



Aberdeenshire
Health & Social Care
Partnership

Aberdeenshire Health and Social Care Partnership

Annual Report 2018-2019

July 2019



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FOREWORD

The last year has again seen much change and progress in the work of the Health and Social Care Partnership (HSCP) which has made a positive impact on people and communities across Aberdeenshire. The following report describes some of the key areas of progress, with a particular emphasis on case studies and local 'stories' to describe what we do and its impact in real terms for the people we serve.

This report recognises and describes some of the ongoing challenges that we face in continuing to deliver integrated and sustainable, health and social care services in what is a complex and ever-changing environment. Two of the key 'challenge' areas are: the impact of demographic change and how to mitigate against it; and how to continue to deliver high quality, person centred care within ongoing resource constraints.

Despite these challenges, we believe this report evidences some of the significant steps made by the Integration Joint Board (IJB) in continuing our progress towards the delivery of our vision for health and social care services across Aberdeenshire.

It is recognised that one report cannot ever fully capture the extensive range of care and support that is provided on a day to day basis by our staff and partner services. We take this opportunity to thank all colleagues across the Partnership for their hard work and dedication to delivering the best health and social care services for the people of Aberdeenshire.

Engagement with people who access our services, carers, families, staff and all partner organisations, is fundamental to our ideology and essential to how we develop and deliver effective care. Engagement will continue to be a central priority for the IJB as we move forward with the process of developing our new Strategic Plan. This not only helps us ensure we are focusing on the right things but also enables us to continue to learn and improve as an organisation.

For further information on any aspect of the Annual Report, or to provide comments or feedback, please email: integration@aberdeenshire.gov.uk

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Building on a person's abilities, we will deliver high quality person centred care to enhance their independence and wellbeing in their own communities.

*Aberdeenshire
Health and Social
Care Partnership
Vision*

SUMMARY OF ANNUAL REPORT 2018-19

PURPOSE

All Health and Social Care Partnerships (HSCPs) in Scotland must publish a report on an annual basis providing an open account of their performance in relation to planning and delivering the health and social care services they are responsible for.

This report covers Aberdeenshire HSCP's performance from 1st April 2018 to 31st March 2019. It sets out the key areas of progress and change over the last 12 months in delivery of the HSCP's strategic priorities. Particular focus is given to describing the impact on the people who access the services of the HSCP, our communities, staff and partner organisations.

KEY ACHIEVEMENTS AND DEVELOPMENTS IN 2018-19

Aberdeenshire HSCP has continued to make progress towards delivery of its Strategic Plan to ensure safe, sustainable and effective models of integrated care for our communities. This work is co-ordinated through four overarching Programme Plans – Reshaping Care, Enabling Health and Wellbeing, Engagement, and Safe Effective and Sustainable – which oversee the work of a number of projects and work-streams to deliver the HSCP's five strategic priorities. The main areas of progress during 2018-19 under each of the HSCP's strategic priorities are summarised below.

Priority 1: Engagement

- Engagement to inform development of the HSCP's new Mental Health and Wellbeing Strategy has been wide ranging and in depth with a particular focus on gaining input from those with lived experience.
- The review of Minor Injury Units across Aberdeenshire has continued with the creation of local implementation groups to ensure local solutions and extensive public engagement and involvement.
- Teams from the drugs and alcohol service and social work have been regularly engaging on the 'Health Bus'. Members of staff have been out and about ready to speak to the public about any concerns they may have and to help get people into services quicker. The team also regularly visit schools and talk to young people to keep lines of communication open.

Priority 2: Prevention and early intervention

- Year one implementation of our Primary Care Improvement Plan commenced to deliver the new national GP contract, with a specific focus on planning around the expansion of our primary care workforce locally.
- A broad range of healthy lifestyle interventions has been delivered a part of the Aberdeenshire Health Improvement Delivery Plan for 2018-19. This has included expansion of our active health walks project to include dementia friendly groups, work to reduce smoking rates amongst young people and a focus on the effective delivery of Alcohol Brief Interventions in primary care settings.
- A number of developments have progressed through the Aberdeenshire Alcohol and Drugs Partnership to provide support and services for people affected by the problematic use of alcohol and drugs, including the provision of community detoxification service across Aberdeenshire, delivered by HSCP substance misuse teams.

Priority 3: Tackling inequalities and public protection

- There has been a continued focus on engaging with and improving support to unpaid carers through implementation of the Carers (Scotland) Act from April 2018. We have developed information for carers about the support available to enable them to have a break from their caring role, and have been supporting carers to access training and development opportunities, to enable them to gain formal recognition for their caring role.
- Increasing priority has been given to how we can address inequalities when planning and recruiting to new posts as part of the roll out of our Primary Care Improvement Plan. We have targeted provision to meet the local population's needs, particularly deprivation, poorer health outcomes and local GP recruitment issues.
- The Aberdeenshire Unpaid Work Service has continued to work on projects across Aberdeenshire, with people who have been given unpaid work as part of a Community Payback Order for the benefit of local communities.

Priority 4: Reshaping care

- Sites in North and Central Aberdeenshire have refocused the balance of homecare provision, ensuring the internal homecare service is focussed on key priority areas of care and to make better use of staffing and financial resources.
- The Virtual Community Ward model has continued to evolve and be embedded across local teams, positively impacting on avoidable hospital admissions.
- Work has continued on progressing developments in technology-enabled care with the aim of improving and modernising access to care and services. This has included the use of an app to enable patients with Chronic Obstructive Pulmonary Disease (COPD) to self-manage their symptoms and the provision of IT kit to all GP practices in Aberdeenshire so that they can offer video consultation appointments to their patients moving forward.
- We have supported developments in the primary care workforce to modernise and develop new models of care which maximise the role and contribution of the wider primary care team, in response to GP recruitment difficulties. This has included the training and appointment of Associate Nurse Practitioners, supported by the NHS Grampian Advanced Care Academy, to take on core roles within General Practice helping to maintain safe and effective primary care services to the local community.

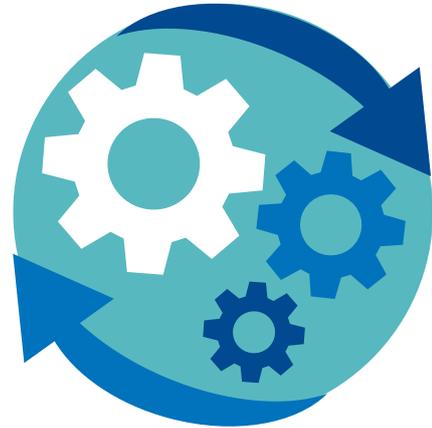
Priority 5: Effective use of resources

- The IJB has maintained effective scrutiny and governance of resources within a challenging financial climate.
- A review of services for people with additional support needs has been implemented including overnight care arrangements and development of new residential provision.
- The new Inverurie Health and Care Hub opened allowing the co-location of a range of services for the local community of over 24,000 people.

OVERVIEW OF THE HSCP



Aberdeenshire HSCP was formally established in April 2016 following the Scottish Government's introduction of legislation to integrate health and social care services.



The work of the HSCP is overseen by our Integration Joint Board (IJB), a joint board of both Aberdeenshire Council and NHS Grampian.



The HSCP has responsibility for a very broad and complex range of health and social care services across a wide geographical area, covering a total population of over 261,000 people.



The HSCP manages a budget of over £300 million, and a directly-employed workforce of over 4,000 staff.

Care is planned and delivered through integrated multi-disciplinary teams working across 20 localities to ensure locally responsive services based on local need.

CHALLENGES AND FOCUS FOR IMPROVEMENT

Whilst recognising the significant areas of progress and achievement over the last year, there remain major challenges for the HSCP.

What are the main challenges and risks?

Significant demographic change (with a rising population of older people) and increasing pressure on financial resources means current models of service delivery are unsustainable.

Recruitment and retention difficulties across a number of professions, alongside other significant changes/developments affecting our workforce, have the potential to impact significantly on our ability to provide safe, effective and high quality services.

Aberdeenshire HSCP has continued to demonstrate strong performance against the range of national measures used to assess the performance of HSCPs across Scotland, in particular how health and social care services support people to live well and independently in their communities for as long as possible, and how we are ensuring we make best use of available resources. It is nonetheless anticipated that our ability to maintain current levels of performance will become increasingly more difficult due to our projected population growth in the over 65 age group.

What are we doing to respond to these challenges?

Reflecting on the above, the key areas of focus for the HSCP continue to be:

- Delivery of the transformational change needed in how we plan, organise and deliver services. This will be a key focus for the development of our new Strategic Plan from 2020 onwards, underpinned by our workforce plan to ensure we have the capacity and skills required for the future across all professions and disciplines.
- Ensuring continued good governance and stewardship around our financial planning and monitoring, to able the HSCP to achieve financial balance whilst delivering against our strategic priorities.
- Maintaining safe, effective and person-centred care in line with national care and clinical governance standards. This will include ensuring implementation of recommendations from inspections of our services during the year.
- Supporting and embedding a culture of engagement which ensures service planning, decision-making and delivery are informed and shaped by the involvement of the people who access our services, our staff, local communities and partners.

Further information about Aberdeenshire HSCP can be obtained via our website:

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

Or by email: integration@aberdeenshire.gov.uk

INTRODUCTION

Aberdeenshire Health and Social Care Partnership (HSCP) was formally established in April 2016 in line with the Public Bodies (Joint Working) (Scotland) Act 2014. The Integration Joint Board (IJB) oversees the work of the HSCP and is a joint board of Aberdeenshire Council and NHS Grampian.

All Integration Authorities are required to publish an Annual Report providing an assessment of their performance in line with The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014.

This Annual Report covers the HSCP's performance for the period of 1st April 2018 to 31st March 2019. The HSCP's first two Annual Reports (for 2016-17 and 2017-18) can be accessed [here](#).

OVERVIEW OF THE HSCP

The Aberdeenshire IJB is responsible for the integrated planning and delivery of health and social care services for adults and older people. This covers a very broad and diverse range of services as set out in the [Integration Scheme](#) including, but not restricted to:

- Primary care (including General Practice, Dental, Optometry and Pharmacy services)
- Community Nursing services
- Social care services (including home care and care home provision)
- Community based Allied Health Professions (such as Occupational Therapy, Physiotherapy, Podiatry)
- Community hospitals
- Community mental health services
- Drug and alcohol services
- Care and support for adults with physical disabilities and learning disabilities
- Adult Protection and Criminal Justice
- Public health and health improvement
- Carers support

Aberdeenshire HSCP also 'hosts' the management of a number of Grampian-wide services on behalf of all three HSCPs in the Health Board area (covering Aberdeen City, Aberdeenshire and Moray). This includes health care services within HMP & YOI Grampian, forensic and custody health care, and Marie Curie nursing services. In addition, Aberdeenshire HSCP retains responsibility for some aspects of children's health services (health visiting and school nursing), and works closely with multi-agency partners in the planning and delivery of these services to improve outcomes for children and young people.

The HSCP works in partnership with the third sector using a Third Sector Interface or TSI – for Aberdeenshire HSCP this is Aberdeenshire Voluntary Action (AVA). The role of AVA is to act as the conduit for the third sector on the IJB and the Strategic Planning Group. AVA supports the HSCP to develop the role of the third sector to contribute to health and social care outcomes.

The HSCP has a workforce of over 4,000 staff and responsibility for a budget of over £300 million (2018-19). It covers a total population of 261,470 people (as at June 2018, the 6th highest population out of all 32 council areas across Scotland). Our services are organised around 20 localities that sit within North, Central and South Aberdeenshire. Care is organised and delivered through local multi-disciplinary teams plus wider specialist team members such as physiotherapists and occupational therapists. This structure ensures services are built around natural communities and responsive to local population need.

AIMS OF THE ANNUAL REPORT

The purpose of the annual performance report is to provide an open account of our performance in relation to planning and delivering the health and social care services that we are responsible for.

In this report for 2018-19 we have also set out to:

- Describe the key areas of work and achievements for Aberdeenshire Health and Social Care Partnership (HSCP) from April 2018 to March 2019.
- Acknowledge the various challenges we have faced in the last year, what we have learned and how we have responded to these challenges.
- Describe the progress of the HSCP in delivering our strategic priorities, and what this has meant for the people who use our services, communities, staff and partners.
- Explain the leadership role of the Aberdeenshire Integration Joint Board (IJB) in steering the change and progress of the HSCP to date.

Through this report the HSCP also reaffirms its commitment to, and seeks to demonstrate evidence of, 'Best Value'. This is a formal duty placed on all public sector organisations to ensure 'good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public'.

POLICY AND STRATEGIC CONTEXT

The National Health and Wellbeing Outcomes (see Appendix 1) set out the framework for all HSCPs in Scotland to improve the quality and experience of services for people and communities, through the delivery of integrated health and social care services.

The [Aberdeenshire HSCP Strategic Plan 2016-2019](#) provides the local strategic context describing how the partnership will work together to deliver integrated services and improve the health of local people. This has centred on how we respond to the key challenges of providing a complex range of high quality, safe and sustainable services for our communities, within a finite resource envelope and against a backdrop of significant demographic change, in particular a growing population of older people.

Over the last year, in preparation for the development of the HSCP's new Strategic Plan 2020-2025, we have reflected on our key strategic priorities moving forward. Building on previous engagement and consultation, learned experience across the HSCP, and reflecting national requirements, Aberdeenshire HSCP will focus on the following five key strategic priorities:

- 1. Engagement**
- 2. Prevention and early intervention**
- 3. Tackling inequalities and public protection**
- 4. Reshaping care**
- 5. Effective use of resources**

The strategic vision of the Aberdeenshire HSCP remains unchanged, and our strategic priorities continue to reflect and support delivery of the National Health and Wellbeing Outcomes. The following diagram illustrates the inter-relationships between all three.



Programme Plans

In the Aberdeenshire HSCP 2017-18 Annual Report we described how we had developed four programmes of work to drive forward the service change required to deliver models of care fit for the future – Reshaping Care, Enabling Health and Wellbeing, Engagement, and Safe Effective and Sustainable.

During 2018-19 progress has been made across the various projects and work-streams underpinning each of these programmes which are described in more detail throughout this report.

Each programme is led by a Partnership Manager and all have established Programme Boards to oversee and co-ordinate the work of the underpinning projects. All of the programmes report, via their lead Partnership Manager, to an overarching Programme Board chaired by the Chief Officer. This in turn is reported to the IJB as part of the performance reporting framework.

The key responsibilities of the programme boards are:

- To lead and monitor implementation of the programme plans ensuring participation and involvement from all relevant partners and stakeholders.
- To provide strategic co-ordination to the various projects and sub-groups taking forward separate pieces of work under the auspices of the programme plan.
- To ensure scrutiny and governance through regular reporting of progress against projects including financial monitoring and delivery against objectives.
- To promote and facilitate a continuous improvement approach to the overall programme, and support the use of data to guide decision-making and evidence impact of projects.

Locality Planning

Aberdeenshire HSCP has placed a strong emphasis on empowering localities in identifying and driving forward local priorities based on need, supporting the involvement of all partners and stakeholders, and informing local service delivery and decision-making.

Our first set of [locality plans](#) were endorsed by the IJB in May 2018. The plans were developed during 2017/18, based on the needs of the local population in each locality. They outline areas for action for each locality and support the delivery of our [strategic plan](#). The priorities in each plan cover the period from 2018 to 2021 with an initial eighteen month action plan.

A range of staff from the HSCP and the Third Sector have been involved with implementing the action plans during 2018/19. Key areas of progress have been collated into an update report, to provide an overview of what has been happening in each area.

To help illustrate how we are performing across our localities, area performance reports are presented to Aberdeenshire Council Area Committees twice a year. In addition to providing information about the HSCP performance across the whole of Aberdeenshire, they also provide information at area level for some of our key performance indicators, for example in relation to cases of delayed discharge from hospital, emergency hospital admissions and activity at Minor Injury Units. This data can help show how well our community-based services are operating in helping people to avoid being admitted into hospital and enabling them to receive care at home, or as close to home as possible.

Further examples of how we are working with our local communities is provided in the Engagement section below.

