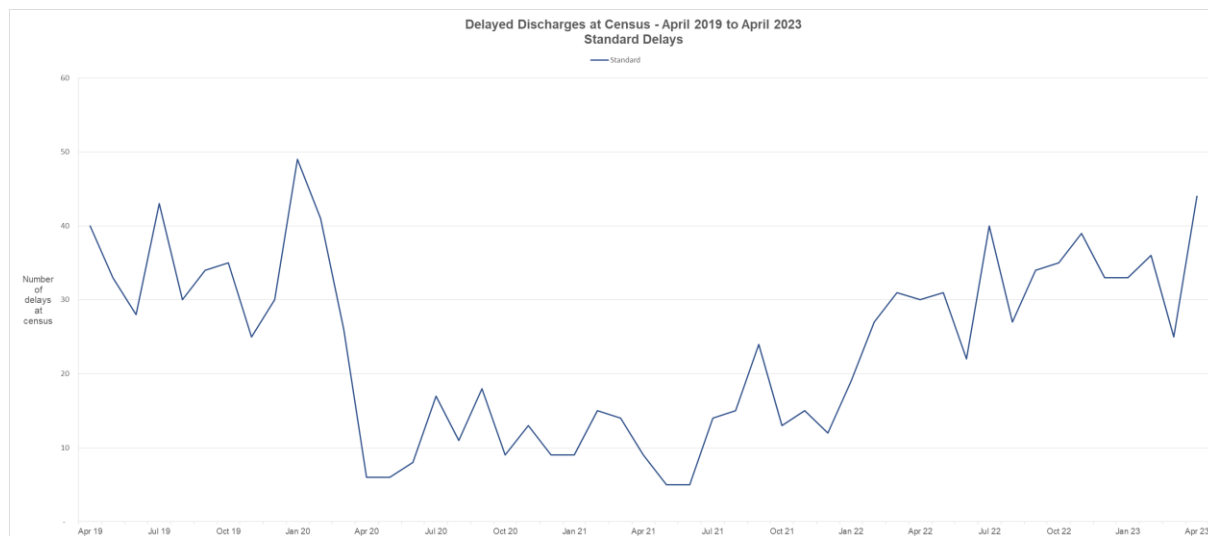
One of the many benefits of this approach is to combat the escalating concerns from patients that staffing levels are affecting the quality and safety of care delivered. Initial findings from similar projects have demonstrated an improvement in student development which leads to a better prepared and more competent qualified practitioner.

Performance

The HSCP’s performance is monitored against the national core suite of integration indicators which provides the framework for all HSCPs in Scotland to benchmark their performance and progress towards delivery of the National Health and Wellbeing Outcomes. All HSCPs are also monitored against a suite of 6 indicators set by the Ministerial Strategic Group for Health and Community Care. Appendices 4 and 5 provide analysis of Aberdeenshire HSCP’s performance for 2022/23 based on available data. *[Further analysis to be incorporated upon publication of data by PHS]*

In addition, the HSCP’s senior management team monitors a suite of local performance measures across the year with a particular focus on understanding peak areas of system pressures and demand which can impact on the experience of patients and service users’ journey through the health and care system and their access to services. This includes close monitoring and management of Delayed Discharges. Delayed Discharge describes the situation where a hospital inpatient has been assessed as being clinically ready to be discharged from hospital but cannot be discharged. This may be due to a variety of reasons (including complex and standard coded delays) but is important due to the potential negative impact on a person’s health and wellbeing including an increased risk of loss of functional ability and independence.

As illustrated below this has been a challenging area of performance for the HSCP.



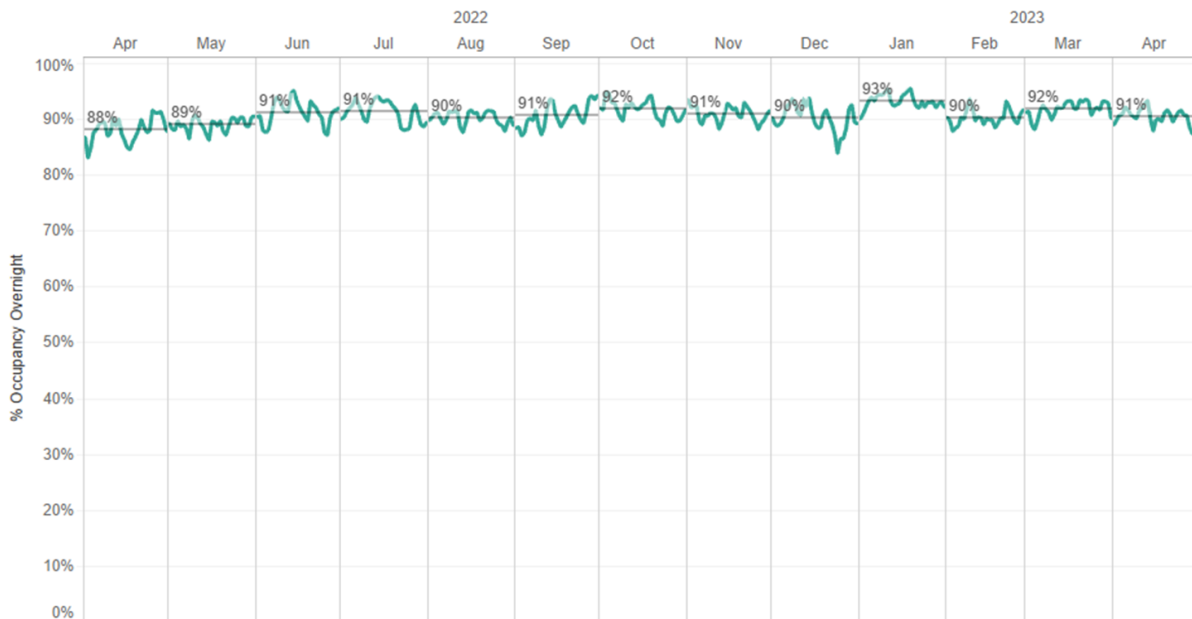
The HSCP identified through both its Surge Plan and Winter Resilience Plan the actions required to support a reduction in delayed discharges and enable maximisation of capacity through to March 2023. This included the commissioning of additional interim care beds in our care homes supported by Scottish Government funding and identification of additional surge beds which could be opened across our community hospitals in response to demand (based on appropriate risk assessment).

