

Aberdeenshire Health and Social Care Partnership

Annual Performance Report 2019 - 2020

October 2020



PREFACE TO ANNUAL PERFORMANCE REPORT 2019/20 – COVID-19

With our Health and Social Care Partnership (HSCP) in pandemic response mode since March 2020, this year's annual performance report (covering April 2019 to March 2020) is subject to the impact of Covid-19. Due to the pandemic, members of staff who contribute to and are responsible for development of the annual report, were moved into different roles to support our response and our communities.

At the meeting of the Aberdeenshire Integration Joint Board (IJB) on 29 July 2020, the IJB agreed to delay the publication date for the annual performance report until 31 October in exercise of the power granted to public authorities under the [Coronavirus \(Scotland\) Act 2020](#) to do so.

While our services and staff continue to respond and rebuild, our focus continues to be on ensuring safe effective services for those at risk in our communities.

The HSCP's annual performance report for April 2020 to March 2021 will outline the effect of the pandemic across our services and communities and will highlight ways in which integrated partnership working has moved ahead at pace and scale, ensuring person-centred care.

The current and previous annual performance reports for Aberdeenshire HSCP can be accessed via:

www.aberdeenshire.gov.uk/social-care-and-health/ahscp/publications/

Please contact us via email:

AberdeenshireHSCP@aberdeenshire.gov.uk if you require:

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

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FOREWORD

We are pleased to present the Annual Performance Report for Aberdeenshire Health and Social Care Partnership (HSCP) for April 2019 to March 2020. A key aim of this report is to describe the range of work undertaken throughout the year to deliver our five overarching strategic priorities, which are focused on meeting the needs of people who use our services, their families, carers and communities, across Aberdeenshire. The annual report provides us with the opportunity to recognise the significant progress made by the HSCP working with our partners in continuing to develop and deliver safe, sustainable and high quality care and services, as well as highlighting the many challenges we still face.

During the last year we formally published our new Strategic Plan for 2020-25. Whilst setting a refreshed and challenging agenda for the HSCP over the next 5 years, we consider it a continuation of the significant progress already made towards delivery of our overarching vision for health and social care services in Aberdeenshire, which has remained unchanged since the HSCP was established four years ago.

At the start of the 2019-20 year, we could not have envisaged how significantly our lives would have changed by March 2020, through the impact of the Covid-19 (Coronavirus) pandemic. We take this opportunity to acknowledge and sincerely thank our health and social care staff for their dedication and commitment to caring for the people of Aberdeenshire in the most exceptional and challenging of circumstances.

We are also greatly heartened by the countless examples of local communities across Aberdeenshire coming together to help those most vulnerable and in need, and the close and effective partnership working across statutory, third sector and voluntary organisations, throughout the initial and ongoing response to Covid-19. This provides us with great optimism and reassurance as we move forward through the recovery and rebuilding phases, to develop and deliver health and social care services which are fit for the future, which will only be achieved through a true partnership approach.

Councillor Anne Stirling
Vice-Chair
Aberdeenshire IJB



Rhona Atkinson
Chair
Aberdeenshire IJB



Angie Wood
Interim Chief Officer
Aberdeenshire HSCP



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*

INTRODUCTION

AIMS AND PURPOSE

Each year the HSCP publishes its annual performance report as required by [The Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#). Its purpose is to provide an open account of our performance in relation to planning and delivering the health and social care services we are responsible for.

The report also describes the HSCP's progress towards delivery of the nine National Health and Wellbeing Outcomes (see Appendix 1), which provide 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.

This annual report covers the period of 1st April 2019 to 31st March 2020. The last month of this financial year brought the exceptional circumstances created by the Covid-19 (coronavirus) pandemic which impacted hugely on health and social care services and our communities. Whilst acknowledging this, our aim through this report is to describe the significant progress made by the HSCP in the preceding 11 months to make progress towards our strategic priorities, and the outcomes this has achieved for our population.

OVERVIEW OF THE HEALTH AND SOCIAL CARE PARTNERSHIP

Aberdeenshire HSCP is responsible for the integrated planning and delivery of a wide range of health and social care services for adults and older people, covering a population of over 261,000 residents, a budget of over £330m and a workforce of around 4,000 staff.

The work of the HSCP is governed by the Aberdeenshire Integration Joint Board (IJB), established following the formal integration of health and social care services across Scotland through enactment of the Public Bodies (Joint Working) (Scotland) Act 2014¹. The IJB's membership comprises elected members, NHS Board members, public and carer representatives, Third Sector partners and trade union representatives (see Appendix 2).

The Third Sector is a vital partner in the provision of a diverse and flexible range of services and supporting engagement with communities and individuals in the planning and delivery of local services. Aberdeenshire HSCP has a Third Sector Interface (TSI) with Aberdeenshire Voluntary Action (AVA) providing the main conduit between the Third Sector and the HSCP.

The range of services managed by the HSCP for adults and older people includes, but is not restricted to, those set out below. The HSCP also retains responsibility for some aspects of children's health services (health visiting, school nursing and some Allied Health Professional services), transitions planning, and services provided to adults who are parents/carers, as an active partner in the delivery of the Aberdeenshire Children's Services Plan.

Adult care home provision	Adult support and protection	Care and support for adults with physical and learning disabilities	Carer support service
Community based Allied Health Professions (AHPs)	Community Hospitals	Community Justice	Community Mental Health and Learning Disability Services
Community Nursing Teams (District Nursing, Health Visiting, School Nursing)	Care at Home	Joint Equipment Service (aids and adaptations)	Primary care services (GPs, Pharmacy, Optometry and Public Dental Service)
Sensory impairment services	Public Health / Health improvement services	Substance misuse services	Supported Accommodation

In addition, the HSCP hosts the management of a number of Grampian-wide services on behalf of NHS Grampian and all three Health and Social Care Partnerships in the health board area (including Aberdeen City and Moray). This includes forensic and custody health care, the provision of health care services for Her Majesty's Prison & Youth Offender Institute Grampian, the Marie Curie managed care service and out of hours (rapid response) service, and other specialist nursing services.

OUR PRIORITIES

In the HSCP's annual performance report last year we described the work underway at that time to develop our new Strategic Plan. Until that point, our [Aberdeenshire HSCP Strategic Plan 2016-2019](#) provided the local strategic framework for how the partnership would deliver integrated services and improve the health of local people ⁱⁱ.

During 2019-20 the HSCP continued work to deliver the strategic plan through a wide and complex range of service redesign and transformation projects overseen and co-ordinated by four Programme Boards – Reshaping Care, Enabling Health and Wellbeing, Engagement, and Safe Effective and Sustainable.

During 2019-20 we completed formal consultation on and published our new [Strategic Plan 2020-25](#) ⁱⁱⁱ which was approved by the IJB in December 2019. This followed engagement with a wide range of stakeholders from March to June 2019 with formal consultation on the plan undertaken over a 6-week period between September and October 2019.

THE STRATEGIC PLAN

The Strategic Plan outlines the vision of the HSCP and the key priorities we will focus on for health and social care services over the next five years. It describes how we will work together to improve the health of local people and provide care and support when needed.

The plan was developed by listening to people living in our communities, our partners and health and social care staff.

The core challenges for the HSCP remain in terms of how we continue to provide a complex range of high quality, safe and sustainable services for our communities, within an environment of increasing financial and demographic pressures. We noted in last year's report how we had reflected on our strategic priorities moving forward and refocused our attention on five key priorities, which were reaffirmed through the engagement and consultation process for our new Strategic Plan:

Engagement


Prevention and early intervention

Tackling inequalities and public protection

Reshaping care

Effective use of resources

The remainder of this report describes our progress during 2019-20 against each of these strategic priorities, which are aligned with delivery of the National Health and Wellbeing Outcomes. Case studies are included throughout to illustrate work undertaken within specific services and localities and the outcomes delivered.



Aberdeenshire
Health & Social Care
Partnership

Strategic Plan 2020-25

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

Why do we need a Strategic Plan?

Over the next 5 years there will be many changes in the way we deliver and you use, community based Health & Social Care Services. The Aberdeenshire Health & Social Care Partnership (AHSCP) and our governance board, the Integration Joint Board (IJB) will use the Strategic Plan to make decisions which are based on the 5 Strategic Priorities which you have helped us to shape.

By using the plan to guide our decisions we will invest more of our resources, (Time Money People Effort Buildings) in some areas and will reduce our investment in others to ensure we meet the needs of our communities and our strategic priorities.

What do our Strategic Priorities mean for you?

Prevention & Early Intervention

We will support people to live healthy lifestyles

We will support people to self-manage long term conditions

We will work to help people avoid preventable conditions

Reshaping Care

We will support people to remain in a homely environment

We will ensure that people can access the right support when they need it

We will support people to live healthy and independent lives.

Engagement

We will be clear & transparent in our decision making

We will listen to and be responsive to what individuals and our communities say

We will be open, honest and transparent when communicating with individuals and our communities and continue to engage with our staff

Tackling Inequalities & Public Protection

We will work to keep vulnerable people safe

We will work to make sure that everybody is able to access the service or treatment that they might need

We will work to remove barriers to accessing services






We will work with partners to ensure that Aberdeenshire is a safe and happy place to live for everyone

Effective Use of Resources

We will work to ensure that we have the right amount of staff with the right skills

We will focus our resources where they are most needed

We will manage our reducing budget against increasing need




How will we know if it is working?

There are 9 National Health & Wellbeing Outcomes that every Health & Social Care Partnership is measured against which means that we can measure our performance in some areas, nationally. We will publish an annual report, to show you how we are doing and where we think we can improve.


We will engage, directly, with communities across Aberdeenshire to see how YOU feel we are doing!

If you would like to find out more about the Partnership please visit www.aberdeenshire.gov.uk/ahscp

Aberdeenshire COUNCIL



NHS
Grampian



The Aberdeenshire
Health and Social
Care Partnership
Strategic Plan
2020 - 2025

ENGAGEMENT

The key principles underpinning the HSCP’s strategic priority of engagement are that:

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

Engagement can be seen as an underpinning element to all of the National Health and Wellbeing Outcomes but in particular aligns with delivery of outcomes 3 and 8:

Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected
Outcome 8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

In addition to the publication of our new Strategic Plan as previously described, Aberdeenshire HSCP undertook a range of engagement to help shape and inform our strategies for other key areas of service delivery, as well as further developing other existing mechanisms for engagement and involvement of our communities, staff and partners, examples of which are provided below.

