



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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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.
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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
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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.

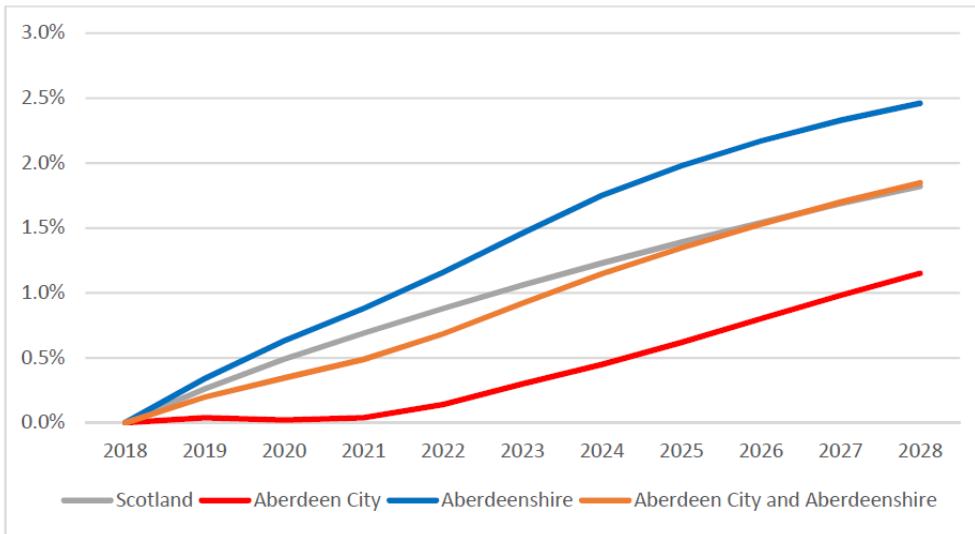


Figure 3: Projected percentage change in population, 2018 to 2028
(Source: National Records of Scotland, Population Projections for Scottish Areas (2018-based))

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
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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.



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 appoints 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)

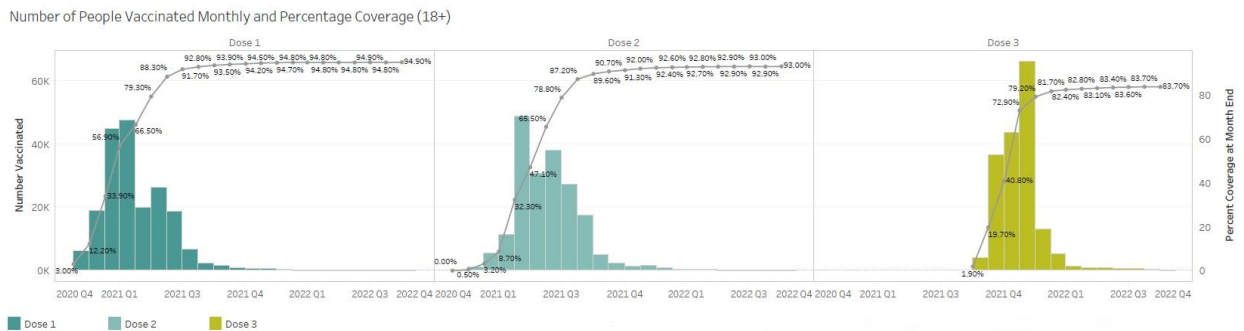


Figure 5: Number of people vaccinated monthly within Aberdeenshire (Source: Health Intelligence)

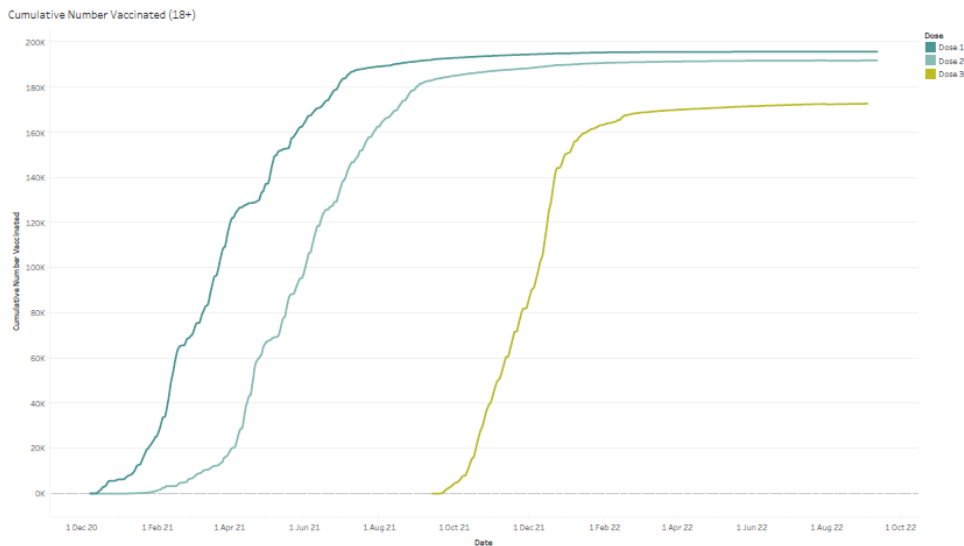


Figure 6: The Cumulative number of people vaccinated in Aberdeenshire (Source: Health Intelligence)

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).

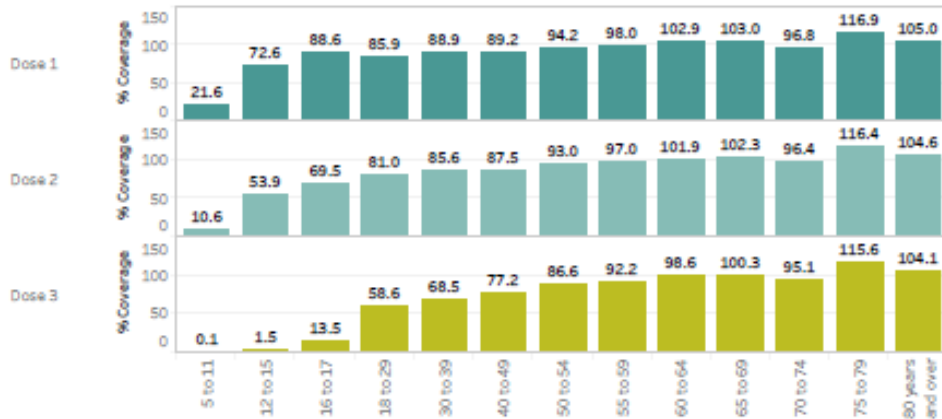
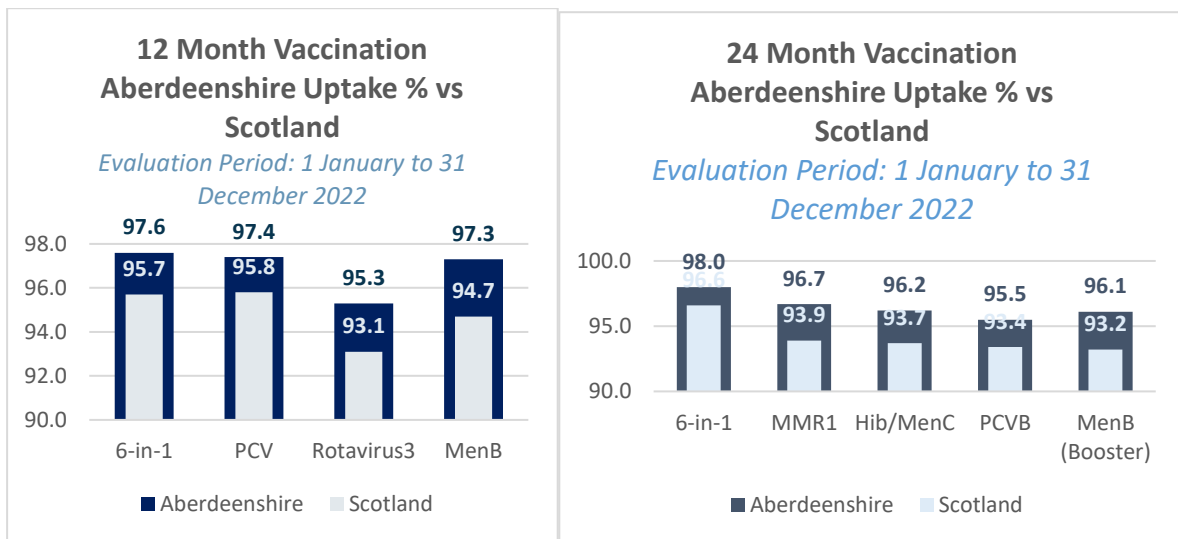