As previously described, from the winter period of 2022/23 continuing through into April the HSCP experienced sustained and significant pressure on the health and social care system as a whole, in particular affecting our Care Homes and Very Sheltered Housing, Care at Home, Community Hospitals, Older People/Physical Disability Care Management, Mental Health Services, Community Treatment and Care Services and Primary Care (General Practice). This reflected the situation across Grampian where health and care services have continued to face unprecedented challenges since the pandemic and continuing beyond the winter period, where the sustainability of the health and care system was under already significant pressure due to demography, population health need and workforce pressures.

The most significant pressures presented in the system’s ability to effectively and safely manage the flow of patients, where our capacity in Aberdeenshire was compromised in terms of both bed availability and care at home capacity. Staffing challenges have been a significant factor and present across many areas of service.

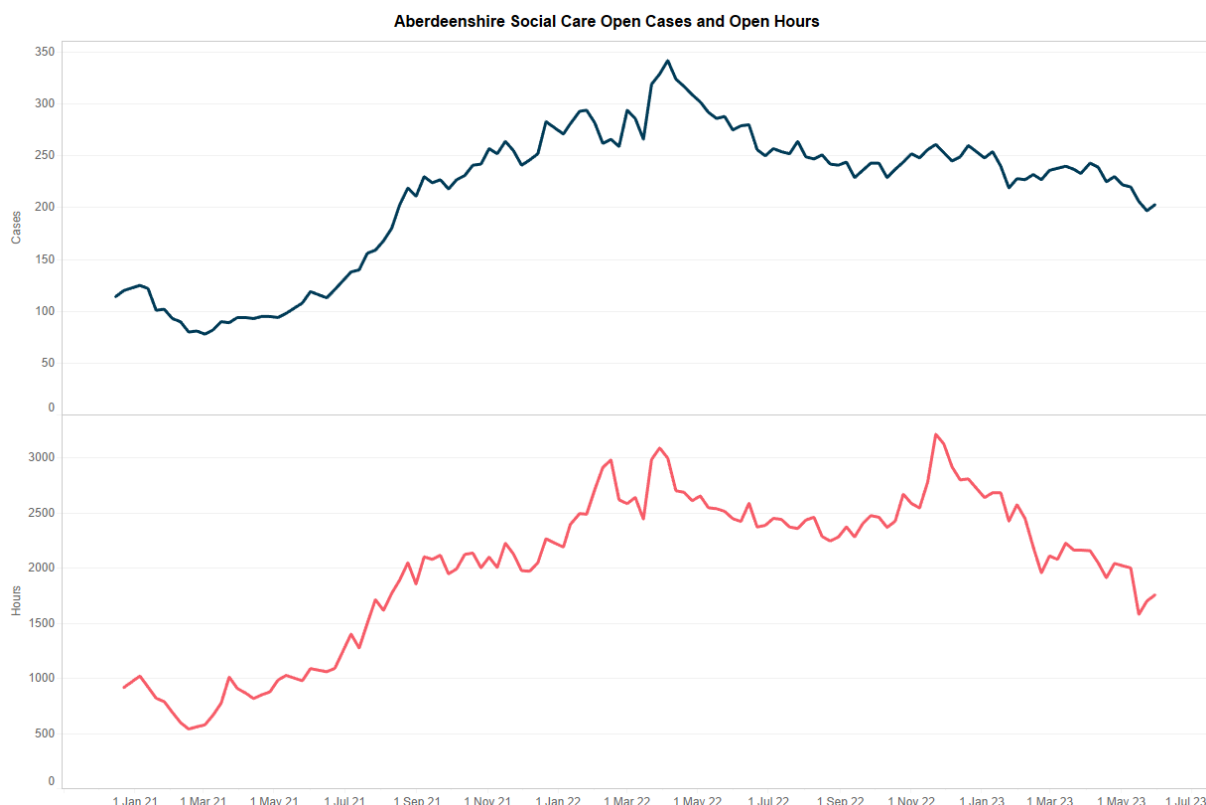
The charts below provide an illustration of the high levels of general bed occupancy maintained across Aberdeenshire community hospitals during the year.

General Wards Overnight Occupancy and Monthly Average



General Wards are the following - Chalmers General, Fraserburgh Philorth, Peterhead Summers, Inverurie Donbank, Turiff General, Kincardine Ardruithie, Aboyne General, Glen O Dee Morven and Jubilee Rothieden

As previously indicated, Delayed Discharge data can provide an indication of how well the process for assessment of patients and implementation of discharge plans is operating. However, it is just one indicator of how well our community-based services are meeting the needs of the local population in relation to provision of care at home, Care Homes, housing adaptations etc. Care at Home services are provided through a mix of both in-house and external provision and have been under sustained pressure. The AHSCP monitors weekly snapshots of care packages and outstanding hours not yet picked up by a provider as an indicator of unmet need. Towards the latter part of 2022-23 this showed a positive decreasing trend as illustrated below.



AHSCP has had in place several ongoing measures and actions to mitigate challenges around care at home at operational levels as well as transformational redesign work through the Social Care Sustainability programme previously described in this report. A short-life working group has also been convened in the last year to lead on improvement work to ensure consistency and validity of our data capture and reporting across Aberdeenshire teams with initial focus being given to agreeing a consistent measurement for people waiting for assessment.