ABERDEENSHIRE HSCP LEARNING DISABILITY STRATEGY

What was the issue?

Gathering feedback from people with a learning disability in Aberdeenshire in order to identify what works and what does not work for them and use this information to develop a 5-year learning disability strategy.

What did we do?

We carried out face-to-face, group engagement events across Aberdeenshire accessing existing groups rather than holding specific, one off events. The format and style of the engagement was developed with support from speech and language therapy. Various communication tools were used including 'Talking Mats' to help facilitate conversations and allow people to feel more comfortable, for example using symbols and cards that represent specific areas or questions such as "what do you enjoy doing during the day", "where do you want to live" or "who do you enjoy spending time with". There are also cards people could point at that say "slow down" or "please repeat". The visual presentation of Talking Mats helps comprehension as well as providing an effective way for people to express their views. We also produced an 'easy read' version of an online survey to ensure that we could further engage effectively with our LD community.

Outcomes

At all points throughout the development of the strategy, our main focus was ensuring that it would accurately reflect the views of someone living with a learning disability in Aberdeenshire and therefore our approach to engagement was key. By simplifying this process and allowing people to feel comfortable, aided by the visual tools at our disposal, we were able to gather fantastic information about what works and what doesn't work for someone with a learning disability in Aberdeenshire. The information gathered was the basis for informing our strategic direction for the next 5 years, with the new Aberdeenshire Learning Disability Strategy launched in March 2020.

SOUTH ABERDEENSHIRE COMMUNITY MENTAL HEALTH TEAM – SELF-MANAGEMENT GROUPS

What was the issue?

The South Community Mental Health Team (CMHT) reviewed its groupwork provision to move away from a 'social' model towards the development of self-management groups - a strategic priority within Aberdeenshire's Mental Health and Wellbeing Strategy - equipping people with the tools and skills to self-manage their mental health and wellbeing.

What did we do?

The CMHT worked with Pillar Kincardine to co-facilitate the Women's 'Mind and Body' programme in Stonehaven, encompassing three modules - Health in Mind, Active Minds and Creative Minds - all aimed at the development of self-care skills to reduce stress and maintain long term mental health and wellbeing. Mind and Body sessions include activities such as art, drama, crafting, mindful awareness, assertiveness workshops, writing for recovery, sculpture trail, and therapeutic photography. The programme follows a co-production approach, involving those with lived experiences in shaping programme content and delivery and led in a way which engaged the local community.

Outcomes

Teams have benefitted from skill sharing and gaining a better understanding of each other's work as well as the cost efficiency of sharing resources. Clients have benefitted from more effective lines of communication between teams ensuring a more cohesive support network approach. Participants who have completed the programme have been supported to continue the peer support networks they have made by attending the Moving Forward group who plan, organise and self-facilitate weekly contact sessions with occasional support from Pillar and the CMHT.

Being in a group of people who have also had difficulties managing their mental health, although we don't sit round talking about it all the time, there is a sense of your feelings being recognised and validated by other people. That's quite empowering really.

The aim is to continue to build on the successful partnership between Pillar Kincardine and CMHT. Pillar are developing the Mind and Body programme for men and this is something that CMHT hope to be able to support. There are also plans for continuing to develop the Moving Forward group and looking at next steps for participants.

STAFF ENGAGEMENT – iMATTER

In 2019, Aberdeenshire HSCP staff were able to participate in the iMatter staff engagement process for the third time following its introduction in 2017. iMatter is a national survey used across health and social care services which enables us to gather views from staff about their experience of working in the HSCP. The full results including comparison with 2017 and 2018 are included in Appendix 3.

The overall Employee Engagement Index score (the measure of staff engagement) was unchanged at 79%. Analysis of overall performance against the five key staff governance standards (detailed in Appendix 3) shows the largely comparable performance between 2017 and 2019. 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, remain the key areas of focus for improvement.

In this area, the HSCP has developed a new staff newsletter which is issued directly to staff. The rural geography of Aberdeenshire can make it difficult for senior managers to meet staff regularly on a face to face basis. The HSCP is making better use of social media to improve engagement with staff with a particular emphasis on increasing the visibility of senior managers through the use of video and other messaging

PREVENTION AND EARLY INTERVENTION

In delivering this strategic priority the HSCP's ambitions are that:

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

The key mechanisms for delivery of this priority are through the HSCP's Health Improvement Delivery Plan, Carers Strategy and Primary Care Improvement Plan, as summarised below. This aligns with National Health and Wellbeing Outcomes 1 and 6:

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

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

HEALTH IMPROVEMENT




Working with a range of partners, staff and communities, a wide-ranging health improvement programme was delivered across Aberdeenshire in 2019/20, with key highlights summarised below. This ranged from Aberdeenshire-wide strategic planning to improve health and tackle health inequalities, to specific support in communities to encourage people to live healthily and access a wide range of services, support and activities in their communities to live well.

Reducing the availability, prevalence, and exposure to tobacco among Care Experienced Young People (CEYP)

During 2019/20 there was a focus on CEYP tobacco training aimed at Foster and Kinship Carers and practitioners who work with CEYP, such as School Nurses. The outcomes of the training were to equip carers and practitioners with the essential skills and knowledge about the harmful effects of smoking and how to prevent and reduce smoking amongst CEYP. Three face to face training sessions were delivered to 19 people in the North, Central and South Aberdeenshire locations. Feedback from the training was extremely positive, with staff indicating they felt their knowledge had been enhanced and their confidence in addressing tobacco use in CEYP had improved. In November 2019, the face to face training was adapted, developed, and launched online on the Aberdeenshire Council ALDO training and development platform.

In April 2019 twelve CEYP were involved in development and decision making for a tobacco, alcohol and drugs social media campaign aimed at young people. Consultation was also undertaken with the Aberdeenshire Pupil Participation Forum to explore impactful messages and the most appropriate mediums to communicate messages about tobacco/e-cigarettes and substance misuse to young people. Two pharmacies from Fraserburgh and Peterhead have developed and been supported by the Public Health Team to make links with staff in residential care sites to support carers/CEYP on smoking cessation.

Supporting communities, families and carers – some examples

Project	Buchan Food Initiatives <i>To support families to eat well on a budget</i>	Health Eating In The Really Young <i>Supporting parents to make informed choices about their child's wellbeing</i>	Banchory Number 1 Community Matters <i>Supporting vulnerable individuals & groups</i>
What is the aim	<ul style="list-style-type: none"> Identify those struggling to purchase food on a regular basis & support them to access food weekly Assist the 'Confidence 2 Cook' (C2C) network delivery by supporting its trained practitioners Develop & supply Grocery List Recipes with food parcels 	<ul style="list-style-type: none"> Support the Early Years Forum to access HENRY resources which inform choices about children's wellbeing & parenting skills Through a range of play activities developed tied into the storylines in the books emphasis infant nutrition & the importance of play Work with the library service to pilot a HENRY story box for practitioners to loan 	<ul style="list-style-type: none"> Support the 'Community Hub' to engage with vulnerable people who don't routinely engage with other services Provide a range of activities; gardening, walks, food skills & arts/crafts. Offer a community drop in with refreshments & a listening ear
Who we Support	Individuals & families in North Aberdeenshire	Parents in Central Aberdeenshire	Vulnerable individuals & groups in the Banchory area
Results & Outcomes	Provide the support, tools and encouragement families need to help them eat well on a limited budget 	20% increase in families within the Inverurie pre-school cluster accessing activity play sessions & new library members 	Helps those more vulnerable in our communities feel less isolated and lonely 

Mental Health and Wellbeing - Low Intensity Anxiety Management Programme in Banff and Fraserburgh

The North Public Health team have worked with staff within the Banff and Fraserburgh school clusters to implement a programme of low intensity intervention for anxiety for young people aged 8-18. Based on cognitive behavioural therapy (CBT) principles the programme focuses on what happens to thoughts, feelings and behaviour when feeling anxious. Importantly, it helps children and young people to learn new ways of dealing with anxiety. 11 Pupil Support Workers in the Banff school cluster were identified and trained in low intensity anxiety management (LIAM). A further 7 Pupil Support staff in the Fraserburgh school cluster were also trained. The NHS Grampian Child and Adolescent Mental Health Service (CAMHS) provided the training based on a national programme designed by NHS Education for Scotland. CAMHS are also providing ongoing support to the LIAM trained Pupil Support workers.

Conversation Cafes

Conversation Cafes are held monthly throughout Aberdeenshire. These continue to be well attended and effective in supporting those experiencing social isolation and experiencing mild mental health problems. A number of new Conversation Cafes came on stream in 2019/20. [A short film](#) illustrating how Conversation Cafes operate and benefit those involved was developed by the Public Health team in collaboration with 4 Conversation Cafes in Buchan and was promoted to partners ^{iv}. This helped to generate interest in the development of new Conversation Cafes and interest among practitioners to be trained as Conversation Café facilitators.

PRIMARY CARE IMPROVEMENT PLAN

The Aberdeenshire HSCP Primary Care Improvement Plan sets out the HSCP's action plan to deliver the national [2018 GMS Contract](#) from 2018-19 to 2020-21.

Our approach has sought to build on the many strengths within primary care in Aberdeenshire, recognising the existing good outcomes for patients and the need to ensure that outcomes must be maintained or improved through delivery of new services. The sustainability of General Practice has also been a priority - workforce pressures, in particular GP recruitment/retention issues, have continued to present significant challenges in Aberdeenshire reflecting the national position.

In the second year of implementation of the PCIP (2019-20) the following key areas of progress were achieved.

Pharmacotherapy

The new pharmacotherapy service under the PCIP was initiated in the first year of the GMS contract implementation with the aim of working with GP Practices to establish a sustainable pharmacotherapy service and providing pharmacist and pharmacy technician support for every GP practice. The "Pharmacotherapy Team" works with GP Practices/Clusters to develop joint models of working to support safe practice around managing medicines and prescriptions.

