![Aberdeenshire Health & Social Care Partnership logo]

Aberdeenshire Health and Social Care Partnership

Annual Performance Report 2020 - 2021

July 2021

Aberdeenshire COUNCIL

NHS Grampian

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- a telephone translation service
- if you would like to make a comment on any aspect of this report.

CONTENTS

FOREWORD

We are very pleased to present the Aberdeenshire Health and Social Care Partnership (HSCP) annual performance report for 2020-21. In our report last year, we touched on aspects of the HSCP's initial response to the Covid-19 (coronavirus) pandemic, as the full scale and impact of the virus became clear. This report, covering the period from 1st April 2020 to 31st March 2021, explores in greater detail the immense challenges presented by the pandemic for health and social care services across Aberdeenshire, and how the HSCP has had to respond and adapt to continue to deliver safe, quality, person-centred services but in very different ways.

Whilst acknowledging the incredibly difficult circumstances throughout the last year, the report provides us with the opportunity to highlight the numerous areas where we can be immensely proud of the way in which our services, communities and partners across Aberdeenshire have responded. The range of services which falls under the responsibility of the HSCP is vast and complex, and whilst this report aims to reflect as many of these services as possible, we take this opportunity to note and sincerely thank all staff across the HSCP, our partner agencies and services, and volunteers throughout our local communities, for the amazing levels of resilience, dedication and adaptability they have shown to continue to deliver care and services and to protect the most vulnerable.

The challenges for health and social care services remain many and varied as we continue to navigate our way through these uncertain times. We also are cognisant of the potentially very significant and positive changes for health and social care as national implementation of the Independent Review of Adult Social Care[i] commences. Within this context, the HSCP has used the last year to identify all possible opportunities for continued learning, adaptation and improvement which will be taken forward under the HSCP's new Strategic Delivery Plan, retaining a clear focus throughout on how we can deliver the best outcomes possible for the people of Aberdeenshire.

Rhona Atkinson
Chair
Aberdeenshire IJB

Councillor Anne Stirling
Vice-Chair
Aberdeenshire IJB

Pamela Milliken
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

PURPOSE

The purpose of the Aberdeenshire Health and Social Care Partnership (HSCP) annual performance report, as set out in The Public Bodies (Joint Working) (Scotland) Act 2014[ii], is to provide an open account of the HSCP's performance in relation to planning and delivering the health and social care services it is responsible for.

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

CONTEXT

This annual report covers the period of 1st April 2020 to 31st March 2021, a year in which health and social care services have faced unprecedented and exceptional challenges as a result of the Covid-19 (coronavirus) pandemic.

During this period, community health and social care services in Aberdeenshire have largely continued to operate albeit in very different ways. From the initial response phase, where teams were required to very quickly adapt to ensure the needs of the people who required care and services continued to be met, to the gradual process of remobilising services in accordance with the Scottish Government 'route map'[iv], the reality of living and working with Covid-19 continues to present uncertainties and change for health and social care delivery.

It is in these very unique and unforeseen circumstances, therefore, that this year's annual performance report has been written. Whilst continuing to meet the statutory requirements for HSCP performance reports, due cognisance must be given to the fact that how the HSCP's performance is analysed and measured will in many ways be substantially different in 2020/21, and that longer-term impacts on performance may continue to be seen in the years to come.

OVERVIEW OF THE HEALTH AND SOCIAL CARE PARTNERSHIP

Aberdeenshire Health and Social Care Partnership (HSCP) was formally established in April 2016. The HSCP is responsible for the integrated planning and delivery of a wide range of health and social care services for adults and older people within a total population of over 261,000 people, a workforce of over 4,000 staff and an annual budget of approximately £358 million (2020-21).

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

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

The range of services that Aberdeenshire HSCP is responsible for is illustrated below. These are organised around natural communities ensuring they reflect and can be responsive to local population need. Services are managed and delivered through local multi-disciplinary teams based in 20 localities that sit within the 3 areas of North, Central and South Aberdeenshire.

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

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

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**	**Criminal Justice Social Work**	**Community Mental Health and Learning Disability Services**
Community Nursing Teams (District Nursing, Health Visiting, School Nursing)	**Home Care**	**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**	**Very Sheltered Housing Residential and Respite Services**
Health care services to HMP and YOI Grampian	**Forensic and custody health care**	**Marie Curie managed care service and out of hours (rapid response) service**	**Specialist nursing services**

Services hosted by Aberdeenshire HSCP for all of Grampian

ABERDEENSHIRE HSCP STRATEGIC PLAN AND PRIORITIES

The Aberdeenshire HSCP Strategic Plan 2020-25 outlines the vision of the HSCP and its key priorities for health and social care services over this five-year period[v]. It describes how the HSCP will work with its partners to improve the health of local people and provide care and support when needed, focusing on the following five strategic priorities:

Prevention and Early Intervention

Reshaping Care

Engagement

Effective Use of Resources

Tackling Inequalities and Public Protection

The Strategic Plan was published just prior to the outbreak of the Covid-19 pandemic. Responding to Covid-19 has placed huge pressure on services but has also resulted in considerable learning and adaptation that provides the HSCP with the opportunity to further explore different ways of working and build on the significant progress made in particular priority areas identified within the original Strategic Plan. This includes:

Rapid expansion in use and accessibility of digital technology

The HSCP has in conjunction with its partners embraced all available technology to maintain necessary contact with those who use health and social care services as well as to allow the continued functioning of all teams. Technology has also been utilised to ensure those service users who may be shielding or have restrictions in their visiting have been able to stay in touch with family and friends.

Workforce Resilience and Adaptability

The hard work, commitment and resilience of the whole HSCP workforce has been critical to the safe and effective delivery of health and social care services within exceptionally challenging circumstances. This saw many staff being redeployed to critical service areas to ensure continuity of safe care, and to support key functions within the whole system response to Covid 19.

Whole System Working

From the outset of the pandemic Aberdeenshire HSCP worked extremely closely with colleagues from NHS Grampian, Aberdeen City HSCP and Moray HSCP to ensure a whole system approach to mobilising both the hospital capacity required to meet anticipated demand for acute inpatient care for Covid-19 patients whilst maintaining essential community health and social care services and protecting our residents from any preventable harm.

Community Response and Resilience

During the Covid-19 response across Aberdeenshire there was a fantastic response and resilience demonstrated across local communities. The HSCP participated in numerous initiatives with local Community Planning partners which included utilising volunteers to assist in the planning and delivery of a range of practical support to those who were clinically at risk or vulnerable or socially isolated (such as the provision of essential food items and medications). This has been further extended with the recruitment of volunteers to support the Covid vaccination programme.

ABERDEENSHIRE HSCP STRATEGIC DELIVERY PLAN POST-COVID 19

Building on the positive learning and experience from Covid-19 described above, the HSCP has developed and agreed a Strategic Delivery Plan, providing the detail and focus for the HSCP over the next 12-24 months in terms of both the transformational and improvement work required to provide services that are safe, agile and sustainable for the future. This is centred around the four key themes of: Digital First, Partnerships, Operation Home First and Reshaping Care; through which a range of projects will be implemented as described in further detail below.

Alongside this, a major focus for the HSCP has continued to be supporting delivery of the Covid-19 vaccination programme whilst ensuring all health and social care services are equipped to meet the significant challenges and demand arising from the pandemic. The HSCP has also been focused on ensuring staff's health and wellbeing is supported as we continue to work through the Covid 19 response and rebuilding phases. Despite the pandemic the HSCP is clear that its ambitions and priorities identified in the original Strategic Plan have not changed. What has changed is our starting position.

The remainder of this report describes how the HSCP has sought to fulfil and maintain its commitment to its five key strategic priorities but in the very exceptional circumstances presented by the pandemic, supported by case studies to illustrate the key highlights and stories of good practice across our local communities and health and social care services. This highlights the continued strong emphasis in approach by the HSCP to empowering locality teams and involving localities in decisions and planning around local service delivery.

Locality management teams have continued to engage and communicate with Area Committees and other local partners as decisions and changes to services have required to be implemented in line with national guidance and to ensure awareness of impacts and issues for critical health and social care services. A key priority for the HSCP moving forward is to agree its approach to locality plans to support the Aberdeenshire-wide strategic delivery plan. The HSCP's first set of locality plans covered the period from 2018 to 2021. Building on the learning from implementation of these plans, work has been undertaken by locality managers working in conjunction with their Area Management colleagues to incorporate local health and social care priority actions within Council Area Plans with the aim of enabling a more integrated approach to local planning and performance monitoring moving forward.

ABERDEENSHIRE HSCP – STRATEGIC DELIVERY PLAN WORKSTREAMS

Digital First — Maximise the use of technology

This workstream will focus on how we continue to build on the significant progress made during Covid to continue to grow the use of digital technology and information systems in line with both Council and NHS digital strategies. This includes supporting the use of 'Near me' and other digital platforms where appropriate across primary and secondary care and working with partners to help address digital inequality across our communities.

Partnerships — Develop existing partnerships and build new ones

This will consider how we can continue to strengthen and build on the incredible community response and resilience shown during Covid-19 through: supporting access and opportunities to participate in healthy living opportunities; working alongside community groups to support their community to live well; and working with the wider community and our Covid-19 partnerships with Live Life Aberdeenshire and others, to maximise opportunities to work together to promote improved physical and mental health.

Operation Home First — Develop community services

This is the next phase in the health and social care response to Covid-19 across Grampian, involving all three HSCPs and the Acute Sector and harnessing the strong collaborative working and "whole systems" approach which was adopted across all sectors during the response phase. Operation Home First describes the framework within which we can create the right environment for keeping people at home safely, reducing hospital admissions where an alternative intervention is possible, and making sure that people who do need care in hospital do not stay in hospital longer than they need to.

Reshaping Care — Person centred and sustainable services for the future

The Reshaping Care programme of redesign 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. This sits alongside a number of other interdependent service redesign initiatives with the overarching aim of delivering safe, effective and sustainable services for the future, for example, implementation of the Primary Care Improvement Plan and Mental Health services redesign, including the review of older adult mental health pathways as part of Operation Home First.

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

The Covid-19 pandemic has prevented face to face engagement opportunities however where possible engagement has been carried out by other means in particular maximising the use of online communication channels and social media. This has been particularly crucial in ensuring public awareness of changes to how services have had to be delivered to keep people safe.

For example in relation to unscheduled care, early on in the pandemic the decision was taken to temporarily reduce the provision of Minor Injury Unit services to three standalone Minor Injury Units at Huntly, Peterhead and Fraserburgh. This ensured the safe and sustainable deployment of staff and adherence to infection prevention and control requirements (whereby staff could only work in one area, for instance a ward, to prevent cross-contamination), protecting patients and the Community Hospitals from the potential spread of infection. The HSCP, along with NHS Grampian and the Scottish Government, undertook a public messaging campaign to help ensure that our communities understood how to access out of hours or unscheduled care particularly over the exceptionally busy winter months.
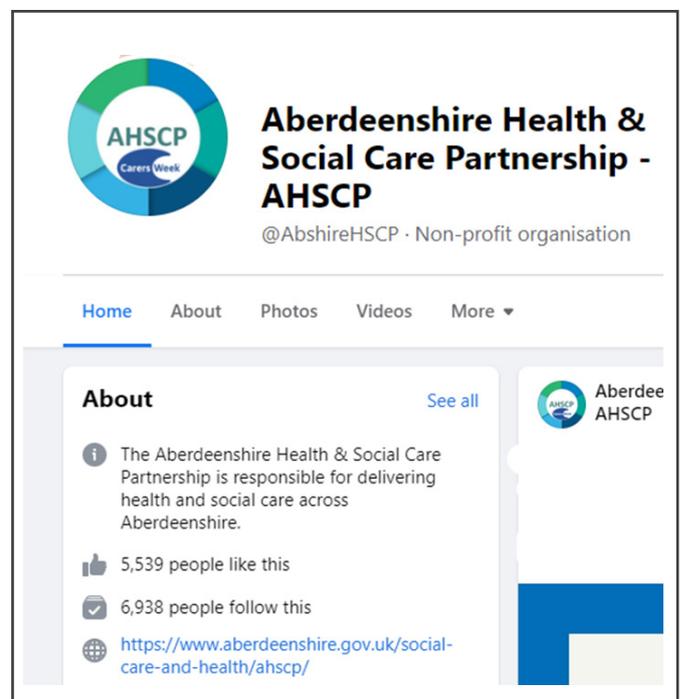
STAFF ENGAGEMENT

Early on in the HSCP's response, a 'lessons learned' exercise was carried out across all HSCP teams and services to understand colleagues' views on what had gone well, and what could have been improved, in the HSCP's initial response to Covid-19. The key themes arising from this exercise are summarised below. This has informed work within local areas and at an Aberdeenshire wide level to facilitate continuous learning and improvement as the HSCP moves through the process of recovery.