Figure 7: Percentage coverage by age group: (Source Health Intelligence)

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.



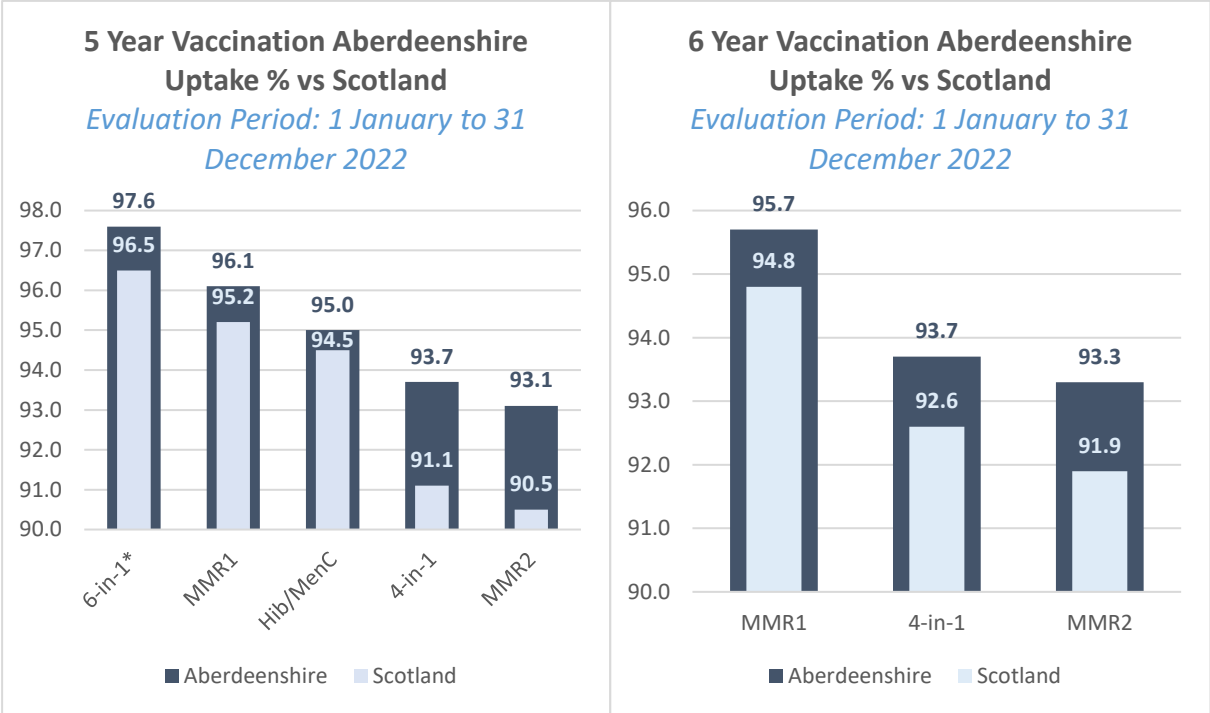


Fig 8: Vaccination uptake in babies and children in Aberdeenshire (Source: Health Intelligence)

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.

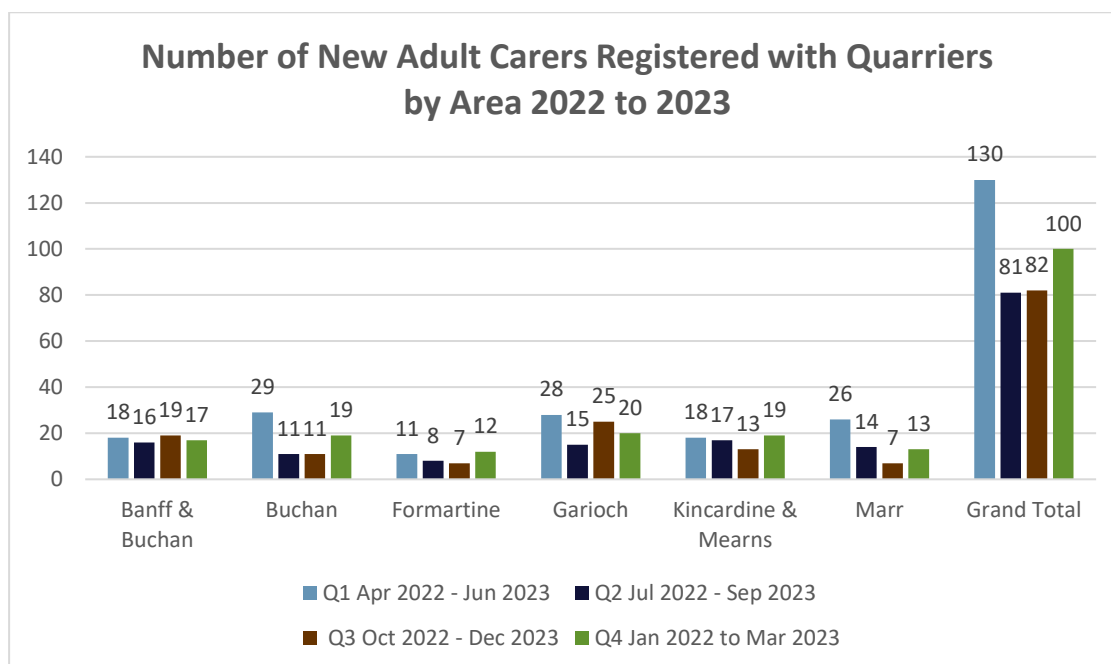


Figure 9: Number of new carers registered with Quarriers

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.