The pharmacotherapy team is now well established across Aberdeenshire's 30 GP practices, covering 18.4 whole time equivalent (WTE) Pharmacists (28 staff members), and 7.7WTE Pharmacy Technicians (10 staff members). Standard Operating Procedures (SOPs) were produced to provide governance around activities being carried out and agreements were made with GP Practices on how pharmacy teams were to work within each practice and local processes followed.

Advanced Clinical Practitioners (Urgent Care) Service

Aims	The Urgent Care project was launched in September 2019 with the appointment of dedicated Advanced Clinical Practitioners (ACPs). Their role is to deal with urgent/emergency requests during the hours of 8am and 6pm with the aim of keeping patients in their home setting as far as practicable and avoiding admissions to secondary care, whilst reducing GP workload
What did we do?	The first and second cohorts of ACPs commenced in July and November 2019 which offered Urgent Care services to 23 of the 30 practices in Aberdeenshire, allocated on a 1:15000 model. A total of 12 out of the 17 planned ACP posts were recruited to. The 3rd round of ACPs were to be recruited in January 2020 to complete recruitment to the Urgent Care service as per the Primary Care Improvement Plan however recruitment was paused following shortlisting due to Covid-19.
Results and Outcomes	Between the beginning of September 2019 and the end of November 2019, 94% of visits referred were carried out by Advanced Clinical Practitioners (ACPs) across Aberdeenshire, equating to 927 visits in total. Following initial evaluation of the service, positive feedback was received from both patients and GPs:

“very thorough, everything explained”
(Patient)

“The ACP has been able to take a holistic approach to patient care and in many instances provided a more joined up service than historically” (GP)

Vaccinations

The aim of this programme is to reduce workload for GPs and their staff and to maintain or increase uptake of immunisations in a safe, efficient manner. This means that other parts of the system, with primary care multi-disciplinary teams, will begin to deliver vaccination services instead of GPs.

During 2019/20 the first element to transfer away from GP practices was the childhood immunisations including influenza. Available data to date for pre-school and school age flu immunisation rates demonstrates an increase from the previous year.

Age Range	2018/19 Shire %	2019/20 Shire %	2019/20 Scotland %
Pre-school 2-5 years	56.6	64.6	52.5
School 5-11 years	41.5	49.4	29

During 2021 and 2022 development of an adult vaccination programme will commence as the next stage of the vaccination delivery plan.

Aberdeenshire HSCP First Contact Physiotherapist (FCP) Service

What was the issue?

Current evidence indicates that musculoskeletal (MSK) health issues are the most common cause of repeat GP appointments and account for 20-30% of demand in general practice. Physiotherapists working with MSK patients can provide expert skills and qualifications to assess, treat and sign post patients to best manage these conditions in their initial stages. Within Aberdeenshire and as part of our PCIP, a service to provide MSK Physiotherapist input at the front door of GP practices (First Contact Practitioner Physiotherapist (FCP)) was established.

What did we do?

Patients access this service directly when phoning the GP practice for an appointment, thus creating a system where tasks undertaken by GPs are realigned to more appropriate professionals with the correct skills and qualifications. This has released time for the GPs to fulfil their role as Expert Medical Generalists. Patients receive quick access directly to an FCP (the same week). This ensures that patients receive the correct self-management information very quickly, which in many cases means they require no further input. MSK conditions are dealt with in the acute phase, with the correct information, and are not allowed to become chronic.

Results and Outcomes

The service was based on practice populations with initial development of the service targeted to those areas experiencing significant GP sustainability issues. 95% of the Aberdeenshire population now has access to this service. A patient satisfaction survey undertaken with patients who had accessed the Aberdeenshire FCP service found 83% rated the service as very good, with 17% rating it as good. 99% said that they would access the service again.

It was very helpful being able to speak to a physio the same day and not have to wait on a referral – immediate suggestions of things to do to improve my situation. Superb, professional advice.

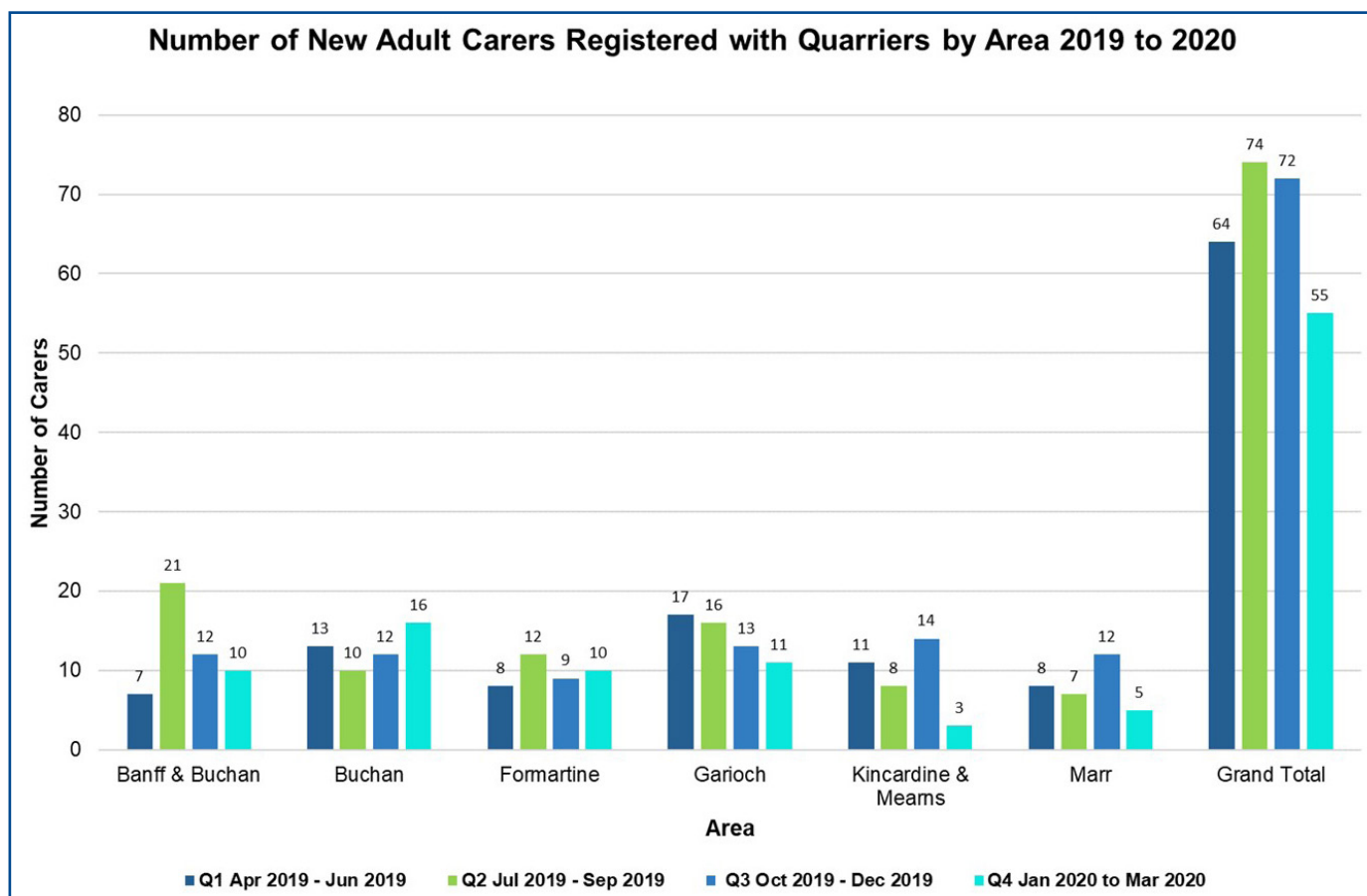
Work will continue to continue to further develop and enhance the FCP model bringing this together with the physiotherapy service, and to complete roll out of the service to the last four remaining GP practices in Aberdeenshire (by Autumn 2020).

SUPPORTING UNPAID CARERS

Engaging and working with unpaid carers continued to be a priority during 2019-20. Since successful implementation of the Carers (Scotland) Act 2016 in April 2018, we have seen a significant increase in the number of unpaid carers requiring a Self Directed Support (SDS) budget. We have reacted to this in 2019 by increasing the number of Carer Practitioners. We now have three Carer Practitioners covering Aberdeenshire who support eligible unpaid carers to plan the use of their individual budget, providing a consistent approach to the provision of support to carers across the area.

The HSCP commissions a carers support service from [Quarriers](#) which provides support to young and adult carers ^{vi}. In addition to this service, [Advocacy North East](#) ^{vi} and [PAMIS](#) ^{vii} also provide support to Adult Carers.

The graph below shows the number of new adult carers registered with Quarriers Aberdeenshire Carer Support Service during 2019-2020:



Quarriers Aberdeenshire Carer Support Service hosted various events and initiatives for carers and their families during 2019-20, an example of which is provided below.



Respitality Project

Respite + Hospitality = unique short breaks to unpaid carers

Aim

- Establishes links between the Carer Support Service & local Hospitality providers who gift short breaks
- Matches the carers most in need with a short break to suit them
- Provides a range of unique short breaks e.g beauty treatments, meals out, overnight stays, spa days

Who it Supports

- Unpaid Carers (Central Aberdeenshire)

Results & Outcomes

- Provides an important break for unpaid carers from their caring role and supports them to look after their own health and wellbeing
-

The HSCP continues to support carers to access training and development opportunities including an on-going programme of support for carers to complete relevant Scottish Vocational Qualifications. Looking forward into 2020-21, 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.