Strategic Delivery Plan Performance

The AHSCP produced an updated strategic delivery plan which was approved by the IJB in December 2022 confirming our priority workstreams for the remaining duration of the HSCP’s Strategic Plan through to 2025. Aligned to this, a new high-level quarterly performance reporting framework has been implemented, the aim of which is to provide the IJB with a more comprehensive update on progress against all projects and workstreams under the HSCP’s Strategic Delivery Plan and also on particular areas of exception reporting against any areas of performance on which the IJB should be sighted (initially including the HSCP’s progress against Medication Assisted Treatment (MAT) Standards implementation). These reports will continue to be augmented by more in-depth project updates on all of the major transformational workstreams reported to the AHSCP Strategic Planning Group.

The AHSCP however remains acutely aware of the ongoing system demands and emerging priorities which continue to impact on health and social care services and require us to be agile in reviewing and prioritising our programmes of work on an ongoing basis to ensure realistic deliverables over the coming year. As previously

described, the Social Care Sustainability Programme is already a programme of work underway recognising the significant challenges that exist nationally as well as the issues particular to Aberdeenshire which require a systemic and transformational response. There are also significant challenges we need to address to ensure the sustainability of services in other areas particularly in relation to primary care and General Practice sustainability. In prioritising this work, the AHSCP will continue to harness all opportunities for close collaboration and cross system working with our partners in the Council, NHS, Third Sector and others. This will be particularly crucial in the development of the community, placed-based wellbeing approach through which a number of pathfinders are being explored, to help us support a shift of care pathways to prevention and improvement whilst also maximising the intent of the IJB Integration Scheme.

Appendices

Appendix 1 Members 1st April 2022 to 31st March 2023

Voting Members

Name	Organisation
Amy Anderson	NHS Grampian
Rhona Atkinson (Vice-Chair) (until 12/12/2022)	NHS Grampian
Joyce Duncan	NHS Grampian
Cllr Moray Grant (from 19/05/2022)	Aberdeenshire Council
Cllr William Howatson (until 04/05/2022)	Aberdeenshire Council
Cllr David Keating	Aberdeenshire Council
Cllr Gordon Lang (from 19/05/2022)	Aberdeenshire Council
Rachael Little (until 31/08/2022)	NHS Grampian
Steven Lindsay (from 01/08/2022)	NHS Grampian
Cllr Glen Reynolds	Aberdeenshire Council
Cllr Dennis Robertson (until 04/05/2022)	Aberdeenshire Council
Cllr Anne Stirling (Chair – from 1 Oct 2022)	Aberdeenshire Council
Dr John Tomlinson (Vice-Chair) (from 12/12/2022)	NHS Grampian
Susan Webb	NHS Grampian

Non-Voting Members

Name	Position
Pamela Milliken	Chief Officer
Chris Smith	Chief Finance and Business Officer
Leigh Jolly	Chief Social Work Officer
Rachel Taylor	Primary Care Advisor
Jenny McNicol (retired 31/12/2022) June Barnard (from 28/03/2023)	Nursing Lead Advisor
Dr Malcolm Metcalfe (until 24/08/2022)	Medical Practitioner – Secondary Care Adviser
Mr Paul Bachoo (from 12/10/2022)	Medical Practitioner – Secondary Care Adviser

Stakeholder Representatives Non-Voting Members

Name	Position
Inez Kirk	Trade Union representative
Martin McKay (Keith Grant, sub)	Trade Union representative
David Hekelaar	Third Sector representative
Sue Kinsey	Third Sector representative
Angie Mutch	Service User representative
Fiona Culbert	Carer representative
VACANT	Carer representative

Appendix 2 Aberdeenshire HSCP expenditure by service area 2016/17 to 2022/23

	2016/17		2017/18		2018/19		2019/20		2020/21		2021/22		2022/23	
	£m	%	£m	%	£m	%	£m	%	£m	%	£m	%	£m	%
Community hospitals	18.45 6	6.1	18.63 7	6.1	17.6 61	5.6	18.2 51	5.4	17.2 09	4.8	17.75 8	4.8	20.1 9	4.8
Other community health services	25.34 1	8.4	24.47 1	8.0	27.1 6	8.6	30.9 56	9.2	33.5 86	9.4	36.59 86	9.4	47.5 5	9.4
Primary care	36.69 3	12.	37.03 6	12.	38.5 95	12.	41.3 76	12.	42.8 42	11.	44.03 07	11.	43.2 3	11.
Prescribing	43.76 5	14.	45.07 4	14.	43.9 87	13.	44.6 23	13.	44.2 24	12.	45.89 53	12.	49.6 2	12.
Community Mental Health	7.429	2.5	7.713	2.5	7.82 1	2.5	8.75 8	2.6	10.7 47	3.0	11.48 64	3.0	13.4 8	3.0
Aberdeenshire share of hosted services	12.37 4	4.1	13.56 2	4.4	14.0 32	4.4	15.6 38	4.6	14.8 19	4.1	16.54 56	4.1	17.8 7	4.1
Out of area treatments	1.792	0.6	1.909	0.6	2.39 1	0.8	2.6 2.6	0.8	3.45 8	1.0	3.583 61	1.0	2.77 2.77	1.0
Set aside services	26.66 5	8.8	24.52 7	8.0	28.5 24	9.0	30.3 85	9.0	31.2 97	8.7	32.34 9	8.7	34.5 2	8.7
Management and Business Services	5.271	1.7	6.625	2.2	6.02 2	1.9	6.01 3	1.8	18.0 34	5.0	12.74 55	5.0	7.06 7.06	5.0
Adult Services	44.66 4	14.	51.67 9	16.	51.7 51	16.	56.6 27	16.	57.2 56	16.	59.13 37	16.	69.5 9	16.
Older people, physical and sensory disabilities	75.31 7	24.	73.62 2	24.	77.4 98	24.	82.2 43	24.	84.0 27	23.	90.25 23	23.	100. 94	23.
Funds	4.17	1.4	1.819	0.6	1.40 3	0.4	0 0	0.0	1.07 5	0.3	3.723 85	0.3	10.2 5	0.3
	301.9	100	306.6	100	316.	100	337.	100	358.	100	374.1	100	417.	100
	37	.0	74	.0	85	.0	47	.0	57	.0	0	.0	05	.0