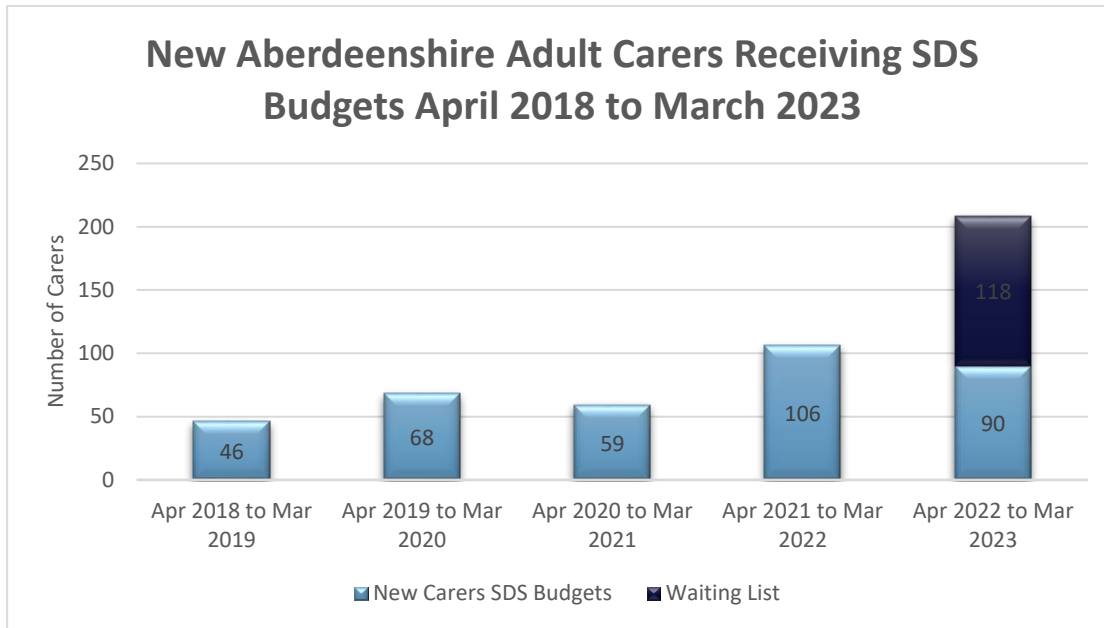


Figure 10: Number of new adult carers receiving SDS budgets in Aberdeenshire

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.

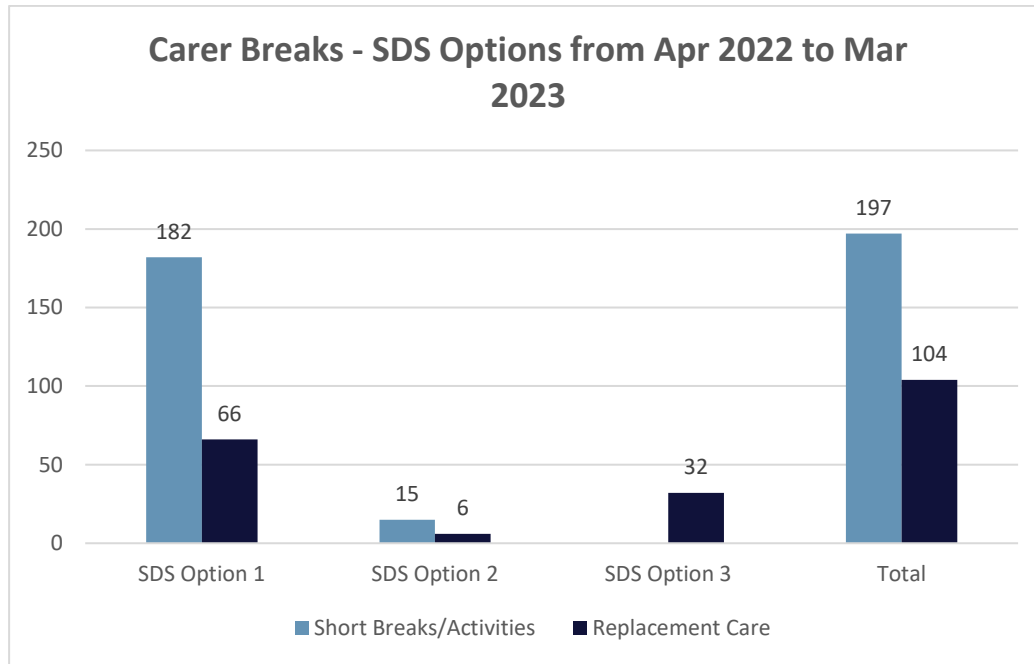


Figure 11: Carer breaks – SDS options

Figure 12 shows that unpaid carers are using their SDS budgets to access activities and support over all three areas of Aberdeenshire.

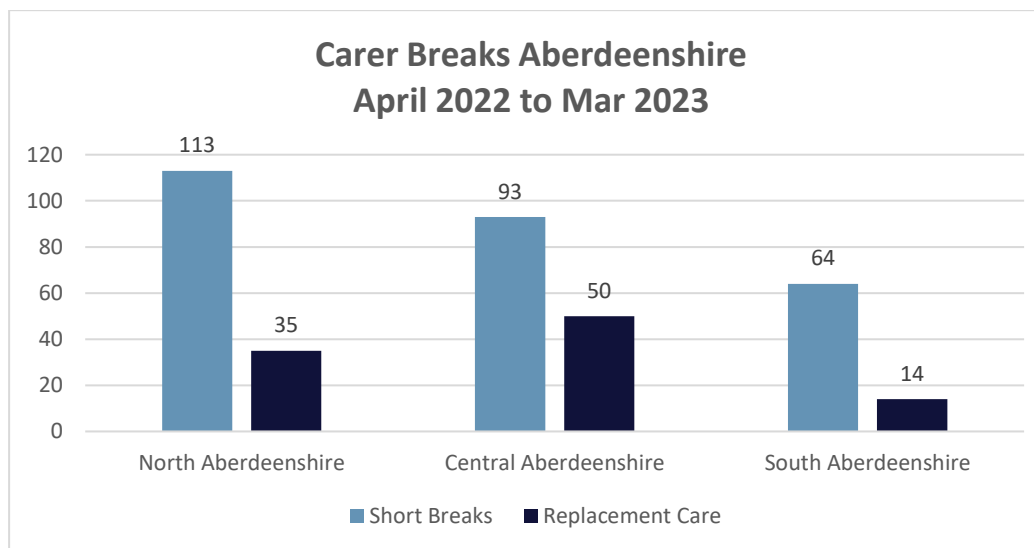


Figure 12: Carer Breaks in Aberdeenshire

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.