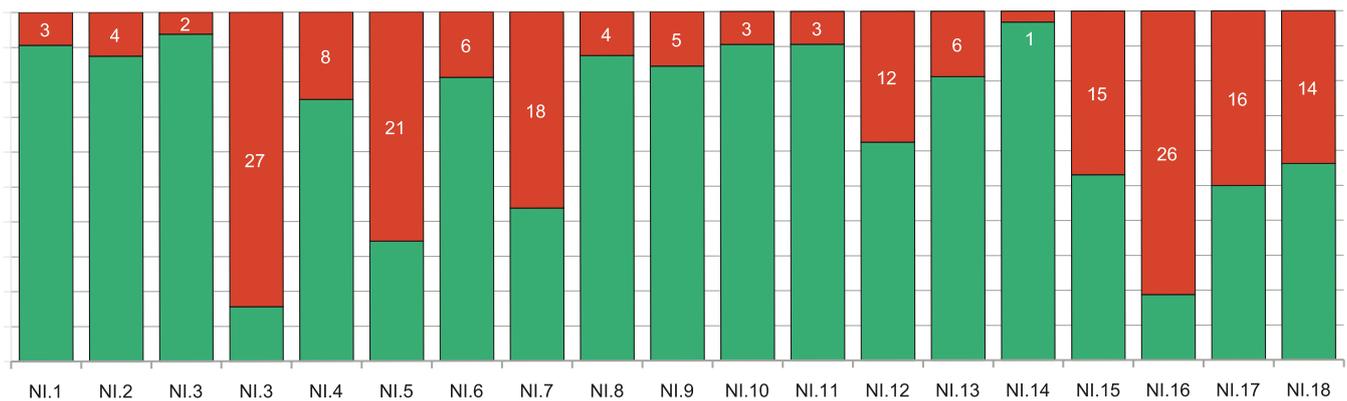
PERFORMANCE MEASUREMENT

During 2018/19 the HSCP has continued to report performance against a suite of both nationally and locally agreed indicators every quarter to the IJB. The performance reports are also presented to the Aberdeenshire Council Area Committees and Communities Committee on an alternate quarterly basis.

There are 23 national indicators for Health and Social Care Partnerships, 19 of which presently have data available for reporting from ISD (Information Services Division). At time of publication of this report (July 2019) only provisional data to March 2019 was available. Completeness levels of data vary across Scotland hence the Scotland figures for 2018/19 will change as data becomes more complete. This primarily affects indicators NI-12, NI-13, NI-14, NI-16 and NI-20.

The chart below shows Aberdeenshire’s performance against the other HSCPs in Scotland for each National Indicator. A lower number in the chart highlights that Aberdeenshire’s performance is better when compared against the rest of Scotland (based on provisional data for 2018/19).

National Indicators Aberdeenshire Rank from 32 Scottish HSCPs



NB: Data for the national indicators is updated nationally. Outcome indicators 1-10 are currently available to 2017/18. Data indicators (11-20) are available to 2018/19 with the exception of N11 and N18 which are only available to 2017. As noted above, 2018/19 is provisional and will be updated in the coming year.]

Outcome Indicators

NI - 1	Percentage of adults able to look after their health very well or quite well
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good
NI - 6	Percentage of people with positive experience of the care provided by their GP practice
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
NI - 8	Total combined % carers who feel supported to continue in their caring role
NI - 9	Percentage of adults supported at home who agreed they felt safe
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work

Data Indicators

NI - 11	Premature mortality rate per 100,000 persons (European agestandardised mortality rate per 100,000 for people aged under 75)
NI - 12	Emergency admission rate (per 100,000 population)
NI - 13	Emergency bed day rate (per 100,000 population)
NI - 14	Readmission to hospital within 28 days (per 1,000 population)
NI - 15	Proportion of last 6 months of life spent at home or in a community setting
NI - 16	Falls rate per 1,000 population aged 65+
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections
NI - 18	Percentage of adults with intensive care needs receiving care at home
NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready
NI - 23	Expenditure on end of life care, cost in last 6 months per death

Aberdeenshire has continued to maintain a high level of performance against most national indicators with Aberdeenshire in the top 50% of all partnerships for 15 of the 19 reported indicators. This continues the same positive trend of performance from the previous reporting period. Whilst encouraging, this does not lessen the continuing challenge facing the HSCP in ensuring sustained delivery of this level of performance. Appendix 2 provides the full set of indicators and annual performance for the most recent available data (**page 52**).

In addition, the HSCP reports against a core suite of local performance indicators which further helps us understand how we are performing in key areas across health and social care (see Appendix 3 for a summary of our 2018-19 performance). Where our performance falls outside agreed targets these are identified and improvement actions agreed by the IJB.

A final key measure of our performance is provided by the Ministerial Strategic Group for Health and Community Care (MSG), which monitors the progress of all HSCPs in Scotland against the following 6 indicators:

1. Number of emergency admissions into Acute hospital specialties.
2. Number of unscheduled hospital bed days.
3. Number of Accident and Emergency (A&E) attendances.
4. Number of delayed discharge bed days.
5. Percentage of last 6 months of life spent in the community.
6. Percentage of population aged 65+ living at home.

Performance:

Key highlights for Aberdeenshire*

- For the current reporting period Aberdeenshire HSCP performed the same or better than Scotland for 16 of the 19 national indicators for which data are available.
- Aberdeenshire was in the top 50% for 15 of the 19 reported indicators for this reporting period.
- Aberdeenshire has the lowest falls rate per 1,000 population of people aged 65+ (N16) of all partnerships in Scotland.

*Based on provisional data from ISD in July 2019

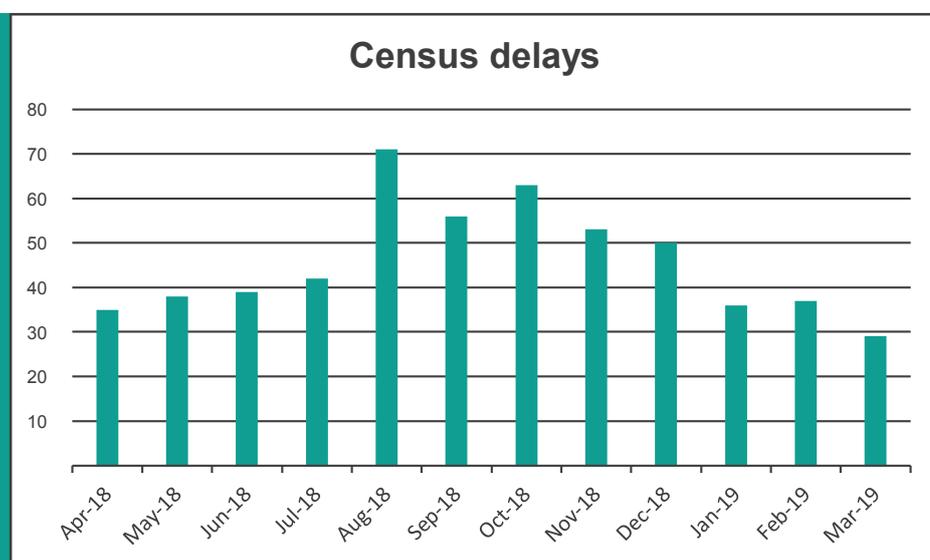
Together, these indicators provide a measure of how HSCPs are making progress towards the key objectives of integration, in particular how health and social care services support people to live well and independently in their communities for as long as possible, and how we are ensuring we make best use of available resources.

All HSCPs were required to provide updated objectives against each of the six indicators in February 2019. Appendix 4 provides Aberdeenshire's objectives and our provisional progress to date. This indicates that Aberdeenshire has maintained or improved performance against most of the indicators measured. It is anticipated that our gains against our performance objectives may be more marginal in future because our population of 65+ age group is growing so significantly. Accordingly, our objective is to maintain our baseline performance position which will be a challenging and ambitious target to deliver against our projected population growth.

PERFORMANCE: USING DATA FOR IMPROVEMENT

A key area of focus for the HSCP over the last year has been our performance in relation to delayed discharges. This describes the situation where a patient has been assessed as clinically ready for discharge from hospital, but is unable to leave hospital because the necessary care, support or other resources the patient needs are not yet available.

During 2018-19 various factors impacted on our performance against this local performance indicator (LO11 – number of delayed discharges, census snapshot). This included the closure of a local care home in August 2018, resulting in the need for residents to be moved into alternative care home accommodation which had a knock on effect on the number of care home places available to other eligible people. This is illustrated by the following chart showing the number of cases of delayed discharges at census point (the last Thursday of each month) during 2018/19.



In response the HSCP has focused on ensuring consistent adherence to discharge procedures in line with national policy, and the organisation of a one-day rapid improvement event with staff representing every discipline involved with the discharge process to identify current challenges and opportunities for improvement action. The most recent data available indicates the HSCP is returning to an improved position of stability in relation to delayed discharge performance, with the above chart illustrating the shift in the number of census delays from a high of 71 in August 2018 to a total of 29 in March 2019.

Local Performance Framework Developments

In last year's annual report, we explained that we had begun a review of our performance measurement framework to ensure it remained fit for purpose and effectively supported the IJB in governance and scrutiny. As a result of that work, we have streamlined the data indicators which we report quarterly ensuring these are clearly aligned with our five strategic priorities. In addition, we have augmented the data indicators with thematic reports, which are scheduled on an annual basis as part of our performance reporting calendar. The purpose of the thematic report is to provide the IJB with a broader overview of an area of work to provide a more rounded context and include information about quality of services in addition to quantitative data.

Further work has also been carried out to develop a performance dashboard for the Senior Management Team. Additionally, the four Programme Boards are developing a suite of performance information to ensure there is adequate overview of operational matters on a systematic and regular basis.

As previously described work continues on ensuring relevant locality information is reported to support local performance monitoring including performance reporting to Area Committees. The work that has been carried out over 2018-19 has developed our performance information towards a three tiered framework, with the intention that the right information is being reviewed in the right place at the right time.

Risk and Performance Management

Performance management is intrinsically linked with the management of risk which is one of the IJB's key responsibilities. The Aberdeenshire HSCP risk register is reviewed on a regular basis by both the Senior Management Team and the IJB (most recently discussed by the IJB in [February 2019](#)). The three risks with the highest risk rating, reflecting the major challenges for the HSCP, are described on the right.

Work is underway to further develop and improve our risk reporting and risk management arrangements across the HSCP, providing assurance that all identified risks are managed effectively.

Risk: The HSCP does not deliver the transformational change needed in how services are planned, managed and delivered to ensure models of care are sustainable and fit for the future.

Why is this a risk? Significant demographic change (with a rising population of older people) and increasing pressure on resource means current models of service delivery are unsustainable.

Risk: The HSCP does not have the required workforce skills and capacity to deliver our strategic plan and ensure sustainable and high quality services for the future.

Why is this a risk? Recruitment and retention difficulties across a number of professions, coupled with the impact of an ageing workforce, have the potential to impact significantly on the provision of safe, effective and quality services.

Risk: The HSCP does not have the required resources to deliver our strategic plan and priorities.

Why is this a risk? The sufficiency and affordability of resource is a major challenge within the current environment of increasing constraints on public sector finances.

Performance against Priorities

The following sections within this report detail the key areas of work in 2018-19 against each of our five strategic priorities, delivered through the four Programme Plans, as summarised below.

Priority 1: Engagement

- Strategic Plan development
- Workforce and iMatter
- Mental Health Strategy development
- Minor Injury Units Review
- Mainstreaming equalities

Priority 2: Prevention and early intervention

- Primary Care Improvement Plan
- Public health and health improvement
- Dementia
- Alcohol and Drugs Partnership

Priority 3: Tackling inequalities and public protection

- Multi Agency Public Protection Arrangements
- Community Justice
- Adult Support and Protection
- HMP & YOI Grampian
- Supporting unpaid carers
- Mental Health Team
- Learning Disability Services

Priority 4: Reshaping care

- Technology enabled care
- Virtual Community Wards
- Rehabilitation and enablement
- Home care

Priority 5: Effective use of resources

- Older People's Accommodation
- Joint Equipment Service
- Inspection of services

Progress against all of the above areas are explained more fully in the proceeding chapters.

PRIORITY 1: ENGAGEMENT

We have described above how our strategic priorities have been revised during 2018-19, and these will inform our new Strategic Plan, which will come into effect in 2020. Engagement is now one of five strategic priorities for Aberdeenshire HSCP.

In this section of our report, we have provided some examples of engagement work which has taken place during 2018-19.

Strategic plan development

In our previous two annual reports, we described how our current Strategic Plan aimed to bring about transformational change that would be driven in part by empowering and supporting people in Aberdeenshire to maintain their health and wellbeing, and to involve them in decisions at every stage of their health and care. The implementation of our Commissioning Plan (Implementation and Change Plan 2017-19) has continued to focus upon shifting towards services being identified and commissioned locally, and building long-lasting relationships with communities. Some of the examples below show how this has worked in practice.

Over 2018-19, we have begun the process for developing our next Strategic Plan and consideration of effective public engagement has been at the centre of that process. In early 2019, the Strategic Planning Group began developing a programme of engagement activity, with the aim of involving local people in telling us what is important to them around each of our five strategic priorities. The resulting engagement programme consisted of a range of activities and approaches to enable individuals and groups to get involved.

It included events, an online platform where responses could be submitted, video content of our partnership managers and chief officer talking about our strategic priorities and resources to facilitate group engagement sessions. The approach was informed by VOiCE, the National Standards for Community Engagement and the Scottish Health Council's Participation Toolkit. The engagement programme was launched on 11th March 2019 and will run until June.

An additional development in relation to engagement during 2018-19 was the creation of Aberdeenshire HSCP's first Engagement Strategy. Although there has been substantial engagement activity undertaken over the last few years, it was decided to develop an overarching strategy to underpin this area of work. The strategy was begun during 2018-19 and a final version will be finalised in the new reporting year, informed by the outcomes of the Strategic Plan engagement programme.

Workforce

During 2018-19 there have been a number of positive workforce developments, the main highlights of which include: expanding the number of community-based health practitioners, further engagement with the Third Sector and developing links with local schools to support the development of our future workforce.

In relation to recruitment, the availability of new Primary Care Funding has had a positive impact upon some of the challenges that we had previously experienced by enabling us to recruit to a range of new posts linked to the Primary Care Improvement Plan. During 2018-19 we have recruited new pharmacists, nurse practitioners, allied health professionals (AHPs) and mental health officers, who are now in post and providing services to patients across Aberdeenshire.

Another positive development has been in relation to taking a more integrated approach to recruiting to some of our posts. In the past, some of our posts have been created for people with either a professional background in health or social work. This year, we have started recruiting to integrated posts which are open to anyone with experience in either of these areas. So for example, home carer and health care support worker posts are now open to a broader range of candidates.

In relation to developing the future workforce, we have opened up work experience placements for pupils from some of our local schools and we are also identifying more areas where we can participate in offering modern apprenticeships. For example, we have been supporting pupils from academies in Portlethen, Peterhead and Huntly who have been undertaking carers' apprenticeships in four of our care homes during 2018/19.

Engagement: third sector, independent sector and workforce planning

Following on from engagement activity in 2017-18, over the last 12 months we have carried out another round of consultation with colleagues across the third sector in Aberdeenshire.

Two third sector forums took place in Maud and Banchory, with support from Aberdeenshire Voluntary Action (AVA) in enabling us to have representation from a broad range of our local third sector organisations. The focus of each forum was to explore challenges facing the third sector in relation to training, recruitment and finance and look at opportunities for the HSCP to develop ways of working which supported our third sector colleagues to operate effectively. As a result, we are looking at how we award contracts to enable greater financial security to third sector organisations and also how the HSCP and third sector can share training which provide development opportunities for a broader range of staff.

Further engagement has also taken place with independent sector providers including more recently around contingency planning in response to Brexit.

iMatter

In 2018, we invited our teams to participate in the iMatter staff engagement process for the second time, following its introduction in 2017. iMatter is a survey which enables us to gather views from staff about their experience of working in Aberdeenshire HSCP. As this was the second time that staff had taken part in the survey, this year we were able to compare and reflect upon results over the two years.

Whilst the questionnaire response rate was slightly lower in 2018, overall there was minimal or no difference in scores achieved between 2017 and 2018 against the key indicators assessed under iMatter. The overall Employee Engagement Index score was unchanged at 79%. A response rate of 61% was achieved, compared with 65% in 2017.

Team reports were provided following completion of the survey, using a red, amber, green scale to provide at a glance information about each dimension. The full results from 2017 and 2018 are included at Appendix 5, which shows the percentage of respondents who either agreed or strongly agreed with each of the question statements.

Analysis of overall performance against the five key staff governance standards (detailed in Table 1 below), again indicates minimal or no difference between 2017 and 2018. Whilst this does not preclude the continued importance of the organisation considering where it can improve on these scores, overall these are positively assessed as results to strive and celebrate.