RESHAPING CARE

Aberdeenshire HSCP's Reshaping Care Programme Board has focused on work to develop a variety of interlinked support packages, enabling people to stay at home or in a homely environment for as long as possible, and ensuring we have models of care for older people which are fit for the future. Examples of progress during 2019/20 are described below. The HSCP's ambitions in relation to this strategic priority are:

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

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

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

TECHNOLOGY ENABLED CARE

Technology Enabled Care describes how we use technology to deliver care in different ways to people at home or in community settings, ensuring safe and efficient care and improving outcomes. 'Near Me' is a secure video consulting service being rolled out across NHS Scotland allowing people to have health and social care appointments from home through use of a laptop, smartphone or device with internet connection. A project commenced in February 2020 to implement Near Me video consulting across primary and community healthcare services in Aberdeenshire. During March 2020 this quickly morphed into a rapid implementation process as most primary and community healthcare services sought to adopt Near Me as a part of their Covid-19 plans. Set up and training commenced in the use of Near Me across most GP practices and also Mental Health, Allied Health Professional and community nursing services. During March 2020, just under 400 Near Me consultations were recorded across Aberdeenshire services with the numbers continuing to steadily increase since then. Another example of the use of technology to support and improve care is provided below.



Chronic Obstructive Pulmonary Disease self-management tool (myCOPD)

Providing information, education and support to people with COPD via a web-based self-management tool

Aim

- To carry out a test of change in one area to establish suitability to Aberdeenshire patients
- Give COPD patients greater control of their disease & ultimately improve their clinical outcomes

Who it Supports

- 64 COPD patients in Kincardine and Mearns

Results & Outcomes

- Improved inhaler technique in all patients with previously sub-optimal technique
 - Reduced use of specific medications which relieve acute COPD symptoms
 - Improved symptom scores in the equivalent of 4 out of every 10 users
 - Reduction in COPD related primary and secondary care presentations by patients
 - Allowed COPD patients to better manage their condition independently
-













HOMELY SETTING PROJECT

This joint project between the HSCP and Aberdeenshire Council Housing Service is to review the housing and related support currently available for older people and those with physical disabilities. This is being undertaken to enable us to effectively plan for and respond to the future projected demographic changes within Aberdeenshire. The project aims to allow people to plan ahead for their future housing needs, give people choice and control over how their housing needs are met, and prevent people from spending more time in hospital than is necessary.



Homely Setting Project

Review the housing and related support currently available for older people and those with physical disabilities.

Engagement Activities <ul style="list-style-type: none"> ● Focus groups in community settings ● On-line survey 	Who was involved? <p>Tenants, service users, active members of the community, staff and members of the general public</p>				
Project aims <ul style="list-style-type: none"> ● to allow people to plan ahead for their future housing needs ● give people choice and control over how their housing needs are met ● prevent people from spending more time in hospital than is necessary 	Engagement aims <ul style="list-style-type: none"> ● an opportunity for sharing their views & experiences ● find out what housing & related support people are aware of ● inform people of what is currently available ● gain feedback on any gaps they feel impact on the projects aims 				
What people said <p><i>“There is a limited choice of suitable accommodation”</i></p> <p><i>“I wish I had advice on my choices earlier on, I feel it’s too late for me to change now”</i></p> <p><i>“Decision about your health deteriorating are difficult when you are in good health”</i></p> <p><i>“Home means: security, comfort, privacy, safety & familiarity”</i></p>	Results <table border="1"> <tr> <td data-bbox="767 1417 1098 1585"> Face to Face advice is important  </td><td data-bbox="1098 1417 1477 1585"> 63% of people had thought about their future housing needs  </td></tr> <tr> <td data-bbox="767 1585 1098 1834"> High % knew about the different types of housing on offer  </td><td data-bbox="1098 1585 1477 1834"> Main options considered for future need: <ul style="list-style-type: none"> • 1 level housing • Downsizing • Modifying home  </td></tr> </table>	Face to Face advice is important 	63% of people had thought about their future housing needs 	High % knew about the different types of housing on offer 	Main options considered for future need: <ul style="list-style-type: none"> • 1 level housing • Downsizing • Modifying home 
Face to Face advice is important 	63% of people had thought about their future housing needs 				
High % knew about the different types of housing on offer 	Main options considered for future need: <ul style="list-style-type: none"> • 1 level housing • Downsizing • Modifying home 				

What now

The information gathered will inform the Homely Setting project and gave an invaluable insight into what people already know is available, where they see the gaps and what is most important to them in relation to any future home.

DELAYED DISCHARGE IMPROVEMENT

Following a one-day rapid improvement event held in Aberdeenshire in February 2019 to review challenges in relation to delayed hospital discharge with representatives from a range of community and acute settings, an action plan was developed by the HSCP focussed upon increasing the resilience of our processes. Key areas of progress during 2019/20 were:

- Increased care management capacity within the Discharge Hub at Aberdeen Royal Infirmary (ARI), enabling early screening of patients and effective communication between ARI and community teams to facilitate Early Supported Discharge (see further detail in case study below).
- The development of a new discharge pathway, involving an increased role for Aberdeenshire responder home carers (ARCH) to facilitate Early Supported Discharge.
- Roll out of NHS Healthcare Improvement Scotland's Care Experience Improvement Model (CEIM) training to staff from North, Central and South multi-disciplinary teams (MDTs) with the aim of supporting MDTs to inform local improvements based on patient, family, and carer feedback.
- Improved utilisation of the intermediate care beds in local care homes, indicating that 75% of patients achieved functional improvement as a result of rehabilitation support, resulting in reduced need for care at home services on discharge.



Hospital Patient Discharge

Improve the flow of patients from Aberdeen Royal Infirmary (ARI) into the community to create better outcomes for patients

Aim	<ul style="list-style-type: none"> ● Put in place discharge plans to ensure patients are moved to the most appropriate care setting once medically fit e.g Community hospital, 'intermediate care' setting to receive rehabilitation care, or home ● Improve communication between ARI and Care Managers in the community ● Develop, pilot & roll out a new 'Light Touch Assessment' (LTA) completed by care manager based in ARI
Who it Supports	<ul style="list-style-type: none"> ● Patients receiving care in ARI whose care needs can best be met in the community
Results & Outcomes	<ul style="list-style-type: none"> ● 2 months of the LTA pilot saved 104 hours of care managers travel time, reduced the number of visits by care managers to ARI and reduced mileage by an estimated 2,175 miles ● Discharging patients timeously supports them to live as independently as possible in their own community and improves their outcomes

REDESIGN OF INTERNAL CARE AT HOME SERVICE

A key strand of the Reshaping Care programme has been to redesign the internal home care service to progressively and purposefully shift the balance of homecare provision to enable the internal home care service to focus on four key themes of: Enablement; Rapid Response; Complex cases, end of life and palliative care; and Hard to reach, remote and rural areas.

Progress through early implementer sites and the identification of lessons learned enabled guidance to be developed to support teams across Aberdeenshire to apply the principles of the project in their own areas. The key aims are to enable the in-house care at home service to provide a timely response to prevent unnecessary admission and facilitate discharge home, to support those with the most complex needs, to assist people to regain their daily living skills and independence and to ensure an equitable service for those in hard to reach areas. We are now focusing on implementation of the four key pillars across Aberdeenshire.

TACKLING INEQUALITIES AND PUBLIC PROTECTION

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

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

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

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

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

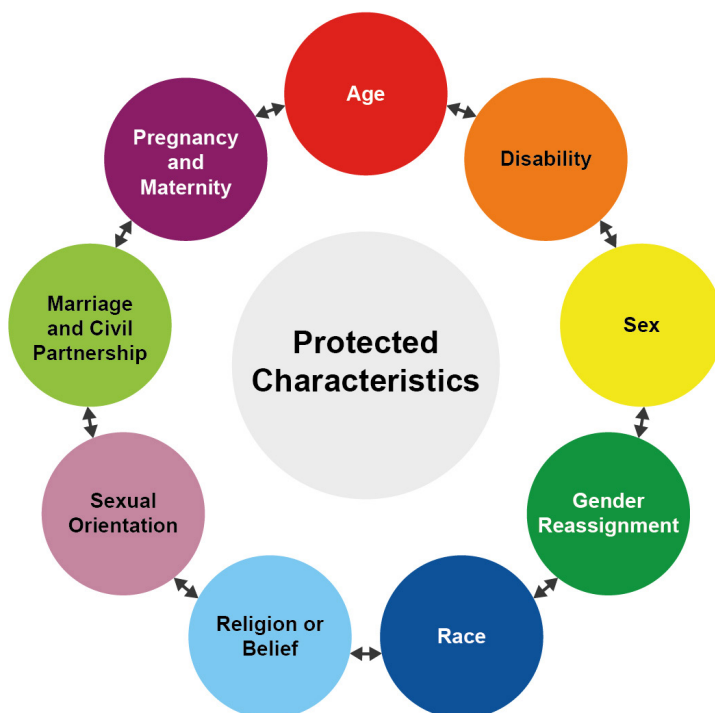
MAINSTREAMING EQUALITIES

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. This required the Aberdeenshire IJB to publish a set of Equality Outcomes for 2020-2024 and a Mainstreaming Equalities Report by 30 April 2020. [Approval of the framework was delayed due to Covid-19 but subsequently approved at the IJB meeting in June 2020.]

The [report](#)^{viii} provides an update on the progress made during 2018 – 2020 in relation to mainstreaming equalities which included:

- Developing capacity within the HSCP to lead and co-ordinate this area of work through the Equalities Champions Network
- Developing new processes to make better use of interpretation and translation information to inform improvement action moving forward
- Effective engagement with local communities and protected groups in the development of HSCP strategies

The report also describes Aberdeenshire's new equalities outcomes as agreed for 2020-24. These were shaped by a broad programme of engagement with local communities, staff, Third Sector organisations and protected groups carried out during 2019-20. The outcomes align with the HSCP's strategic priorities, with a focus on providing equitable and inclusive services, and ensuring that equalities are always a important consideration in everything we do.





Outreach Service

Meeting the needs of people supported by Day Services within their local communities

Aim

- Reduce the travel time of clients to Day Service buildings not based in their local community
- Promote local community integration and independence for Day Service users
- Promote and provide 'Independent Travel Training' reducing the reliance on the Public Transport Unit
- Provide activities within the community and existing local groups including voluntary and/or work-based roles supporting and engaging with others

Who it Supports

- South Aberdeenshire Day Service clients

Results & Outcomes

- The support provided has been more person-centred and better met the needs of the individuals and their families
 - The Outreach Model has created strong links to local communities for those most vulnerable within the community
 - Meaningful activities are offered, and individuals, families and community groups all feel supported by this service.
-

COMMUNITY JUSTICE

Aberdeenshire HSCP is part of the Aberdeenshire Community Justice Partnership (CJP) which leads on the implementation of the new Community Justice services model in line with the Community Justice (Scotland) Act 2016. Community Justice describes how different services and agencies work together to support, manage and supervise people who have committed offences, supporting reintegration within the community with the aim of preventing and reducing further offending, and promoting social inclusion.