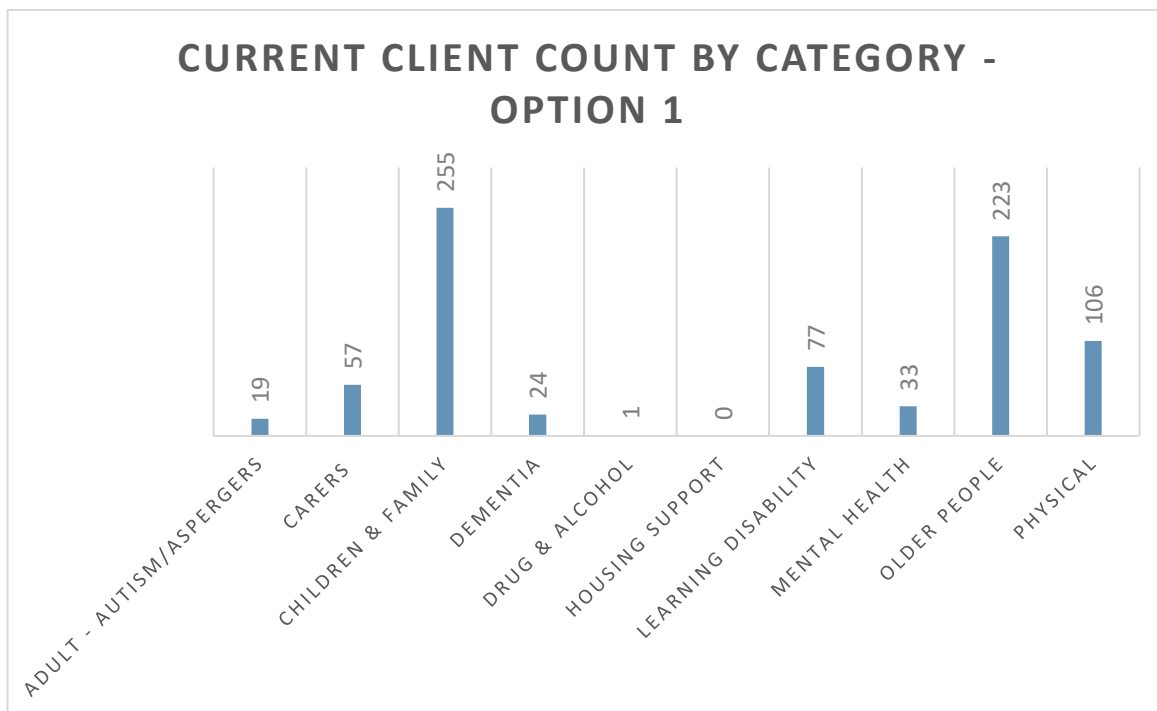


Figure 13: The current client count by Category using option 1

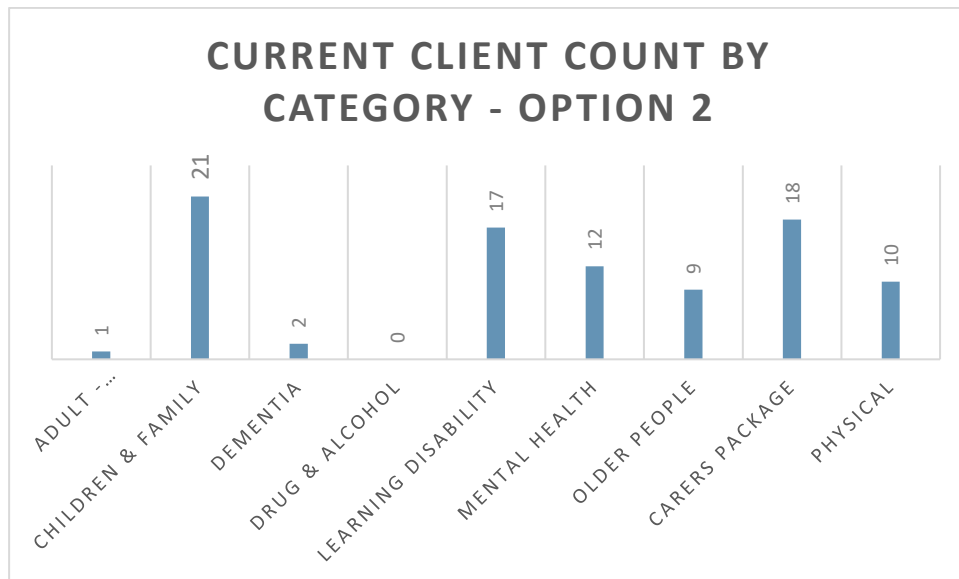


Figure 14: Current client count by category – option 2.

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 2023to 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 5rd attempt
Acknowledge receipt of referral form
Introduction

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

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

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.

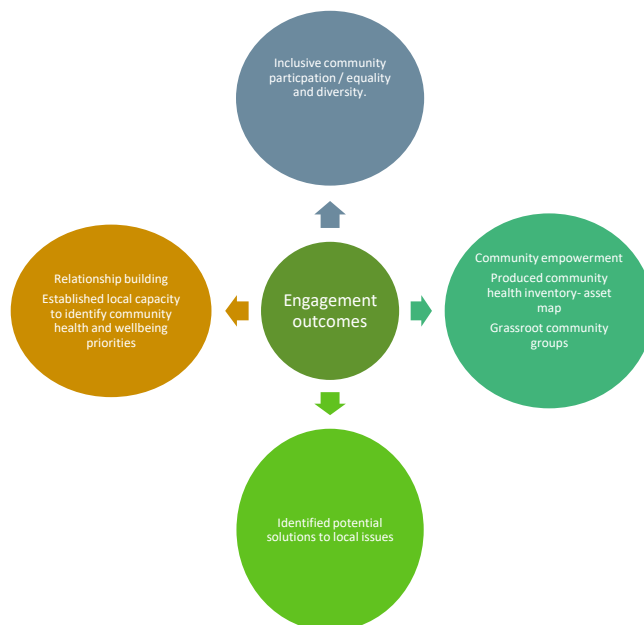
The project aimed to:

- 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.

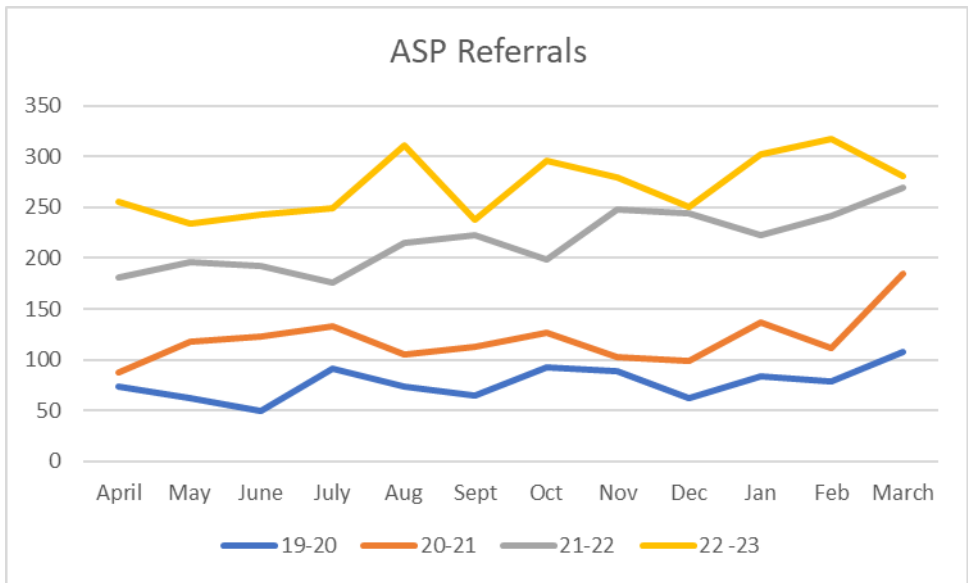


Figure 16: Adult Support Referrals

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.