The key results and conclusions to be drawn from the Aberdeenshire 2018 iMatter results are:

- Overall the survey recorded a very good response rate and generally positive scoring against the majority of indicators.
- Of particular note is that 84% of staff reported that they understand how their role contributes to the goals of the organisation.
- 81% of staff would be happy for a friend or relative to access services within the HSCP.
- The organisational indicators relating to visibility of senior management, staff confidence in the management of performance, and staff's sense of involvement in organisational decision-making, will provide the priority areas of focus for the HSCP senior management team moving forward.

Table 1: Staff Governance Standards – Strand Scores

	2017	2018
Well informed	82%	81%
Appropriately trained and developed	78%	78%
Involved in decisions	75%	75%
Treated fairly and consistently, with dignity and respect in an environment where diversity is valued.	80%	81%
Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.	80%	80%

As part of the developments to the HSCP's performance framework during 2018-19, we have introduced an annual workforce performance report for the IJB, which includes results from the iMatter survey. The purpose of this was to augment the data indicators for staff sickness absence, which had previously been the main source of workforce performance information that was presented to the IJB on a regular basis. Sickness absence rates on their own provide only a snapshot of one aspect of workforce 'wellbeing', so the further information derived from iMatter enables us to understand the broader staff experience and areas requiring further scrutiny and improvement.

Review of Aberdeenshire Minor Injury Units

In last year's annual report, we covered the review of Aberdeenshire's Minor Injury Units (MIUs) which began in March 2018 and which has been our most extensive piece of public engagement to date. The purpose of the MIU review was to seek assurance regarding the provision of Minor Injury services across Aberdeenshire, taking into consideration location, demand and activity, practitioner competency and ongoing sustainability.

Findings from the public engagement were considered by the Integration Joint Board in July 2018. During 2018-19 further follow-up consultation events took place with the public and staff in Inverurie and Inch, to enable people to review the findings from the initial engagement events and consider options for the future operating models for the units.

Following the events in Inch and Inverurie new operating models and opening hours for the two units were agreed by the IJB based on the recommendations of the Local Implementation Group and the feedback from the consultation events. The new operating models and opening hours for the two units have been in operation since February 2019.

Mainstreaming Equalities

The Public Sector Equality Duty from the 2010 Equality Act sets out legal requirements for all IJBs in relation to mainstreaming equalities and setting equality outcomes. We published a [progress report](#) on our equalities work over 2018/19 in March 2019, which provides an overview of the work carried out to date and some next steps for the year ahead.

The [report](#) also includes case studies of work delivered with people across Aberdeenshire, to help us make progress towards the delivery of our equality outcomes for 2016-20.

ENGAGEMENT: MENTAL HEALTH STRATEGY DEVELOPMENT

As part of the development of a new mental health strategy for Aberdeenshire, a project team, including Aberdeenshire HSCP, Aberdeenshire Voluntary Action, Scottish Association for Mental Health and the Scottish Recovery Network (SRN), was tasked with developing a programme of public engagement. The SRN provided advice and practical input in the development and delivery of the engagement sessions, sharing good practice from across Scotland.

The aims of the engagement process were to:

- Identify people's priorities for mental health and wellbeing in their local communities;
- Find out what resources currently supported people's mental health and wellbeing;
- Provide an opportunity for ongoing public engagement and involvement.

In total, 13 public events took place across Aberdeenshire in August 2018, in addition to a number of focussed sessions with a wide range of organisations and groups, with over 270 people taking part in the engagement activity.

People were asked to discuss the types of groups, activities, community facilities and services currently available that support mental health and wellbeing. Participants also gave views on current gaps and issues in terms of mental health services and were also asked what our future mental health priorities should be.

Based on this engagement and wider strategic development work the following mental health and wellbeing strategic priorities have been identified:

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

Each strategic priority will be linked to a Mental Health and Wellbeing Strategy Delivery Plan 2019-21. Within this plan, a number of projects have been identified to drive the change required to meet these outcomes.

PRIORITY 2: PREVENTION AND EARLY INTERVENTION

Primary Care Improvement Plan

In our Annual Report last year we described the various challenges facing the primary care workforce particularly in relation to recruitment of GPs, and some of the ways in which we have been attempting to address these issues locally.

A new contract for GPs (2018 GMS Contract) took effect across Scotland from 1st April 2018. Reflecting increasing pressures on the GP workforce nationally, the aims of the new contract are to improve services for patients by ensuring that the workload for GPs and others in primary care is manageable and delivering high quality care. It will be implemented on a phased basis over 3 years, focusing on the 6 priority areas of:

- Vaccination Transformation Programme
- Pharmacotherapy Services
- Community Treatment and Care Services
- Urgent Care
- Additional Professional Roles
- Community Link Workers

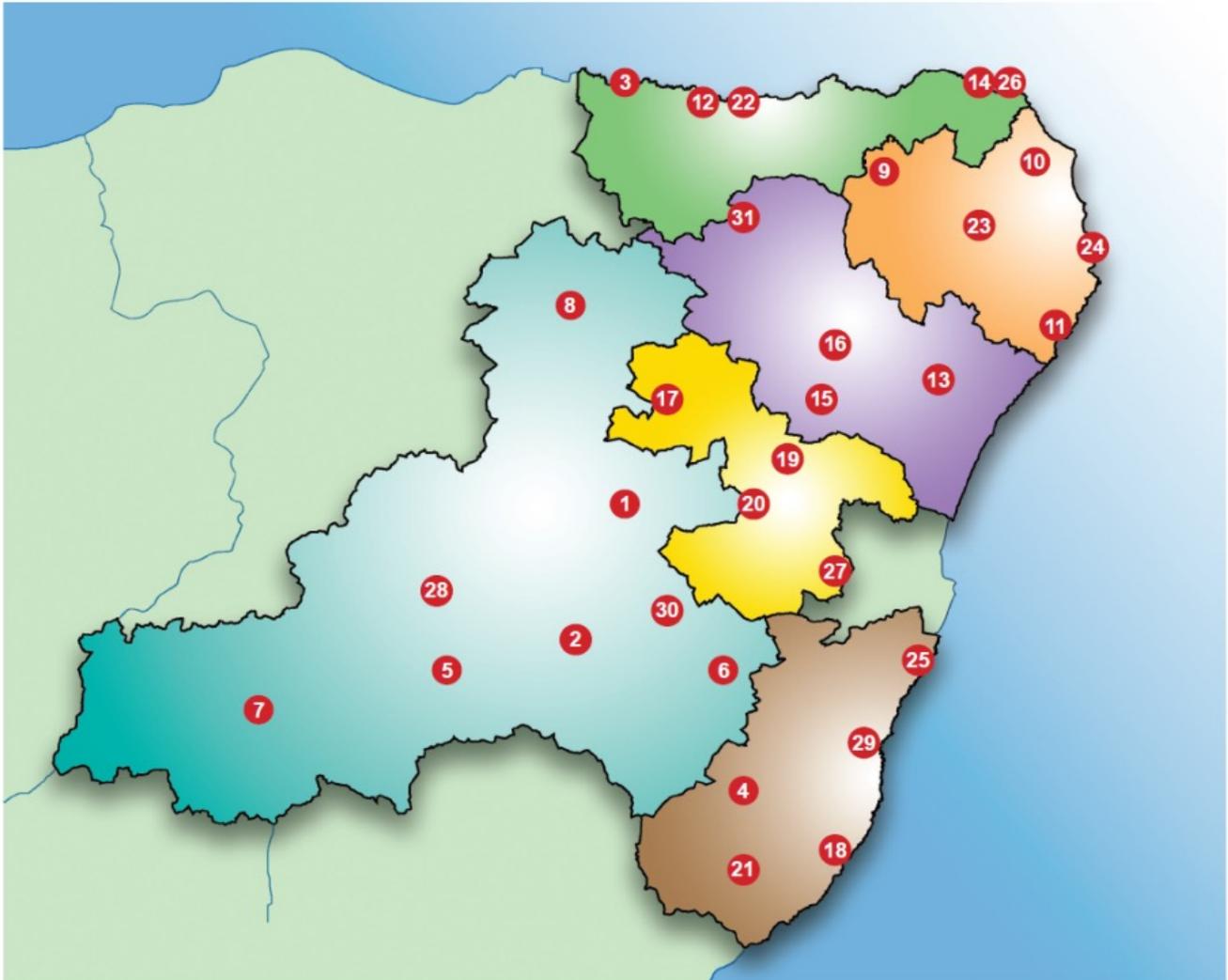
Each HSCP has required to develop its own Primary Care Improvement Plan (PCIP) setting out how it will implement the above services locally. Aberdeenshire HSCP has progressed this work during 2018-19 through the formation of short life working groups, developing proposals for how these services can be delivered in the most effective, equitable and sustainable way.

A key challenge is to develop a model which is responsive to the significant variation across our 31 GP Practices in terms of size, population need/demographics, and other local factors, in particular our mix of both large town populations and remote/rural communities. The map below illustrates the spread in location of our GP practices across Aberdeenshire.

Within the PCIP is the opportunity to develop new and existing roles which maximises the contribution of all members of the primary care multi-disciplinary team. This is an approach already well-established in Aberdeenshire through the development of roles such as Advanced Nurse Practitioners and Pharmacists working in primary care.

During 2018-19 through the PCIP we have been able to start the process of recruiting to several additional new posts across Aberdeenshire including Pharmacists, Pharmacist Technicians and Physiotherapists, who will work within GP Practices to help with the transfer of appropriate workload and maintaining the provision of high quality care for our communities.

GP Practices in Aberdeenshire



- | | |
|--|-----------------------------------|
| 1. Alford Medical Practice | 17. Inch Medical Practice |
| 2. Aboyne Health Centre | 18. Inverbervie Medical Group |
| 3. An Caorann Medical Practice, Portsoy | 19. Inverurie Medical Group |
| 4. Auchenblae Surgery | 20. Kemnay Medical Group |
| 5. Ballater Clinic | 21. Laurencekirk Medical Practice |
| 6. Banchory Group Practice | 22. Macduff Medical Practice |
| 7. Braemar Health Centre | 23. Mintlaw Surgery |
| 8. Bydand Medical Group, Huntly | 24. Peterhead Medical Practice |
| 9. Central Buchan Medical Practice, New Pitsligo | 25. Portlethen Medical Centre |
| 10. Crimond Medical Centre | 26. Saltoun Surgery, Fraserburgh |
| 11. Cruden Medical Group | 27. Skene Medical Group, Westhill |
| 12. Deveron Medical Practice, Banff | 28. Strathdon Medical Centre |
| 13. Ellon Medical Practice | 29. Stonehaven Medical Group |
| 14. Finlayson Street Practice, Fraserburgh | 30. Torphins Medical Practice |
| 15. Fyvie Oldmeldrum Medical Practice | 31. Turriff Medical Practice |
| 16. Haddo Medical Group | |

GENERAL MEDICAL SERVICES IN BANFF/MACDUFF

During 2018-19, Deveron Medical Practice in Banff formally notified Aberdeenshire HSCP that they would be withdrawing from their contract to provide General Medical Services. This presented a significant challenge for the HSCP in finding a safe and sustainable solution to maintaining those vital services to the more than 6000 patients registered with the practice.

A series of engagement events took place with the local population and affected staff to ensure that both groups were part of the process and fully informed as to the challenges we faced and our commitment to continue to provide General Medical Services to the affected populations. From this challenging situation came a very positive outcome, whereby the partners at neighbouring Macduff Medical Practice agreed to take on Deveron's patients ensuring the continued provision of safe, high quality and sustainable services for the local population.

A wide range of work has been undertaken to prepare the practices and local communities for this change. The redevelopment of the practice premises to accommodate new staff and patients (Macduff practice will relocate to the newer and purpose-built medical centre that is currently home to Deveron Medical Practice) was vital. Work has also been done with staff to bring together the teams and implement consistent systems of working (staff from Deveron will join staff at Macduff). All of the changes will come into effect from 1st May 2019.

This solution provides a resilient and sustainable model for the future and ensures the most effective use of resources. Aligned with developments through the new GMS Contract, additional staff such as Physiotherapy and Pharmacy will augment the local team and be able to take on appropriate workload from GPs. The commitment and involvement of the Practice team to ensuring this successful outcome has been critical.

Health improvement

The Aberdeenshire Health Improvement Team works with a wide range of partners, staff and communities to develop policies, strategies, delivery plans and programmes to improve the health of the population, to close the gap between those experiencing the best and worst health outcomes, and to shift service provision towards prevention and early intervention.

The Aberdeenshire Health Improvement Delivery Plan for 2018-19 set out actions for a healthier Aberdeenshire. Our priorities for 2018/19 were:

- Ensuring every child has a good start in life
- Encouraging healthy weight diet and activity
- Reducing smoking
- Encouraging low risk alcohol consumption
- Improving mental health and wellbeing
- Minimising the impact of poverty and inequality
- Make health improvement everyone's business.

During the latter part of 2018/19, work has been underway to develop a set of public health performance indicators for Aberdeenshire HSCP. Moving forward, these indicators will become part of the HSCP's performance reporting framework for the IJB and in future annual performance reports. This new dataset will include the key performance indicators which help us evaluate the impact of this wide range of work.

Below are some examples of the healthy lifestyle interventions that were implemented in 2018-19.

CHILDSMILE

The Childsmile Programme continues to improve oral health outcomes for children. The programme consists of daily supervised tooth brushing in nurseries and primary schools, targeted Fluoride Varnish Applications in the 20% most deprived nurseries and schools, and support from Health Visiting teams to link to Dental Practices across Aberdeenshire.

By March 2018 (the most recent data available) the Childsmile Programme had achieved the results below:

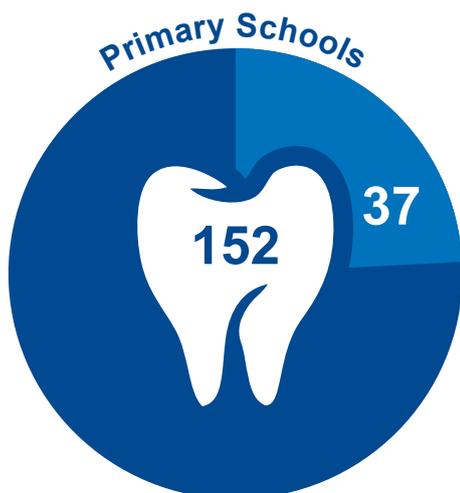
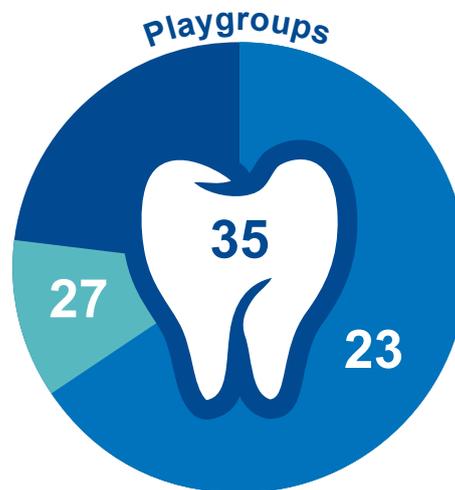
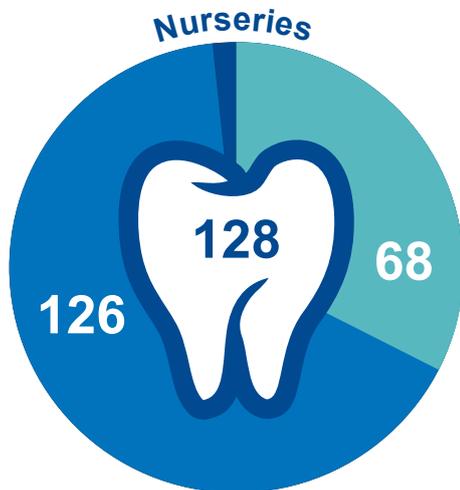
IN 2018/19

242 children were referred by health visitors to dental health support worker

215 had successful outcomes of registration and attendance at the dentist



Childsmile continued to support the 48 dental practices across Aberdeenshire through oral health talks, resources and contact regarding referred children.



- Number of locations across Aberdeenshire
- Daily supervised tooth brushing
- Twice yearly fluoride varnish applications

HEALTH WALKS

- There are 22 active health walk projects delivering 25 weekly walks and two monthly walks in Aberdeenshire.
- Around 370 people regularly participate in walking opportunities.
- 91 new walkers have joined Health Walks in Aberdeenshire in 2018/19 and approximately 100 volunteers are actively involved in supporting health walks.
- The Westhill Walking to Health group have been supported to obtain Paths for All Dementia Friendly accreditation. The group has developed three Dementia Friendly walks.
- The Paths Development Group in Torphins has developed a series of short walks for people who cannot manage longer distances. The local GPs have been involved in the project and will be developing a signposting service.