Appendix 3 Aberdeenshire HSCP expenditure by locality and Partnership area 2016/17 to 2022/23

	2016/17		2017/18		2018/19		2019/20		2020/21		2021/22		2022/23	
	£m	%	£m	%	£m	%	£m	%	£m	%	£m	%	£m	%
North localities	Data not available for 2016/17		62.29 4	20. 3	62.0 73	19. 6	66.1 9	19. 6	66.0 4	18. 4	72.02 0	18. 4	82.2 0	18. 4
Central localities			53.50 9	17. 4	55.9 24	17. 7	59.6 9	17. 7	60.9 6	17. 0	62.66 1	17. 0	72.1 7	17. 0
South localities			43.28 2	14. 1	46.0 02	14. 5	52.3 78	15. 5	53.6 4	15. 0	59.90 1	15. 0	70.3 3	15. 0
Business and Strategy			8.826	2.9	9.03	2.8	8.23 3	2.4	9.45	2.6	9.145	2.6	11.5 7	2.6
Cross area services			105.2 93	34. 3	106. 83	33. 7	115. 87	34. 3	115. 12	32. 1	120.1 15	32. 1	125. 80	32. 1
Aberdeenshire-wide			7.124	2.3	7.06 3	2.2	4.72 6	1.4	20.9 9	5.9	14.83 4	5.9	10.4 5	5.9
Funds Set aside services			1.819 7	0.6 8.0	1.40 3	0.4	0 0	0.0	1.08 0	0.3	3.077 9	0.3	10.0 2	0.3
			<u>306.6</u> <u>74</u>	<u>100</u> <u>.0</u>	<u>316.</u> <u>85</u>	<u>100</u> <u>.0</u>	<u>337.</u> <u>47</u>	<u>100</u> <u>.0</u>	<u>358.</u> <u>57</u>	<u>100</u> <u>.0</u>	<u>374.1</u> <u>0</u>	<u>100</u> <u>.0</u>	<u>417.</u> <u>05</u>	<u>100</u> <u>.0</u>

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

	Indicator Title		Aberdeenshire		Scotland	RAG
			Previous score* 2019/20	Current score 2021/22	Current score 2021/22	
Outcome indicators	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		
Data indicators	NI - 11	Premature mortality rate per 100,000 persons (<i>European age-standardised mortality rate per 100,000 for people aged under 75</i>)	348 <small>2020</small>	367 <small>2021</small>	466	G	*
	NI - 12	Emergency admission rate (per 100,000 population)	8,300 <small>2021/22</small>	8,392 <small>2022</small>	-	G	**
	NI - 13	Emergency bed day rate (per 100,000 population)	79,795 <small>2021/22</small>	83,086 <small>2022</small>	-	G	**
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	101 <small>2021/22</small>	92 <small>2022</small>	-	G	**
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	91% <small>2021/22</small>	91% <small>2022</small>	-	G	**
	NI - 16	Falls rate per 1,000 population aged 65+	17 <small>2021/22</small>	17 <small>2022</small>	-	G	**
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	91% <small>2020/21</small>	77% <small>2021/22</small>	76%	G	*
	NI - 18	Percentage of adults with intensive care needs receiving care at home	59% <small>2021</small>	63% <small>2022</small>	64%	A	
	NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	270 <small>2021/22</small>	490 <small>2022/23</small>	919	G	
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22% <small>2019/20</small>	22% <small>2019/20</small>	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		

Notes:




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.

* Indicator will be updated in July 2023

** Current score uses calendar and not financial year for indicators 12 to 16 as recommended by PHS as data is more complete. Data for Scotland cannot be released until the PHS publication in July, please note figures shown here will not match this publication due to the timescales for the Annual Performance Report, an update will be provided at a later date with July data

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

RAG scoring based on the following criteria

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

Appendix 5 Aberdeenshire HSCP Performance against Ministerial Strategic Group (MSG) Indicators

		Reporting Period								Target	Performance comparing 2022/23 and baseline year
		2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23		
1a	Number of emergency admissions 18+	16,714	16,579	16,862	17,415	17,826	15,234	16,518	17,151	Maintain 2015/16 Levels	2.6% above target
2a	Number of unscheduled hospital bed days; acute specialties 18+	144,766	148,763	147,429	144,517	144,984	113,578	135,697	135,587	Maintain 2015/16 Levels	6.3% below target
2c	Number of unscheduled hospital bed days; Mental Health specialties 18+	34,620	35,551	32,295	35,393	32,151	26,698	27,968	27,850	Maintain 2015/16 Levels	19.6% below target
3a	A&E Attendances 18+	18,984	19,616	20,255	21,324	22,135	16,980	19,642	20,969	Maintain 2015/16 Levels	10.6% above target
4	Delayed Discharge bed Days (all reasons)	28,293	18,176	16,334	17,221	16,381	6,395	8,435	16,832	Maintain 2017/18 Levels	2.3% 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%	91.5%	NA	Maintain 2015/16 Levels	2% 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	426,724	409,363	NA	Maintain 2015/16 Levels	11.5% above target
6		95.8%	96.0%	96.3%	96.3%	96.4%	96.8%	96.7%	NA		1% above target

Balance of Care: Percentage of population 65+ living at home (supported and unsupported)										Maintain 2015/16 Levels		
--	--	--	--	--	--	--	--	--	--	-------------------------	--	--

Data Source: Public Health Scotland MSG Indicators reported in June 2023

Notes:

1. The table above shows performance against the MSG indicators for the last seven reporting years and current year to date. 2015/16 has been set as the baseline year against which five of the six performance objectives 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.
2. Data for current year for indicators 1a, 2a, 2c, 5a and 5b remains provisional and may be subject to change and be affected by data completeness issues.
3. 2021/22 figures for indicator 6 have just been released in June 2023.