Each year the Aberdeenshire CJP produces an annual report detailing activities, outcomes and improvements – the 2019/20 report (due for publication in October 2020) can be accessed via: www.ouraberdeenshire.org.uk/our-priorities/aberdeenshire-community-justice-partnership/

ADULT SUPPORT AND PROTECTION

The HSCP is a vital and engaged agency of the Aberdeenshire Adult Protection Partnership both strategically and operationally. Responsibility for oversight of Adult Protection is held by the [Aberdeenshire Adult Protection Committee](#).

Over the last year we have continued to progress the practice improvements identified in the [Aberdeenshire Adult Protection Committee Action Plan 2018-20](#), with 27 of the 29 actions identified now fully complete. The other two actions, which are partially completed, were paused due to the impact of Covid 19.

The Adult Protection Network acts as a single point of contact for all Adult Support and Protection concerns. The Adult Protection Network, on average, processes 25 Adult Protection Referrals and 220 police concern reports monthly. A capacity review led to the addition of a Social Work post, which both increased capacity and positively impacted on the skills mix within the team.

Improvements in staff training and peer support has further developed all HSCP staff to undertake their duties under Adult Support and Protection. This is evidenced by a staffing audit undertaken by the Adult Protection Committee biennially.

A review of operational adult protection process introduced timescales for completion of referrals and investigations. Improvement in recording has enabled effective monitoring of timescales with these performance indicators being reported to the Adult Protection Committee regularly. This year 96% of referrals have adhered to the timescales (assessed and outcome in 2 days). Investigations, although still not consistently meeting the timescales (4 weeks) have significantly reduced the average time for an investigation.

The HSCP is also a key partner of the Aberdeenshire Violence Against Women Partnership (VAWP), which has oversight over domestic abuse in Aberdeenshire. This year the VAWP developed and launched their [Strategy and Action Plan 2019-2021](#) and a [Domestic Abuse Services Guide](#) was published in January 2020. This guide is a practical resource for Aberdeenshire residents who are experiencing or have been affected by domestic abuse and professionals working with adults and children affected by domestic violence and abuse. The guide provides information about what support is available to those affected by domestic violence and abuse in Aberdeenshire.

INSPECTION OF SERVICES

Care Inspectorate – Inspection of care homes

The Care Inspectorate undertakes inspections of regulated care services for all care service types to provide assurance as to the quality of care and support being provided to the people that require this. A new [Quality Framework for Care Homes for Older People](#) ^{ix} was introduced during 2018-19, in line with new Health and Social Care Standards for Scotland, based on a set of 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.

All eight Care Homes operated by Aberdeenshire HSCP were inspected using the new framework in 2019/20. Overall, the services which are operated by Aberdeenshire HSCP are achieving a good standard. 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 can be accessed via: www.careinspectorate.com

Healthcare Improvement Scotland – Inspection of community hospitals

Healthcare Improvement Scotland (HIS) is responsible for the inspection of acute and community hospitals across NHS Scotland in relation to cleanliness, hygiene and infection prevention and control. In August 2019, HIS undertook an announced inspection of several community hospitals within the NHS Grampian Board area including five in Aberdeenshire: Aboyne Hospital, Glen O'Dee Hospital in Banchory, Jubilee Hospital in Huntly, Kincardine Community Hospital in Stonehaven, and Turriff Community Hospital.

The key findings of the inspection * in the report to NHS Grampian were as follows:

What NHS Grampian did well

- Adherence to standard infection prevention and control precautions was good.
- Staff knowledge of standard infection prevention and control precautions was good.
- The standard of equipment cleanliness was good.

What NHS Grampian could do better

- Provide an education strategy for all staff that clearly outlines mandatory training requirements.
- Provide staff with a clear programme of standard infection prevention and control audits.
- Develop a consistent approach to the reporting of estates issues.

An improvement plan was developed through which the requirements and recommendations of the inspections are to be implemented and monitored. Within Aberdeenshire, the actions relevant to our community hospitals form part of an improvement action plan overseen by the Aberdeenshire Healthcare Acquired Infection (HAI) Group and will be reported to the Aberdeenshire Clinical and Adult Social Work Governance Group for assurance that all the actions have been completed.

EFFECTIVE USE OF RESOURCES

In delivering this strategic priority the HSCP's ambitions are as described below:

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

The following section describes our work and activities during 2019-20 in relation to finance, audit and governance, workforce, and performance monitoring, to deliver these ambitions. This aligns with delivery of National Health and Wellbeing Outcomes 4 and 9:

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

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

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

2019/20 FINANCIAL PERFORMANCE

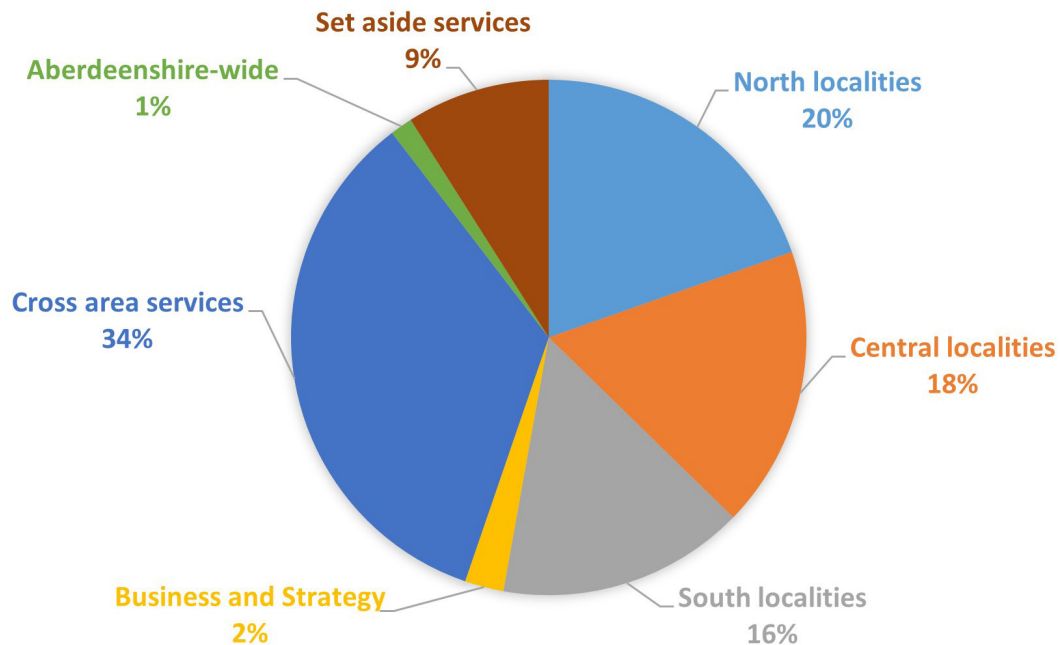
Aberdeenshire HSCP invests resources of over £330 million to provide high quality health and social care services to the population of Aberdeenshire. This is equivalent to around £0.9 million each day being spent on health and social care services. The funding is provided by our partner bodies (NHS Grampian 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.

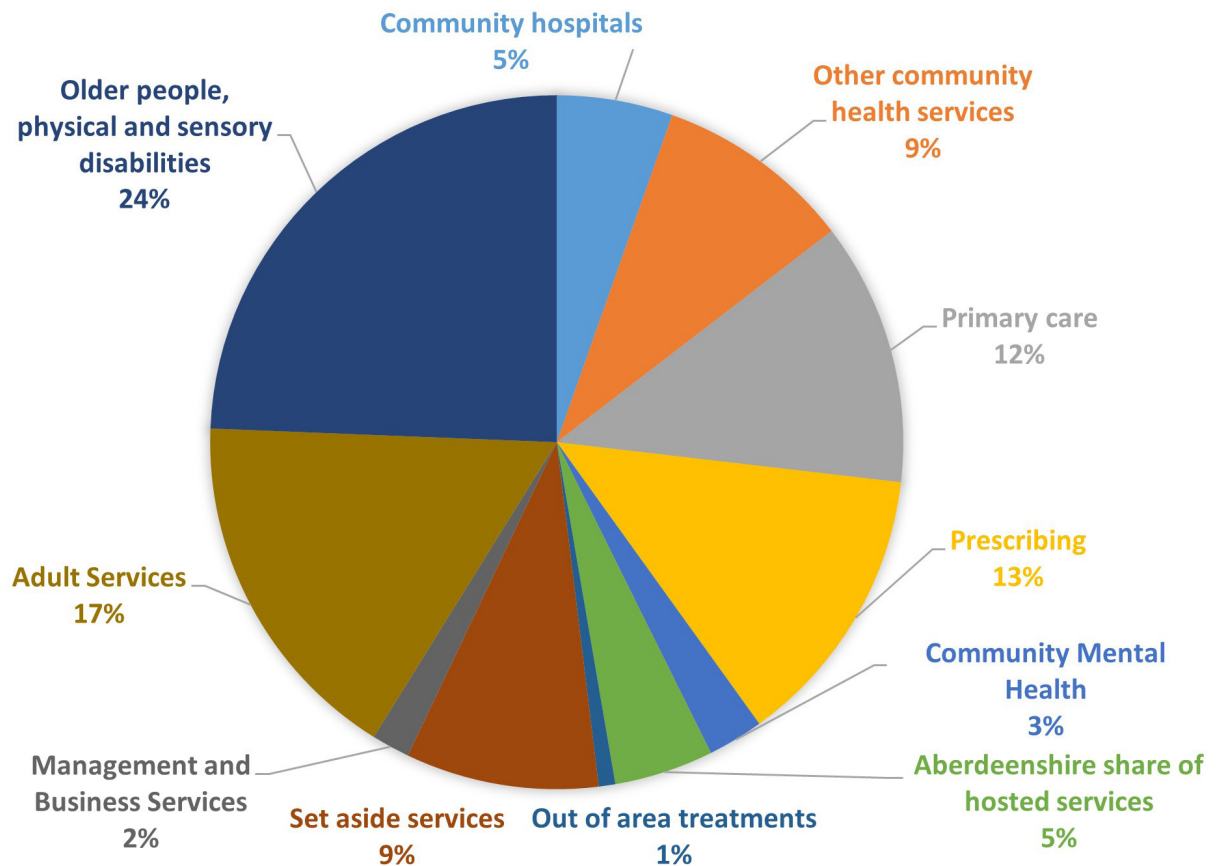
The financial position was challenging throughout the year with significant cost pressures being experienced, particularly around adult social care where demographic and demand pressures have seen higher numbers of people admitted to residential care and an increase in the provision on care at home services. The HSCP Management Team put in place a wide range of mitigating actions to control expenditure but these were not sufficient to fully reverse the rate of overspending. As a result, the IJB recorded a year end position of £5.6 million over budget. 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 2019/20. The detailed breakdown of expenditure by localities and service area is provided in Appendix 4.