Reducing smoking

A priority within the Grampian Tobacco Plan is to create a tobacco free culture for young people with experience of the care system. In 2018-19, 33 residential care staff and managers received tobacco and e-cigarette training, with 93% rating it as very or extremely good. A key impact of the training was the decision for all three residential care units in Aberdeenshire to become completely smoke free for residents and staff, commencing January 2019. Local pharmacies are developing practices that will strengthen links with young people in care, including visiting local residential care settings.

Young people were involved in a consultation to explore how best to engage with them about tobacco and e-cigarettes and as a result video content has been created for publication on social media and online to promote positive health messages.

Smoke free criminal justice system

The Grampian Tobacco Plan outlines a range of actions to support people within the criminal justice system become and remain smoke free.

In 2017/18 (the most recent data available):

- 74 prisoners within HMP Grampian had made quit attempts
- 62 were still smoke free at 4 weeks
- 32 remained smoke free at 12 weeks.

For the calendar year 2018, which includes the period prior to the smoking ban in prisons coming into force, 158 prisoners engaged in a quit attempt. Support is provided to ensure that when prisoners are released from prison they can continue to access smoking cessation services.

Alcohol Brief Interventions (ABIs)

A new ABI strategy for Grampian was developed during 2018, with a focus upon the link between alcohol and self-management approaches for long term conditions such as cancer, hypertension, stroke and dementia. ABIs are delivered by a wide range of services working with vulnerable people, and during 2018-19 a particular focus has been on justice settings in Aberdeenshire.

The significant and sustained pressure that primary care in Aberdeenshire is under continues to impact on our ability to record and deliver ABIs in this setting. However, we are confident that the ABI strategy, which was co-produced with primary care, offers a sustainable option for primary care and this has been tested out in a small number of practices with positive results.

- ABI delivery in Aberdeenshire primary care is 2% higher than in 2017/18.
- 983 ABIs were delivered in the three priority settings, (primary care, antenatal and Emergency Department/Minor Injury Units) in 2018/19.
- In total 2799 ABIs were delivered, including those delivered in a series of wider settings, for example HMP Grampian, Police Custody suites, Healthpoint, Keep Well and specialist alcohol and drug services.

Low risk alcohol consumption

To improve public and practitioner knowledge of low risk drinking levels and the impact of alcohol on communities and individual health and wellbeing, a range of resource materials has been produced and distributed. These include unit glasses, unit calorie wheels, Scratchcards, Alcohol Related cards and the Alcohol and Older People booklet.

A social media campaign entitled Sobering Thought was developed on behalf of the three Grampian Alcohol and Drug Partnerships (ADPs). Branded wall mounted resource dispensers are currently being jointly developed with Live Life Aberdeenshire, it is anticipated these will be displayed in a variety of community venues.

Two further resources were developed in the last year: the “Alcohol and Later Life” and “Was your contact with us ALCOHOL related?” booklets. Both resources are available from NHS Grampian Health Information Resources Service. The Alcohol in later Life has been distributed to primary care, the specialist alcohol and drug services in Aberdeenshire and third sector organisations supporting older people. The ‘Was Your Contact’ resource is being used by Primary Care and a range of NHS secondary care services who may see patients where alcohol may be a factor contributing to their presentation.

Aberdeenshire Wellbeing Festival

The theme of the 2018 Wellbeing festival was ‘social connections’. Activities on offer ranged from yoga and relaxation, chair-based exercise, creative writing and suicide prevention awareness. Activities were designed to promote positive mental wellbeing, reduce stigma and promote recovery. Significant progress has been made to enable the festival to become self-sustaining, with increased partnership involvement in 2018/19.

Reducing social isolation in the refugee community

Work took place with the Syrian New Scots project to provide free weekly football sessions at Garioch Sports Centre by coaches from Aberdeen Football Club community trust. A mental health worker was also available at each session. 40 weekly football sessions led by the AFCCT coach were provided, attended by 22 New Scots men. The programme enabled the men to gain confidence to discuss health needs. 63% of participants completed a Keep Well survey, which highlighted health needs. Mental health and smoking cessation support were the top two priorities identified.

Reducing child poverty

A pilot project has been completed in Banff, Fraserburgh, Mintlaw, Peterhead Academies and the Gordon’s School Huntly, to enable free school meal cards for secondary school pupils to be used for breakfast. Wider roll-out of the scheme across Aberdeenshire is currently being considered.

Dementia

A major focus of our dementia work during 2018-19 has been reviewing the support that people receive after they have had a diagnosis of dementia. Post-diagnostic support (PDS) is provided by a wide range of health and social care staff, including Alzheimer Scotland link workers, community psychiatric nurses and occupational therapists, all of whom are part of community mental health teams in North, Central and South Aberdeenshire. The review highlighted specific areas for improvement. For example, someone with dementia might have had a different experience of receiving support depending on whether it was provided by either a nurse or a link worker, so it is important that we ensure there is a consistent and equitable service for everyone.

Our review of dementia services also showed that we have been under-reporting the number of people who have received PDS in Aberdeenshire. We have identified accurate reporting as an area for improvement, and moving forward our reporting will reflect the full extent of PDS provided by our staff. This will help us to understand the level of demand for these services and help us plan for the future.

As a result of the 2018/19 post-diagnostic service review, we have decided to have a much stronger focus upon community engagement to inform the development of our new dementia strategy and action plan, to be developed during 2019/20, and ensuring a 'whole-system' approach to the provision of dementia support services. This was considered and agreed by the IJB at its meeting in March 2019.

The most recent national dementia strategy called for the delivery of post-diagnostic support beyond the first year after diagnosis. This is also an issue which we will be exploring through future engagement work during 2019/20 and which will inform the new dementia strategy.

Alcohol and Drugs Partnership (ADP)

The IJB took on the lead governance role for the Aberdeenshire Alcohol and Drugs Partnership during 2018-19, which means that they now have responsibility for overseeing the performance of these services. Over the course of this year, the ADP has focused on a number of key developments to develop understanding of the problematic use of alcohol and drugs and to deliver support to allow people to recover and have a healthier relationship with alcohol.

Some of the key areas of work over the last year have been:

- Redesign and integration of services
- Best use of funding – introducing a process for prioritising project funding
- Improved recording of data – in preparation for the introduction of a new national system by the Scottish Government in 2019-20
- Staff training – structured topic-specific training for service delivery staff and wider partners;
- A new Aberdeenshire Alcohol and Drugs website
- New approach to reviewing drug-deaths is progressing well through bi monthly meetings focusing on what we can learn and improve on to reduce adverse incidents
- Community Detoxification is now available across Aberdeenshire and is delivered by the HSCP substance misuse teams
- Improving performance for Alcohol Brief Interventions.

Progress has been made on the 'Changing Aberdeenshire's Relationship with Alcohol' part of the Aberdeenshire Local Outcomes Improvement Plan. The latest detailed progress on the on the LOIP action plan can be found on the [CPP website](#).

PRIORITY 3: TACKLING INEQUALITIES AND PUBLIC PROTECTION

Multi Agency Public Protection Arrangements (MAPPA)

Multi-Agency Public Protection Arrangements, more commonly referred to as MAPPA, involves work undertaken by agencies, both collectively and individually, focussed upon reducing the incidence of reoffending and protecting the public from harm.

The oversight and operation of MAPPA locally is undertaken on a Grampian area basis, with national links maintained through for example attendance at the MAPPA National Strategic Group.

With this structure having now been in place for two years, our processes and practices for assessing and managing the risks posed by those offenders who are subject of MAPPA have continued to be refined. The past year has seen a period of some stability, whilst our ethos of ongoing review in effort to achieve continuous improvement in practice remains.

In respect of Aberdeenshire, the level of further sexual or violent offending committed by those offenders who are subject of MAPPA has remained very low, although any further offending is of concern to the Responsible Authorities and our communities. It is recognised that, on occasions, offenders managed under the MAPPA will commit, or attempt to commit, further serious crimes and, when this occurs, a process of Initial Case Review is undertaken within MAPPA.

As reported last year, work arising from the Minimum Practice Standards for MAPPA Level 1 clients published by the Scottish Government during late 2017 has been progressed and concluded. A process whereby all Registered Sex Offenders are considered and discussed on a multi-agency and rotational basis has been established, and is deemed to be working well. Whilst such arrangements have been in place since the introduction of MAPPA, the process now implemented provides a more robust and defensible structure that is also proportionate to the risk presented by each individual Offender and with due cognisance to resources applied to their management.

Community Justice

Aberdeenshire Health and Social Care Partnership is represented on the Aberdeenshire Community Justice Partnership, which was formed in response to the Community Justice (Scotland) Act 2016. This required statutory partners to develop a plan that would set out how they would work together locally to prevent and reduce reoffending to improve outcomes for community justice. The Aberdeenshire Community Justice Partnership meets quarterly and is responsible for delivering the outcomes set out in the Aberdeenshire Community Justice Outcomes Improvement Plan (CJOIP).

Over the past year we have continued to work with the Aberdeenshire Employability Partnership to improve access to employability services for people at all stages within the justice system. For example the Aberdeenshire Intensive Interventions Service aims to try and break the cycle of reoffending by providing structure to the individual service user's day, frequent contact and support to make appointments (including Court, requirements of Bail), identifying interests and different ways to use time as well as improving opportunities and access to learning, volunteering and employability services.

A full programme of services and activities is now in place for King Street Resource Centre in Peterhead, including Harm Reduction Clinics, Moving Forward Making Changes (MFMC) Group, Caledonian Group

and Community Payback Order Unpaid Work 'Any Other Activity' Group. Unpaid work groups are also running from King Street, supporting a small provision of food parcels and the clothing bank. The Women's Service continues to offer women's groups for women involved in the criminal justice system from the King Street Resource Centre and from Robertson Road Resource Centre in Fraserburgh. Women from across the North of Aberdeenshire are supported to attend. Looking ahead to 2019-20, IDAA training will be integrated into the Women's Service and wider criminal justice team, to support victims of domestic violence more effectively.

Support for mental health Issues

Last year, we explained our aim to increase our capacity to support practitioners in working with people involved in the justice system who have mental health issues through provision of a dedicated Criminal Justice Mental Health Practitioner. This began by identifying a Criminal Justice Social Worker / Mental Health Officer who would be based at HMP Grampian one day per week to carry out preventative work to address underlying lower-level mental health issues. From August 2018 – March 2019, a dedicated Social Worker / Care Manager from the Community Mental Health Team was based in the prison, with the addition of one half-day within the community, to ensure follow-on support was available to those who needed this to assist their transition from custody.

Between August 2018 and March 2019, 66 appointments were offered, 34 of which were attended, with 13 repeat appointments provided. In the community, 15 people were provided with follow on support. Many of the clients were seeking assistance with low to moderate anxiety, and depression. The main referrals to the worker were through the substance misuse team, with individuals reporting that they were self-medicating for underlying poor mental health. During 2019/20, our teams from Community Justice and Mental Health Services will continue to work together to identify how these and other, lower level interventions for mental health can continue to be delivered through the use of Action 15 funding for the prison and police custody settings.

Aberdeenshire Safer Streets

Aberdeenshire Safer Streets is a joint early intervention and prevention initiative between Criminal Justice Social Work, Community Substance Misuse Service, and Police Scotland that focuses on risk periods for over indulgence such as pay day weekends and seasonal events.

During 2018/19, joint teams were deployed on pay day weekends within the towns of Fraserburgh, Inverurie and Peterhead on four occasions, and again during the May Day weekend. In addition, joint teams were deployed to Meldrum Sports, Echt Show Marquee, Banchory Show, Aboyne Games, Tarland Show and Invercairn Gala, as part of the Summer Games and Shows Initiative. During December 2018, joint teams were again deployed on four dates within the towns of Fraserburgh, Inverurie and Peterhead, including 'Mad Friday'. The purpose of these deployments was to identify and support those at risk of becoming a victim or potential perpetrator of crime due to excessive alcohol or illicit drug taking, and to provide a referral route into support services where required.

Support for substance misuse

A member of staff from the Community Substance Misuse Service remains based at HMP Grampian two days per week, so that anyone who already has support from this service in the community can continue to access this while they are in custody and vice versa. This helps to ensure equitable access to substance misuse services both in custody and in the community. During 2018/19, 95 people were offered appointments with the worker based within HMP Grampian, 59 people engaged with this support, 34 did not. Of the 59 people who engaged with the service, 42 were transitioned to the community and 32 remain engaged with these services. The main reasons for people not transitioning to community services included that they were still serving their sentence, were transferred to another prison establishment or moved to another local authority area.

Improving health and wellbeing

In December 2018, the Director of Public Health for NHS Grampian published the Annual Report for 2017/18, 'Changing the Record – Improving the health and wellbeing of people in contact with the justice system'. The primary purpose of this report is to raise awareness about the needs and inequalities which exist. Improving wellbeing, reducing inequalities and meeting the health and social care needs of people in contact with the criminal justice system requires coordinated local action and the report was intended to act as a starting point for building the shared understanding and consensus that facilitate joint action.

In March 2019, Aberdeenshire Community Justice Partners provided an update to the Aberdeenshire Integration Joint Board, about how they have been working together over the last two years to respond to the issues that were highlighted within the report. Moving forward, community justice partners will continue to work with the IJB and the wider HSCP to overcome the barriers that people involved in the justice system can experience when accessing health and social care services within Aberdeenshire.

Domestic abuse

The responsibility for domestic abuse strategy and action planning sits with the Aberdeenshire Gender Based Abuse Partnership (GBA Partnership). The GBA Partnership is multi agency and the HSCP is represented by key adult services staff. The work of this group is focussed upon ensuring the ambitions of the national Equally Safe Strategy are translated into practical delivery that makes a difference to the lives of women, girls, and young people in Aberdeenshire.

Adult support and protection

The cornerstones of Adult Support and Protection in Aberdeenshire are the Adult Protection Network (APN) operated by the Council and the North East Concern Hub (NECH), operated by Police Scotland. The expertise and skill fostered through these ensures a responsive, consistent and robust approach.

In November 2018 the Aberdeenshire Adult Protection Partnership were subject to a Joint Thematic Inspection. The Inspection was led by the Care Inspectorate with support from Her Majesty's Inspectorate of Constabulary and Health Improvement Scotland. This was the first Joint Thematic Inspection of Adult Support and Protection, across Scotland, in the 10 years since the implementation of the Adult Support and Protection (Scotland) Act 2007. Aberdeenshire was one of six areas in Scotland inspected.

[The full inspection report](#) was published on 3 July 2018.

The report contains 15 key messages for good practice, for the adult support and protection sector, across Scotland. Partnerships were assessed on three quality indicators: outcomes for adults, key processes and leadership. Aberdeenshire Adult Protection Partnership received an evaluation of adequate against all

three quality indicators and was given the following, specific recommendations for improvement:

- The partnership should set specific timescales for the prompt completion of each phase of the adult protection process;
- The partnership should make sure it applies adult protection key processes consistently across the entire partnership;
- The partnership should make sure that all adult protection referrals are processed timeously;
- The partnership should make sure that social workers prepare well-balanced valid chronologies for all adults at risk of harm who require them; and
- The partnership should make sure that council officers and other staff are appropriately trained to carry out adult protection work.

The recommended areas for improvement along with recommendations from completed case reviews, were all incorporated into the Aberdeenshire Adult Protection Committee [Action Plan 2018-20](#). This plan is ambitious, focussing on practice and process improvements, performance monitoring and leadership. To achieve these actions a significant commitment has been given by all agencies in the adult support and protection partnership in Aberdeenshire. Practice improvements have been implemented and it is believed that all actions will be completed by March 2020.

The Adult Protection Committee published its [biennial report](#) in November 2018. The report describes some of the activity which has taken place between April 2016 and March 2018. It concluded by stating “Preparing the biennial report gives an opportunity to reflect on the work undertaken to support and protect adults at risk of harm in Aberdeenshire. There is evidence, that in Aberdeenshire, there are safe responses to protecting adults and that agencies work well together to do this effectively.”

Inspection of healthcare services at HMP & YOI Grampian

Her Majesty’s Prison & Youth Offenders Institute Grampian is located in Peterhead, a new purpose built facility which opened in 2014 and housing both male and female offenders. Aberdeenshire HSCP has had responsibility for the provision of healthcare services within the prison since 2016.