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
DATE: 2023

Alcohol and Drug Partnership (ADP) Annual Reporting Survey :22/23

1 Recommendation

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

- 1.1 Notes the contents of the Aberdeenshire Alcohol and Drug Partnership (ADP) Annual Reporting Survey
- 1.2 Provides confirmation of agreement to sign off the Aberdeenshire ADP Annual Reporting Survey

2 Directions

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

3 Risk

- 3.1 Risk 1975: Child, Adult & Public Protection, Risk 2267: Poor Health & Social Care Policy Alignment, Risk 1589: Failure to deliver standards of care expected, Risk 2389: Service/Business alignment with current & future needs.

4 Background

- 4.1 The survey is designed to collect information from all ADPs across Scotland on a range of activities relating to the delivery of the National Mission ; National Mission: An outcomes focussed approach - National Drugs Mission Plan: 2022-2026 - gov.scot (www.gov.scot). The reporting period is financial year 2022/23. This survey is not intended to provide information on the full range of work undertaken by the partners of the ADP where these areas already report at a national level. Examples of this are the Implementation of the Medication Assisted Treatment Standards (Introduction - Medication Assisted Treatment (MAT) standards: access, choice, support - gov.scot (www.gov.scot)), Implementation of the "*Framework for Improving Holistic Family Support : Towards a Whole Family Approach and Family Inclusive Practice in Drug and Alcohol Services*" (amilies Affected by Drug and Alcohol Use in Scotland : A Framework for Holistic Whole Family Approaches and Family Inclusive Practice (www.gov.scot)) and quarterly reporting through Health Improvement Scotland monitoring the number of people accessing residential rehabilitation.

- 4.2 The purpose of the Annual Reporting Survey is, therefore, to gather data at a national level to inform Drug and Alcohol policy monitoring and evaluation. The areas highlighted at a national level relate to:
- The monitoring of the National Mission
 - The work of National groups including Whole Family Approach group, Public Health Surveillance group and the Residential Rehabilitation group; and
 - The priority areas of work for National organisations such as Police Scotland which support whole system delivery approach
- 4.3 The data collected across all ADPs will be analysed and published at an aggregate level as official statistics. Public Health Scotland having access to all data to inform policy monitoring and evaluation. At a local level, however, the expectation is to publish the Aberdeenshire return and use the information gathered to inform challenges and opportunities highlighting priority areas for future work.
- 4.4 The Survey Reporting template introduces a new format of ADP Annual reporting. Previously, qualitative information was required to evidence delivery across both national and also the full range of local strategic priorities. Financial reporting was included. It is important going forward that there is the consideration around how Aberdeenshire ADP continue to gather the good qualitative information and specially around the outcomes for people who are supported by the wide range of activities provided across our communities.

5 Summary

- 5.1 The new ADP Annual Reporting Survey focusses on key areas which the Scottish Government wish to gather additional information for Drug and Alcohol policy monitoring and evaluation. Reporting requirements are already established and reports submitted for other areas of Drug and Alcohol policy implementation e.g. Quarterly and Annual MAT Standards reporting and Whole Family Approach Implementation Report which has been submitted during 22/23.
- 5.2 The Reporting Survey 2022/23 clearly connected to the aspirations of the National Mission, therefore focusses on providing information relating to the ADP's activities and engagement in the following priorities:
- Death Review Process
 - Harm Reduction – including engaging with people at higher risk
 - Staff Resources
 - Lived and Living Experience
 - Early Intervention
 - ADP Structures
 - Justice
 - Children and Families
- 5.3 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the

preparation of this report and any comments have been incorporated within the report.

6 Equalities, Staffing and Financial Implications

- 6.1 An Integrated Impact Assessment is not required because the contents of this report is purely a summary of the information contained in the national reporting survey template giving account of the range of multi agency activities across the Aberdeenshire Alcohol and Drug Partnership.

Jeff Shaw, Partnership Manager, North
Aberdeenshire Health and Social Care Partnership

Report prepared by Gillian Robertson
Date 22 June 2023

Appendix 1 – Annual Reporting Survey 2022/23

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2022/23

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission **during the financial year 2022/23**. This will not reflect the totality of your work but will cover those areas where you do not already report progress nationally through other means.

The survey is primarily composed of single option and multiple-choice questions, but we want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all of these in place. We have also included open text questions where you can share more detail.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are aware of some element of duplication with regards to questions relating to MAT Standards and services for children and young people. To mitigate this, we've reviewed the relevant questions in this survey and determined the ones that absolutely need to be included in order to evidence progress against the national mission in the long-term. While some of the data we are now asking for may appear to have been supplied through other means, this was not in a form that allows for consistently tracking change over time.

The data collected will be used to better understand the challenges and opportunities at the local level and the findings will be used to help inform the following:

- The monitoring of the National Mission;
- The work of a number of national groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The priority areas of work for national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as [Official Statistics](#) on the Scottish Government website. All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Tuesday 27th June 2023. Your submission should be signed off by the ADP and the IJB, with confirmation of this required at the end of the questionnaire. We are aware that there is variation in the timings of IJB meetings so please let us know if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Q1) Which Alcohol and Drug Partnership (ADP) do you represent?
[single option, drop-down menu]

Aberdeenshire ADP

Q2) Which groups or structures were in place **at an ADP level** to inform surveillance and monitoring of alcohol and drug harms or deaths? (select all that apply)
[multiple choice]

- Alcohol harms group
- Alcohol death audits (work being supported by AFS)
- Drug death review group
- Drug trend monitoring group/Early Warning System
- None

Other (please specify): Unceratin about the definition of "at an ADP level ". The multi agency Review and Development Group is coordinated by HSCP as an ADP partner and attended by various partners