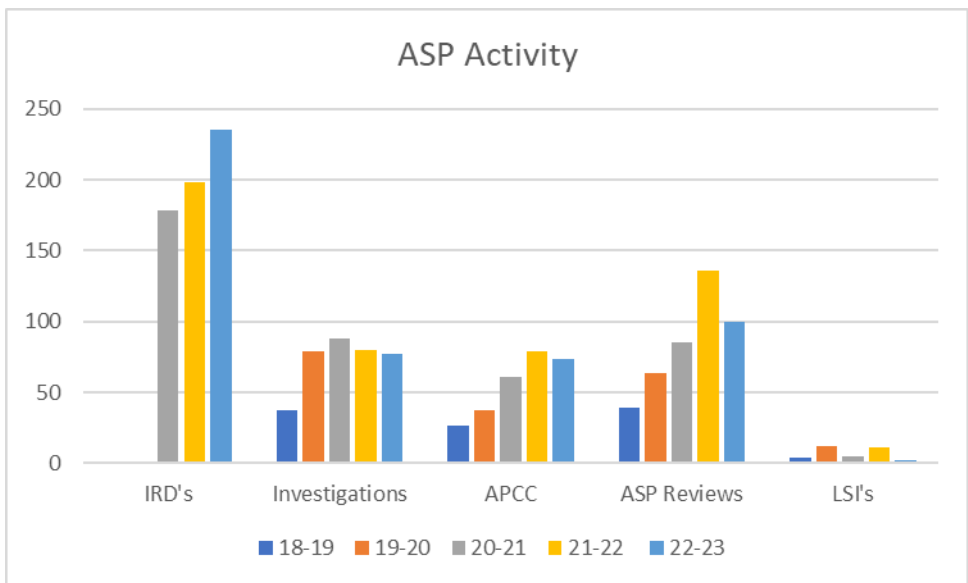


Figure 17: Adult Support Protection activity

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.

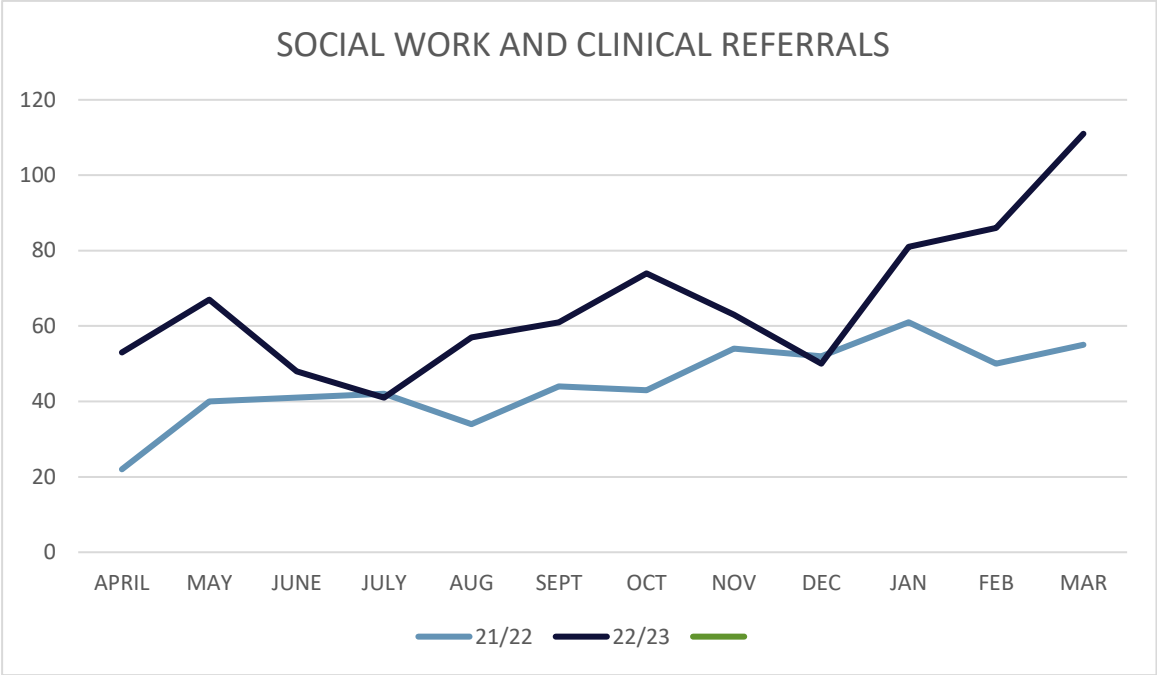


Figure 18: Social Work and Clinical Referrals

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.