An inspection of the prison by the HM Inspectorate of Prisons for Scotland (HMIPS) in 2015 gave ‘health and wellbeing’ an overall rating of “poor performance”. An extensive range of work has since been undertaken to implement the recommendations relating to healthcare delivery. A Programme Board Approach was agreed, co-chaired by the Chief Officer and Governor, with three work streams identified; healthcare delivery, mental health and substance misuse. Several changes to the management team and reporting lines were also made.

HMIPS, supported by Healthcare Improvement Scotland, visited the prison again for three days during June 2018 and published a follow-up [inspection report](#). Whilst recognising that challenges remain, particularly in respect of recruitment to mental health nursing posts, the follow-up inspection highlighted the improvements made to service delivery, governance, staff morale and joint working.

The conclusion states that ‘What was immediately evident was the effort that had been made by the AHSCP and HMP & YOI Grampian to address the concerns raised in 2015 ... One of the most striking changes was the positive change in the morale of the healthcare team.’ Work continues to maintain the progress made and deliver against remaining areas for action, made possible by the efforts and commitment of local staff across the service. The service has since been inspected again under new standards and this will be published in Summer 2019.

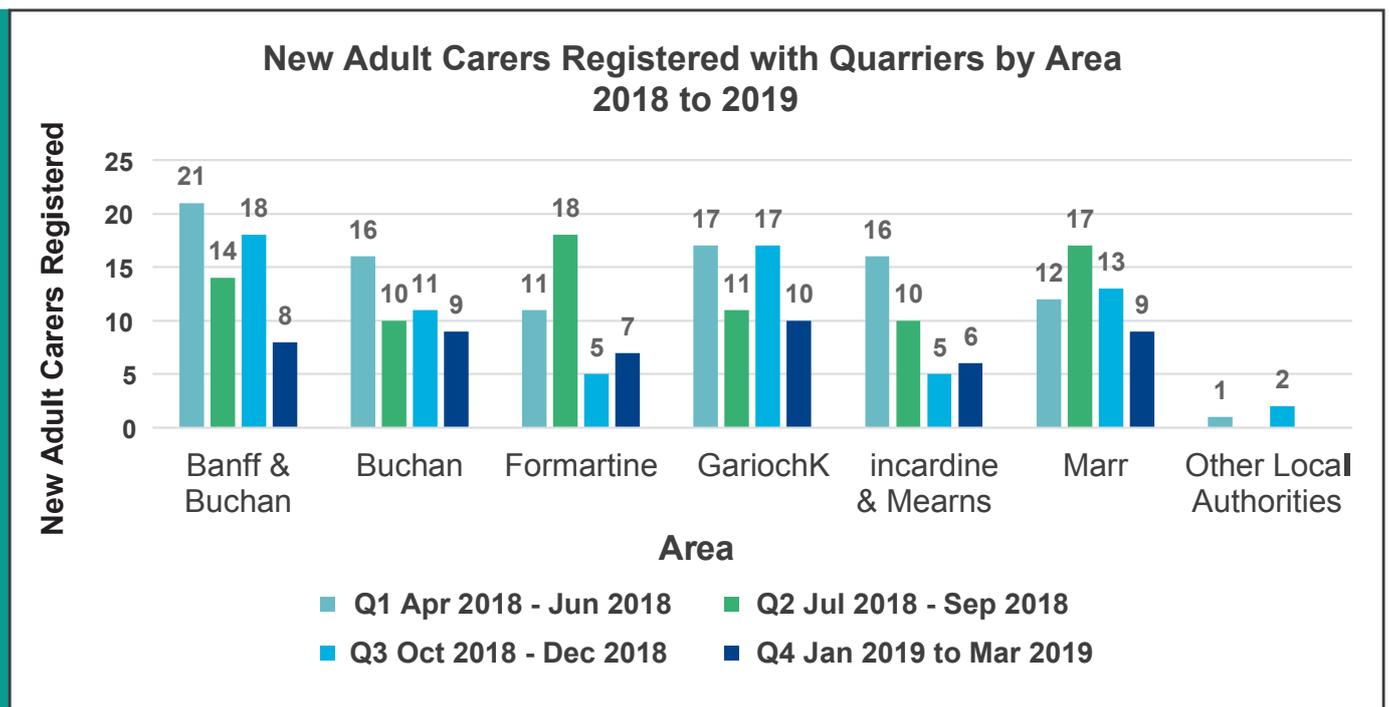
Supporting unpaid carers

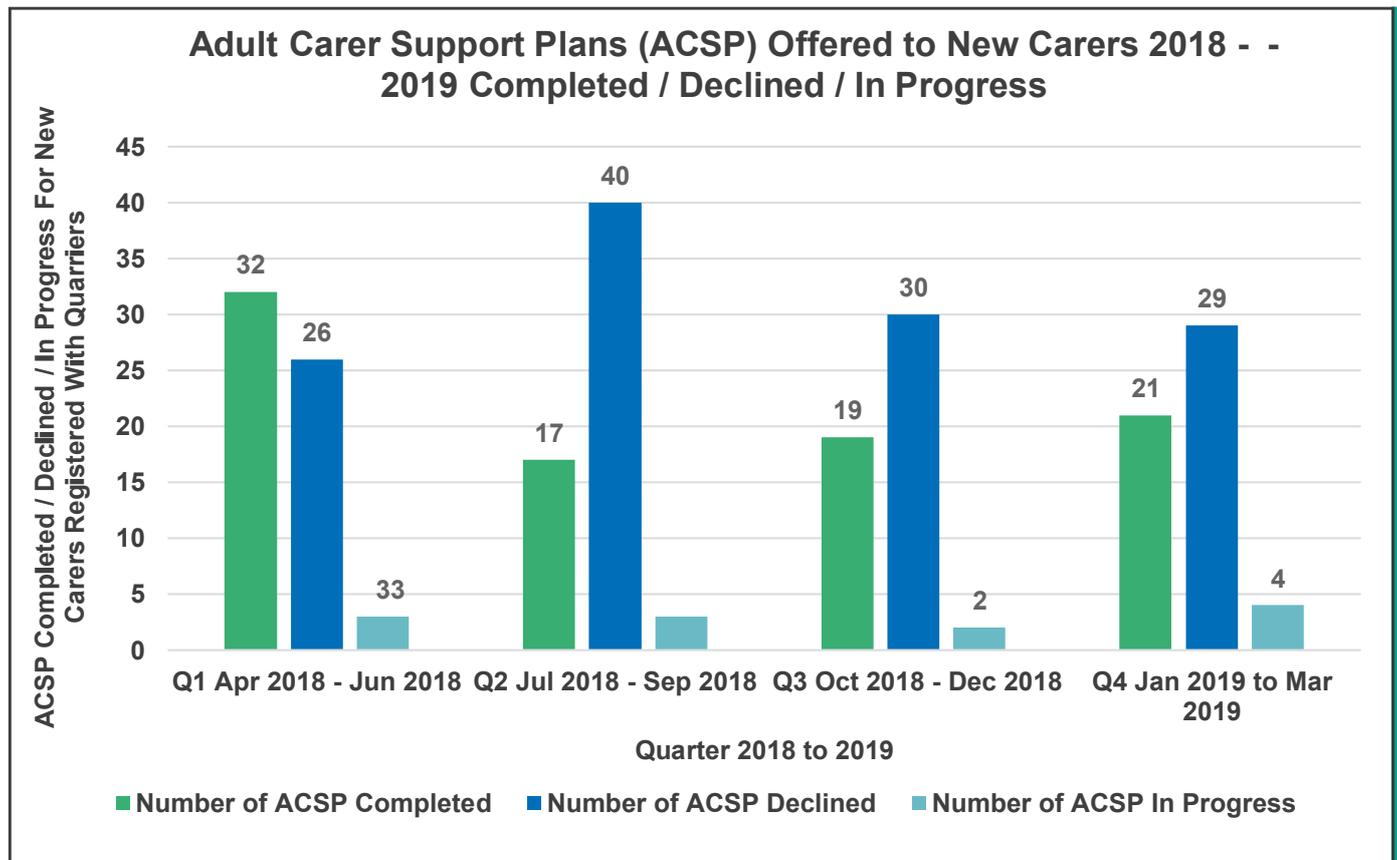
Engaging and working with unpaid carers continued to be a priority during 2018-19. During this year, our main area of focus was implementation of the Carers (Scotland) Act 2016, which came into force from April 2018.

The HSCP commissions a carers support service from [Quarriers](#) which provides support to young and adult carers. In addition to this service, other organisations also provide support to carers, such as Advocacy North East and PAMIS.

From 1 April 2018, carers have been offered an Adult Carer Support Plan (ACSP) or Young Carer Statement (YCS) which replaced Carer Assessments. This approach determines what information, training and support will enable the carer to continue in their caring role.

Under the new legislation, the local authority where the cared-for resides is responsible for supporting adult carers and offering an ACSP. The graphs below show the number of new adult carers registered with Quarriers Aberdeenshire Carer Support Service during 2018-19 and the number of ACSPs completed / declined and in progress for the new referrals.

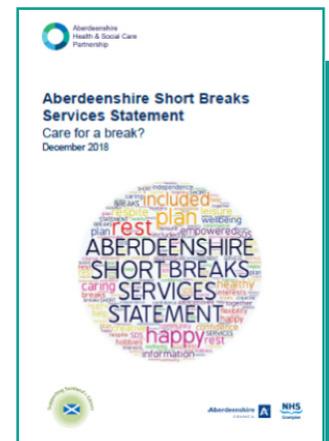
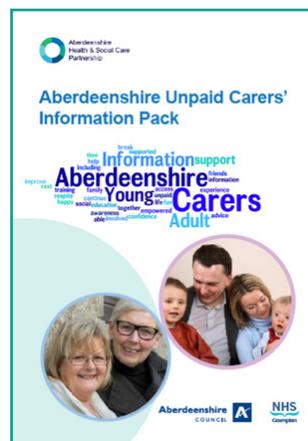




The number of new adult carers registered with Quarriers in 2018-2019 was higher than in the previous year at almost 300 carers, an increase of 30%. The number of new referrals was highest in quarter one, following implementation of the Act and promotion of the support available. The number of new referrals then steadily reduced for the rest of the year, but remained higher than the previous year.

The 'Scotland's Carers' report published by Scottish Government in March 2015 estimated there were 759,000 carers aged 16+ in Scotland, equating to 17% of the adult population. In Aberdeenshire this would give us an estimated 36,228 adult carers. By the end of 2018/19 there were a total of 624 adult carers registered with Quarriers which equates to 1.8% of the estimated number of carers in Aberdeenshire.

The number of ACSP completed was also highest in quarter one and although then decreased, remained relatively steady for the rest of the year, as Quarriers Family Wellbeing Workers worked through the backlog of referrals.



Achievements during 2018-19 included the publication of Local Carer Strategies and Eligibility Criteria for adult and young carers and the [Aberdeenshire Short Breaks Services Statement \(SBSS\)](#), which were requirements of the Carers Act. The updated [Aberdeenshire Carer Information Pack](#) and other carer support literature were also widely distributed around Aberdeenshire locations.

A Carer Practitioner was recruited to support eligible carers following completion of ACSP / YCS, to look at how the carer could be supported to meet their needs and outcomes through use of a Self-directed Support budget. The ACSP and YCS enabled collection of mandatory carer census data as specified by the Scottish Government, to monitor the implementation of the Carers Act.

The Partnership continues to support carers to access training and development opportunities. There is an ongoing programme of support for carers to complete a Scottish Vocational Qualification (SVQ) level 2 in Social Services and Healthcare, if the cared-for is an adult, or Social Services (Children and Young People) if the cared-for is a baby, child, or young person. Since the start of this project in 2014, 33 carers have been awarded this SVQ, including our first young carer in May 2018. There was a slight reduction in the number of carers completing the qualification in 2018, due to a gap in SVQ assessor cover to support the candidates. An internal SVQ Assessor has been recruited for those who care for an adult and an external assessor to support carers who care for children and young people.

Looking forward into 2019-2020, the impact of the Carers Act on local carers will be reviewed and work will continue on the actions identified in both local carer strategies.

The Carers (Scotland) Act 2016 came into effect on 1 April 2018 and places a number of new duties on all Scottish local authorities and Health and Social Care Partnerships to support unpaid adult and young carers in a different way. To enable local carers to find out about these new duties, Aberdeenshire HSCP and Quarriers hosted events at six locations across Aberdeenshire during April 2018.

The purpose of these events was not only to inform carers about the new carer legislation, but also to recognise the significant contribution made by unpaid carers in Aberdeenshire. The events provided an opportunity for carers to spend an afternoon in the company of other carers, find out what the Carers (Scotland) Act 2016 means for them, and meet the Aberdeenshire HSCP Location Managers in their area. Internal and third sector agencies also provided information stands and advice at the events. Tea and cakes were provided and each carer received a small goody bag containing local produce as a thank you for their valuable contributions.

Feedback from those who attended the events was very positive and included some of the comments below:

“Just to say how much I enjoyed the carer’s event this afternoon. It was very well organised and, I thought, very informative.” - **Unpaid Carer, Banff Event.**

“This was a very well presented and informative event. As an unpaid carer it was an excellent opportunity to obtain advice from various organisations all in one place.” - **Unpaid Carer, Inverurie Event.**

“Thanks for the cakes, flowers and the great willingness to engage and speak – very much appreciated.” - **Unpaid Carer Stonehaven Event.**

Mental health team

This pilot involved delivering a service for young people aged 16-21, providing short term task focussed interventions for young people who do not meet the eligibility criteria for self-directed support or social work support, including:

- Access to education, training and employment
- Travel training
- Support with housing and benefits
- Support with alcohol and substance misuse.

Case Study: Transitions social worker pilot

A mother had contacted the Community Mental Health Team regarding her son, a 23-year-old suffering from chronic depression, ASD, severe anxiety and displaying challenging behaviour and suicide attempts.

*Dave** had been attending University but had struggled with using public transport. This affected him to such an extent that he was physically shaking, sweating and being sick prior to the journey. The situation had deteriorated to such an extent that he could no longer use public transport and the University were funding a taxi service. However, Dave's anxieties had increased so much that he became unable to successfully manage this and his fears escalated - anxiety about attending lectures and paranoia about his fellow students. By the time Dave accessed the Transitions Service, he was feeling suicidal, unable to leave the family home and was challenging to his family, with volatile outbursts which were unpredictable and scary for his family, particularly his younger siblings.

The Transitions Social Worker (TSW) met with Dave and his mother and established that Dave's goal was to return to University, but he did not feel this was realistic. University had advised him that he could return in a year if he had managed to address the issues he was experiencing, so this was set as his outcome. The TSW worked with Dave to identify steps he could take to help him rebuild his confidence, manage the anxiety, and work on his ability to use public transport and his social skills. The TSW supported Dave to see his GP and get some medical intervention, worked on a routine and structure which started off with small steps - walking his younger sibling to school each morning and collecting her each afternoon.

Dave was assisted to use public transport to access groups specialising in his interests, and within a month, Dave was attending these and travelling independently to each location. He was learning how to integrate socially and his confidence began to build. With the combined approach of medication and social support, Dave was already showing significant improvements in his mental health and the challenging behaviours and anxieties had begun to reduce.

The TSW then supported Dave to consider the Prince's Trust, a 12-week full time course run by Aberdeen Foyer, which includes a residential week away. This was potentially a severely anxious situation for Dave, but he was willing and able to push himself out of his comfort zone, given his rapid improvement. Dave starts the course in a week and this will be the last step prior to his returning to university. There has been a significant improvement in his presentation and his mental wellbeing.

****Name is anonymised****

The pilot has been extremely successful in:

- Supporting people to become more confident in managing their own mental health
- Helping people access education, training and employment
- Enabling people to build social networks

Due to the success of the pilot, funding has been secured for a further 12 months.

Learning disability services

A major area of focus for the Learning Disability team during 2018-19 was a programme of engagement to inform our new Learning Disability Strategy, which will come into effect from 2023.

During October, November and December 2018, the team carried out group engagement events across Aberdeenshire by going along to existing groups for people with learning disabilities, to ensure that the engagement was taking place in a relaxed environment. They visited day services, supported work placements, social clubs and service user forums and over 120 people with learning disabilities took part in these sessions. Learning from a pilot session informed the approach to these engagement events, to ensure that they were based around the style of a relaxed conversation. Feedback was also provided by people with learning disabilities through an online survey, which was shared widely through social media, promoted through local press and also targeted specific groups.