Q3a) Do Chief Officers for Public Protection receive feedback from drug death reviews?
(select only one)
[single option]

- Yes
- No
- Don't know

Q3b) If no, please provide details on why this is not the case.
[open text – maximum 255 characters]

Yes - where relevant and provided by appropriate partner identifying risk

Q4a) As part of the structures in place for the monitoring and surveillance of alcohol and drugs harms or deaths, are there local processes to record lessons learnt and how these are implemented? (select only one)
[single option]

- Yes
- No
- Don't know

Q4b) If no, please provide details.
[open text – maximum 255 characters]

Cross-cutting priority: Resilient and Skilled Workforce

Q5a) What is the whole-time equivalent staffing resource routinely dedicated to your ADP Support Team as of 31st March 2023.
[open text, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	1.50
Total vacancies (whole-time equivalent)	0.00

Q5b) What type of roles/support (e.g. analytical support, project management support, etc.) do you think your ADP support team might need locally? Please indicate on what basis this support would be of benefit in terms of whole-time equivalence.
[open text – maximum 255 characters]

1 wte coordinator 1 wte community engagement/ experiential data lead 1 wte prevention/ health improvement lead 1 wte analyst officer

Q6a) Do you have access to data on **alcohol and drug services** workforce statistics in your ADP area? (select only one)
[single option]

- Yes
- No (please specify who does): This is managed and reported by HSCP - Information provided below
- Don't know

6b) If yes, please provide the whole-time equivalent staffing resource **for alcohol and drug services** in your ADP area.
[open text, decimal]

Total current staff (whole-time equivalent)	110.00
Total vacancies (whole-time equivalent)	7

Q7) Which, if any, of the following activities are you aware of having been undertaken in your ADP area to improve and support workforce wellbeing (volunteers as well as salaried staff)? (select all that apply)
[multiple choice]

- Coaching, supervision or reflective practice groups with a focus on staff wellbeing
- Flexible working arrangements
- Management of caseload demands
- Provision of support and well-being resources to staff
- Psychological support and wellbeing services
- Staff recognitions schemes
- None

Other (please specify): Considerable attempts to provide honorariums for volunteer ADP office bearers. These have not come to fruition yet because of significant hurdles to be overcome regards complex governance requirements.

Cross cutting priorities: Lived and Living Experience

Q8a) Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience using services you fund? (select all that apply)

[multiple choice]

- Feedback/complaints process
- Questionnaire/survey
- No
- Other (please specify):

Q8b) How do you, as an ADP, use feedback received from people with lived/living experience and family members to improve service provision? (select all that apply)

[multiple choice]

	Lived/living experience	Family members
Feedback used to inform service design	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback used to inform service improvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback used in assessment and appraisal processes for staff	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback is presented at the ADP board level	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Feedback is integrated into strategy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		

Q9a) How are **people with lived/living experience** involved within the ADP structure?

(select all that apply)

[multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other (please specify)
Board representation at ADP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Focus group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lived experience panel/forum	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Questionnaire/ surveys	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (please specify)				ADP Vice chair is from the recovery community. Community forums reps

				are integral members of the ADP
--	--	--	--	---------------------------------

Q9b) How are **family members** involved within the ADP structure? (select all that apply)
[matrix, multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other stage (please specify)
Board representation at ADP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Focus group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lived experience panel/forum	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Questionnaire/ surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)				

Q9c) If any of the above are in development for either people with lived/living experience and/or family members, please provide details.
[open text – maximum 2000 characters]

Service users are encouraged within all services to include family members in understanding their care plan. Recent experiential and staff feedback highlighted this to be an area that requires further development.

Q10) What monitoring mechanisms are in place to ensure that services you fund are encouraged/supported to involve people with lived/living experience and/or family members in the different stages of service delivery (i.e. planning, implementation and scrutiny)?
[open text – maximum 2000 characters]

Under the ADP sub group structure, there is a Lived and Living Experienced Group (LLE) who are involved in consideration of funding applications and influence any recommendataions e.g. implementation of commissioning where appropriate. There were reviews and evaluations conducted for projects to consider continued contribution to strategy and priorities. Again the LLE group were asked for a view on these reports. MAT Standards brought redesign of services, this included service users views in their design and feel of the revitalised service. All Services continue to ask for feedback from service users to support implementation of improvements identified

Q11) Which of the following support is available to people with lived/living experience and/or family members to reduce barriers to involvement? (select that apply)
[multiple choice]

- Advocacy
- Peer support
- Provision of technology/materials
- Training and development opportunities
- Travel expenses/compensation
- Wellbeing support
- None

Other (please specify): Local services provide a range of support including wellbeing support to reduce barriers. This includes funded providers for Peer and Family Support and the Drug and Alcohol Service

Q12a) Which of the following volunteering and employment opportunities for people with lived/living experience are offered by services in your area? (select all that apply)
[multiple choice]

- Community/recovery cafes
- Job skills support
- Naloxone distribution
- Peer support/mentoring
- Psychosocial counselling
- None
- Other (please specify): Participation in Peer led Community Forums and associated community groups as well as through wider support and activities available through commissioned Peer Support

Q12b) What are the main barriers to providing volunteering and employment opportunities to people with lived/living experience within your area?
[open text – maximum 2000 characters]

Governance required in volunteering procedures are specific and represent a barrier. There is lack of resource to allow coordination of opportunities whilst providing support for LLE to accessing volunteering and employment opportunities.