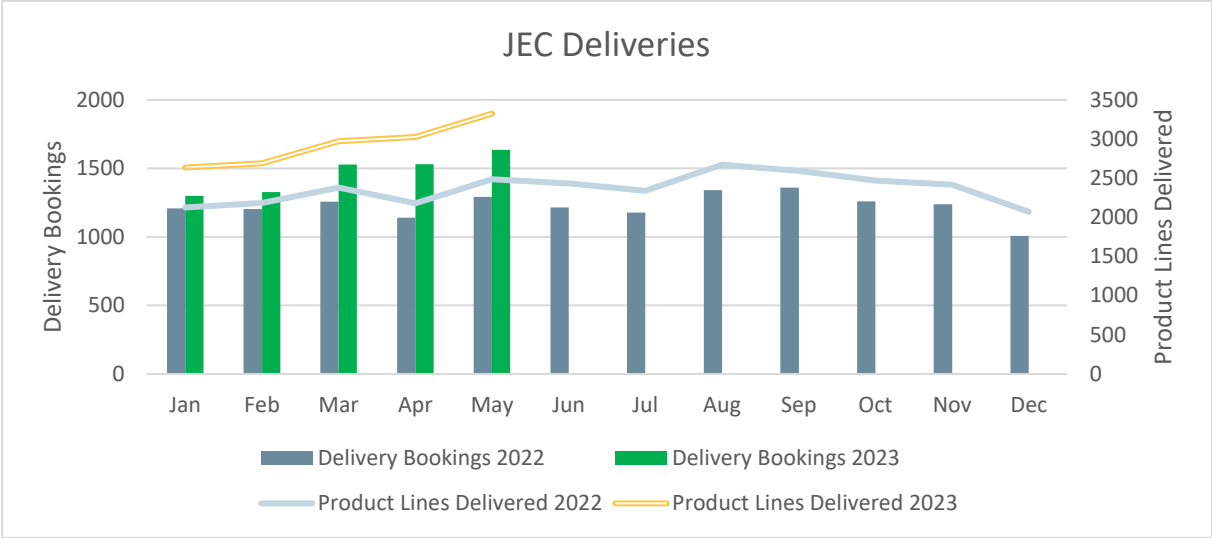


Figure 19: The number of deliveries made by the JEC

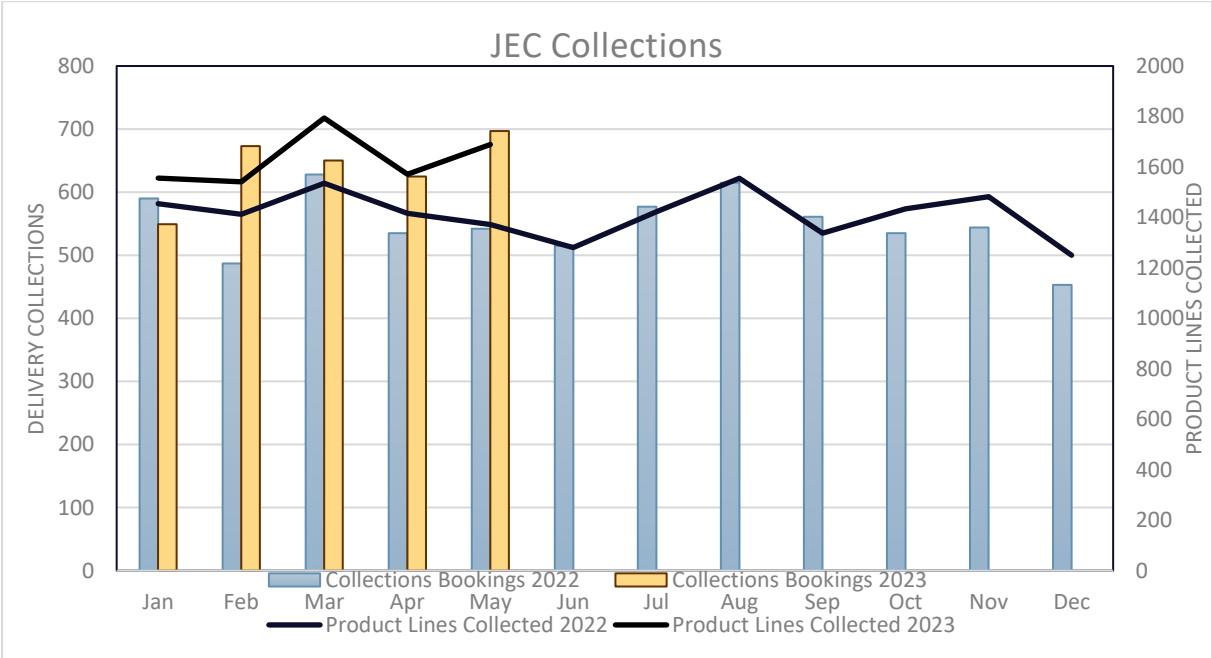


Figure 20: The number of equipment collections from the JEC

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.



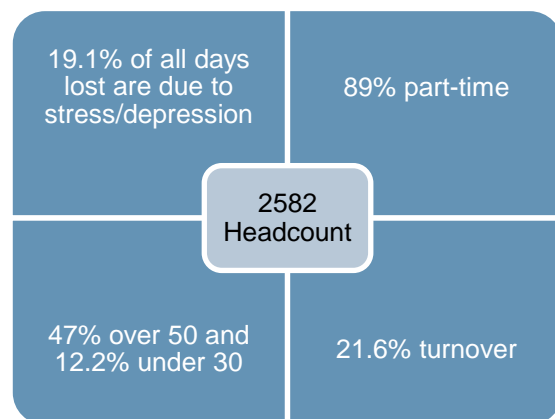
Aberdeenshire Council Health and Social Care Partnership context

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.

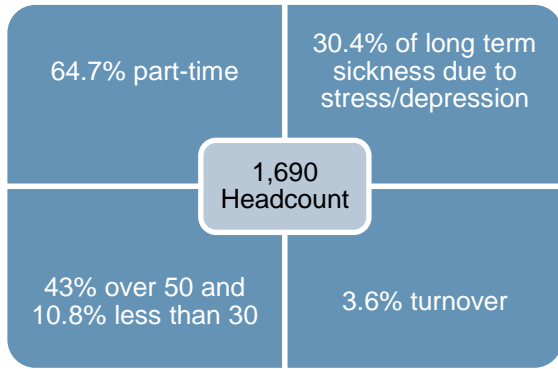
89% of the H&SC workforce is part-time permanent compared to 46% for the Council as a whole (this is also due to the fact that the Council only counts staff on 37 hours a week as full-time).

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.

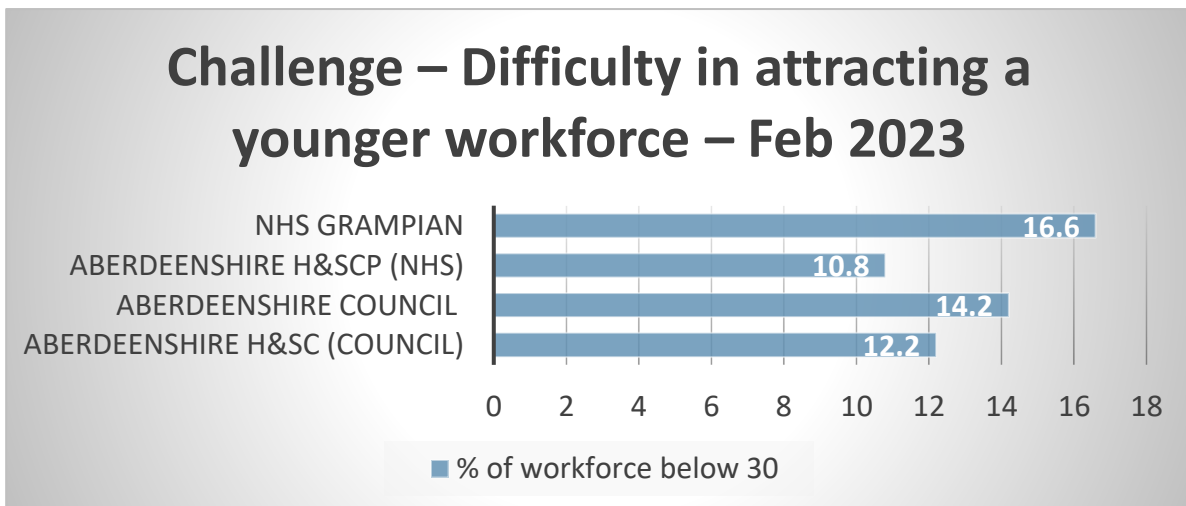


Figure 21: The percentage of workforce below 30 years old

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.