Theme	What did staff say and what can the HSCP learn from this?
Communication	■ There have been significant improvements to digital and virtual means of communication. Moving forward, we need to continue to encourage safe, healthy and efficient working practices (for example, ensuring adequate rest periods, maintaining regular contact within teams) and support equality of access to communication platforms through both the provision of equipment and connectivity. ■ The speed at which new guidance was issued during the pandemic, and then sometimes changed, was challenging to manage, however, many staff felt involved and that communication overall improved.
Technology	■ The widespread roll out of virtual meetings and file sharing technology has supported information sharing which in turn was felt to have improved integrated working. ■ There is an acknowledgment of a need to improve equality of access to IT equipment and increase availability. ■ There is a recognition that support does not always need to be face-to-face. The use of Attend Anywhere to communicate with patients/service users has been mostly positive and teams see a continued use for this in the future. This, combined with many staff working from home, presents opportunities to review how traditional buildings-based services and activities can be delivered in the future. ■ Some paper processes have been replaced with electronic and this should be continued going forward.
Workforce	■ Support for staff being redeployed was felt to have been very important and there was recognition of the valuable work undertaken by those who were redeployed from other roles/services. ■ Many staff felt that visible leadership was really important. ■ Integrated working has been more evident with teams supporting each other. ■ Increased use of virtual meetings technology to hold regular huddles with staff groups has helped in the absence of face to face team meetings, to continue to provide support and guidance to staff and manage any increased levels of stress and anxiety.

During 2020, the annual iMatter staff engagement process (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) was not repeated. The HSCP has instead used alternative approaches to understand the ongoing experience of staff during the pandemic, including virtual 'Town House' events with representatives of staff groups. Surveys were also issued to gauge how supported staff have felt at different points during the pandemic, including any specific issues for shielding staff, and what additional support staff require. The vast majority of staff responded that they had felt supported and were aware of how to access support if needed. However areas for improvement were identified. For example action was taken to expedite the roll out of IT equipment in particular to NHS staff facilitated by the HSCP's systems and information team.

This work has also been aided by the establishment of a HSCP Staff Wellbeing Group (see case study below) to co-ordinate Aberdeenshire-wide activity and support for staff maximising use of available resources both locally and nationally, including resources provided by Aberdeenshire Council and as part of the NHS Grampian 'We Care' initiative. The HSCP continues to place great emphasis on ensuring staff's health and wellbeing is supported as we continue to work through the Covid 19 response and rebuilding phases.

Staff Health & Wellbeing
Supporting staffs mental & physical health

Aim	■ Establish a group to support the Health and Wellbeing of the AHSCP staff and create mechanisms to allow staff to highlight issues affecting them during the pandemic
What did we do	■ Established a Staff Health and Wellbeing Group for the AHSCP, with public health colleagues also participating in the national Wellbeing Champions Group
	■ Deliver through a newsletter updates on issues including mental wellbeing, sleep, diet, physical activity, and information highlighting a range of support services and resources
	■ Using staff surveys over the course of the pandemic to identify key issues affecting the workforce
Results & Outcomes	■ Staff have felt supported within their teams and the wider organisation through a challenging time both professional and personally
	■ Support services and resources have been made available to staff through the pandemic and the Feeling Good app will be promoted within the staff newsletters moving forward

PREVENTION AND EARLY INTERVENTION

The HSCP's focus in delivery of this strategic priority is that:

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

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

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

During 2020/21, most public health and health improvement initiatives, often largely delivered in face to face or community-based settings, had to cease during 2020/21 due to Covid restrictions. Nevertheless, it is still possible to describe many of the ways in which HSCP teams have sought to deliver the HSCP's ambitions underpinning this strategic priority from the outset of the pandemic through to delivery of the Covid-19 vaccination programme.

For example, Aberdeenshire HSCP and Live Life Aberdeenshire have worked together over the past two years to develop a physical activity pathway for people with long term conditions. In Winter 2020, NHS Grampian winter pressures funding enabled Live Life Aberdeenshire to deliver a winter respiratory programme. This built upon the existing programme the service were providing for people with cancer and diabetes, illustrated in further detail in the case study below. The HSCP will continue to work in partnership with Live Life Aberdeenshire to establish a sustainable service delivery model to support people with a range of long-term conditions including mental health problems, in line with the ambitions of the 'Partnerships' theme under the HSCP's new strategic delivery plan.

Winter Respiratory Programme
Joint working to support people with long term conditions

Aim	■ Develop a physical activity programme to tailored support to people with long term repository conditions ■ Joint working between the Partnership and Live Life Aberdeenshire (LLA)
What did we do	■ Provide an online referral process to triage patients to a programme most suited to their needs ■ Offer a range of classes: Online classes, Health Walks, One to One's, Self-Management support materials, and Follow up support
Outcomes	■ Patients participated in physical activity weekly and those shielding benefited from social engagement ■ Online participants improved their digital literacy ■ LLA staff developed new skills and knowledge supporting longer term sustainability needed to provide the programme
Comments	"these exercise classes are immensely beneficial, for me they are a lifeline" "this group has introduced me to others in a similar position to myself along with the benefit of gentle exercise"

PR
101
TOTAL
193
Number of
PARTICIPANTS SUPPORTED

Number of
ONLINE CLASSES
per month

TOTAL **81**

PR **33**
Number of participants
supported in **ONLINE CLASS**

8 DECEMBER
28 JANUARY
57 FEBRUARY
73 MARCH
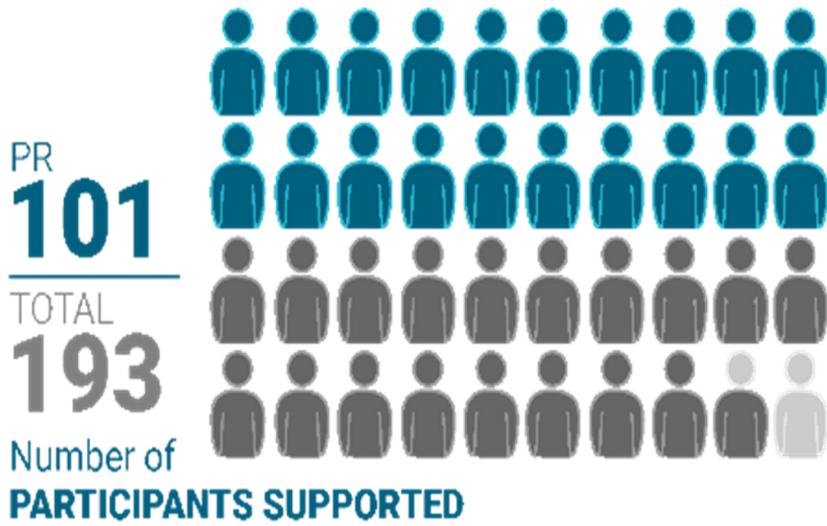
ABERDEENSHIRE HUMANITARIAN ASSISTANCE HUB AND SUPPORTING COMMUNITY RESILIENCE

Members of the Public Health Team and other HSCP colleagues, as part of a wider multi-disciplinary team, operated as call handlers for the Aberdeenshire Humanitarian Assistance Hub during the early months of the Covid-19 pandemic. This involved arranging support for the clinically at risk and vulnerable members of the Aberdeenshire public during a time of considerable uncertainty and stress. The assistance hub also attracted large numbers of the Aberdeenshire public who were keen to provide support in their own community. This offer vastly exceeded the volunteer capacity required. Aberdeenshire Voluntary Action were able to support some of these individuals to committing to volunteering opportunities in their communities in other ways.

The HSCP's Public Health Team were also key in supporting Covid-19 Community Resilience work at Aberdeenshire and locality levels. At an Aberdeenshire level this involved contributing to the Aberdeenshire Community Planning Partnership (CPP)'s Community Resilience and Partnership Workstream, which included coordination of Covid-19 support efforts across the CPP and assessing community applications as part of the Aberdeenshire Community Resilience Fund and the Food Fund.

At a locality level the Public Health Team, working with local Community Planning partners such as Aberdeenshire Council, NHS Grampian and the Third Sector, were involved in planning and coordinating the delivery of a range of practical support to those who were clinically at risk or vulnerable or socially isolated, for example, access to food; delivery of medication; digital support; and provision of sanitary products. In addition, the Public Health team developed and made available to Aberdeenshire Foodbanks a series of 'Healthy Recipe Cards' for inclusion in Foodbank parcels. These provided a step-by-step guide to preparing healthy meals and snacks from the typical contents of a Foodbank parcel. The team were also able to effectively deliver online food skills training during the pandemic and piloted the delivery of Conversation Cafes online. Following positive evaluation consideration will be given to how this method of delivery can be expanded further.

This experience provided invaluable insights into the nature of vulnerability and support required across our communities in Aberdeenshire which will inform the delivery of the HSCP's Health Improvement priorities in Aberdeenshire moving forward.

Tackling Food Insecurity

Providing essentials to those in need in Strichen

Aim	■ Co-ordinate a local response during the pandemic to those in need due to food insecurity
	■ Provide a shopping service and Foodshare larder to meet community need
What did we do	■ Develop a Foodshare larder accepting referrals from healthcare professionals and open door policy for anyone in need within the community
	■ Deliver food parcels made up from donations, surplus supermarket food and a local farmer
	■ Supported 8 families in Strichen during the pandemic poverty
Results & Outcomes	■ Empathy and kindness from volunteers has helped to overcome some of the stigma surrounding food poverty
	■ New collaborations have been formed between volunteers and professionals e.g training provided to volunteers from the Trussell Trust

COVID-19 VACCINATION PROGRAMME

The delivery of a mass vaccination programme against Covid-19 has been a major and critical undertaking for the Aberdeenshire HSCP in the last year.

The HSCP had to develop a suitable model in line with guidance from the Scottish Government Health Directorate (SGHD), taking into account local population requirements and ensuring the programme was delivered in a safe, effective and equitable manner. The Covid-19 Vaccination Programme team had to take decisions, mobilise practical support and seek assurance from partners and stakeholders that the requirements of the programme were being met.

Various members of staff from the HSCP came together to be part of the Covid-19 Vaccination Programme team. This was augmented by recruitment to specific roles to ensure the vaccination roll-out was delivered efficiently throughout Aberdeenshire's localities.

Aberdeenshire's planning of delivering vaccinations to specific cohorts of individuals was determined by the Joint Committee on Vaccination and Immunisation (JCVI) as well as supply of vaccine. The teams had to ensure the appropriate environments were available and secured to deliver vaccinations to the populations in the localities. Various workstreams and working groups were mobilised to plan, make decisions and review on areas such as workforce, logistics and data. Each workstream was made up of individuals from the HSCP, Aberdeenshire Council and NHS Grampian.

Venues secured included leisure centres, community hospitals, local hotels and industrial units – all of which were within reasonable travelling distance to the locality population. If transport were to be an issue, a service had been secured to ensure that no individual missed their appointment to be vaccinated.

Arrangements were also made to vaccinate residents and staff living and working in care homes and very sheltered housing complexes on site. The needs of those most vulnerable were also met with vaccinators completing vaccination appointments in the community and homes of those that were housebound (see case study below).

Outreach vaccinators
Providing accessible information and vaccinations for vulnerable adults

Aim	■ To develop accesible information on the Covid vaccination for people who need communication support ■ Provide the Covid vaccination to vulnerable people in their own homes
What did we do	■ Members of the Community Learning Disability Teams, Nursing and Allied Health Professionals undertook vaccinator training to create a local Covid vaccination team. ■ The team successfully vaccinated over two hundred Learning Disability and Mental Health clients in their own homes with a first dose and planned second dose appointments ■ Speech & Language Therapy staff produced leaflets on the possible side effects & consent forms in an accessible format for these client groups, and social stories to aid understanding were complied on an individual basis as required
Results & Outcomes	■ Vulnerable individuals who would not have been able to attend the mass clinics are protected from Covid 19 ■ These high-risk community clients are now protected and are able to look forward to resuming activities with friends and family with a greatly minimised risk

Due to changes within supply of vaccine, cohort delivery time and the various data collection timescales, the vaccination programme had to be fluid in its delivery to cope with changing demands. An additional workforce had to be recruited in order to meet the needs of vaccinating all of Aberdeenshire. Recruitment of clinic coordinators, health care support workers and vaccinators took place during winter 2020 and spring 2021 resulting in over 388 members of staff being recruited. This was supported by the additional recruitment of volunteers.

Due to the efforts of all involved the HSCP has made excellent progress in its vaccination programme and continues to focus capacity and resources to ensure sustained progress towards completion of the programme in line with SGHD and JCVI direction. The graphs below illustrate the progress made to end of March 2021 in delivery of first and second doses across all age cohorts in Aberdeenshire.