ABERDEENSHIRE HSCP EXPENDITURE 2019-20 BY LOCALITIES AND PARTNERSHIP AREA



ABERDEENSHIRE HSCP EXPENDITURE 2019-20 BY SERVICE AREA



FINANCIAL OUTLOOK FOR 2020/21 AND BEYOND

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 have continued to inform financial planning. The MTFS was refreshed in 2020 immediately prior to the Covid pandemic. The MTFS will now need to be further revised to reflect the projected significant impact of Covid on HSCP finances over the years to come.

The financial position for public services continues to be challenging and the IJB must operate within significant budget restraints and pressures. The HSCP budget for 2020/21 was approved in March 2020, outlining 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 £335 million.

The budget was prepared and approved immediately prior to the Covid pandemic. The HSCP has incurred significant costs in the first few months of 2020/21 in responding to the impact of the pandemic. It is anticipated that the Scottish Government will provide funding to fully cover these costs. This draft budget identified a potential funding gap of £5.5m which will be addressed through a wide range of service reforms and efficiencies to address budget pressures in 2020/21 and support achievement of the National Health and Wellbeing Outcomes. Progress on achievement of this programme will be reported during the year to the HSCP and in the 2020/21 Annual Performance Report.

Delivery of effective and lasting transformation of health and social care services is central to the vision of the HSCP and our Strategic Plan. There has been significant progress already in transforming services. As well as delivering financial savings, this has enabled services to increase their effectiveness and efficiency, enabling services to manage the increasing demand and complexity of the patients and service users supported.

The HSCP has a clear strategy to remain financially sustainable over the medium term, but also understands the key risks and uncertainties linked to delivery and has clear actions in place to mitigate these. The Covid-19 pandemic is impacting on the HSCP's ability to support full delivery of the Strategic Plan, but it is also providing opportunities for us to consider new ways of working which could influence delivery of the Strategic Plan over the longer term. We will continue to work closely with all our partners and stakeholders to secure a future which is sustainable and meets the needs of our communities and we remain committed to this as we move forward into 2020/21.

AUDIT

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. The IJB Audit Committee met on four occasions during 2019-20 and considered a wide range of financial governance issues including:

- Internal Audit reports on the Joint Equipment Store; National Care Homes Contract; Business Continuity Arrangements; Very Sheltered Housing; Budget Setting, Monitoring and Financial Reporting; Purchase Cards; Care at Home Service, and Self Directed Support.
- The Internal Audit Annual Report for the 2018/19 year.
- Approval of the Internal Audit Plan for the 2019/20 year.
- The Annual Accounts of the IJB for 2018/19.
- The External Auditor's Report on the Annual Accounts for 2018/19.

- A review of the future role, terms of reference and membership of the Committee.
- National reports on Health and Social Care Integration and their implications for Aberdeenshire.
- Updates from NHS Grampian and other IJB Audit Committees.
- A review of the Strategic Risk Register.

WORKFORCE PLANNING

Aberdeenshire HSCP produced its annual workforce plan for 2019/20 outlining the various workforce pressures, developments and opportunities for the HSCP. In particular it describes the current and future workforce which will be required to enable the provision of health and social care services for people in Aberdeenshire and delivery of our strategic plan and vision. The Workforce Plan encompasses staffing across health, social care, primary care and the third and independent sectors.

During 2019/20 national guidance was published setting out future requirements for HSCP workforce planning. The next iteration of the Aberdeenshire HSCP workforce plan will ensure alignment with Scottish Government requirements. The HSCP has in the interim developed an Aberdeenshire version of the '6 Steps' national workforce planning tool. This was due to be rolled out however required to be paused due to Covid-19. Roll out will recommence in the coming year to support workforce planning within teams to ensure we can plan effectively for current and future needs across health and social care. Work has continued across various services to improve the flexibility and sustainability of the HSCP workforce within multi-disciplinary teams as illustrated by the example provided below.

FIRST CONTACT PHYSIOTHERAPIST (FCP) SERVICE

What was the issue?	Through the Primary Care Improvement Plan the HSCP appointed a number of First Contact Physiotherapists during 2019/20 to work within GP Practices, releasing GP capacity and ensuring quicker access for patients to expert knowledge and support. There is a national shortage of physiotherapists and therefore the recruitment of staff presented a potential challenge.
What did we do?	In order to address this, and to make the Aberdeenshire Physio service the employer of choice, the existing physiotherapy service and new FCP service were pulled together. In so doing this has enabled the service to provide more junior staff with experience working alongside senior staff.
Outcomes	Ensuring the appropriate skill mix of staff, promoting the Aberdeenshire physio service as an attractive place to work, and supporting succession planning for the future. Further liaison is planned with education providers with regard to the provision of student placements in the FCP service in order to develop this experience.



Respitality Project

Respite + Hospitality = unique short breaks to unpaid carers

Aim

- Establishes links between the Carer Support Service & local Hospitality providers who gift short breaks
- Matches the carers most in need with a short break to suit them
- Provides a range of unique short breaks e.g beauty treatments, meals out, overnight stays, spa days

Who it Supports

- Unpaid Carers (Central Aberdeenshire)

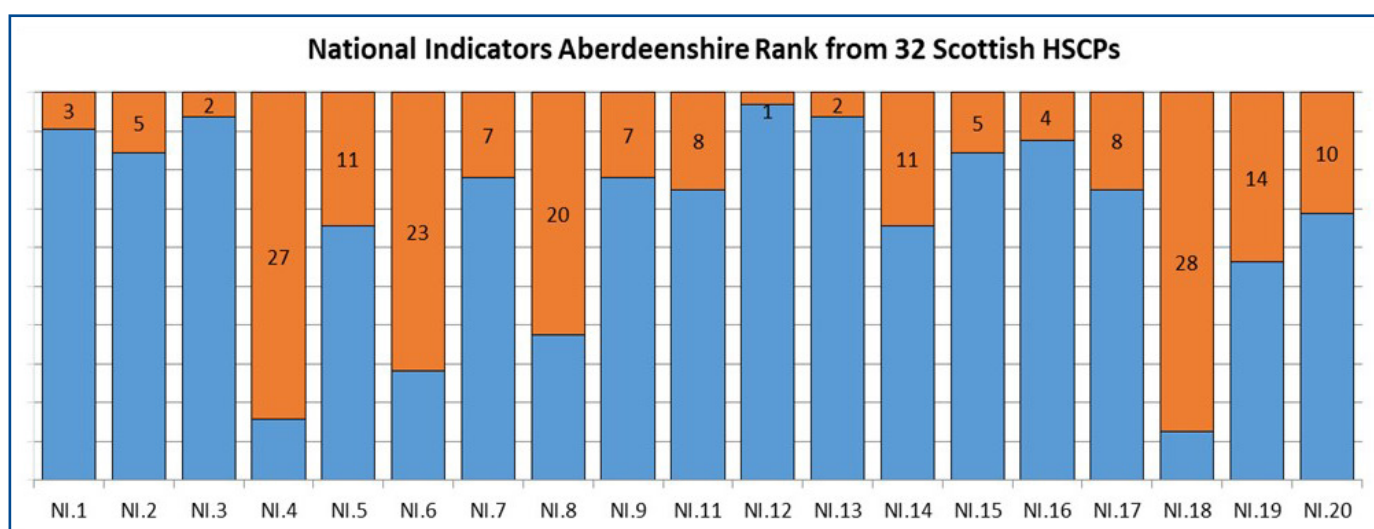
Results & Outcomes

- Provides an important break for unpaid carers from their caring role and supports them to look after their own health and wellbeing
-

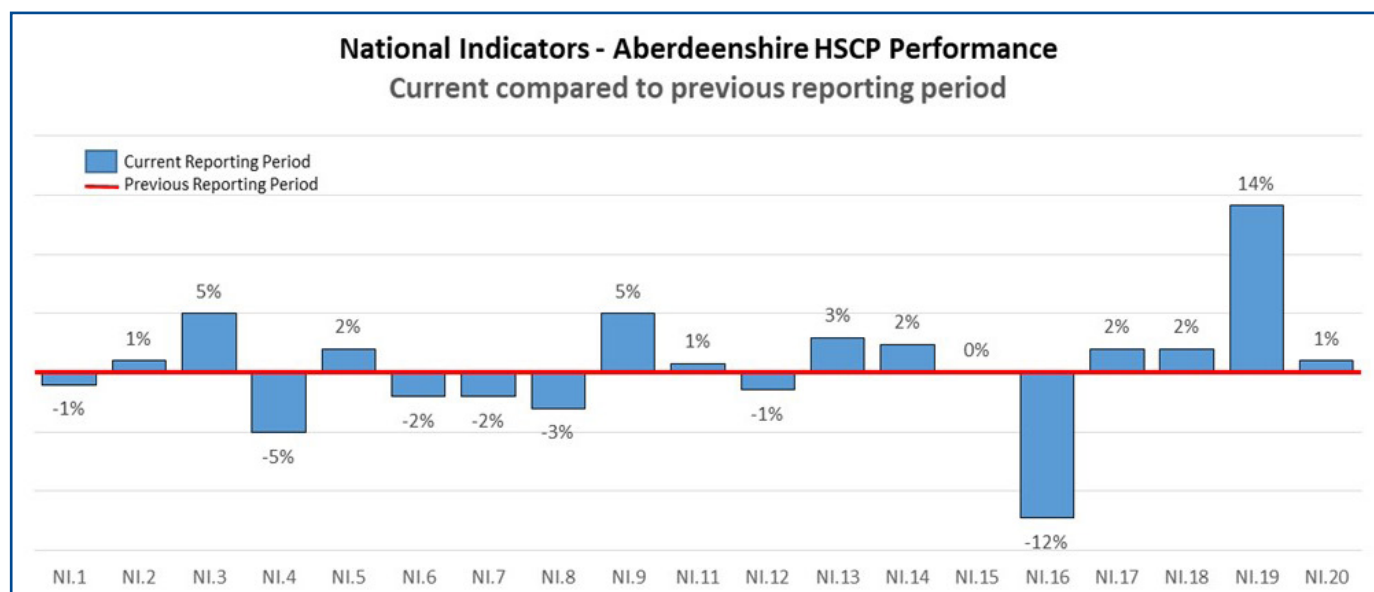
PERFORMANCE

During 2019-20 the HSCP has continued to report performance against a suite of both national and local performance indicators on a quarterly basis to the IJB. The performance reports are also presented to the Aberdeenshire Council Area Committees and Communities Committee on an alternate quarterly basis.