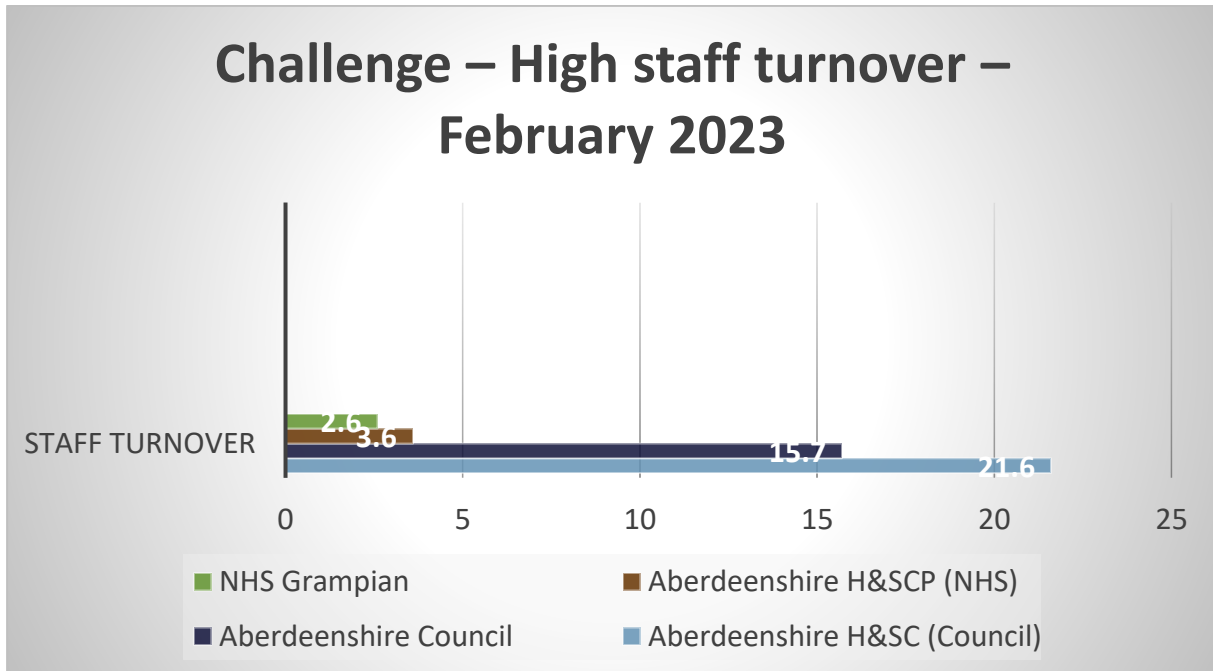


Figure 22: Percentage staff turnover

Figure 23 highlights the key actions being taken to try and respond to the workforce challenges the HSCP face.

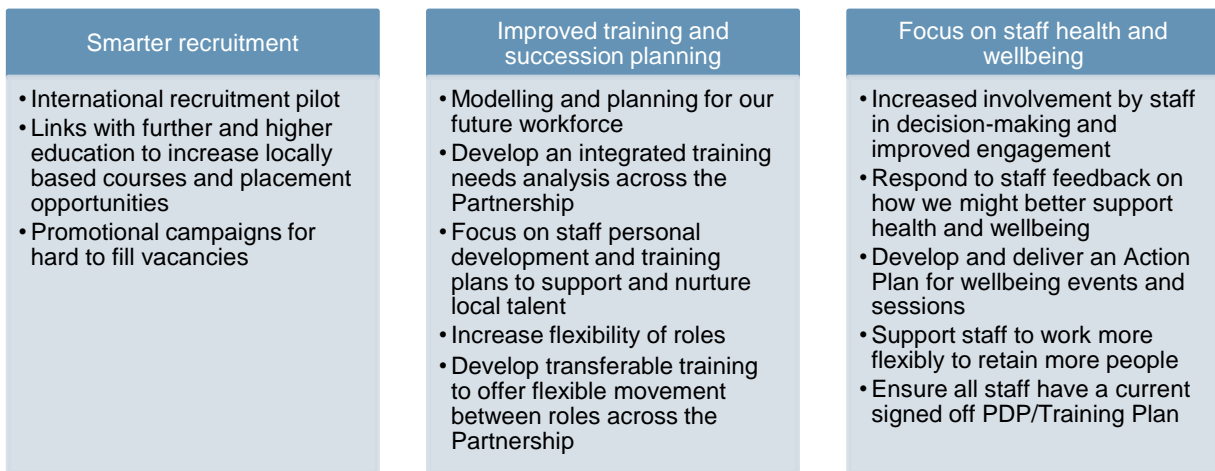


Figure 23: Keys actions in response to recruitment challenges

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.

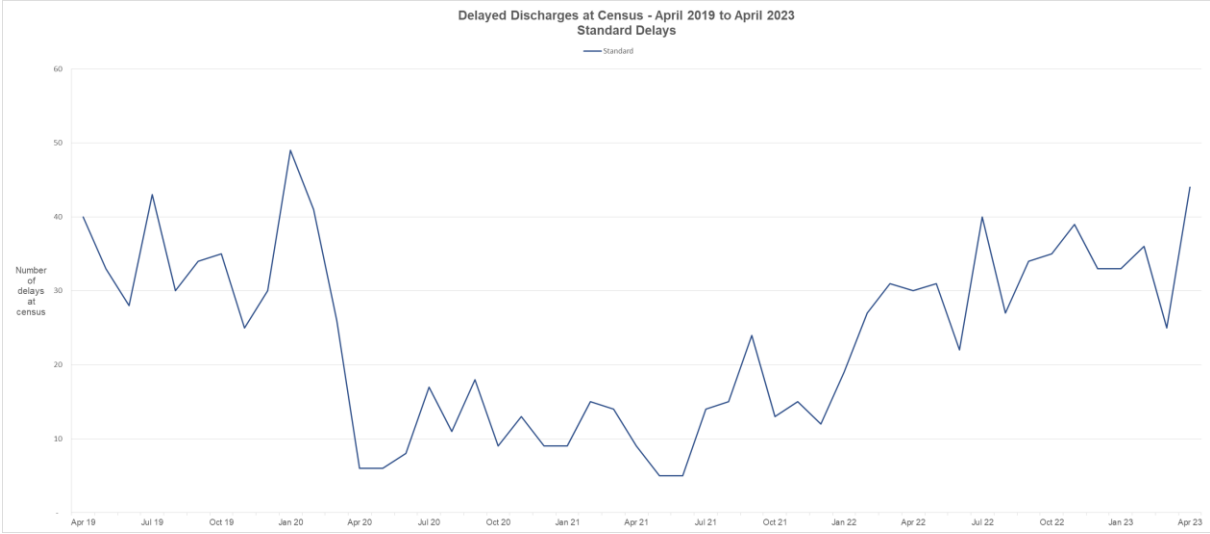
One of the many benefits of this approach is to combat the escalating concerns from patients that staffing levels are affecting the quality and safety of care delivered. Initial findings from similar projects have demonstrated an improvement in student development which leads to a better prepared and 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.