Total % of people aged 18 years and over in Aberdeenshire who have received a COVID-19 vaccination

Data Source: Public Health Scotland COVID-19 Vaccination Open Data

COVID-19 vaccination % coverage by age group in Aberdeenshire as at 31st March 2021

Data Source: Public Health Scotland COVID-19 Vaccination Open Data
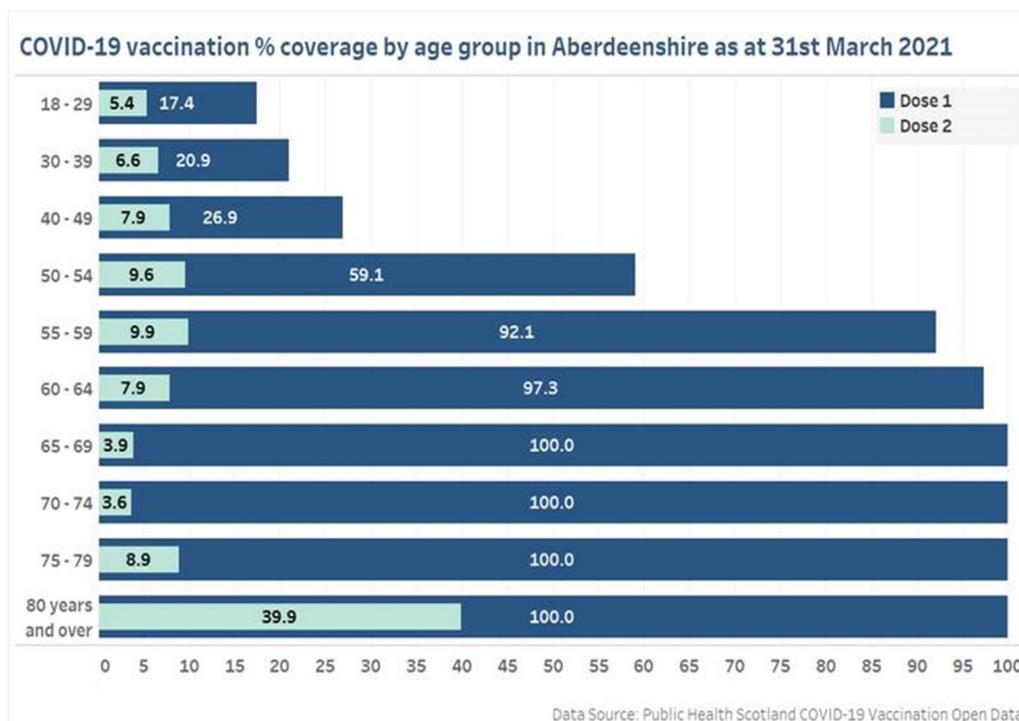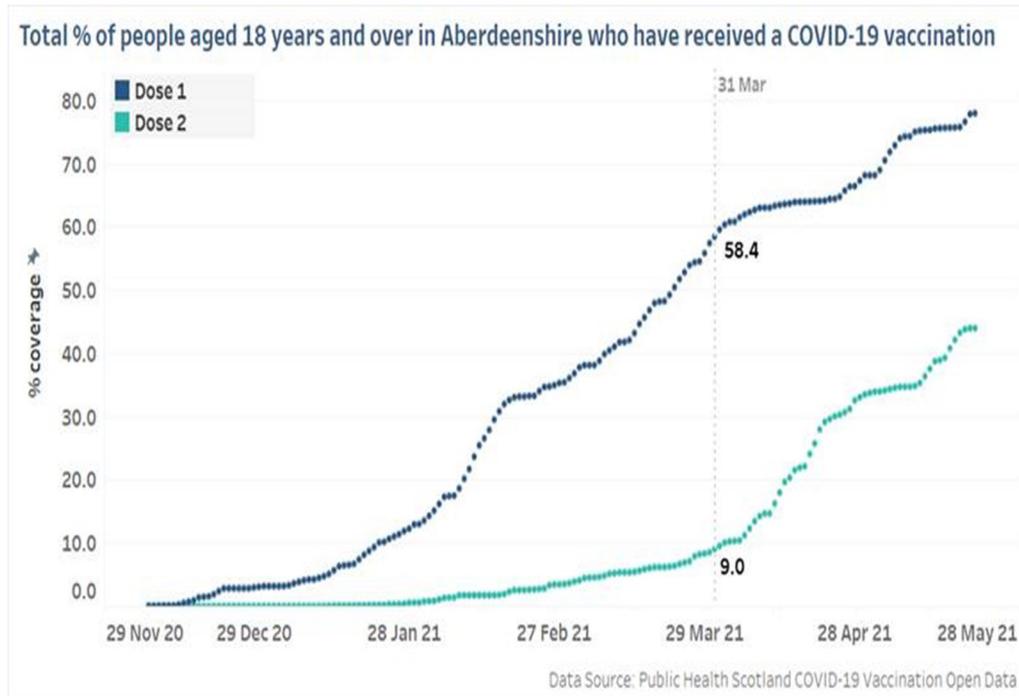
Moving forward, the vaccination services delivered by the programme will form part of the Aberdeenshire HSCP's Primary Care Improvement Plan, supporting delivery of the 2018 GMS Contract in Scotland. What this means is that vaccinations, including both child and adult immunisations, will progressively move away from the present model (with staff employed by and aligned to GP practices delivering the vaccination model) to one based on NHS Board delivery through dedicated community immunisation teams.

This will be a step towards enabling GPs to focus their time on the expert medical generalist role (a key objective of the 2018 GMS Contract), whilst ensuring that patients' needs are met through the reconfiguration of services which will make the best use of the mix of skills in primary care.

> **Fantastic work. Thank you to everyone involved including volunteers who are giving up their time to help others**

> **Vaccination appointment today in Macduff. Very easy process, staff and volunteers very helpful. Could not speak more highly of them all. Thank you.**

SUPPORTING UNPAID CARERS

Engaging and working with unpaid carers became a more urgent priority during 2020-2021 with many carers having increased caring responsibilities during the Covid-19 pandemic.

Since implementation of the Carers (Scotland) Act 2016 in April 2018, we continue to see an increase in the number of unpaid carers registering with Quarriers Carers Support Service and requiring a Self-directed Support (SDS) budget. We now have three permanent 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. During this period, they have been contacting carers to check in and ensure that they have the support needed to continue their caring roles.

These discussions have, in some cases, resulted in temporary changes to how carers use their budgets more flexibly to support them to meet their outcomes where current restrictions affect this, in line with the Scottish Government/COSLA Guidance May 2020 relating to flexibility of use of Option 1 and 2 of Self Directed Support. See the Carer's Story at the end of this section for an example of this.

The HSCP commissions a carers support service from Quarriers which provides support to young and adult carers. In addition to this service, Advocacy North East and PAMIS also provide support to adult carers.

The graph below shows the number of new adult carers registered with Quarriers Aberdeenshire Carer Support Service during 2020 to 2021. The increase in the last quarter could be attributed to the promotion of the Covid-19 vaccine programme nationally which saw an increase in enquiries to the service.

Number of New Adult Carers Registered with Quarriers by Area 2020 to 2021
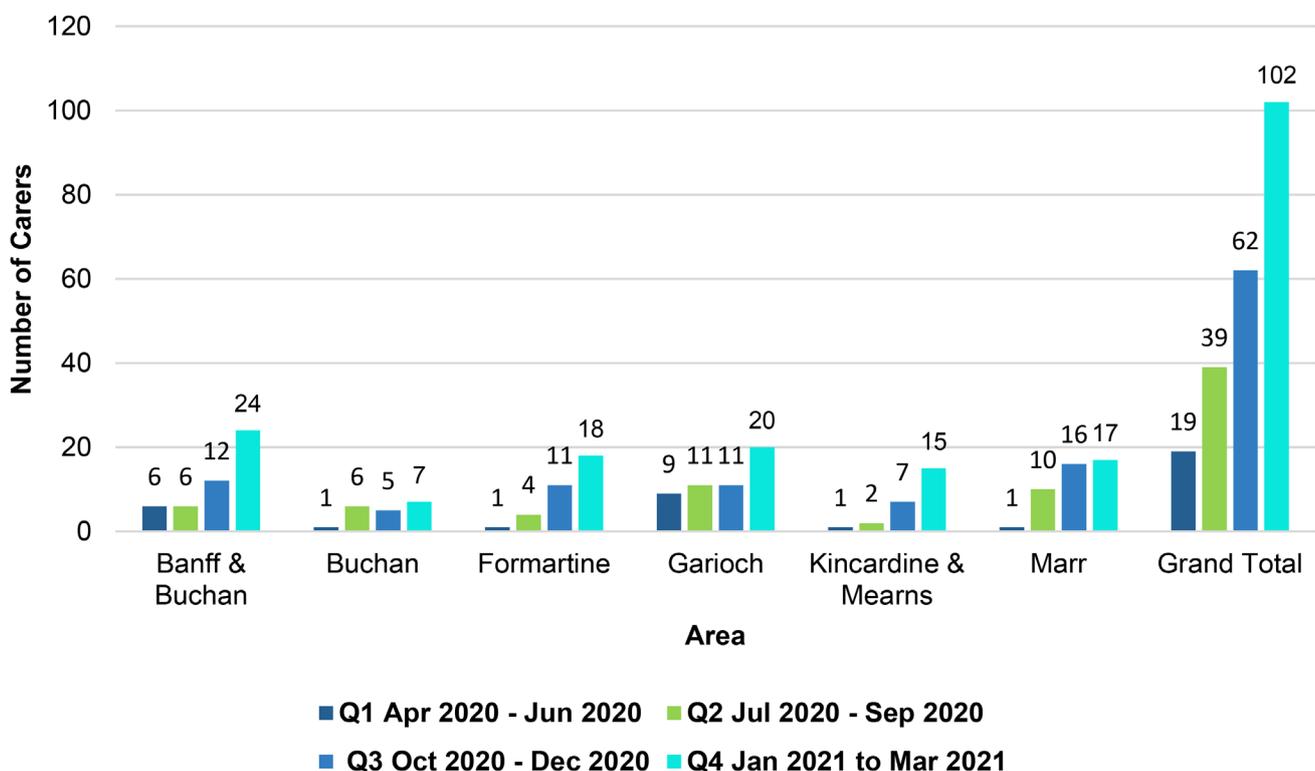
Aberdeenshire Adult Carers Receiving SDS Budget 2018 to 2021
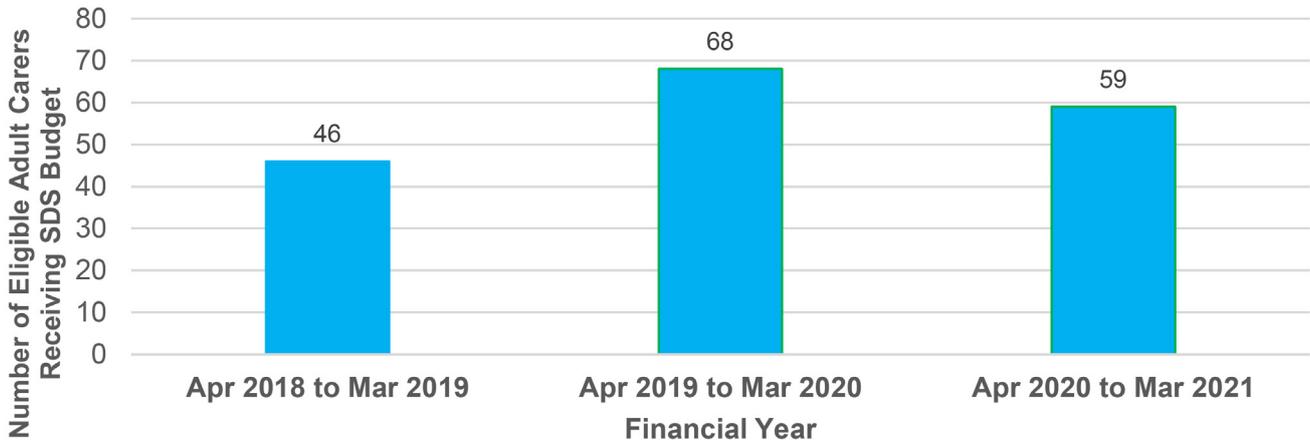
This graph shows the number of eligible Aberdeenshire adult carers receiving an SDS budget since implementation of the Carers Act. Self Directed Support (SDS) describes the range of options provided to people to decide how they wish their social care to be delivered, and the control and responsibility they wish to have over their support arrangements. The lower number in the first year is indicative of the time taken to embed the assessment process. During 2020-2021 the number of completed Adult Carer Support Plans slightly decreased due to carers choosing to delay this process.