Q13) Which organisations or groups are you working with to develop your approaches and support your work on meaningful inclusion? (select all that apply)
[multiple choice]

- MAT Implementation Support Team (MIST)
- Scottish Drugs Forum (SDF)
- Scottish Families Affected by Drugs and Alcohol (SFAD)
- Scottish Recovery Consortium (SRC)
- None
- Other (please specify):
 1. Aberdeenshire Peer Support Service (TPS)
 2. Aberdeenshire Council CLD Service
 3. Aberdeen Voluntary Action
 4. Others including, Police Scotland, Aberdeenshire Council and NHS partners

Cross cutting priorities: Stigma Reduction

Q14) Do you consider stigma reduction for people who use substances and/or their families in any of your written strategies or policies (e.g. Service Improvement Plan)? (select only one)

[single option]

- Yes (please specify which): 1. Radical kindness and tackling stigma are central to our current strategy, 'Being Human'
2. Service Development Plan (including implementation of MAT Standards) .
- No
- Don't know

Q15) Please describe what work is underway to reduce stigma for people who use substance and/or their families in your ADP area.

[open text – maximum 2000 characters]

1. Navigating different opinions of stakeholders to take down barriers to providing community member ADP office bearers with a financial honorarium.
2. A workshop with 50% community members and 50% senior organisational leaders across all grampian public services on stigma. The goal is for senior people to hear the experiences of 6 community members in plenary and then break out into groups conversation café style. The goal is to encourage leaders to take a tangible stance in their organisations. Chair of NHSG and Chief Officer of Aberdeenshire IJB involved.
3. One of the 3 goals of our funded acute hospital alcohol drug care team is to tackle stigma and influence attitude change in hospital staff.
4. HSCP services have a dedicated resource which includes work and activities to reduce stigma in communities and local police staff. Staff are involved with various community events to help people understand more about alcohol and drug use, including the impact of stigma as well as the harm related to people who have drug and alcohol problems. Staff have also provided a range of training to various groups of staff, parents etc to help understand drug and alcohol use. Would like to include more family members in these activities.

Fewer people develop problem substance use

Q16) How is information on local treatment and support services made available to different audiences **at an ADP level** (not at a service level)? (select all that apply)
[multiple choice]

	Non-native English speakers (English Second Language)	People with hearing impairments	People with learning disabilities and literacy difficulties	People with visual impairments	Other audience (please specify)
In person (e.g. at events, workshops, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leaflets/posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Online (e.g. websites, social media, apps, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)					Teams infrastructure (currently with 345 members) with daily curated content and weekly mass mailing summarising links to stories in the week passed and links to public events/ peer groups/ training coming up in the next week.

Q17) Which of the following education or prevention activities were funded or supported by the ADP? (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)	25+ (adults)	Parents	People in contact with the justice system	Other audience (please specify)
Counselling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overdose awareness and prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Peer-led interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal and social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Planet Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pre-natal/pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reducing stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seasonal campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teaching materials for schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wellbeing services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Youth activities (e.g. sports, art)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Youth worker materials/training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)								

Risk is reduced for people who use substances

Q18a) In which of the following settings is **naloxone** supplied in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q18b) In which of the following settings is **Hepatitis C testing** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q18c) In which of the following settings is the **provision of injecting equipment** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q18d) In which of the following settings is **wound care** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Community pharmacies
- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q19a) Are there protocols in place to ensure **all** prisoners identified as at risk are offered with naloxone upon leaving prison? (select only one)

[single option]

- Yes
- No
- No prison in ADP area

Q19b) If no, please provide details.

[open text – maximum 255 characters]

People most at risk have access to treatment and recovery

Q20a) Are referral pathways in place in your ADP area to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? (select only one)

[single option]

- Yes
- No
- Don't know

Q20b) If yes, have people who have experienced a near-fatal overdose been successfully referred using this pathway? (select only one)

[single option]

- Yes
- No
- Don't know

Q20c) If no, when do you intend to have this in place?

[open text – maximum 255 characters]

Q21) In what ways have you worked with justice partners? (select all that apply)

[multiple choice]

- Contributed towards justice strategic plans (e.g. diversion from justice)
- Coordinating activities
- Information sharing
- Joint funding of activities
- Justice partners presented on the ADP
- Prisons represented on the ADP (if applicable)
- Providing advice/guidance
- None
- Other (please specify):

Q22a) Do you have a prison in your ADP area? (select only one)

[single option]

- Yes
- No

Q22b) Which of the following activities did the ADP support or fund at the different stages of engagement with the justice system? (select all that apply)
[multiple choice]

	Pre-arrest	In police custody	Court	Prison (if applicable)	Upon release	Community justice
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buvidal provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detoxification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
“Life skills” support or training (e.g. personal/social skills, employability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid Substitution Therapy (excluding Buvidal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-to-peer naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery cafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery wing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals to alcohol treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals to drug treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	x	x	x	x	x	All Directly implemented by Communit

							y Justice Partnershi p
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Q23a) How many [recovery communities](#) are you aware of in your ADP area?

[open text, integer]

16

Q23b) How many recovery communities are you actively engaging with or providing support to?

[open text, integer]

16

Q24a) Which of the following options are you using to engage with or provide support to recovery communities in your area? (select all that apply)

[multiple choice]

- Funding
- Networking with other services
- Training
- None
- Other (please specify): We've invested in a Peer Support service

Q24b) How are recovery communities involved **within the ADP**? (select all that apply)

[multiple choice]

- Advisory role
- Consultation
- Informal feedback
- Representation on the ADP board
- Recovery communities are not involved within the ADP
- Other (please specify):

People receive high quality treatment and recovery services

Q25) What treatment or screening options are in place to address **alcohol harms**? (select all that apply)

[multiple choice]

- Access to alcohol medication (Antabuse, Acamprase, etc.)
- Alcohol hospital liaison
- Alcohol related cognitive testing (e.g. for alcohol related brain damage)
- Arrangements for the delivery of alcohol brief interventions in all priority settings
- Arrangement of the delivery of alcohol brief interventions in non-priority settings
- Community alcohol detox
- In-patient alcohol detox
- Fibro scanning
- Psychosocial counselling
- None
- Other (please specify): Occupational Therapy, Supported programmatic and social support groups, Access Points, Home Care, Outreach

Q26) Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? (select all that apply)