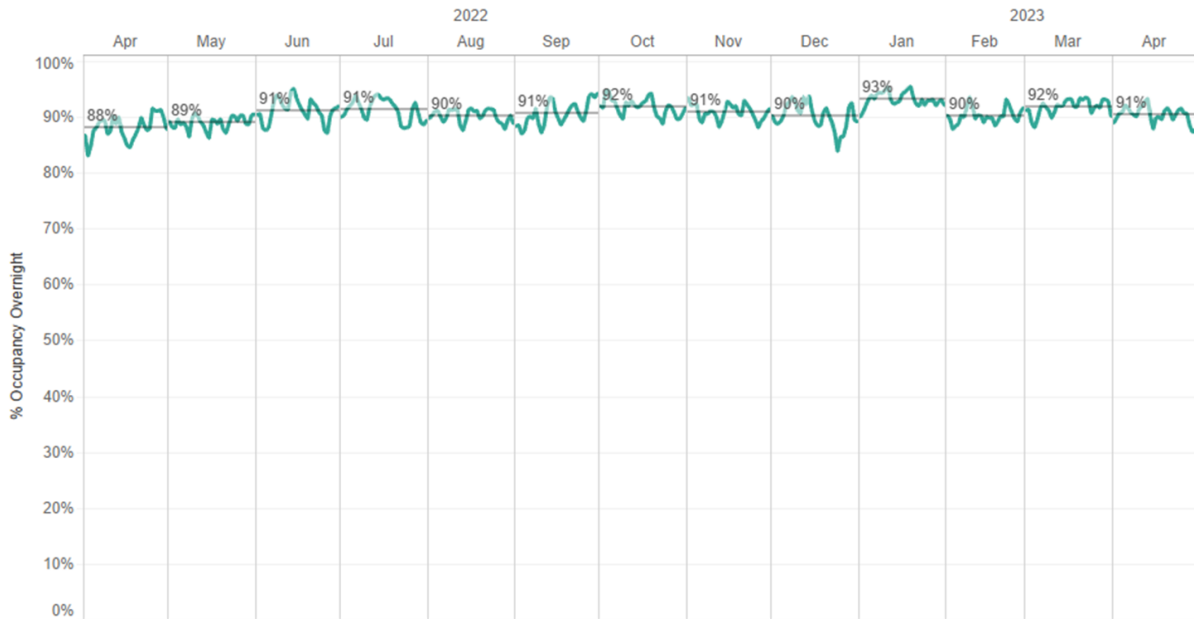
The HSCP identified through both its Surge Plan and Winter Resilience Plan the actions required to support a reduction in delayed discharges and enable maximisation of capacity through to March 2023. This included the commissioning of additional interim care beds in our care homes supported by Scottish 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.

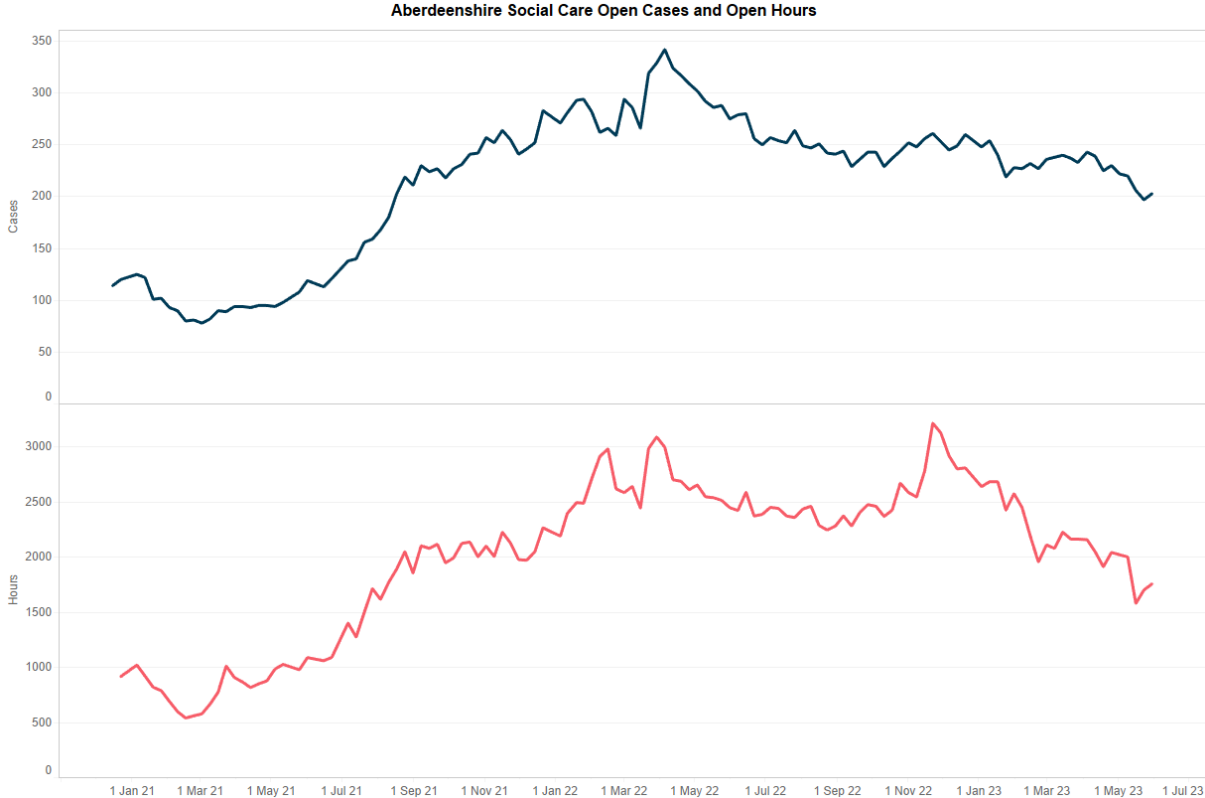
The charts below provide an illustration of the high levels of general bed occupancy maintained across Aberdeenshire community hospitals during the year.

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	12.2	37.03 6	12.1	38.5 95	12.2	41.3 76	12.3	42.8 42	11.9	44.03 07	11.9	43.2 3	11.9
Prescribing	43.76 5	14.5	45.07 4	14.7	43.9 87	13.9	44.6 23	13.2	44.2 24	12.3	45.89 53	12.3	49.6 2	12.3
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	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	5.0
Adult Services	44.66 4	14.8	51.67 9	16.9	51.7 51	16.3	56.6 27	16.8	57.2 56	16.0	59.13 37	16.0	69.5 9	16.0
Older people, physical and sensory disabilities	75.31 7	24.9	73.62 2	24.0	77.4 98	24.5	82.2 43	24.4	84.0 27	23.4	90.25 23	23.4	100. 94	23.4
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 2020	367 2021	466	G	*
	NI - 12	Emergency admission rate (per 100,000 population)	8,300 2021/22	8,392 2022	-	G	**
	NI - 13	Emergency bed day rate (per 100,000 population)	79,795 2021/22	83,086 2022	-	G	**
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	101 2021/22	92 2022	-	G	**
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	91% 2021/22	91% 2022	-	G	**
	NI - 16	Falls rate per 1,000 population aged 65+	17 2021/22	17 2022	-	G	**
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	91% 2020/21	77% 2021/22	76%	G	*
	NI - 18	Percentage of adults with intensive care needs receiving care at home	59% 2021	63% 2022	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 2021/22	490 2022/23	919	G	
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22% 2019/20	22% 2019/20	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	
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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.