Tailored Respite

Supporting carers to plan the use of their individual budget

Aim	■ Support eligible unpaid carers to use their budgets more flexibly to meet their outcomes in a way which has a positive effect on their health and wellbeing
What did we do	■ Our Carer Practitioners supported one carer to find a creative solution to allow her a break from caring after a planned short break away was cancelled due to Covid restrictions
	■ The carer purchased art materials and a sewing machine and also yoga sessions to be used when restrictions were lifted
Results & Outcomes	■ Allowed the carer a break from her caring role and provide her with much needed relaxation in a time when options for taking a break outside the home were restricted

I have found that painting can take me away from the day-to-day stresses of caring... just being able to focus solely on some me time... I can plan an hour to paint into a busy day or week, knowing that it will help me relax. Giving me much needed time to charge my batteries.'

RESHAPING CARE

Aberdeenshire HSCP's Reshaping Care programme of redesign 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 establishing models of care for older people which are fit for the future. The HSCP's principles underpinning this strategic priority are:

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

These 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

During the Covid-19 pandemic, major strides were taken in certain areas of work described in further detail below. Digital technologies in particular are transforming the way people live their lives, interact socially and stay connected, work, shop and access healthcare and other services. The Covid-19 pandemic has driven digital change at pace, and the last year has seen unprecedented demand and need for the adoption of digital technologies at scale, giving the HSCP significant opportunities to continue, or improve, delivery of essential services during challenging times. It has enabled the HSCP to support staff, patients and clients to safely work, collaborate, consult, and monitor remotely and virtually where this is appropriate, in circumstances which, until the Covid-19 pandemic, would have predominantly been face to face previously. A summary of the key highlights is provided below.

At the same time, there remains significant scope and ambition to continue to transform and redesign services with the overarching aim of delivering safe, effective and sustainable services for the future – meeting the needs of all of our population and within available resource.

DIGITAL DEVICES FOR CLIENTS, PATIENTS AND THOSE DIGITALLY DISADVANTAGED IN THE COMMUNITY

During the pandemic, in excess of 1,650 devices (tablets, mobile phones, chromebooks) and/or mobile connectivity were provided to a range of digitally excluded individuals, households and residential facilities in Aberdeenshire.

Approximately 1,400 of these were distributed via a range of public and third sector organisations approved as part of the Connecting Scotland Programme. The remaining approximately 250 devices with mobile connectivity, made available due to a charitable donation to the Council, has enabled devices to be given to older adult care homes and other residential facilities to help residents stay connected and be able to access healthcare remotely, as well as to a range of digitally excluded social care service users within the community.

The learnings from these early exercises and the benefits felt by care home residents and staff led to Aberdeenshire being a test of change site to support the Scottish Government's initiative Digital Inclusion - Connecting Residents in Scotland's Care Homes. That initiative has committed funding to ensure that all of Scotland's care homes have access to digital devices, connectivity and support to help their residents have online access, with a package solution to enable them to use digital devices to support their health, wellbeing and connection with family and friends.

In addition, the HSCP has been in a position to offer digital devices to some of our more vulnerable social care clients living in the community who may be otherwise digitally disadvantaged, thereby enabling them to stay connected with family, friends and the health and social care services they access.

Each community hospital ward was also provided with an ipad by NHS Grampian, so that Virtual Visiting with family and friends could be enabled for inpatients despite restrictions on face to face visiting.

ADDRESSING DIGITAL EXCLUSION

Digital exclusion, also sometimes referred to as digital vulnerability, inequality, or disadvantage, is generally defined as where a section of the population has continuing unequal access and capacity to use information and communication technologies considered essential to fully participate in society.

While the HSCP has made significant progress in relation to making access to digital technology possible for our staff, patients and clients, nevertheless there remains a degree of digital disadvantage within our community, be that around ability or confidence to use digital technology, or in relation to access to devices and internet connectivity. During 2020/21, exploration of the nature and extent of this disadvantage commenced, however more work is planned by the HSCP in this area in collaboration with a range of partner organisations.

Klondyke Project (£100,00 Donation)
Support communication for vulnerable individuals

Aim	■ Support vulnerable services uses within Social Care to stay in touch with loved ones during lock down
What did we do	■ Purchased & distribute to Care Homes & other residential facilities: **100 Samsung Mobile Phones** **250 Samsung Tablets (connected via the mobile network)** ■ Devices used for: - contact between residents and their loved one - virtual activities (e.g ceilidhs, Laughing Yoga, Wellbeing & fitness Videos) - sharing online content (e.g photos of local area, images & videos of about their interests) - Near Me appointments with healthcare professionals (e.g. Speech & Language Therapy)
Results & Outcomes	■ Eased anxiety & reduced isolation of vulnerable services users & their loved ones during the pandemic ■ Developed confidence for services users and staff in using technology as a means of communication in the future
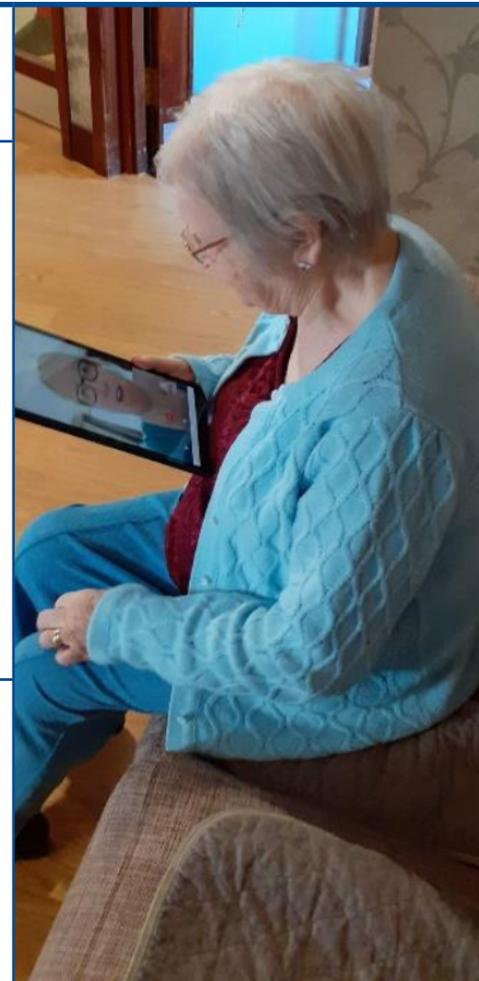
Comments

'The reassurance they have provided to both the resident & family has been priceless. Seeing the joy on the residents' faces when they have been speaking to their family has been a delight for the staff
Carolyn Shaw
Assistant Care Home Manager

'We have used the tablets for impromptu video calls when a resident has been upset it has helped calm them down or deal with an issue that had been troubling them'
Anuj Dawar
Care Home Manager

NEAR ME VIDEO CONSULTING

Perhaps one of the HSCP's most significant achievements is the speed and scale at which health and social care services have been able to adopt and offer Near Me video enabled appointments to patients and clients. 'Near Me' is a secure video consulting service allowing people to have health and social care appointments from home through use of a laptop, smartphone or device with internet connection. Not all appointments are suitable for a video call, however at a time where services have had to adhere to infection control guidelines and been less able to offer face to face appointments at volume in many of our service settings, this has meant that those that do need to be seen face to face can be prioritised for such appointments while others can be seen via Near Me.

The start of lockdown in March 2020 coincided with the commencement of a Scottish Government funded project in Aberdeenshire to scale up the use of Near Me video calls. While in March 2020 a total of 78 Near Me video calls were recorded for the month, by April 2020 the number of calls for the month had risen dramatically to 1,451 overall, spread across a range of services including GP practices, Allied Health Professionals (AHP), Health Visiting and Nursing teams, mental health and learning disability services.

The case study below provides an example of how Near Me was used by a social care team.

Near Me Video Consulting
On-line appointments with health care professionals

|	
Aim	■ To provide flexibility which allows service users (and where required their loved ones) to attend health and social care appointments from home or a convenient place near to their home
What did we do	■ Organise a Social Care assessment allowing the clients daughter who lives abroad to attend a joint meeting along with a number of professionals ■ As part of the meeting the client got to see her daughter's dog which she enjoyed, and the daughter got to see her mum's room in the care home which she had furnished with some of her items from her home
Results & Outcomes	■ A family member otherwise unable to attend a social care assessment for her mum was able to be involved and see how comfortable and support her mum was ■ A successful person-centred review with all parties feeling confident in the care being provided ■ Further video contact to be organised to allow mother and daughter to keep in touch

For 2020/21 as a whole a total of **26,754 Near Me video appointments** were recorded across services delivered by Aberdeenshire HSCP. This is separate and additional to the secondary care and outpatient appointments delivered using Near Me to Aberdeenshire residents.

The graph below illustrates how that usage has changed month to month during 2020-21. The most noticeable change is the reduction in usage by GP practices since July 2020, while our other community-based services have continued to grow and embed their use of Near Me video appointments.

Looking at total usage within our community-based services, the bar graph below illustrates the scale of use over 2020/21 by those services that have been the most frequent users of Near Me. AHPs (particularly Speech and Language Therapists and Physiotherapists) have found Near Me particularly beneficial, as have Health Visitors and a range of Mental Health services.

As well as enabling patients and clients in the community to benefit from access to appointments virtually, from the comfort of their own home, many care home residents in Aberdeenshire have also benefited from continued access to healthcare staff using Near Me where this has been suitable.

Total Near Me video calls Apr 2020 - Mar 2021

Legend: GP practices — Community based services — All H&SCP services
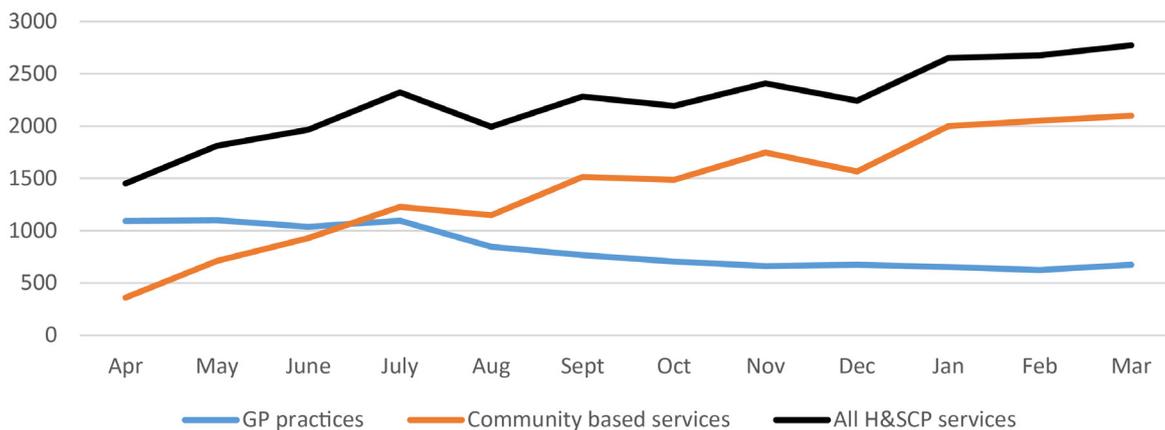
Top 10 Near Me Waiting Areas Apr 2020 - Mar 2021
Number of Near Me video consultations undertaken

Service	Value
Podiatry Service	272
Dietetics Service	488
Community OT Service	430
Primary Care Psychological Therapy	1129
Learning Disability Service	1053
Adult SLT Service	832
Paediatric SLT Service	3393
Physiotherapy Service	2335
Community Mental Health Service	3031
Health Visitor Service	2749
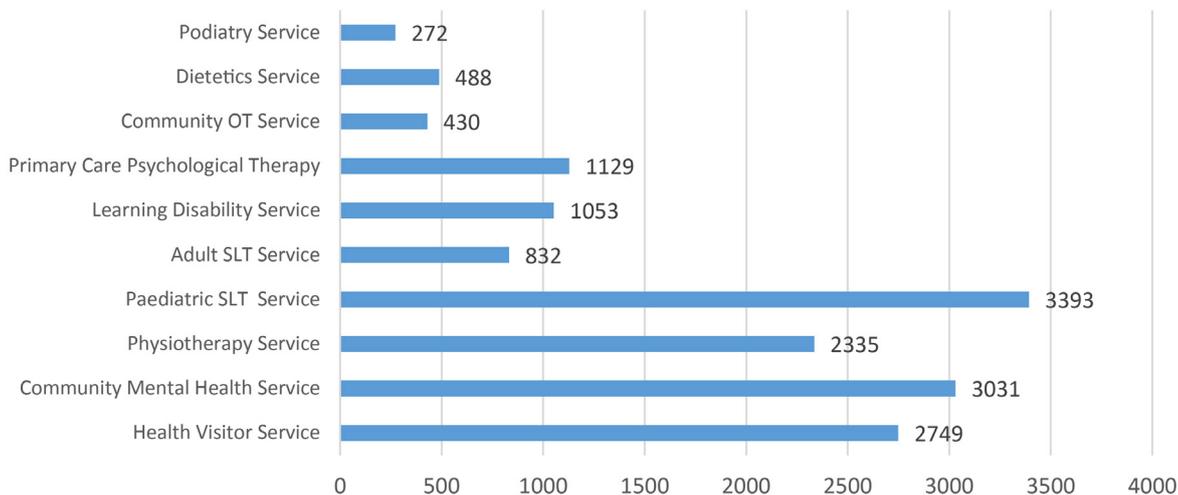
Asthma Reviews