[multiple choice]

- Current models are not working
- Difficulty identifying all those who will benefit
- Further workforce training required
- Insufficient funds
- Lack of specialist providers
- Scope to further improve/refine your own pathways
- None
- Other (please specify): Waiting lists , lack of innovation and flexibility in residential offering

Q27) Have you made any revisions in your pathway to residential rehabilitation in the last year? (select only one)

[single option]

- No revisions or updates made in 2022/23
- Revised or updated in 2022/23 and this has been published
- Revised or updated in 2022/23 but not currently published

Q28) Which, if any, of the following barriers to implementing MAT exist in your area? (select all that apply)

[multiple choice]

- Difficulty identifying all those who will benefit
- Further workforce training is needed
- Insufficient funds
- Scope to further improve/refine your own pathways

- None
- Other (please specify): Recruitment of staff, identification of suitable and accessible premises,

Q29a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **alcohol**? (select all that apply) [multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionary activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employability support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach/mobile	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input type="checkbox"/>
School outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support/discussion groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		

Q29b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary)** affected by **alcohol**. [open text – maximum 2000 characters]

There are Family Wellbeing Hubs being piloted, Children and Families support and intervention within Girfec Framework. LIBRA is the Whole Family Approach team who become involved where risk and need is at a certain level that requires more intensive intervention. The GIRFEC approach is applied across universal services to ensure that each situation is managed in the appropriate way and proportionate to risk and need. There are no specific alcohol services in place, however, additional resource and training is in place across universal and targeted services to avoid labelling and provide early intervention/diversion etc. Where the need or risk escalates then LIBRA will provide family inclusive support.

Q30a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **drugs**? (select all that apply) [multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Diversionary activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employability support	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Justice services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Opioid Substitution Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach/mobile	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input type="checkbox"/>
School outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support/discussion groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		

Q30b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary) affected by drugs.**

[open text – maximum 2000 characters]

There are Family Wellbeing Hubs being piloted, Children and families support and intervention within Girfec framework. LIBRA is the Whole Family Approach team who become involved where risk and need is at a certain level that requires more intensive intervention. The GIRFEC approach is applied across universal services to ensure that each situation is managed in the appropriate way and proportionate to risk and need. There are no specific drug services in place, however, additional resource and training is available across universal and targeted services to avoid labelling and provide early intervention/diversion etc. Where the need or risk escalates then LIBRA will provide intensive Family Inclusive Support.

Quality of life is improved by addressing multiple disadvantages

Q31) Do you have specific treatment and support services in place for the following groups?
(select all that apply)
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People from minority ethnic groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People from religious groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People who are experiencing homelessness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People who are LGBTQI+	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People who are pregnant or peri-natal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People who engage in transactional sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People with hearing impairments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People with learning disabilities and literacy difficulties	<input type="checkbox"/>	<input checked="" type="checkbox"/>
People with visual impairments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Women	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		All Services are responsive and adapt to individual characters and needs. Numbers and geography would not provide best value to develop specific services.

Q32a) Are there formal joint working protocols in place to support people **with co-occurring substance use and mental health diagnoses** to receive mental health care? (select only one)
[single choice]

- Yes (please provide link here or attach file to email when submitting response):
 No

Q32b) If no, please provide details.

[open text – maximum 255 characters]

Work is ongoing in line with MAT 9 and colleagues from both Drug and Alcohol and mental Health Services are keen to progress

Q33) Are there arrangements (in any stage of development) within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis?**

[open text – maximum 2000 characters]

Ongoing collaboration with HSCP Drug and Alcohol and community and hospital Mental Health services. Two Tests of Change to develop greater collaboration in referral systems/ intervention and support delivery to commence Summer 202

Q34) How are you, as an ADP, linked up with support service **not directly linked to substance use** (e.g. welfare advice, housing support, etc.)?

[open text – maximum 2000 characters]

Through ongoing work with ADP partners and alcohol and drug services who have developed close working relationships and new pathways to allow people faster access to these key support services. ADP funding provides increased resource to Housing First in response to higher presentations of people with problematic alcohol and drug use. Contribution from ADP funding to Aberdeenshire Council Advocacy contract is in place.

Q35) Which of the following activities are you aware of having been undertaken in local services to implement a trauma-informed approach? (select all that apply)

[multiple choice]

- Engaging with people with lived/living experience
- Engaging with third sector/community partners
- Recruiting staff
- Training existing workforce
- Working group
- None
- Other (please specify): Coaching

Children, families and communities affected by substance use are supported

Q36) Which of the following treatment and support services are in place for **children and young people** (under the age of 25) **affected by a parent's or carer's substance use?** (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)
Carer support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionsary activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employability support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach/mobile services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School outreach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (please specify)				

Q37a) Do you contribute toward the integrated children's service plan? (select only one)
[single option]

- Yes
- No
- Don't know

Q37b) If no, when do you plan to implement this?
[open text – maximum 255 characters]

Q38) Which of the following support services are in place **for adults** affected by **another person's substance use**? (select all that apply)

[multiple choice]

- Advocacy
- Commissioned services
- Counselling
- One to one support
- Mental health support
- Naloxone training
- Support groups
- Training
- None
- Other (please specify):

Q39a): Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? (select only one)

[single option]

- Yes
- No
- Don't know

Q39b) Please provide details.

[open text – maximum 255 characters]

Implentation plan involving all partners progressing to deliver awareness and training events through local GIRFEC framework. New Childrens Services Plan reflects these activities and priorities

Q40) Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place? (select all that apply)

[multiple choice]

	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Peer support	<input type="checkbox"/>	<input type="checkbox"/>
Personal development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		

Confirmation of sign-off

Q41) Has your response been signed off at the following levels?

[multiple choice]

ADP

IJB

Not signed off by IJB (please specify date of the next meeting):

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the forthcoming ADP annual report, scheduled for publication in the autumn.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]

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