Four strategic themes, based on national strategy and local priorities, were identified to inform the development of the strategy. These were about feeling well, involved, valued and supported.

Feedback from the engagement activity has been used to develop four areas for development for each strategic theme, as illustrated on the next page:

Looking ahead to 2019-20, we will carry out a consultation of the draft strategy to gather further views from key groups which will inform the final version.



People with learning disabilities in Aberdeenshire



are equal citizens and are treated with dignity and respect



make decisions about their own life

Strategic Outcomes - Feeling Supported

Strategic Outcomes - Feeling Well



People with learning disabilities in Aberdeenshire



are well and healthy



have good mental health



have equal access to health care and treatment



People with learning disabilities in Aberdeenshire



participate fully in meaningful activities in their local community



make valued contributions to the local workforce



have friendships and relationships

Strategic Outcomes - Feeling Involved

Strategic Outcomes - Feeling Valued



People with learning disabilities in Aberdeenshire



live where they feel safe



receive support when needed from skilled support staff



have carers who feel supported and have fulfilled lives

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Developments with supported accommodation

In the last two years there have been a number of changes to services for people with additional support needs including modifications to existing community based services and the development of new residential provision.

A change of legislation in 2016 resulted in increasing the cost of overnight care. This was a particular issue in Fraserburgh where there were a significant number of clients in the community who received overnight support. A review of current support packages identified changes in some clients' needs, meaning they no longer require overnight support and so this was removed. For clients who still need support overnight, this will be managed using a 'core and cluster model' meaning that one member of staff will support multiple clients during the night. These changes are being supported by increased uptake of telecare equipment which can remotely monitor clients ensuring their safety whilst enabling them to maintain their independence. These changes have been implemented well in Fraserburgh and are now being rolled out in New Deer with a possibility of extending wider throughout Aberdeenshire in the future.

In order to improve local provision for people with complex needs a five unit service has been developed in Alford which is due to open in June 2019. This service will accommodate clients with acquired brain injury, neurological conditions and severe and enduring mental health. The clients who have been identified to move into this service are currently accessing a service in Glasgow due to lack of availability locally and so this is a positive step towards improving the local provision of more specialist services.

Addressing inequality in primary care

Developments with the Primary Care Improvement Plan are not only aligned with our strategic priority 'Prevention and Early Intervention', described on page 22 above, but also link with our strategic focus on tackling inequality. Over 2018/19, increasing priority has been given to how we can address inequalities when planning and recruiting to new posts as part of the roll out of our PCIP. In practice, this means we make best use of our staff and financial resources to meet the range of needs across Aberdeenshire. For example, by targeting resources to reflect the needs of areas with historically high levels of deprivation and poorer health outcomes, together with challenges in the recruitment of GPs.

Aberdeenshire unpaid work service

“ TO ACHIEVE POSITIVE CHANGE THROUGH MEANINGFUL UNPAID COMMUNITY WORK WHILST ENCOURAGING, MOTIVATING AND PROMOTING POSITIVE BEHAVIOUR ”

Unpaid work, previously referred to as Community Service, is an option available to the courts as part of a Community Payback Order. People who are given unpaid work as part of a Community Payback Order will carry out work across Aberdeenshire in either small groups or in individual placements. The work is supervised either directly by the service or by another party in agreement with the service.

The Unpaid Work Team has worked on a number of projects over the year which benefit local communities across Aberdeenshire. Here are just a few:

- Working with the Portlethen Moss Community Group the team worked hard to design and make a new concrete plinth to support a sculpture as well as making and installing a number of Bird Boxes.
- Working for Aberdeenshire Council the Team helped to repaint the inside of the Scolty Centre in Banchory.
- The UPW has worked with the Portsoy Boat Festival for a number of years and this year was no exception. The team worked hard during the set-up of the festival erecting barriers that are needed throughout Portsoy to keep revellers safe. This is a huge task and requires many days of labour which the team are very happy to help with. During the Festival, work parties keep the streets free from litter and continue the clean-up after the festival has ended.

Here is what one person who has performed some of the unpaid work thought:

“This order has been great benefit to me. It came at an important time in my life and has given me direction. The ladies in my group are so supportive and I appreciate the support that has been given to me from everyone.”

PRIORITY 4: RESHAPING CARE

Reshaping Care has a focus on developing a variety of interlinked support packages which will enable people to stay at home, or in a homely environment, for as long as possible.

Technology enabled care

Projects included under the Technology Enabled Care work-stream are: Development of Aberdeenshire's approach to Digital Health & Care; Home and Mobile Health Monitoring; Video Consultation; and Telecare. Work has continued against each of these during 2018-2019 as described below.

Home and Mobile Health Monitoring (HMHM)

National funding has been secured to support and encourage GP practices in Grampian to free up practice appointments and practice staff time using HMHM (Florence) for blood pressure monitoring. This initiative is being led by Aberdeenshire HSCP. During 2018-19, work progressed to achieve satisfactory information governance and data processing agreements, as ground work towards the intention to commence implementation of the project at scale during 2019/20.

In addition, a test of change commenced with Stonehaven GP practice in 2018-19 using an app-based self-management tool (myCOPD) to assist COPD patients to self-manage their COPD symptoms. The evaluation of this test of change will enable us to determine whether using this app results in better symptom control.

Video consultation

National and NHS Grampian funding has been committed to support and encourage primary care and community-based services in Grampian to spread the use of video consultations direct from people's homes using their own mobile devices to allow greater and more convenient access to both routine care and more specialist support. Primary Care and Allied Health Professionals

(AHPs), along with support for models of care including the Virtual Community Wards, are amongst those services that the opportunity for greater use of video consulting has been identified.

Access to, and use of, Attend Anywhere, the nationally procured video consulting platform, is currently available to services, alongside provision of basic equipment (webcams, speakers, microphones, and screens/monitors) which has been procured in Grampian using the national Digital Primary Care Development Fund. During late 2018-19, all GP practices in Aberdeenshire were provisioned with IT kit, in preparation for implementation of a project during 2019-20 to encourage and support GP practices to offer patients the option of a video consultation for suitable consultations.

LEARNING FROM ENFORCED CARE HOME CLOSURES

In July and August 2018, Aberdeenshire HSCP care management staff supported the residents, their families and the staff of a private Aberdeenshire care home, when it was subject to a complaint investigation and then closed by the Care Inspectorate. Care management staff, together with location and partnership managers, became involved shortly after the Care Inspectorate's complaint investigation began, initially assessing and monitoring the situation at the care home, but quickly taking on a larger leadership role.

A number of key learnings have emerged from this experience:

- Preparation is critical – the preparatory work carried out by care management staff was key in facilitating the safe and well-managed transfer of residents to alternative accommodation, both within the closure timescales and at times of crisis. Throughout the period of care management involvement, there was a need to support the residents, their families, and the in-house staff.
- Content and timing of stakeholder communication is important, including media and social media management.
- There are opportunities to work collaboratively with partner organisations, to develop national guidance for Health and Social Care Partnership who are required to manage these scenarios.

The experience and learning from the Aberdeenshire care home closure was shared with colleagues from other HSCPs at a national 'enforced care home closures' learning event in February 2019. Aberdeenshire HSCP is now working with the Care Inspectorate and other partner organisations to develop guidance, informed by the learning from enforced care home closures across Scotland.

At a local level, we are also reviewing our local indicators and the role of our multidisciplinary teams, to ensure we have robust processes around adult support and protection for residents of privately run care homes.

Virtual Community Wards

The Virtual Community Ward (VCW) works by bringing together multidisciplinary health and social care teams who provide care for patients who need regular or urgent attention, with the aim of avoiding unnecessary hospital admissions. The VCW is very effective at identifying individuals who need health and social care services at an earlier stage, which can significantly improve patient outcomes and experience.

The VCW has now been adopted by 28 of Aberdeenshire's 31 GP practices. The table below shows the number of VCWs in operation over the last three years, the number of patients who have been admitted, and the number of hospital admissions we believe have been avoided.

Year	Number of VCWs	Number of admissions to VCWs	Number of hospital admissions avoided
2016-17	26	1,674	627
2017-18	27	1,619	592
2018-19	28	1,392	421

Based on these figures, some 1,640 hospital admissions may have been avoided over the three year period 2016-17 to 2018-19, which can be broken down into 558 acute and 1,082 community hospital admissions over the three reporting years. The number of admissions has decreased over the three year period with a more prominent decrease in 2018-19. Whilst there is no clear rationale for this, it is suggested that as the VCW model has become more embedded, teams have begun to use the principles of the model out with the actual confines of VCW meetings, hence the necessity to admit people and use the VCW model has lessened. Teams cite the positive impact the VCW model has had on building relationships within multi-disciplinary teams.

Virtual Community Ward case studies

Mrs S

Mrs S is an 87 year old lady living alone at home with care twice daily for assistance with personal care and medication prompts each morning and evening. The home carers noticed a change in Mrs S's behaviour, she had become confused and this was raised at the Virtual Community Ward (VCW).

It was agreed a carer should return to obtain a sample of urine and it was found that Mrs S had an infection. The GP prescribed antibiotics. Visits were increased to three times daily to ensure the antibiotics were given at prescribed times and to encourage Mrs S to drink plenty of fluids. The Homecare Responder Service was made aware of a change in Mrs S's needs, should they be called out of hours.

Mrs S was able to remain in her own home with additional visits to monitor her health and wellbeing. She remained in the VCW for 5 days until her condition improved. Support was then reviewed and returned to having twice daily visits.

Mr R

Mr R is an 83 year old man who lives alone at home. He is known to the home care team and receives assistance with showering twice a week. Mr R had a fall at home resulting in a minor injury to his leg. On finding Mr R on the floor home carers contacted their co-ordinator and he was discussed at the VCW. It was agreed the Occupational Therapist and District Nurse would visit Mr R to assess his injuries and put in place additional support and assistive equipment.

Home care was increased to visits once a day for a period of a week and he was supplied with a commode and equipment to support him at home. A further visit was carried out by a Physiotherapist to support Mr Reid and build his confidence again. He was discharged from the VCW whilst District Nurses visited until his injury healed.

Rehabilitation and enablement

For several years Aberdeenshire has been working on embedding an integrated health and social care approach to the provision of rehabilitation and enablement, moving to a model of care which enables people's independence rather than encouraging dependency.

This has been supported by the provision of training packages for health and social care teams, and the development of a pathway and eligibility criteria with an expectation that rehabilitation and enablement would be the default pathway for all new requests for provision of care at home service. The exception to this is requests for support with end of life care at home.

The Rehabilitation and Enablement Steering Group re-convened in January 2019. A number of actions have been agreed to progress local implementation of the agreed integrated rehabilitation and enablement pathway and improve data collection to evidence change in practice, and to support and encourage the change in culture and practice necessary to achieve all of the potential benefits.

A more sustainable training package is in development with support from practitioners and clinicians with expertise in rehabilitation and enablement. Other actions aim to build on and share the emerging good practice from those teams who have introduced rehabilitation and enablement to their day to day practice and to address the barriers they have identified.

Shaping the future of homecare services

In 2018, a project began in North and Central Aberdeenshire to refocus the internal homecare provision to concentrate on four key areas or 'pillars':

1. Enablement – six week intensive intervention.
2. Rapid Response - providing a 24 hour responder service for planned and unplanned need (ARCH).
3. Complex cases, end of life and palliative care.
4. Hard to reach, remote and rural areas.

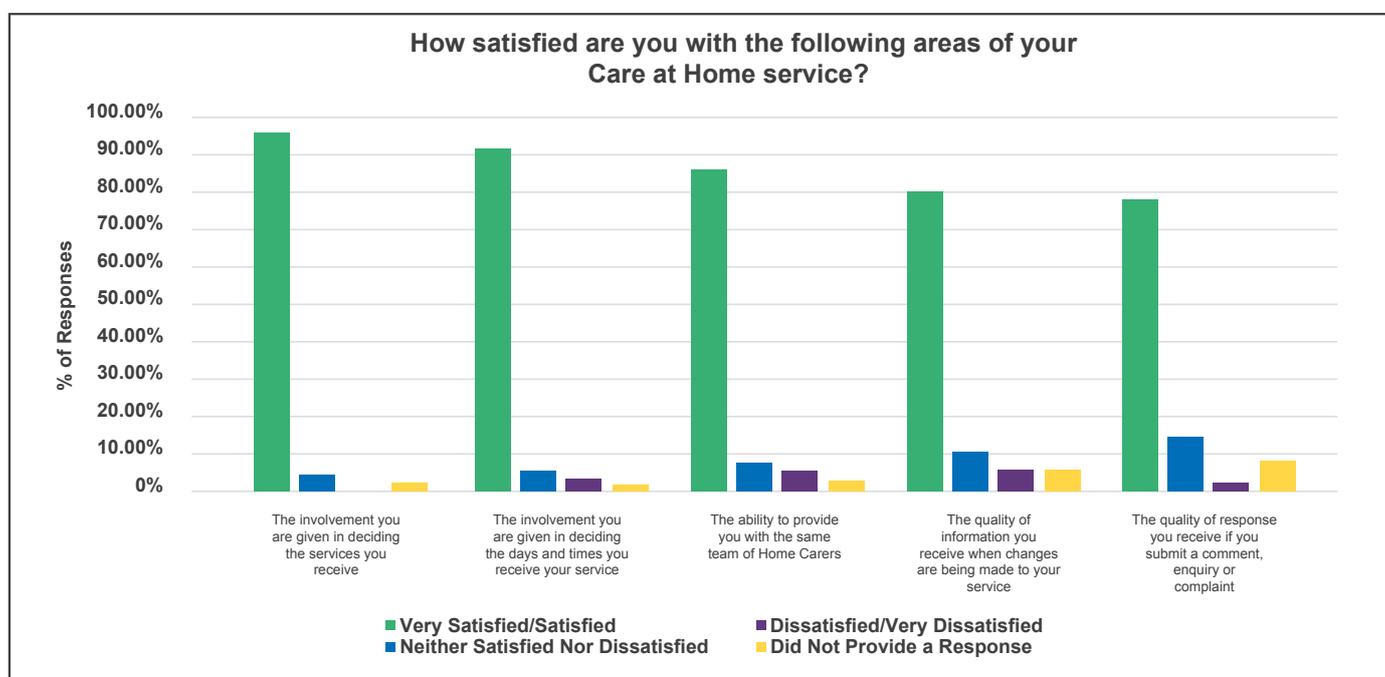
The change in proportion of internal and external homecare provision from January 2018 to January 2019 is shown below.

	January 2018		January 2019		Difference	
	In house	External	In house	External	In house	External
Peterhead	49.89%	50.11%	44.59%	55.41%	-5.3%	+5.3%
Inverurie	28.15%	71.85%	22.82%	77.18%	-5.33%	+5.33%
Aberdeenshire	41.56%	58.44%	36.2%	63.8%	-5.36%	+5.36%

This change in focus for the internal homecare service ensures better use of staffing and financial resources and encourages increased capacity from the independent providers operating in the area by offering more substantial packages of work.

The project has helped develop closer working relationships to support both commissioners and providers to better understand what is needed from the care at home market and it is hoped this may help the service to be better placed to cope with the increased demands of an ageing population.

An annual survey is undertaken by the Care at Home Service. 441 people responded to the survey in 2018 and of those, 92.3% were either satisfied or very satisfied overall with their homecare service. The table below provides a breakdown of responses to the 2018 survey questions.



Telecare

The total number of people using telecare solutions at the end of March 2019 was 4875. Of these, 4385 were using a community alarm system (2403 in the dispersed community and 1982 in Local Authority Sheltered Accommodation) and 490 were using telecare equipment other than community alarm system. The number of new community alarm and telecare users was 907.

Developing the primary care workforce

We have described developments with the Primary Care Improvement Plan throughout this report, and the fact that the PCIP is aligned with a number of our strategic priorities, including Reshaping Care. During the last year, we have supported developments in the primary care workforce to modernise and develop appropriate new models of care which maximise the role and contribution of the wider primary care team, in response to GP recruitment difficulties. This means that a wider range of specialist staff, for example nurses, physiotherapists and community mental health services, will provide services which may previously have been carried out by GPs, where it is safe, appropriate and improves patient care. By developing a multi-disciplinary team approach the GP's role has been re-focused as an expert medical generalist.

During the last year, our work in this area has included the training and appointment of Associate Nurse Practitioners, supported by the NHS Grampian Advanced Care Academy, to take on core roles within General Practice helping to maintain safe and effective primary care services to the local community. This approach continues to be supported and built on through the implementation of the PCIP.