Providing virtual support via the Near Me platform

Aim	■ To provide an opportunity for asthma reviews to be carried out in a more flexible way which reduced disruption to patient's day to day lives and reached patients who previously had not engaged in reviews
What did we do	■ Provide the opportunity for patients to book asthma reviews which had previously been face to face using the Near Me system
	■ This resulted in one patient attending her first review in several years as previously she had struggled to take time off work to allow her to travel to and from the practice which she lived a distance from
	■ The virtual platform allowed for inhaler technique which is critical to successfully managing the condition to be viewed and support given
Results & Outcomes	■ An increased number of patients benefiting from a review which can help to stop conditions been exacerbated and the need for oral steroids, antibiotics and on occasion hospitalisation

Virtual GP Services

Providing general GP and Out of Hours services via a video link

Aim	■ Provide the opportunity for people to access health care services in a more flexible way which fits into day-to-day life, and reduces the spread of infection during the pandemic
What did we do	■ Used the Near Me video consulting platform to provide appointments including: Mental Health, Adult with Incapacity, Dementia, Chronic disease and Care home reviews, general appointments for unwell children and adults, and palliative care
	■ Provided improved non face to face communication wih patients which is more personal than a phone call, helps to encourage trust and allows body language and facial expressions to be used to aid conversation
Results & Outcomes	■ Reduced disruption time to patients' busy lives (i.e. work, childcare responsibilities), and in some cases reduced GP travel time for home visits therefore increasing patient time
	■ Provided an alternative confidential and easy to use service for those who wished to use it

OTHER KEY DEVELOPMENTS IN DIGITAL TECHNOLOGY DURING 2020/21

Supported Home Self-monitoring for people living in the Community

The HSCP has continued to participate in work around a small number of simple digital self-management technologies to help people better manage their own health at home. Aberdeenshire HSCP is the lead partner for a programme - Scale up BP – that launched in November 2020, to encourage GP practices in Grampian to use a system that supports remote self-monitoring of blood pressure for patients. This option would be as an alternative to the patient having to visit the clinic possibly multiple times to have their blood pressure checked, or to have to wear a 24-hour blood pressure monitor. Scale up BP is part of a national programme funded by the Scottish Government. For patients with Chronic Obstructive Pulmonary Disease (COPD), the HSCP has been actively pursuing the possibility to offer an online self-management app to help people self-manage their condition and their symptoms at home. People with COPD are amongst some of the most vulnerable within our community during the current Covid19 pandemic and may be at a heightened risk of an unscheduled admission to hospital, particularly over the winter months.

IT access for staff

Prior to Covid19, Aberdeenshire Council staff already had access to Microsoft Teams. Since the start of the pandemic, NHS Grampian was one of the first Scottish Health Boards to enable its staff to gain access to Microsoft Teams at scale. As a result, with staff from both organisations able to take full advantage of this technology early on in the pandemic, Aberdeenshire HSCP was able to quickly adopt a culture of digital and remote professional-to-professional meetings and collaboration as an almost seamless transition from what was previously a system very reliant on face-to-face meetings. There has also been considerable effort during this last year in ensuring NHS staff within the HSCP are equally resourced as social care staff in terms of digital devices and remote connectivity. In excess of 300 laptops as well as similar numbers of headsets and webcams were provided during the year to enable NHS staff within the HSCP to work from home, or more flexibly and safely from a range of bases and fixed office locations, and to be able to participate in video-enabled calls with staff or patients located remotely.

Technology to support Operation Home First and Aberdeenshire's Frailty Pathway

The HSCP is exploring how and where we can use technology to support the implementation of Operation Home First pathways, be that within hospitals, as patients transition from hospital to home, or for those living at home who need additional clinical observation and care support during periods of frailty and ill health. The HSCP will be expanding where appropriate the use of video consulting to ensure that teams in different physical settings can communicate seamlessly with patients. This is particularly important in an area such as Aberdeenshire with a considerable geography. Tests of change have already demonstrated for example that a GP can conduct a ward round remotely with patients in a community hospital using Near Me, supported by the ward staff using ipads on ipad trolleys, in those circumstances where a GP cannot be physically present, or in circumstances where there is a desire to actively keep footfall to a minimum for infection control and patient safety. The HSCP will also explore technologies that can assist staff to assess and monitor patients virtually or remotely within the community where this is clinically appropriate.

OPERATION HOME FIRST – ABERDEENSHIRE FRAILTY PATHWAY

As previously described Operation Home First is a key workstream within the HSCP's Strategic Delivery Plan developed in response to Covid-19. Operation Home First is an integrated approach taken by all 3 HSCPs (Aberdeenshire, Aberdeen City and Moray) and NHS Grampian in response to areas of change and improvement brought about by the first phase of the COVID-19 pandemic. The aims of Operation Home First (as they apply to the Grampian area) are as follows:

- To maintain people safely at home ("home" being where a person normally lives or would choose to live, including care homes)
- To avoid unnecessary hospital attendance or admission
- To support early discharge back home after essential specialist care

This approach has been essential to helping the system in continuing to manage the significant demands created by the pandemic including pressures arising through the winter period. A key focus of the Grampian Operation Homefirst group has been the redesign of the Frailty Pathway for Older Adults from Aberdeen Royal Infirmary (ARI) which is a service hosted by Aberdeen City HSCP. Patients admitted to this pathway would largely be older people (usually over 75 years) presenting with a typical frailty syndrome including falls, confusion, or rapid functional decline.

An Aberdeenshire Frailty Pathway Delivery Group was established to consider this redesign resulting in the proposal to develop a Hospital at Home model[vi]. This internationally recognised model delivers a range of ordinarily hospital-based interventions, including diagnostics, within people's own homes with additional support provided leading to admission avoidance and improved outcomes for patients. The HSCP is developing a phased implementation of the model with an initial focus on creating an 'Early Supported Discharge (Hospital at Home) Pathway'. This will create capacity within the system whilst also allowing for ongoing learning and evaluation to determine what a full Hospital at Home service could look like for Aberdeenshire. Resource for the new pathway will be transferred from the existing pathway to follow the development of the new model. This new pathway will be made up of a number of key provisions:

- Increased Aberdeenshire Allied Health professional (AHP) and Care Management presence within the Discharge Hub in ARI to facilitate speedy flow of patients from the acute hospital.
- Increased capacity within the Aberdeenshire Responders for Care at Home (ARCH) service to provide care to those on the pathway at home.
- Teams of Nursing and AHP staff based in Aberdeenshire (overseen by Geriatricians within ARI under hosting arrangements with Aberdeen City HSCP).

The following diagram indicates what this pathway would look like for the patient
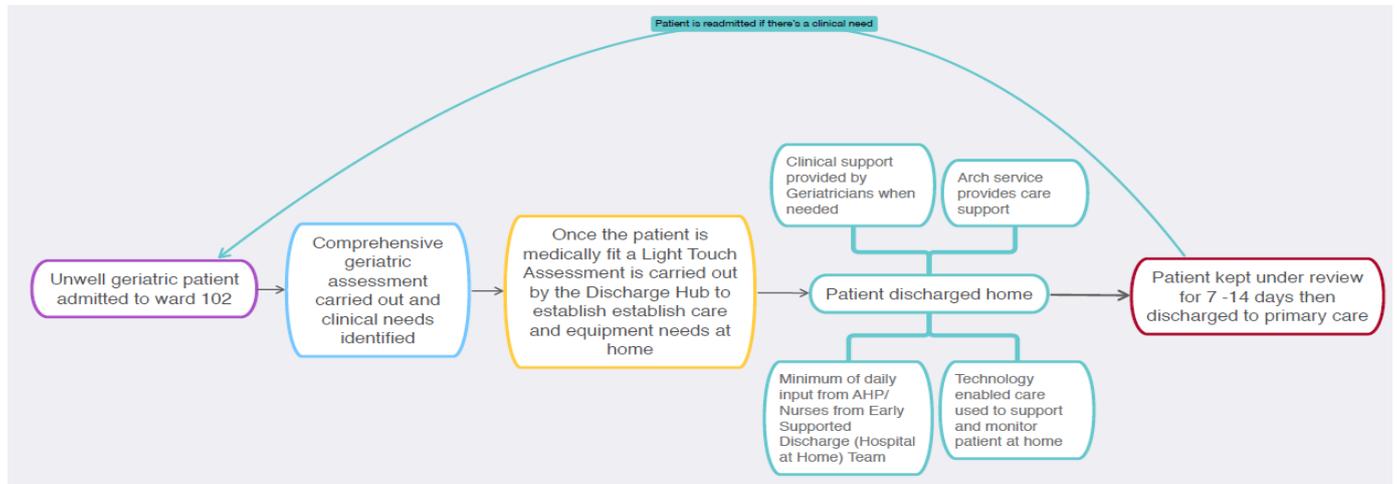
As illustrated the HSCP has developed a simplified light touch assessment to facilitate timely discharges out of secondary care back to the community, supported by interim care at home but enabling continuing assessment to be completed within the person's own home. In order to ensure a safe and supportive return home for patients the HSCP will also invest further in technology enabled care with the ability to monitor the activities of daily life of those on the pathway. The Aberdeenshire Frailty Pathway Group has developed a number of performance measures which will be used to monitor the implementation of the new pathway including qualitative information on patient and staff experience.

DEMENTIA STRATEGY

'Making Connections' The Aberdeenshire HSCP Dementia strategy 2021-2030 was agreed by the Aberdeenshire IJB in December 2020, having been on pause during the majority of 2020 as a result of the Covid-19 pandemic. Following public consultation a one year delivery plan has been developed to focus on key priorities during the Covid recovery period. These include further developing our local approach to post-diagnostic support for all people newly diagnosed with dementia and engaging with those with young onset dementia to better understand their support needs. A range of performance indicators have been developed to monitor progress of the delivery plan.

PRIMARY CARE IMPROVEMENT PLAN

The Aberdeenshire HSCP Primary Care Improvement Plan (PCIP) set out the HSCP's action plan to deliver the national 2018 GMS Contract[vii] from 2018-19 to 2020-21. The HSCP's 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 been a priority in particular the challenge presented by GP recruitment/retention issues locally and nationally.

Delivery of the HSCP's original objectives under its PCIP have inevitably been impacted by the Covid-19 pandemic. Across all primary care contractor services - General Practice, Pharmacy, Optometry and Dentistry – and within the wider primary care team including community nursing and Allied Health Professions - services were stepped down to essential/urgent care only in accordance with national directives, as described in further detail below.

As services have gradually begun to remobilise, the HSCP has re-focused attention on the key priorities and objectives for each of the 6 PCIP workstreams in response to the 1-year extension granted by the Scottish Government. Whilst the HSCP's philosophy and approach remains unchanged this is also necessarily recognising and building on the learning and changes brought by the Covid-19 pandemic.

DELIVERING SAFE AND SUSTAINABLE COMMUNITY HEALTH AND CARE SERVICES

As a result of the Covid-19 pandemic a number of actions were taken to ensure the safety and resilience of health and care services provided across the community in line with national directives whilst maintaining a focus on achieving the best outcomes for patients through integrated whole system working.

Across primary care in Aberdeenshire the model of response included supporting the establishment of COVID Hubs across Grampian to look after patients in the community with confirmed or suspected Covid-19, 'buddying' of practices to ensure continuity of service, and the creation of Community Response Teams to deal with urgent and palliative care in the community.

The Virtual Community Ward was already well established in Aberdeenshire prior to the pandemic, a GP-led model which brings 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 model of working has continued to remain very important as part of the whole system response to Covid including the use of flexible community nursing teams (District Nursing, community hospital nurses, urgent care practitioners and others), enabling the majority of patients to be treated in the community with enhanced care packages and clinical support rather than being admitted to a secondary care bed or community hospital. During this period multi-disciplinary meetings have been held virtually which has been effective in enabling all relevant team members to attend and improving communication.

At the start of the pandemic an Aberdeenshire group was established to undertake work and give direction to the community hospitals including representation from all staffing groups. Some units closed temporarily to allow staff to be moved to support community work and other wards. Work was undertaken regarding bed spacing in accordance with guidance from NHS Grampian Infection Prevention and Control which necessarily resulted in the reduction of overall beds. Community hospitals across Aberdeenshire quickly moved to work together as a network to support the flexible use of beds to meet Aberdeenshire needs whilst wherever possible continuing to admit as locally as possible. As part of the frailty redesign project work has also been undertaken to enable the alignment and expansion of consultant geriatrician support to Aberdeenshire.