All HSCPs in Scotland are measured against a suite of 23 national indicators, 19 of which presently have data available for reporting from Public Health Scotland (formerly ISD - Information Services Division). The full list of indicators, including Aberdeenshire's performance against these indicators based on most up to date data available from Public Health Scotland, is provided in Appendix 5. Key to note is that Aberdeenshire sits in the top 10 partnerships for 12 of the 19 reported indicators and records the lowest rate of emergency admissions in Scotland (NI.12), illustrated by the chart below (a lower number in the chart highlights that Aberdeenshire's performance is better when compared against the rest of Scotland).



Comparing Aberdeenshire's current performance against the national indicators to the previous reporting periods, Aberdeenshire's performance has improved or stayed the same for 12 of the 19 reported indicators, as illustrated below.



Of the seven indicators where performance is worse than the last period, six are within 5% of the previous period. However, NI.16 (measuring the falls rate per 1000 population of patients aged 65+ based on those were admitted as an emergency to hospital) was 12% higher when compared to the last period. Within Aberdeenshire HSCP a significant amount of community-based work has been undertaken with partners including the Scottish Ambulance Service and ARCH responder service to promote a pathway supporting response to the uninjured faller, promoting physical activity to reduce an individual's fall risk and delivering multi-disciplinary team falls prevention education.

The HSCP's performance against a suite of local indicators has also continued to be reported to the IJB on a quarterly basis, providing some further context and information to performance in specific areas, with exception reports provided on improvement activity underway where performance falls outside targets. Appendix 6 provides the full set of local indicators with Aberdeenshire's annual performance based on the most recent available data. Key areas of performance where improvement work has been focused include:

- Percentage of clients receiving alcohol or drug treatment within 3 weeks of referral (LO1 and LO2)
- Number of bed days occupied by delayed discharge (LO10) and quarterly average of number of delayed discharges as at monthly census point (LO11)
- Emergency department attendance rates per 1000 population (LO12).

Emerging data for March 2020 indicates a significant impact on these performance measures arising from Covid-19. Continued monitoring of the initial and ongoing impact will be crucial to facilitate learning and longer-term planning.

All HSCPs in Scotland also must report against a set of six indicators monitored by the Ministerial Strategic Group for Health and Community Care (MSG), which together are seen to provide a measure of how HSCPs are making progress towards the key objectives of integration. All HSCPs were required to provide individual objectives against each of the six indicators. Aberdeenshire's target is to maintain our baseline performance position against our projected population growth (as it is anticipated that our gains against our performance objectives may be more marginal in future because of the growth in the 65+ age group). Appendix 7 provides Aberdeenshire's objectives and our provisional progress to date.

Summary of performance and next steps

Whilst Aberdeenshire HSCP has overall continued to maintain a high level of performance against most national indicators, the challenge remains in ensuring sustained delivery and improvement, particularly as we recover and rebuild services following Covid-19.

A wholesale review of the HSCP's performance reporting framework commenced in 2019/20 with new performance reporting arrangements to be established during 2020/21. This will align with the HSCP's Strategic Delivery Plan for 2020 onwards, which has been reviewed and updated in response to Covid-19 to reflect the changed landscape for health and social care services, in particular where projects in our original delivery plan have moved forward at pace as a result of Covid-19. The HSCP's new performance framework will aim to provide assurance as to progress against each of the key areas of transformation and in turn towards delivery of our strategic priorities.

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 IJB members, 1 April 2019 to 31 March 2020

Voting Members

Name	Organisation
Cllr Anne Stirling (Vice Chair to 1 November 2019, Chair from 1 November 2019)	Aberdeenshire Council
Rhona Atkinson (Chair to 1 November 2019 /Vice Chair from 1 November, 2019)	NHS Grampian
Cllr Anne Allan (to 28 May 2020)	Aberdeenshire Council
Amy Anderson	NHS Grampian
Joyce Duncan	NHS Grampian
Alan Gray (to 14 May 2020)	NHS Grampian
Cllr Bill Howatson	Aberdeenshire Council
Rachael Little	NHS Grampian
Cllr Glen Reynolds (from 29 May 2020)	Aberdeenshire Council
Cllr Dennis Robertson	Aberdeenshire Council
Cllr Ann Ross	Aberdeenshire Council
Susan Webb (from 15 May 2019)	NHS Grampian

Non-Voting Members

Name	Organisation
Adam Coldwells (until 28 October 2019)	Chief Officer
Angie Wood (from 28 October 2019)	Interim Chief Officer
Alan Sharp	Chief Finance Officer
Iain Ramsay	Chief Social Work Officer
Dr Chris Allan	General Medical Practitioner
Jennifer Gibb (to 14 January 2020)	Nurse practitioner representative
Dr June Brown (from 15 January 2020)	Nurse practitioner representative
Dr Malcolm Metcalfe	Medical Practitioner - Secondary Care Adviser
Cllr Dennis Robertson	Aberdeenshire Council
Cllr Ann Ross	Aberdeenshire Council
Susan Webb (from 15 May 2019)	NHS Grampian

Voting Members

Name	Organisation
Inez Kirk	Trade union representative
Martin McKay	Trade union representative
David Hekelaar	Third sector representative
Sue Kinsey	Third sector representative
Tony Cox (to 20 March 2019)	Service User Representative
Angie Mutch	Service User Representative
Fiona Culbert (from 26 February 2020)	Carer Representative
George Mitchell (from 26 February 2020)	Carer Representative
Cllr Glen Reynolds (from 29 May 2020)	Aberdeenshire Council
Cllr Dennis Robertson	Aberdeenshire Council
Cllr Ann Ross	Aberdeenshire Council
Susan Webb (from 15 May 2019)	NHS Grampian

Appendix 3: Aberdeenshire HSCP iMatter Results 2017, 2018 and 2019

Staff Governance Standards – iMatter Strand Scores	2017	2018	2019
Well informed	82%	81%	81%
Appropriately trained and developed	78%	78%	78%
Involved in decisions	75%	75%	74%
Treated fairly and consistently, with dignity and respect in an environment where diversity is valued.	80%	81%	80%
Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.	80%	80%	80%

Experience as an individual	2017	2018	2019
I am clear about my duties and responsibilities	88%	88%	87%
I get the information I need to do my job well	82%	82%	82%
I am given the time and resources to support my learning growth	75%	77%	77%
I have sufficient support to do my job well	81%	81%	81%
I am confident my ideas and suggestions are listened to	79%	79%	78%
I am confident my ideas and suggestions are acted upon	75%	75%	75%
I feel involved in decisions relating to my job	75%	75%	74%
I am treated with dignity and respect as an individual	85%	86%	86%
I am treated fairly and consistently	84%	84%	84%
I get enough helpful feedback on how well I do my work	77%	77%	77%
I feel appreciated for the work I do	77%	78%	78%
My work gives me a sense of achievement	84%	84%	84%

My team/my direct line manager	2017	2018	2019
I feel my direct line manager cares about my health and wellbeing	87%	86%	86%
My direct line manager is sufficiently approachable	89%	88%	88%
I have confidence and trust in my direct line manager	86%	85%	85%
I feel involved in decisions relating to my team	79%	79%	79%
I am confident performance is managed well within my team	80%	81%	81%
My team works well together	83%	83%	83%
I would recommend my team as a good one to be a part of	85%	85%	84%

My Organisation	2017	2018	2019
I understand how my role contributes to the goals of my organisation	84%	84%	83%
I feel my organisation cares about my health and wellbeing	75%	76%	75%
I feel senior managers responsible for the wider organisation are sufficiently visible (see note 1)	65%	65%	63%
I have trust and confidence in senior managers responsible for the wider organisation (see note 2)	68%	69%	66%
I feel involved in decisions relating to my organisation (see note 3)	62%	62%	61%
I am confident performance is managed well within my organisation	69%	70%	68%
I get the help and support I need from other teams and services within the organisation to do my job	75%	75%	74%
I would recommend my organisation as a good place to work	78%	78%	78%
I would be happy for a friend or relative to access services within my organisation	81%	81%	81%

Notes:

1. In the 2019 survey this statement was amended to: 'I feel that board members who are responsible for my organisation are sufficiently visible'.
2. In the 2019 survey this statement was amended to: 'I have confidence and trust in Board members who are responsible for my organisation'.
3. In the 2019 survey this statement was amended to: 'I feel sufficiently involved in decisions relating to my organisation'.

	2016-17	2017-18	2018-19	2019-20
NHS Sickness Absence % of Hours Lost, quarterly average over 12 months (see note 1)	4.5%	5.0%	4.2%	4.5%
Council Sickness Absence (% of Calendar Days Lost)	5.2%	5.1%	5.3%	4.9%

Notes:

1. NHS Scotland target for NHS Boards is 4.0% or less. Based on published data, in 2019/20 NHS Scotland had a sickness absence rate of 5.3% and in Grampian this was 4.8%.