PRIORITY 5: EFFECTIVE USE OF RESOURCES

Older people's accommodation

The availability and provision of varied accommodation with care and support for older people in Aberdeenshire is an ongoing consideration for the HSCP. A significant amount of work has been undertaken around reviewing our existing provision, to identify what is needed to ensure there are sustainable and fit-for-purpose services to meet the long-term needs of our communities.

The North Aberdeenshire Care and Support Village in Peterhead is at the planning stage, a site has been identified, and scoping of services has been agreed. Design works for the building will now be taken forward. The review into sheltered housing, very sheltered housing and care home capacity continues. The aim of this work is to ensure there is enough capacity in the right locations, enabling people to continue to live in a supported community as their needs change.

During 2018-19, we have been working in partnership with our Housing colleagues and will continue to do so to ensure that there is an appropriate balance of safe, affordable and equitable provision of accommodation with support for older people in Aberdeenshire.

Inverurie Health and Care Hub

In August 2018 the new Inverurie Health and Care Hub opened bringing together a range of health and social care services to be co-located in brand new, purpose-built accommodation. This includes:

- Inverurie Medical Group
- Midwife-led Community Maternity Unit
- Care Management
- Community Nursing (including District Nursing)
- Allied Health Professions (Physiotherapy, Podiatry, Speech and Language Therapy)
- Public Health Nursing (including Health Visiting/Community Midwifery)
- Urie Dental Practice
- Diagnostic and treatment services (including Audiology, Radiology, Cardiology) and visiting specialist consultant clinics.

This was a much-anticipated development and the culmination of years of local consultation and planning to secure suitable primary health care premises for the largest practice population in Aberdeenshire (over 24,000 registered patients). This has ensured the best use of resources and the provision of locally accessible services for patients in premises which are fit for the future.



Aberdeenshire Joint Equipment Service

The Joint Equipment Service (JES) plays a crucial role in supporting people at home by providing an integrated and responsive community equipment service. Located in Inverurie, the service has grown at a huge pace since opening in 2010 and now provides a range of occupational therapy, nursing and physiotherapy equipment as well as community alarms, telecare, communication aids, housing adaptations and bariatric equipment. During 2018, a second store was secured nearby and children's equipment, both social work and education, is now being moved to this store to ensure maintenance, repair and best value is achieved.

The Service employs a range of staff performing a variety of functions including arranging delivery, installation, training (supported by occupational therapists) and return collections, decontamination and a full maintenance and repair service for equipment provided. The number of deliveries made over the seven years of operation and value of orders provided has more than doubled. As an example, around 40 community profiling beds are installed in residents' homes each month alone.

As an illustration of the volume of work undertaken by the service, in 2018-19 approximately 1,800 items were delivered each month. Approximately 150 people per month were enabled to return home to Aberdeenshire soon after undergoing hip replacement at ARI, Dr Gray's, and Woodend through provision of adaptive equipment.

During 2018, our Joint Equipment Service became the first in Scotland to install an online ordering system. The online ordering system now allows for more complex reporting and real time activity accessible through handheld devices.

The Joint Equipment Store works very closely with other services, in particular Community Occupational Therapy, to provide a service to the people of Aberdeenshire. A key area of improvement has been the move to every second day deliveries. This has improved the delivery times of equipment and the therapist knows when their requested equipment is going to be delivered so that they can follow up. This is a much more efficient service for the client and has provided more delivery slots for the OTs to pick from.

Occupational therapy and the JES

Kerry Adam, occupational therapy team manager, explains some of the benefits of the new system.

'The new ordering system enables me to see the availability of equipment in real time. So as a therapist I can see what is available at the precise moment I need to order something, which has a number of benefits for both staff and clients. For example, I had a client who required a specialist chair to meet her complex postural needs. I was able to check the online system to see what was available and then arrange to have some adaptations made to a chair they already had in stock. Normally it can take up to six weeks to order specialist equipment, so not only did this save time but it also saved money by recycling what was available. Most importantly it meant I could meet this client's needs very quickly.

Another positive development has been around the use of technology. Staff can now Skype into the store to have a look at specific pieces of equipment. Using Skype, the JES can let staff view equipment that they have seen online but might have queries about. This saves money and time as staff don't have to travel to the JES to check equipment in person, and we can then get equipment to our clients more quickly than we could before.'

Inspection of service – Care Inspectorate

The Care Inspectorate undertakes inspections of regulated care services for all care service types. Inspections take place at any time of the day or night and these inspections provide members of the public with reassurance that the services are delivering quality care and support in appropriate accommodation for the people that require this.

A new Quality Framework for Care Homes for Older People was introduced during 2018-19 which has changed the way that inspections are carried out. During 2018-19, six Care Homes in Aberdeenshire were inspected using the new framework and five Very Sheltered Housing Schemes were inspected using the old criteria.

Overall, the services which are operated by Aberdeenshire HSCP are achieving a high standard. A more detailed summary of the outcomes of these inspections is provided in Appendix 6. Full details of all inspections of Aberdeenshire services can be accessed via: www.careinspectorate.com

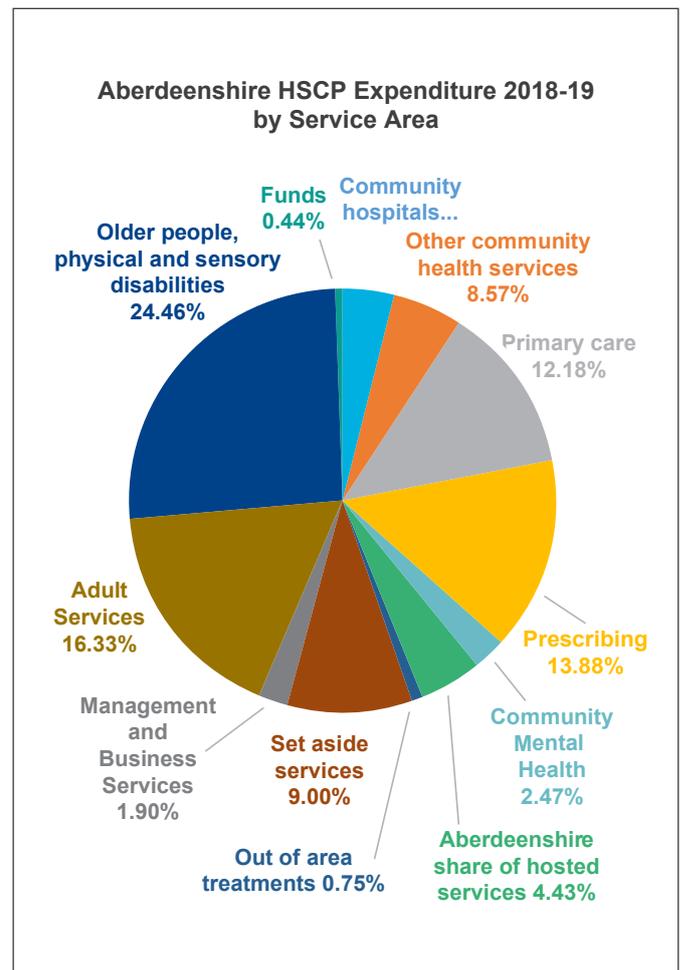
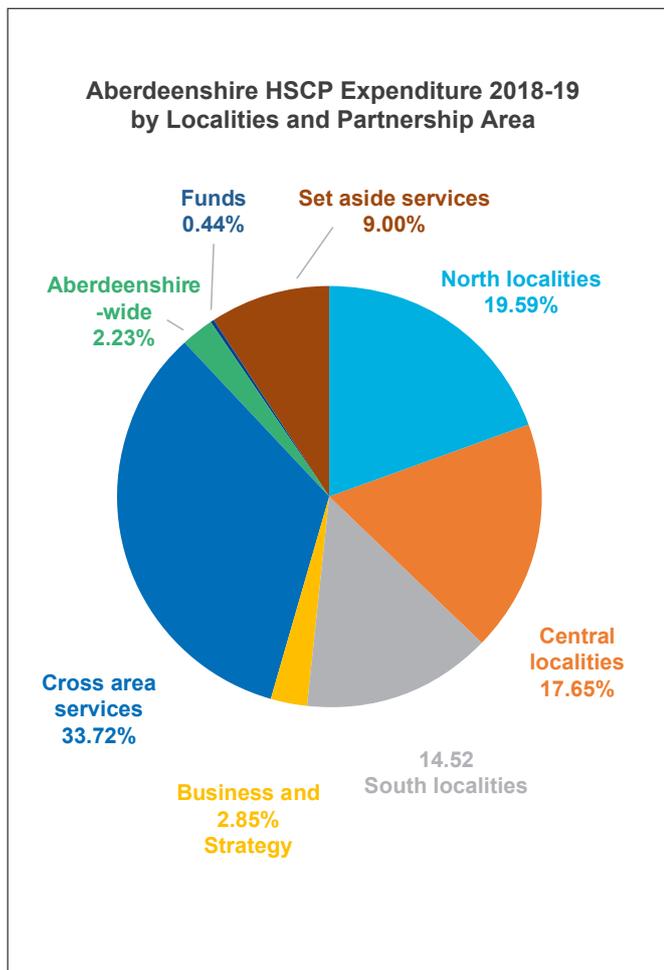
FINANCIAL PERFORMANCE

The Aberdeenshire HSCP invests resources of over £300 million to provide high quality health and social care services to the population of Aberdeenshire. The funding is provided by our partner bodies (NHS Grampian and Aberdeenshire Council) but how the funding is actually used is decided by the HSCP.

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

The financial position for Aberdeenshire HSCP at the end of 2018-19 was an overspend of £3.137 million (1.0% of budget). This was an improved position on the previous financial year due to a number of service redesign schemes progressing during the year together with a level of efficiency savings being achieved. The overspend was financed at the end of the financial year by additional funding contributions by our partner bodies following the process set out in the Integration Scheme of the HSCP.

The following charts illustrate the proportion of spend allocated to each service area and also by locality during 2018-19. The detailed breakdown of expenditure by localities and service area is provided in Appendix 7.



Aberdeenshire HSCP developed a Medium Term Finance Strategy (MTFS) in 2017, covering five financial years, through which a number of assumptions and projections were made and which has continued to inform financial planning.

The HSCP budget for 2019/20 was approved in March 2019. It outlines how £9.7 million of new funding will be invested to sustain and improve services during the year as part of an overall budget of £317 million. There are also a number of financial risks that are not fully reflected in the budget. These will need to be mitigated and closely monitored during the year. The management of the financial position and financial risk is overseen by the senior management team and IJB Finance Group, with finance reports presented to the IJB at every meeting.

AUDIT AND GOVERNANCE

Integration Joint Board

As previously described the Aberdeenshire Integration Joint Board (IJB) was established in 2016 under The Public Bodies (Joint Working) (Scotland) Act 2014 and has responsibility for the strategic planning and delivery of adult health and social care services within Aberdeenshire. Members of the IJB for the period 1st April 2018 to 31st March 2019 are included in Appendix 8.

The IJB has a responsibility to ensure that its business is conducted in accordance with the law and proper standards, that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

The IJB has continued to meet regularly during 2018-19 and is updated on the HSCP's financial position at each meeting. It has also continued to receive quarterly reports on performance against local indicators, and an annual report on performance against national indicators. Meetings are held in public and meeting papers are made publicly available online in advance.

IJBs can issue 'directions' to their partner Health Board and Local Authority to ensure delivery of decisions made by the IJB where there are clear responsibilities and accountabilities of statutory partners. Following the release of national guidance on the use of directions, the Aberdeenshire IJB has reviewed and improved its practice in terms of issuing directions to both Aberdeenshire Council and NHS Grampian.

Examples of key business considered and decisions taken by the IJB during 2018-19 include:

- ✓ Commitment to a wide programme of engagement on the HSCP's new Strategic Plan for 2020-2025.
- ✓ Consideration of the draft Adult Mental Health and Wellbeing Strategy for Aberdeenshire, which was approved to proceed to public consultation.
- ✓ Analysis of findings from the ongoing review of Aberdeenshire Minor Injury Units, with the options for service change recommended by both the Inch and Inverurie local implementation groups approved to proceed.
- ✓ Ongoing work by the HSCP to manage delays in patient discharge from hospital, including improvements achieved in-year and further improvement work planned.
- ✓ Endorsement of the HSCP's Primary Care Improvement Plan for delivery of the new 2018 GMS Contract over the next 3 years.
- ✓ External evaluation of the Community Health In Partnership (CHIP) project within the context of how the HSCP continues to ensure third sector engagement and involvement.
- ✓ Review of the follow-up inspection of HMP & YOI Grampian, commending the efforts of staff involved to deliver the improvements achieved.
- ✓ Consideration of local winter planning arrangements, to ensure the HSCP, within the wider NHS Grampian health care system, can respond effectively and efficiently to surges in demand on health and social care services over the winter period.
- ✓ Approval of the HSCP's 2018 Workforce Plan, noting ongoing challenges with recruitment and retention of staff in particular professions, as well as positive developments such as the work of the joint staff forum.
- ✓ Endorsement of the six Locality Plans for 2018-2021, supporting locality groups to proceed with implementation of their respective action plans, ensuring all opportunities to work closely with communities and other partners are maximised.
- ✓ Approval of the Aberdeenshire Adult Carer Strategy 2018-2022 and Eligibility Criteria for Adult Carers.

Internal governance arrangements have continued to support the IJB in fulfilling its governance and scrutiny responsibilities, as described further below.

Audit Committee

IJB scrutiny is delegated to Audit Committee, which is a joint committee with representation from Aberdeenshire Councillors and NHS Board members.

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

During 2018-19 the Audit Committee reviewed its Terms of Reference and membership which, having been agreed by the IJB, now sees the Committee taking on an expanded role and responsibility for appropriate areas of strategic governance in addition to financial scrutiny.

The IJB Audit Committee met on three occasions during 2018/19. The Committee considered a wide range of financial governance issues including:

- Internal Audit reports on Home Care & Community Hospital Costs; Transformational Funding; the Risk Management Process and Social Work Financial Assessments.
- The Internal Audit Annual Report for the 2017/18 year.
- Approval of the Internal Audit Plan for the 2018/19 year.
- The Annual Accounts of the IJB for 2017/18.
- The External Auditor's Report on the Annual Accounts for 2017/18.
- A review of the future role, terms of reference and membership of the Committee.
- National reports on Health & Social Care Integration and their implications for Aberdeenshire.
- A joint inspection report on Adult Support & Protection Services.

Clinical and Social Work Governance Committee

The Aberdeenshire Clinical and Adult Social Work Governance Committee was established via the IJB in July 2017 as a mechanism to provide assurance on the systems for delivery of safe, effective, person-centred Adult Health and Social Care in Aberdeenshire. It is chaired by Councillor Ann Ross who is a voting member of the IJB. Jenny Gibb, Associate Nurse Director, was appointed lead for clinical and care governance in November 2018. The Committee is supported by the Clinical and Adult Social Work Governance Group which identifies and responds to governance issues at a local, operational level and determines any issues which require to be escalated to the Committee.

The Committee meets quarterly and is updated via an assurance plan which provides an overview of internal and external audits, inspections, consultations, guidelines and standards and new legislation. Looking ahead to 2019-20, the committee will be reviewing the current clinical and care governance arrangements against the Public Bodies (Joint Working) (Scotland) Act (2014) Clinical and Care Governance Framework to identify any improvements that can be made to the current structure.

CONCLUSION

A key aim of the Aberdeenshire HSCP Annual Report for 2018-19 has been to set out the HSCP's progress in delivering integrated health and social care services to the people of Aberdeenshire, and what this has meant in terms of outcomes for the people who receive our services, our local communities, staff and partners. We believe this report has provided a comprehensive overview of the HSCP's work over the last year.

Whilst recognising the areas of progress and achievement over the last year, the report has also set out the continuing major challenges and risks for the HSCP, in particular the impact of significant demographic change (with a rising population of older people) and increasing pressure on financial resources.

Recruitment and retention difficulties across our workforce are also a key risk to our ability to provide safe, effective and high quality services.

Reflecting on the above, the key areas of focus for the HSCP continue to be:

- Delivery of the transformational change needed in how we plan, organise and deliver services. This will be a key focus for the development of our new Strategic Plan from 2020 onwards, underpinned by our workforce plan to ensure we have the capacity and skills required for the future across all professions and disciplines.
- Ensuring continued good governance and stewardship around our financial planning and monitoring, to enable the HSCP to achieve financial balance whilst delivering against our strategic priorities.
- Maintaining safe, effective and person-centred care in line with national care and clinical governance standards. This will include ensuring implementation of recommendations from inspections of our services during the year.
- Supporting and embedding a culture of engagement which ensures service planning, decision-making and delivery are informed and shaped by the involvement of the people who access our services, our staff, local communities and partners.