The decision was taken to temporarily reduce the provision of Minor Injury Unit services to three standalone Units at Huntly, Peterhead and Fraserburgh. This ensured the safe and sustainable deployment of staff and adherence to infection prevention and control requirements (whereby staff could only work in one area, for instance a ward, to prevent cross-contamination), protecting patients and the Community Hospitals from the potential spread of infection. Work is now being undertaken to discuss the future direction of the Minor Injury Units with a focus on ensuring clearly defined, robust, safe and high-quality pathways for community led urgent care.

The remobilisation of services is being carefully planned and continues to be informed by the learning and adaptation resulting from the pandemic, including the system-wide Operation Home First initiative and the Aberdeenshire Frailty Pathway project, as previously described. Aberdeenshire HSCP has had a long-standing focus on the management of delayed discharges to ensure high quality, safe and person-centred care, and enabling the wider health and social care system to effectively manage demand. Delayed discharge describes the situation where a hospital inpatient has been assessed as being clinically ready to be discharged from hospital but cannot be discharged. This may be due to a variety of reasons but is important due to the potential negative impact on a person's health and wellbeing including an increased risk of loss of functional ability and independence. The HSCP has continued to regularly monitor delayed discharge numbers including during the winter planning period in late 2020/early 2021, where the combined impact of normal increased seasonal pressures alongside a global pandemic presented potentially unprecedented demand across the system.

As illustrated in the graph on the next page, the HSCP has been able to effectively manage the delayed discharge position throughout. There was an 84% reduction in the number of Aberdeenshire delayed discharges and an 83% reduction in bed days occupied by delayed discharge from January 2020 to April 2020 around the time of national lockdown measures being imposed.

Aberdeenshire Delayed Discharges
(all delays)
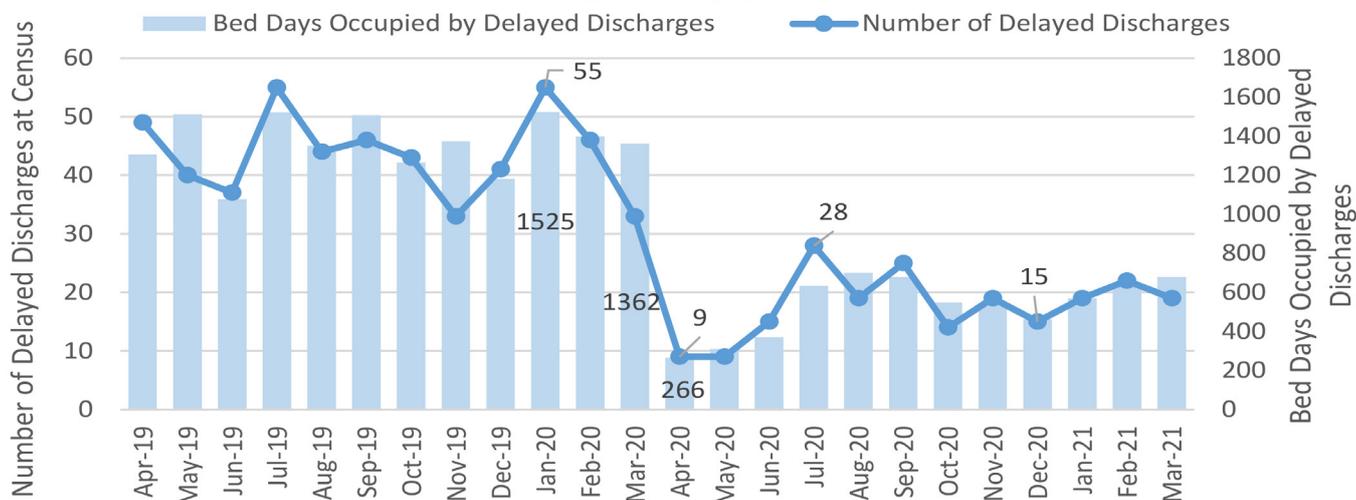
The number of delayed discharges increased slightly as lockdown measures began to ease, but still remained around 60% lower in early 2021 compared to pre pandemic figures from April 2019.

A number of other actions have been taken in order to support the reduction in delayed discharges and the effective management of 'surge and flow' across the health and social care system. This has included:

- Maintaining rapid access to care at home services through the ARCH responder service.
- Increased care management and AHP support to the discharge hub at Aberdeen Royal Infirmary.
- Increased availability of intermediate care to provide rehabilitation and enablement so people could be discharged from hospital.
- Introduction of secondary care hubs for bloods and simple observation recordings at four community hospital sites with a plan to expand to a further two bases in the near future.
- Updated discharge planning guidance for the multi-disciplinary team to ensure clarity and consistency in relation to processes, roles and responsibilities and the implementation of the Moving on Policy when required based on a person-centred approach.
- Implementation of a successful pilot at two Community Hospitals with the aim of empowering nursing and AHP staff to plan for discharges 7 days per week based on an agreed framework and criteria set at multi-disciplinary team meetings.

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.

These principles have never been more important than during the Covid-19 pandemic and the following section describes the very specific circumstances and challenges this has brought for HSCP teams. 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

In June 2020 the Aberdeenshire IJB approved its new set of Equalities Outcomes for 2020-24 but requested that the HSCP review all actions and projects within this to understand and respond to any implications from the COVID-19 pandemic. Evidence indicates that older people have been significantly affected, particularly those living in care homes, and also that young people, women, ethnic minorities, and people with disabilities have all been negatively impacted – whether this be financially, limited access to services and support, or increased mortality/morbidity.

The HSCP has an established Equalities Champions Group who gathered evidence of how the pandemic has impacted on people using health and social care services in Aberdeenshire. This identified five main themes of emerging inequalities: Digital Exclusion; Social Isolation; Support for Unpaid Carers; Financial Impact; and Access to Health Services. Across the HSCP various steps have been taken to mitigate the impact of COVID-19 on groups with protected characteristics. These are described throughout this report and a full overview provided in the HSCP's report on Mainstreaming Equalities in Light of Covid-19, which further sets out the emerging areas of focus for the HSCP to minimise any long-term impact.

SUPPORT TO CARE HOMES AND SUPPORTED ACCOMMODATION DURING COVID-19

Across all care homes operated and managed by the HSCP, and those within the private sector, the increased demand on staff has been considerable. The HSCP's own care homes have risen to the challenge admirably and have been exceptional in the care and support they have offered residents in what have been at times very difficult circumstances. With restrictions on visiting easing each home has worked closely with friends and families to ensure that visiting can happen in a safe and controlled manner. At the peak of lockdown when it was necessary to shield Care Home residents, staff in the homes, supported by staff from our technology team, ensured that wherever possible residents continue to connect to loved ones using technology. The HSCP continues to follow all national guidance on Care Home visiting.

In May 2020 the HSCP put in place a new Clinical and Professional Care Home Oversight Group to ensure that all residential care homes and very sheltered housing establishments are receiving all available support. This includes care homes for older people, adults with learning disabilities and mental health care homes. The group is made up of professionals from both social care and health care as well as members of NHS Grampian's health protection team. The committee continues to meet daily to look at a data set provided by every home in our area and together they are the HSCP's assurance mechanism that no home goes unsupported and that each and every resident in a home is well cared for and receiving the care they require in a safe environment, supporting the teams with:

- Care needs of individual residents
- Infection prevention and control measures, including PPE and cleaning requirements
- Staffing requirements including offering workforce training and deployment
- Testing arrangements for outbreak management and ongoing surveillance
- Oversight of Assurance and Support visits to care homes to ensure care provided is of the highest standard and providing support where required

The Oversight Group reports directly to the Chief Officer for Aberdeenshire HSCP, and the NHS Grampian Executive Nurse and Medical Directors who are ultimately accountable to the Scottish Government. Key outcomes from the creation of the group have been:

- The establishment of good relationships between providers and the HSCP
- Regular opportunities for updates and sharing good practice through the Providers forum and the Grampian Meaningful Activity and Falls Champion Network.
- Improved awareness of the needs of providers in relation to education and training
- Resilience course being developed for care staff and managers who have suffered post traumatic stress through the pandemic. This is a pilot project with direct feedback into the mental health social care directorate of Scottish Government who are very interested in the findings and scaling up the pilot to a national programme
- The Care Home Lead Nurse post will be made a permanent position with other nursing posts to support the care home network going forward, with funding for an additional social worker to support the Oversight Group work, including Assurance and Support Visits
- Continued development and growth across Grampian in joint approaches to support care homes through the Oversight Group chairs ensuring a consistent approach

As per Scottish Government direction these multi-disciplinary oversight arrangements will remain in place until at least March 2022 with a continued focus on, amongst other tasks, ensuring care home resident and staff health and well-being, supporting the return of routine activities such as visiting, in line with relevant guidance, while at the same time protecting residents, and the planned reintroduction of health, social care and other services in care homes. The scope of interest will be extended to wider adult social care provision and additional support for Learning Disabilities and Mental health care providers is currently being developed in conjunction with providers.

Assurance and Support visit
Care Home wrap around support

Aim	■ Assure both the Aberdeenshire and Grampian oversight groups around the care being provided, and support the staff to identify areas for improvement
What did we do	■ Work on Infection Prevention Control was supported to improve cleaning protocols, quality assurance checks, and staff training within the care home ■ Falls management was improved by introducing a new risk assessment and identifying staff as 'falls champions' attending the Grampian Meaningful Activity and Falls Champion Network ■ Additional work to improve call bell response times, food safety management, leadership, and communication with those who have learning disabilities has all been embedded into day-to-day work
Results & Outcomes	■ The care homes have stronger connections with other providers and local health and social care teams ■ Improved stability in management at the care homes and an on-going supportive relationship with the Care Home Oversight Group

MAINTAINING SUPPORT TO CLIENTS AND FAMILIES FOLLOWING CHANGES TO DAY SERVICES

In line with the guidance issued by the Scottish Government at the beginning of lockdown, the HSCP closed all Learning Disability and Older Adult Day Services to protect clients and reduce the spread of Covid-19 in this very vulnerable client group. Staff from the day services continued to maintain contact with families and individuals and have also, in some cases, been working with clients on a one-to-one basis to support those most in need. Many of the people that would normally have used these services have secured support through options available using self-directed support.

The HSCP is acutely aware of the crucial role that day services provide in supporting both clients and their families and carers and have tentatively begun to open up some Day Services where it is safe to do so. Learning Disability teams have also worked on alternative and creative ways to sustain support to service users. This has included: welfare calls through door stop visits and phone calls; community outreach activities such as local walks, virtual online groups, monthly newsletter with service involvement, and day outreach support where appropriate. At all times this has been focused on implementing a service tailored and responsive to individual needs, within the restrictions created by the pandemic, and ensuring meaningful activities for service users.
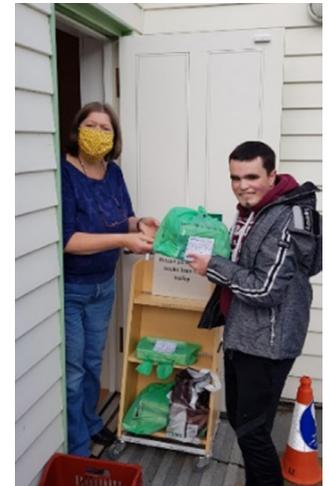
Outreach Day Services
Support for service users in their community

|	
Aim	■ Provide a range of non-building based day services to support people with learning disabilities in their communities ■ Promote inclusive community integration and offer outcome-based support to individuals & groups
What did we do	■ **Out in the Community** – research and visit local historical landmarks and link with community groups ■ **Multi-Sensory Experience** – visit parks, local garden centres and woods, as well as aromatherapy ■ **The Environment** – involvement in local environmental matters and recycling work ■ **Books on Legs** – deliver library books to people who are unable to access the library due to ill health ■ **Shopping Buddies** – deliver shopping to people unable to go shopping due to ill health
Results & Outcomes	■ Improved community integration and new relationships with local people ■ Service users feel valued members of their own community, building confidence through self-esteem and self-worth. ■ Less reliance on mini-bus transport (staff use own car), & less travel time to-from day service buildings
Comments	**"I learned new things like 'Books have legs' and 'Shopping Buddies'. I like doing jobs for people in Banchory and Aboyne and helping people"** **"Having one to one support has been fantastic"** **"I enjoyed not having set times. Not having to rush. No early starts - had lots of one-to-one time"**

PUBLIC PROTECTION

Throughout the last year public protection has remained a priority. HSCP teams have continued to work to ensure that people, particularly our most vulnerable residents, are kept safe from harm, and that risks to individuals or groups are identified and managed appropriately. Additional risks associated with the pandemic were monitored, assessed, and mitigated across the public protection agenda. To support this, the Aberdeenshire Adult Protection Committee, Aberdeenshire Child Protection Committee (ACPC) and Aberdeenshire Violence Against Women Partnership (VAWP) met more frequently and all groups produced and utilised a specific risk register for Covid 19.   The Aberdeenshire Executive Group for Public Protection (EGPP) have met monthly during the pandemic, providing additional oversight to the work being undertaken by the various committees.