Appendix 4: Aberdeenshire HSCP Expenditure 2019-2020

Aberdeenshire HSCP expenditure 2019/20 by service area

	£m	%
Community hospitals	18.251	5.41
Other community health services	30.956	9.17
Primary care	41.376	12.26
Prescribing	44.623	13.22
Community Mental Health	8.758	2.60
Aberdeenshire share of hosted services	15.638	4.63
Out of area treatments	2.6	0.77
Set aside services	30.385	9.00
Management and Business Services	6.013	1.78
Adult Services	56.627	16.78
Older people, physical and sensory disabilities	82.243	24.37
	337.47	100.00

Aberdeenshire HSCP expenditure 2019-20 by locality and Partnership area

	£m	%
North localities	66.19	19.61
Central localities	59.69	17.69
South localities	52.378	15.52
Business and Strategy	8.233	2.44
Cross area services	115.868	34.33
Aberdeenshire-wide	4.726	1.40
Set aside services	30.385	9.00
	337.47	100.00

Main areas contributing to over budget position 2019-20

Community hospitals	937000
Primary Care	499000
Prescribing	310000
Aberdeenshire share of hosted services	733000
Out of area services	541000
Adult services - community care	1877000
Physical disabilities - community occupational therapy service	727000
Older people - care management	2423000
Older people - residential care	821000

Main areas within budget 2019-20

Allied Health Professionals	509000
Health visiting	351000
Adult services – mental health	478000
Adult services – substance misuse	301000
Physical disabilities – Joint Equipment Service	783000
Integrated Care Fund	395000

Aberdeenshire HSCP expenditure by service area 2016/17 to 2019/20

	2016/17		2017/18		2018/19		2019/20	
	£m	%	£m	%	£m	%	£m	%
Community hospitals	18.456	6.1	18.637	6.1	17.661	5.6	18.251	5.4
Other community health services	25.341	8.4	24.471	8.0	27.16	8.6	30.956	9.2
Primary care	36.693	12.2	37.036	12.1	38.595	12.2	41.376	12.3
Prescribing	43.765	14.5	45.074	14.7	43.987	13.9	44.623	13.2
Community Mental Health	7.429	2.5	7.713	2.5	7.821	2.5	8.758	2.6
Aberdeenshire share of hosted services	12.374	4.1	13.562	4.4	14.032	4.4	15.638	4.6
Out of area treatments	1.792	0.6	1.909	0.6	2.391	0.8	2.6	0.8
Set aside services	26.665	8.8	24.527	8.0	28.524	9.0	30.385	9.0
Management and Business Services	5.271	1.7	6.625	2.2	6.022	1.9	6.013	1.8
Adult Services	44.664	14.8	51.679	16.9	51.751	16.3	56.627	16.8
Older people, physical and sensory disabilities	75.317	24.9	73.622	24.0	77.498	24.5	82.243	24.4
	4.17	1.4	1.819	0.6	1.403	0.4	0	0.0
	301.937	100.0	306.674	100.0	316.85	100.0	337.47	100.0

Aberdeenshire HSCP expenditure by locality and Partnership area 2016/17 to 2019/20

	2016/17		2017/18		2018/19		2019/20	
	£m	%	£m	%	£m	%	£m	%
North localities	Data not available for 2016/17		62.294	20.3	62.073	19.6	66.19	19.6
Central localities			53.509	17.4	55.924	17.7	59.69	17.7
South localities			43.282	14.1	46.002	14.5	52.378	15.5
Business and Strategy			8.826	2.9	9.03	2.8	8.233	2.4
Cross area services			105.293	34.3	106.826	33.7	115.868	34.3
Aberdeenshire-wide			7.124	2.3	7.063	2.2	4.726	1.4
Funds			1.819	0.6	1.403	0.4	0	0.0
Set aside services			24.527	8.0	28.524	9.0	30.385	9.0
			306.674	100.0	316.85	100.0	337.47	100.0

Appendix 5: Aberdeenshire Core Suite of National Integration Indicators – Annual Performance

Data Source: Public Health Scotland (PHS)
Last Refreshed: July 2020




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		Scotland	RAG
		Previous score 2015/16	Current score 2017/18	Current score 2017/18	
Outcome Indicators	NI - 1	96% (3979)	95% (4821)	93%	G
	NI - 2	84% (213)	85% (151)	81%	G
	NI - 3	79% (203)	84% (150)	76%	G
	NI - 4	75% (203)	70% (126)	74%	A
	NI - 5	81% (222)	83% (160)	80%	G
	NI - 6	83% (3227)	81% (3531)	83%	A
	NI - 7	85% (216)	83% (148)	80%	G
	NI - 8	40% (185)	37% (225)	37%	G
	NI - 9	82% (206)	87% (152)	83%	G
	NI - 10	NA	NA	NA	

Indicator	Title	Aberdeenshire		Scotland	RAG
		Previous score	Current score	Current Score	
Data Indicators	NI - 11	342 2018	340 2019	426	G
	NI - 12	8,828 2018/19	8,957 2019	12,602	G
	NI - 13	69,073 2018/19	66,430 2019	117,478	G
	NI - 14	98 2018/19	95 2019	104	G
	NI - 15	90% 2018/19	90% 2019	89%	G
	NI - 16	14.7 2018/19	16.5 2019	22.7	G
	NI - 17	86% 2018/19	88% 2019/20	82%	G
	NI - 18	55% 2017	57% 2018	62%	A
	NI - 19	614 2018/19	528 2019/20	783	G
	NI - 20	22% 2018/19	21% 2019	23%	G
	NI - 21	NA	NA	NA	
	NI - 22	NA	NA	NA	
	NI - 23	NA	NA	NA	

* current scores uses calendar and not financial year for indicators 12 to 16, 19 and 20 as recommended by PHS as data is more complete

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"

Notes:

- Outcome indicators 1-9 have not changed and are currently only available to 2017/18 (derived from the National Health and Care Experience Survey undertaken every 2 years).
- Data indicators are updated to calendar year 2019 (for reasons of data completeness), with the exception of NI.17 and NI.19 which are available up to 2019/20 and NI.18 which is only available to 2018.

Appendix 6: Aberdeenshire HSCP Performance against Local Indicators, 2018/19 and 2019/20

Aberdeenshire Strategic Priority	ID	Indicator Description	2018/19	2019/20	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	90.8% (633)	86.4% (555)	A
	LO2	Percentage of clients receiving drug treatment within 3 weeks of referral	88.3% (641)	88.1% (588)	A
	LO3	Smoking cessation in 40% most deprived areas after 12 weeks (number of individuals)	433	Not yet available	
	LO4	Number of Alcohol Brief Interventions being delivered (includes ABIs in priority and wider settings only where data can be aligned to HSCP)	3444	4149*	G
3 Tackling inequalities and public protection	LO5	Number of adult protection referrals	238	318	
	LO6	Percentage of unpaid work orders instructed within seven days	77.5%	79.7%	G
4 Re-shaping Care	LO7	Rate of emergency occupied bed days per 1,000 population over 65s	2135	2140	A
	LO8	Emergency Admission rate per 1,000 population over 65s	193	193	G
	LO9	Number of people over 65 years admitted as an emergency in the previous 12 months per 1,000 population.	125	127	A
5 Effective use of resources	LO10	Number of bed days occupied by delayed discharges per year (inc code 9) per 1,000 18+ population	83	79	G
	LO11	Number of delayed discharges (inc code 9) (Census snapshot, monthly average for year)	45	44	G
	LO12	ED attendance rates per year per 1,000 population (all ages, based on ED attendances at ARI, Dr Grays and RACH)	105	107	A
	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

* 2019/20 Q4 figures exclude enhanced services for GP practices which have been suspended due to pandemic

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

MSG Indicator	Reporting Period					2020/2021 Target	Performance comparing 2019/20 and baseline year
	2015/16	2016/17	2017/18	2018/19	2019/20		
1a Number of emergency admissions 18+	16,818	16,623	16,840	17,388	17,756	Maintain 2015/16 Levels	5.6% above target
2a Number of unscheduled hospital bed days; acute specialties 18+	147,147	149,535	147,368	143,576	142,363	Maintain 2015/16 Levels	3.3% below target
2b Number of unscheduled hospital bed days; mental health specialties 18+	35,107	36,816	32,263	35,425	32,595	Maintain 2015/16 Levels	7.2% below target
3a A&E attendances 18+	18,984	19,616	20,234	21,234	21,957	Maintain 2015/16 Levels	15.7% above target
4 Delayed discharge bed days (all reasons)	28,293	18,176	16,334	17,221	16,381	Maintain 2017/18 levels	On target
5a Percentage of last six months of life spent in the community (all ages)	89.3%	89.5%	90.2%	90.3%	90.2%	Maintain 2015/16 levels	0.9% above target
5b Number of days during last six months of life spent in the community (all ages)	367,183	370,288	394,661	367,892	400,485	Maintain 2015/16 levels	9.1% above target
6 Balance of care: Percentage of population 65+ living at home (supported and unsupported)	95.8%	96.1%	96.2%	96.3%	N/A	Maintain 2015/16 levels	-

Data Source: Public Health Scotland Integration Performance Indicators August 2020; and both 2015/16 and 2016/17 figures based on June 2020 release

Notes:

- The table above shows performance against the MSG indicators for the last five reporting years. 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 Public Health Scotland commenced providing monthly data in relation to these objectives to HSCPs. For delayed discharge bed days the year 2017/18 has been set as the baseline. Due to substantial improvements in data quality and improvement work to reduce delayed discharges since 2014/15, the reporting year 2017/18 was considered a more appropriate baseline to measure progress against.
- Data for 2019/20 for indicators 1a, 2a, 2b, 5a and 5b remains provisional and may be affected by data completeness issues
- 2019/20 figures for indicator 6 not yet available.

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- x Healthcare Improvement Scotland (2019) Announced Inspection Report – Safety and Cleanliness of Hospitals, 13-15 August 2019.