APPENDICES

Appendix 1: National Health and Wellbeing Outcomes

Outcome 1	People are able to look after and improve their own health and wellbeing and live in good health for longer
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
Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected
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 5	Health and social care services contribute to reducing health inequalities
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
Outcome 7	People using health and social care services are safe from harm
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
Outcome 9	Resources are used effectively and efficiently in the provision of health and social care services

Source:

Scottish Government (2015) National Health and Wellbeing Outcomes

– A framework for improving the planning and delivery of integrated health and social care services.

<http://www.gov.scot/Resource/0047/00470219.pdf>

Appendix 2: Aberdeenshire Core Suite of National Integration Indicators – Annual Performance

Data Source: ISD
Last Refreshed: June 2019

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

	Indicator	Title	Aberdeenshire		RAG
			Previous score 2015/16	Current score 2017/18	
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	96% (3979)	95% (4821)	G
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	84% (213)	85% (151)	G
	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% (203)	84% (150)	G
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	75% (203)	70% (126)	A
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	81% (222)	83% (160)	G
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	83% (3227)	81% (3531)	A
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	85% (216)	83% (148)	G
	NI - 8	Total combined % carers who feel supported to continue in their caring role	40% (185)	37% (225)	G
	NI - 9	Percentage of adults supported at home who agreed they felt safe	82% (206)	87% (152)	G
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	

	Indicator	Title	Aberdeenshire		RAG
			Previous 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>)	331 <small>2016</small>	334 <small>2017</small>	G
	NI - 12	Emergency admission rate (per 100,000 population)	8,582 <small>2017/18</small>	8,675 <small>2018/19</small>	G
	NI - 13	Emergency bed day rate (per 100,000 population)	87,622 <small>2017/18</small>	84,143 <small>2018/19</small>	G
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	92 <small>2017/18</small>	93 <small>2018/19</small>	G
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90% <small>2017/18</small>	90% <small>2018/19</small>	G
	NI - 16	Falls rate per 1,000 population aged 65+	14 <small>2017/18</small>	15 <small>2018/19</small>	G
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	87% <small>2017/18</small>	86% <small>2018/19</small>	G
	NI - 18	Percentage of adults with intensive care needs receiving care at home	53% <small>2016</small>	55% <small>2017</small>	R
	NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	596 <small>2017/18</small>	630 <small>2018/19</small>	G
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23% <small>2017/18</small>	22% <small>2018/19</small>	G
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	

RAG scoring based on the following criteria

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

Note: The RAG Score is based on provisional Scotland data for 2018/19 and data completeness issues relate specifically to National Indicators - NI-12, NI-13, NI-14, NI-16 and NI-20.

Appendix 3: Aberdeenshire HSCP Local Indicators – Annual Performance Summary

Aberdeenshire Health and Social Care Partnership Aberdeenshire Indicators by Strategic Priority

Aberdeenshire Strategic Priority	ID	Indicator Description	2017/18	2018/19	RAG
1 Engagement	Performance measured through: b) National Outcome Indicators NI 1-9 based on data from the biennial Health and Care Experience Survey commissioned by the Scottish Government.				
2 Prevention and early intervention	LO1	Percentage of clients receiving alcohol treatment within 3 weeks of referral	88% (425)	90% (533)	G
	LO2	Percentage of clients receiving drug treatment within 3 weeks of referral	84% (420)	88% (513)	G
	LO3	Smoking cessation in 40% most deprived areas after 12 weeks (number of individuals)	419	N/A	
	LO4	Number of Alcohol Brief Interventions being delivered (<i>includes ABIs in priority and wider settings only where data can be aligned to HSCP</i>)	<i>Comparable data not available for 2017/18 as more Priority Settings can now be split by HSCP</i>	3443	
3 Tackling inequalities and public protection	LO5	Number of adult protection referrals	161	238	
	LO6	Percentage of unpaid work orders instructed within seven days	N/A	77.5%	
4 Re-shaping Care	LO7	Rate of emergency occupied bed days per 1,000 population over 65s	2343	2227	G
	LO8	Emergency Admission rate per 1,000 population over 65s	193	192	G
	LO9	Number of people over 65 years admitted as an emergency in the previous 12 months per 1,000 population.	127	124	G
5 Effective use of resources	LO10	Number of bed days occupied by delayed discharges per year (inc code 9) per 1,000 18+ population	79	84	R
	LO11	Number of delayed discharges (inc code 9) (Census snapshot, monthly average for year)	43	45	A
	LO12	ED attendance rates per year per 1,000 population (all ages , based on ED attendances at ARI, Dr Grays and RACH)	87	95	R
	LO13	Percentage of people seen within 4 hours within community hospital Minor Injury Units (all ages based on all attendances at MIUs in Grampian)	99.7%	99.7%	G

RAG scoring based on the following criteria

Green - if current position is the same or better than previous

Amber - if current position is worse than previous but within 5%

Red - if current position is worse than previous by more than 5%

Appendix 4: Aberdeenshire HSCP Performance against Ministerial Strategic Group (MSG) Indicators

Note full year data for 2018/19 has not yet been released by ISD, therefore performance has been based on the latest full year's data 2017/18.

MSG Indicator	Reporting Period				2019/2020 Target
	2015/16	2016/17	2017/18	2018/19 (YTD to Dec 2018 only)	
1a No. Emergency Admissions 18+	16,715	16,579	16,712	14,541	Maintain 2015/16 Levels
2a Number of unscheduled hospital bed days; acute specialties 18+	144,769	148,763	145,627	110,452	Maintain 2015/16 Levels
2b Number of unscheduled hospital bed days; Mental Health 18+	34,580	35,551	31,135	26,744	Maintain 2015/16 Levels
3a A&E Attendances 18+	18,984	19,616	20,234	17,783	Maintain 2015/16 Levels
4 Delayed Discharge bed Days (all reasons)	28,293	18,176	16,334	15,228	Maintain 2017/18 levels
5a Percentage of last 6 months of life spent in Community (all ages)	89.1%	89.3%	89.9%	N/A	Maintain 2015/16 levels
5b Number of days by setting during last 6 months of life in Community (all ages)	366,155	369,597	392,606	N/A	Maintain 2015/16 levels
6 Balance of Care: Percentage of population 65+ living at home (supported and unsupported)	95.8%	96.0%	96.2%	N/A	Maintain 2015/16 levels

Data Source: ISD Integration Performance Indicators last updated April 2019

Note:
The table above shows our performance against the MSG indicators for the last four reporting years. The most up-to-date data available for 2018/19 has been provided. The performance objective for 2018/19 was to maintain performance against the previous year, in the context of the projected increase in the 65 + population, with the exception of indicator four, which had an objective of a decrease of 10% on the previous year.

Moving forward, 2015/16 has been set as the baseline year against which five of the six performance objectives for 2019/20 have been set. This was the reporting year in which ISD 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 Discharge since 2014/15, the reporting year 2017/18 was considered a more appropriate baseline to measure progress against.

Appendix 5: Aberdeenshire HSCP iMatter results

Experience as an individual

	2017	2018
I am clear about my duties and responsibilities	88%	88%
I get the information I need to do my job well	82%	82%
I am given the time and resources to support my learning growth	75%	77%
I have sufficient support to do my job well	81%	81%
I am confident my ideas and suggestions are listened to	79%	79%
I am confident my ideas and suggestions are acted upon	75%	75%
I feel involved in decisions relating to my job	75%	75%
I am treated with dignity and respect as an individual	85%	86%
I am treated fairly and consistently	84%	84%
I get enough helpful feedback on how well I do my work	77%	77%
I feel appreciated for the work I do	77%	78%
My work gives me a sense of achievement	84%	84%

My team/my direct line manager

	2017	2018
I feel my direct line manager cares about my health and wellbeing	87%	86%
My direct line manager is sufficiently approachable	89%	88%
I have confidence and trust in my direct line manager	86%	85%
I feel involved in decisions relating to my team	79%	79%
I am confident performance is managed well within my team	80%	81%
My team works well together	83%	83%
I would recommend my team as a good one to be a part of	85%	85%

My Organisation

	2017	2018
I understand how my role contributes to the goals of my organisation	84%	84%
I feel my organisation cares about my health and wellbeing	75%	76%
I feel senior managers responsible for the wider organisation are sufficiently visible	65%	65%
I have trust and confidence in senior managers responsible for the wider organisation	68%	69%
I feel involved in decisions relating to my organisation	62%	62%
I am confident performance is managed well within my organisation	69%	70%
I get the help and support I need from other teams and services within the organisation to do my job	75%	75%
I would recommend my organisation as a good place to work	78%	78%
I would be happy for a friend or relative to access services within my organisation	81%	81%

Staff sickness absence

	2016-17	2017-18
NHS Sickness Absence % of Hours Lost, quarterly average over 12 months	4.7%	5.0%
Council Sickness Absence (% of Calendar Days Lost)	5.2%	5.1%

Appendix 6: Care Inspectorate – Summary of Inspections

The Care Inspectorate undertakes inspections of regulated care services for all care service types, based on a six-point grading scale to assess the quality of registered services:

6 – Excellent	5 – Very Good
4 - Good	3 – Adequate
2 - Weak	1 - Unsatisfactory

A new Quality Framework for Care Homes for Older People was introduced during 2018-19 which has changed the way that inspections are carried out. The new framework sets out some key questions about the difference a care home is making to an individual’s wellbeing and the quality of the elements that contribute to that. These questions cover specific areas of care practice and replace the previous practice of inspecting against themes and statements:

The quality framework is framed around six key questions:

1. How well do we support people’s wellbeing?	2. How good is our leadership?
3. How good is our staff team?	4. How good is our setting?
5. How well is our care and support planned?	6. What is our overall capacity for improvement?

Table 1: Care Inspectorate Average Grades 2016-17 & 2017-18

Reporting Year	Average Grades			
	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
2016-17	4.7	4.9	4.8	4.4
2017-18	4.6	4.5	4.6	4.2

Table 2: Care Inspectorate Average Grades 2018-19 – new framework

Reporting Year	Average Grades				
	How well do we support people’s wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
2018-19	4.3	4	4	3	4.1

Table 3: Care Inspectorate Average Grades 2018-19 – old criteria

Reporting Year	Average Grades			
	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
2018-19	4.6	Not assessed	4.6	4.3

Table 1: Care Inspectorate Average Grades 2016-17 & 2017-18

Reporting Year	Average Grades			
	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
2016-17	4.7	4.9	4.8	4.4
2017-18	4.6	4.5	4.6	4.2

Table 2: Care Inspectorate Average Grades 2018-19 – new framework

Reporting Year	Average Grades				
	How well do we support people's wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is our care and support planned?
2018-19	4.3	4	4	3	4.1

Table 3: Care Inspectorate Average Grades 2018-19 – old criteria

Reporting Year	Average Grades			
	Quality of Care & Support	Quality of Environment	Quality of Staffing	Quality of Management & Leadership
2018-19	4.6	Not assessed	4.6	4.3

If a service does not achieve the expected grades, improvement action plans are put in place and staff will work directly with the Care Inspectorate to ensure issues are addressed quickly and professionally. Full details of all inspections of Aberdeenshire services are available via the following link to the Care Inspectorate website: www.careinspectorate.com

Appendix 7: Aberdeenshire HSCP Expenditure 2018-19

Aberdeenshire HSCP expenditure 2018/19 by service area

	£m	%
Community hospitals	17.661	5.57
Other community health services	27.16	8.57
Primary care	38.595	12.18
Prescribing	43.987	13.88
Community Mental Health	7.821	2.47
Aberdeenshire share of hosted services	14.032	4.43
Out of area treatments	2.391	0.75
Set aside services	28.524	9.00
Management and Business Services	6.022	1.90
Adult Services	51.751	16.33
Older people, physical and sensory disabilities	77.498	24.46
Funds	1.403	0.44
	316.845	100.00

Aberdeenshire HSCP expenditure 2018/19 by locality and Partnership area

	£m	%
North localities	62.073	19.59
Central localities	55.924	17.65
South localities	46.002	14.52
Business and Strategy	9.03	2.85
Cross area services	106.826	33.72
Aberdeenshire-wide	7.063	2.23
Funds	1.403	0.44
Set aside services	28.524	9.00
	316.845	100.00

Main areas contributing to the over budget position

Joint Equipment Service	529000
Community hospitals	1192000
Out of area services	532000
Adult services - community care	789000
Older people - care management	2389000
Older people - residential care	383000
Additional Scottish government funding in year - assumed	864000

Main areas within budget

Allied health professionals	430000
Prescribing	722000
Adult services - mental health	1268000
Adult services - substance misuse	426000
Older people - home care	785000
Integrated Care Fund	317000

Aberdeenshire HSCP expenditure by service area 2016/17 to 2018/19

	2016/17		2017/18		2018/19	
	£m	%	£m	%	£m	%
Community hospitals	18.456	6.1	18.637	6.1	17.661	5.6
Other community health services	25.341	8.4	24.471	8.0	27.16	8.6
Primary care	36.693	12.2	37.036	12.1	38.595	12.2
Prescribing	43.765	14.5	45.074	14.7	43.987	13.9
Community Mental Health	7.429	2.5	7.713	2.5	7.821	2.5
Aberdeenshire share of hosted services	12.374	4.1	13.562	4.4	14.032	4.4
Out of area treatments	1.792	0.6	1.909	0.6	2.391	0.8
Set aside services	26.665	8.8	24.527	8.0	28.524	9.0
Management and Business Services	5.271	1.7	6.625	2.2	6.022	1.9
Adult Services	44.664	14.8	51.679	16.9	51.751	16.3
Older people, physical and sensory disabilities	75.317	24.9	73.622	24.0	77.498	24.5
Funds	4.17	1.4	1.819	0.6	1.403	0.4
	301.937	100.0	306.674	100.0	316.845	100.0

Aberdeenshire HSCP expenditure by locality and Partnership area 2016/17 to 2018/19

	2016/17		2017/18		2018/19	
	£m	%	£m	%	£m	%
North localities	Data not available for 2016/17		62.294	20.3	62.073	19.6
Central localities			53.509	17.4	55.924	17.7
South localities			43.282	14.1	46.002	14.5
Business and Strategy			8.826	2.9	9.03	2.8
Cross area services			105.293	34.3	106.826	33.7
Aberdeenshire-wide			7.124	2.3	7.063	2.2
Funds			1.819	0.6	1.403	0.4
Set aside services			24.527	8.0	28.524	9.0
			306.674	100.0	316.845	100.0

Appendix 8: Aberdeenshire Integration Joint Board (IJB) members

Name	Organisation
Rhona Atkinson (Chair from 14/01/19)	NHS Grampian
Cllr Anne Stirling (Vice Chair from 01/04/18)	Aberdeenshire Council
Dr Lynda Lynch (Chair from 01/04/18 to 14/01/19)	NHS Grampian
Cllr Anne Allan	Aberdeenshire Council
Amy Anderso	NHS Grampian
Sharon Duncan (to 22/08/18)	NHS Grampian
Rachel Little (from 22/08/18)	NHS Grampian
Alan Gray (to March 2019)	NHS Grampian
Cllr Bill Howatson	Aberdeenshire Council
Cllr Dennis Robertson	Aberdeenshire Council
Cllr Ann Ross	Aberdeenshire Council
Eric Sinclair (to 12/12/18)	NHS Grampian
Joyce Duncan (from 12/12/18)	NHS Grampian

Name	Position
Adam Coldwells	Chief Officer
Alan Wood (to 31/10/18)	Chief Finance Officer
Alan Sharp (from 1/11/18)	Chief Finance Officer
Robert Driscoll (to 28/06/18)	Chief Social Work Officer
Iain Ramsay (from 28/06/18)	Chief Social Work Officer
Dr Chris Allan	General Medical Practitioner
Jennifer Gibb (from 20/06/18)	Nurse Practitioner Representative
Dr Malcolm Metcalfe	Medical Practitioner – Secondary Care Adviser
Inez Kirk	Trade Union Representative
Martin McKay	Trade Union Representative
David Hekelaar	Third Sector Representative
Sue Kinsey	Third Sector Representative
Elizabeth Fairley (from 20/12/2017 to 12/12/18)	Carer Representative
Angie Mutch (from 22/08/18)	Public Representative
Tony Cox (from 22/08/18 to 20/03/19)	Public Representative

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