Adult Support and Protection

Adult Support and Protection (ASP) work in Aberdeenshire is overseen by the multi-agency Aberdeenshire Adult Protection Committee (APC). The HSCP is a vital and engaged agency of the Aberdeenshire Adult Protection Partnership both strategically and operationally. In 2020 the APC Biennial Report was published which outlined the significant achievements that had occurred following the Joint Thematic Inspection in 2017.

There is significant evidence that in Aberdeenshire there are safe responses to protecting adults and that agencies, including the HSCP, work well together to do this effectively. Adults at risk of harm are supported using person centred principles where they are encouraged and supported to be involved in the ASP Assessment and protection planning. The Adult Protection Network acts as a single point of contact for all Adult Support and Protection concerns.

At the beginning of this reporting period all services and organisations were impacted by the effects of Covid-19. This year saw a significant increase in ASP referrals and an increase in ASP Investigation and Case Conferences including Large Scale Investigations. Covid 19 funding allowed for additional staff capacity to be put in place enabling all ASP work to continue at a high standard.

ASP Referrals

- 2019-2020: 935
- 2020-2021: 1472 Increase of 64%

With staffing and resources being diverted to manage the immediate risks, several agreed ASP strategic and practice improvement tasks were paused. Operationally adult protection remained a key priority and all services to support and protect adults at risk of harm continued. The APC identified all possible risks arising from Covid-19 and mitigating actions were taken to reduce the risk to an acceptable level. This included:

- Improved and frequent communication to adults at risk, carers, residents and staff
- Putting in place increased capacity and resources to the Adult Protection Network
- Introduction of a prioritisation tool to be used if necessary
- Daily situation reporting for all HSCP services and Commissioned Services
- All protection plans were reviewed taking account of changes to service and creating contingency protection if required
- Aberdeenshire Trading Standards Webpage updated with Covid Scams and support
- Strengthened links between APC, ACPC and VAWP and more frequent meetings of EGPP
- All redeployed staff receiving ASP training

Domestic Abuse

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

In August 2020 HSCP developed a single point of contact (DASPOC) for all domestic abuse enquiries/ referrals for people who do not have children under the age of 16. The DASPOC is delivered through the Aberdeenshire Adult Protection Network.   Between August 2020 to December 2020, 78 domestic abuse initial contacts were received. Most reports are received from Police Scotland but a small number are self-referrals or concerned family members/neighbours.

Operational Process Guidance was developed to enable staff to consistently provide support to people affected by domestic abuse. The DASPOC was achieved without the need for additional staffing/finding but there is a need to monitor capacity as there is an expectation that Covid19 will increase demand on services.

A staff training survey undertaken this year showed a need for greater awareness and to build confidence in staff working with people experiencing domestic abuse. Improvements have been made to information available to residents and staff through the Aberdeenshire Council webpages and the development of a Domestic Abuse Service Guide. In November 2020 a domestic abuse awareness course was established and available to all staff on in-house training platforms. Promotion of an e-learning module relating to Domestic Abuse and Older People (DEWIS Choice) has also been promoted for all HSCP staff.

EFFECTIVE USE OF RESOURCES

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

In 2020/21 the need for a flexible and rapid response to the Covid 19 situation also meant there was a focus on short term measures as well as the longer-term strategic direction of the HSCP.

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

- 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

DELIVERING BEST VALUE

The HSCP has a duty of Best Value which describes the arrangements put in place to secure continuous improvements in performance, while maintaining an appropriate balance between quality and cost.

In making those arrangements and securing that balance, the HSCP has a duty to have regard to economy, efficiency, effectiveness, equal opportunities requirements and to contribute to the achievement of sustainable development.

The HSCP has in place a clear strategy to support the delivery of best value over the medium term and this is reflected in our medium-term financial strategy.

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

Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
Outcome 9	Resources are used effectively and efficiently in the provision of health and social care services

This part of the Annual Report seeks to demonstrate how the HSCP has continued to work towards delivery of these outcomes during Covid 19 in relation to financial performance, operational performance, workforce, and audit and governance.

2020/21 FINANCIAL PERFORMANCE

2020/21 was an exceptional year in financial terms due to the impact of the Covid 19 pandemic on our services. The delivery of many services was changed during the year, with some new services being set up in response to Covid (e.g. the Covid vaccination programme) whilst other services were paused or operated at reduced capacity for parts of the year. Many more services were delivered in a virtual way and more staff delivered services whilst based at home.

For the year as a whole Aberdeenshire HSCP invested resources of over £370 million to provide high quality health and social care services to the population of Aberdeenshire. This is equivalent to just over £1.0 million each day being spent on health and social care services, or about £3.80 a day for each Aberdeenshire resident. The funding is provided by our partner bodies (NHS Grampian and Aberdeenshire Council) but how the funding is actually used is decided by the HSCP.

The financial position for 2020/21 changed from earlier years. In 2018/19 and 2019/20 the HSCP had recorded overspends against budget. This position was reversed in 2020/21.

The underspend was due to a number of factors which emerged since the beginning of April 2020. These included underspends on some social care services due to them being paused or operating at reduced capacity, continued savings on community hospital costs due to reduced capacity and savings on travel, transport and training related expenditure.

In overall terms the HSCP recorded an underspend of £4.5 million against the operating budget (1.2% of total budget).

The Scottish Government also provided additional funding to meet the extra costs of the HSCP response to the Covid 19 pandemic. In total extra costs of £13.6 million were incurred during the year.

Additional Costs of Dealing with Covid 2020/21

Item	Amount (£)
Support Payments to Social Care Providers	4.1m
Funding to cover unmet HSCP savings	3.1m
PPE	1.4m
Additional Staffing Costs	1.3m
Support Payments to General Practice	0.9m
Out of Area Referrals	0.9m
Funding to cover Loss of Income	0.6m
Additional costs of GP Prescribing (Drugs)	0.5m
Other Miscellaneous Costs	0.8m
Total	13.6m

The following charts illustrate the proportion of spend allocated to each service area and also by locality during 2020/21. The detailed breakdown of expenditure by localities and service area, broken down over the last 5 years, is provided in Appendix 1.

LOCALITIES

Set aside services 9%
Funds 0%
Aberdeenshire -wide 6%
North localities 18%
Central localities 17%
South localities 15%
Business and Strategy 3%
Cross area services 32%

SERVICE AREAS

Funds 0%
Community hospitals 5%
Other community health services 9%
Older people, physical and sensory disabilities 24%
Primary care 12%
Prescribing 12%
Community Mental Health 3%
Aberdeenshire share of hosted services 4%
Out of area treatments 1%
Set aside services 9%
Management and Business Services 5%
Adult Services 16%

FINANCIAL OUTLOOK FOR 2021/22 AND BEYOND

Aberdeenshire HSCP agreed the revenue budget for 2021/22 in March 2021. The budget sets out how resources will be spent across health and social care services for the year and reflects the funding contributions agreed with NHS Grampian and Aberdeenshire Council.

2021/22 is again likely to not be a typical year in financial terms, as efforts continue to deal with the impact of Covid on our services whilst at the same time many services begin to remobilise and operate at more normal capacity levels. Account will also need to be taken of the demand that has built up in some services areas as a result of lower activity during 2020/21.

Some additional costs of Covid (such as the need for Personal Protective Equipment (PPE)) are likely to continue and it is again assumed that the Scottish Government will provide full funding to meet these costs.

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

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

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

EFFECTIVE USE OF PHYSICAL RESOURCES

Joint Equipment Service

The Aberdeenshire Joint Equipment Service (JES), located in Inverurie, has been in operation since 2010 and plays a crucial role in supporting people at home by providing an integrated and responsive community equipment service. This includes a range of occupational therapy, nursing and physiotherapy equipment as well as community alarms, telecare, communication aids, housing adaptations and bariatric equipment. As more people are being cared for at home or discharged quicker from hospital settings, demand on the service has increased considerably and the scope of the service continues to expand. When all services are fully operational, it is estimated that there will be a 20% increase in demand on the service.

During the last year the JES has also worked with physiotherapy colleagues to take on the provision and recycling of all walking aids and also short-term wheelchair loans. These additional services will be fully in place soon. An occupational therapy assistant has been based at the store to increase links with practitioners which has helped to narrow down equipment selection requests. The HSCP successfully secured £50k from the Scottish Government to employ a project lead to take forward the transition of analogue to digital telecare, including the forthcoming replacement of community alarms to nearly 4,500 Aberdeenshire residents and in sheltered housing.

Personal Protective Equipment (PPE) Service

Ensuring the effective and ongoing supply of PPE throughout the pandemic has been a critical task for the HSCP in keeping staff, patients and clients safe and preventing the transmission of infection. Within Aberdeenshire the PPE service has operated from 3 small industrial units in Inverurie over the last year, funded and staffed through Covid related monies. The service provides emergency PPE and Lateral Flow Devices to a range of staff groups and has also supported the provision of equipment and sundries to Vaccination Clinics. In addition the service facilitated the local distribution of the 'We Care' Staff Treat bags to over 5500 staff.

At its peak, the PPE service was distributing over 500,000 items to health, social care, care providers, personal assistants and carers a week. The service has recently supported these groups in setting up their own provision of PPE reducing demand considerably. The PPE service will remain operational until March 2022. The service has been supported by colleagues redeployed from Council services including Live Life Aberdeenshire and parking attendant staff.

WORKFORCE PLANNING

Covid 19 Impact on Workforce

Since 1 April 2016 Aberdeenshire HSCP has worked in an integrated system with staff employed by the NHS and the local authority. (encompassing a headcount of 1515 NHS staff and 2581 Social Care staff). The HSCP also includes staff who are not directly employed in the third and independent sectors. In addition, key stakeholders include primary care services (General Practice, Optometry, Pharmacy and Dentistry) and support services such as HR, finance, property/estates, staff side representatives and others.

Covid-19 has had a significant effect on how and where the HSCP provides services and where staff are based. For some services, delivery has been reduced or suspended to enable staff to be flexibly deployed to support pressures in other critical service areas to ensure continuity of safe care, and to support key functions within the whole system response to Covid 19. During the peak of the initial acute response phase the HSCP had redeployed 140 staff from a variety of services to provide support to the Assistance Hub, Staff Testing Centre, Care Homes and Very Sheltered Housing. At the same time, colleagues from the Council's Live Life Aberdeenshire (LLA) service were also redeployed to support many critical HSCP services, utilising the existing knowledge and skills of this staff group augmented by bespoke training. LLA staff were particularly key to the HSCP's response in ensuring the safe and effective availability of Personal Protective Equipment (PPE) and to continuity of service within our care homes. Lockdown restrictions presented particularly difficult challenges for many care home residents but this was mitigated by the skills that many LLA staff brought, particularly around the importance of movement and activity.

Many HSCP staff have, since the outbreak of the Covid-19 pandemic, had to adjust to working from home on a full-time basis as all non-essential buildings-based activities have ceased. This has been made possible by the rapid expansion of new meeting technologies described previously. The flexibility and goodwill of all staff in adjusting to the new circumstances in which they have been required to work, often coupled with the demands of providing childcare, home schooling or support to shielding family members during periods of national lockdowns is recognised and greatly appreciated.

In addition to that already described in this report, some further examples of what this has meant for different teams across the HSCP are provided below.

- Primary care teams across Aberdeenshire – GPs, Advanced Nurse Practitioners, Practice nurses, Physios, Health Visitors and back office staff – have all risen to the challenge of responding to the pandemic whilst keeping the needs of their patients front and centre. Appointments could no longer be delivered face to face as standard and all available face to face appointments had to be kept for those who absolutely, following consultation with the practice, needed to be seen in person. Appointments were triaged with exceptions made for those who are vulnerable or who required extra support.

- Substance Misuse teams across the HSCP have been working throughout the pandemic and have utilised every available method of keeping in touch with some of our most vulnerable community members. Teams continue to support people into recovery and throughout the recovery process.

- The HSCP's community based Mental Health Teams have been able to use technology (where applicable) to continue to support people who are struggling with their mental health. The teams have seen a sharp increase in the demand for support at every level of need and are working hard to ensure that that need is met. This has meant continuing to utilise innovate ways of delivering services and making use of all available resources to help and support as many people as possible.

- The HSCP's Care at Home service has been working exceptionally hard during the pandemic to support many frail and elderly people in their own homes, whilst ensuring that they are 'Covid-19 compliant'. Particularly during the winter months the Care at Home service was again a vital cog in our system to ensure that we can care for all those who need it, in their own homes and help to support the avoidance of any unnecessary admissions to hospital.

- Allied Health Professions (including Physiotherapists, Occupational Therapists, Podiatrists, Dietitians and Speech and Language Therapists) work across many local teams and like so many others have continued to work in new ways, making use of technology. Some AHPs have also been deployed into Aberdeen Royal Infirmary to help manage patient flow and discharges.

■ The HSCP's Criminal Justice Social Workers have, wherever possible utilised technology to ensure the continuation of services. Multi Agency Public Protection Arrangements (MAPPA) meetings have moved to secure online platforms and where risks have been identified which require face-to-face contact, this has been facilitated. Court closures during 'lockdown' meant that there was a huge drop in the demand for court reports from the team, however this workload is now back although a good deal is now conducted online. Some elements of unpaid work supervision have now returned, and the team are working with Social Work Scotland, the Courts and Scottish Government on plans to address priority areas. The social work team within HMP Grampian have continued to provide a service to prisoners, families, Scottish Prison Service and the Parole Board throughout.

As previously described, supporting staff physical and psychological wellbeing has been a priority for the HSCP, recognising that this is crucial to maintaining a fit and effective workforce to meet the needs of the service at all times but even more so during the COVID-19 pandemic and the continued pressure this exerts. The HSCP has gathered some reflections from colleagues which illustrate some of the challenges experienced.

> As the news unveiled what was ahead I had an overwhelming feeling of "let's get prepared" physically, mentally and emotionally. As a new manager it felt overwhelming but all I knew and felt was I had to be there for the people we support and the staff. Every minute of the day we were faced with new policies and procedures and finding ways to implement and support our service. Thankfully I have been surrounded by lots of support from my own team, my line managers and other professionals.

> It's been at times tiring, stressful and difficult professionally and personally but I'm proud of how we have all coped and made changes to how we live our lives with a new found appreciation of what is really important.

> Within our Practice how we work and how we communicate and function as a team has had to completely change. We have lost our ability to have informal supportive chats which are so much part of a Team's identity. This loss has, in turn, made it much harder for staff who have had to deal with their own family challenges whilst remaining steadfast for our patients …

The case study described below provides an example of specific initiatives to support staff. Through the HSCP's Workforce and Training Group and Staff Wellbeing Group, Aberdeenshire HSCP is committed to supporting and investing in our workforce staff thereby ensuring the delivery of high quality care and services.

Care Home resilience project
Support for Care Home Staff delivered by Horseback UK

Aim
- Pilot an 8 week course supporting staff to deal with the effects of the pandemic on their mental health

What did we do
- A baseline of the attendee's mood & well-being was measured to determined effectiveness of the course
- 8 fully interactive sessions were delivered covering different aspects of well-being by using tools to support people to share and process their experiences

Results & Outcomes
- Levels of anxiety and stressed behaviours as a result of the pandemic decreased significantly
- Staff have better coping mechanisms and a closer network of colleagues to draw on if needed
- A further pilot is planned to be delivered supporting 20 members of care home management

Comments

"Despite being a wee bit sceptical about the Heart, Mind, Body and Soul approach… ..I began to look forward to Wednesday afternoons and meeting up with the group"

"My mindset has changed to a more positive one….I am doing it now without even thinking about it".

"I have started to be a better advocate for my own health. I'm not sure I would have been able to get to this point without the help and knowledge gained from being part of the course".

Workforce Planning post Covid-19

Providing a workforce to deliver both flu and Covid-19 vaccination programmes will continue to offer significant workforce demands and a sustainable model is required for ongoing delivery of these programmes. This sits within a wider demographic change which projects an increase in people living longer with multiple conditions and complex needs who will require health and social care services. This rise in demand will increase pressure on workforce and financial resources, rendering current models of service delivery unsustainable. Another challenge faced by the HSCP is maintaining a skilled workforce due to difficulties in the recruitment and retention of staff into some roles, and this will also be impacted over the next 10 years as a high percentage of the HSCP workforce reach retirement age. Covid 19 is allowing the HSCP to look differently at our workforce model and service mix going forward. The HSCP has submitted an annual workforce plan update for the coming year to Scottish Government, but a full plan will be developed for 2022 to 2025 to set out the workforce and skill mix required to support the delivery of sustainable services across Aberdeenshire within available resources.

GOVERNANCE

Integration Joint Board

The Aberdeenshire Integration Joint Board (IJB), as previously described, 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 2020 to 31st March 2021 are included in Appendix 2.

The IJB continued to meet regularly during 2020-21 providing oversight, support and direction to the HSCP in its response to the Covid-19 pandemic, whilst ensuring scrutiny over ongoing priority matters of business under the IJB's stewardship and control. This included:

- Regular review of reports from committees reporting to the IJB for delegated matters as described below.
- Financial planning and decision-making with financial reports considered at every IJB meeting.
- Oversight of the HSCP's new Strategic Delivery Plan and significant HSCP planning and service developments including winter planning arrangements and development of new system-wide initiatives such as Operation Home First.
- Formal review of the HSCP's Integration Scheme (setting out which services are formally delegated to the IJB and providing the context and rules in which the HSCP operates) as required by legislation.
- Approval of the HSCP's Equalities Outcomes 2020-24 and further consideration of the impacts of Covid-19 on people with protected characteristics.
- Approval of local delivery plans for the HSCP's Dementia and Learning Disability strategies.
- Ensuring input to wider system developments such as consultation on the Grampian-wide Framework for Mental Health and Learning Disabilities, NHS Grampian Remobilisation Plan and Aberdeenshire Council Climate Change Declaration.

A structure of sub-groups supports and provides assurance to the IJB, thereby enabling it to fulfill its governance and scrutiny responsibilities, as described in further detail below. During the last year the HSCP has undertaken improvement and development work around one of these groups, the Strategic Planning Group (SPG). The IJB has agreed that the future role of the SPG should be to ensure governance and oversight of the HSCP's new strategic delivery plan. Planning work has been undertaken to enable reinstatement of the SPG and to ensure clarity as to the transformational workstreams to be prioritised and

overseen by this group over the next 12 months. A key role for the group will be to ensure any potential impacts from national and local strategy/policy developments are identified and inform HSCP strategic planning at the earliest possible stage – this will be particularly crucial as the national Independent Review of Adult Social Care proceeds to implementation.

Audit Committee

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

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

The IJB Audit Committee met on four occasions during 2020/21 and considered a wide range of financial governance issues including:

- Internal Audit reports on the Social Care Commissioned Services Contract Monitoring, Service Standards, Partnership Governance and Data Protection.
- The Internal Audit Annual Report for the 2019/20 year and approval of the Internal Audit Plan for the 2021/22 year.
- The Annual Accounts of the IJB for 2019/20 and the External Auditor's Report on the Annual Accounts for 2019/20.
- National reports on Local Government and the NHS in Scotland.
- Updates on arrangements for PPE and Provider Service Risk.
- A report on emerging fraud risks resulting from Covid 19 arrangements.
- A review of Best Value revised statutory guidance.
- A response to the national consultation of the Model Code of Conduct.
- Updates from NHS Grampian and other IJB Audit Committees.
- A review of the Strategic Risk Register.

Clinical and Adult Social Work Governance

The Clinical and Adult Social Work Governance (CASWG) framework within the partnership is *'the process by which accountability for the quality of health and social care is monitored and assured'*. The unprecedented circumstances at the start of the pandemic required the Partnership to quickly reinforce some of its governance arrangements and this was specifically key around CASWG.

The CASWG Group increased the frequency of its meetings and established clear escalation pathways through the Covid command system to accelerate any urgent matters arising. A risk plan and a comprehensive tracker were developed to identify the risks and their potential impact, and to monitored changes to services including any mitigating action taken to reduce negative outcomes were possible. The CASWG Group reported directly to the CASWG Committee which refreshed its membership and appointed a new Chair and Vice Chair. The committee provide assurance to the IJB that appropriate clinical and adult social work governance mechanisms are in place and functioning effectively throughout the organisation.

In order to perform this duty the committee must seek assurance that effective action is taken on any requirements, recommendations or issues arising from relevant audits and inspection reports.

Areas where inspection feedback has been received and actioned over the last 12 months are described further below.

HMP & YOI Grampian Liaison Visit Feedback

HM Inspectorate of Prisons for Scotland (HMIPS) completed a series of visits during the COVID-19 emergency pandemic under HMIPS Liaison Visits Framework for Prison and Court Custody Units. This is a new framework established to allow HMIPS to carry out its statutory functions during the pandemic.

The visit took place in November 2020 and highlighted a number of positive changes around priority setting in mental health services (this included the continuation of appointments where appropriate and the use of Near Me), promotion of self-care for wound management, and the achievement of one of our Band 6 Nurses who gained her Queen's Nurse Award during the pandemic and the work she has done around pathways for people with an Alcohol Addiction.

Three areas for improvement were highlighted:

- Controlled Drug Licence – Due to the pandemic a compliance visit required by the Home Office before granting the licence has been delayed. The team continues to keep all standard operating procedures up to date and ensures staff are adhering to all relevant policies and procedures.
- Recruitment and Retention of Staff – Due to on-going challenges solutions have been previously sort to address this issue, these include moving towards using a framework of agency staff and to ensure safe staffing levels are met, a fortnightly staffing huddle occurs. Further continuous improvement work has commenced to identify a feasible staffing model.
- Pharmacy – A 2019 inspection recommended consideration was given to introducing a pharmacy team to the Health Centre at HMP Grampian, initial scoping work was carried out but due to increasing costs on agency staff was not taken forward. A proposal is now underway to allow progress in the work around the pharmacy team.

Older People in Acute Hospitals (OPAH) and Health Environment Inspectorate (HEI) – unannounced inspections

During the initial months of the pandemic the IJB and the Health Board were advised that inspections would be paused. In May 2020 inspections were reinstated using an adapted methodology, and reports would focus on three key outcomes:

- people's health and wellbeing are supported and safeguarded during the COVID-19 pandemic,
- infection control practices support a safe environment for both people experiencing care and staff, and
- staffing arrangements are responsive to the changing needs of people experiencing care.

Inspections were carried out in Grampian in August 2020 which included Woodend hospital. Whilst the community hospitals in Aberdeenshire were not inspected the links through the clinical governance structure allow for joint working and learning which benefits all. The report for Woodend Hospital was very positive listing areas of good practice and 10 requirements across 3 areas, these findings and subsequent action plans outlining progress were shared with the CASWG group and the Partnerships Healthcare Acquired Infection (HAI) group. Further work was carried out by members of the HAI group to share the findings of the inspection with the Community Hospital Senior Charge Nurses and discuss implementation of learning from the inspection.

Clinical and Professional Oversight Group

As previously described an area which required increased resources due to the pandemic is care homes. A robust and successful Clinical and Professional Oversight Group provide assurance and support to homes and Very Sheltered Housing for Older people as well as Mental Health and Learning Disabilities care homes across Aberdeenshire. As a standing item on the CASWG Group's agenda the oversight group reported weekly (fortnightly from July 2020) to the group, and quarterly to the governance committee. The reports highlight any areas of concern and actions taken to address these, and the multi-disciplinary expertise within the governance group provided support and guidance to the oversight group and a pathway to escalate any urgent matters.

Prior to Covid-19, the Care Inspectorate would undertake 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 based on the [Quality Framework for Care Homes for Older People](viii)[viii]. All eight Care Homes operated by Aberdeenshire HSCP were inspected using the new framework in 2019/20 and, overall, were achieving a good standard. During 2020/21, the Care Inspectorate restricted their presence in services unless necessary due to the risk of inspection visits introducing and spreading Covid-19. This approach resulted in the majority of services not being graded as normal and instead retaining the grades they had last received. Instead the Care Inspectorate intensified oversight using a range of remote and virtual approaches to ensure services were supported and operating well throughout the pandemic. Full details of all inspections of Aberdeenshire services can be accessed via the Care Inspectorate website.

PERFORMANCE

Local Performance Framework

Following publication of the HSCP's new Strategic Plan the Aberdeenshire IJB requested that the HSCP undertake a review of its performance framework. The key aims for the HSCP's performance framework moving forward are:

- To better demonstrate the impact in terms of outcomes and end experiences for people who use HSCP services, in particular the difference that integration has made
- To ensure the usefulness and relevance of the data that is reported at both strategic and operational levels, recognising that different 'tiers' of performance data, interdependent and of equal importance, are required to ensure different parts of the organisation have the information they require for effective service planning, delivery and decision-making.

It has since been agreed that future reports to the IJB will be focused on the key transformational initiatives to be taken forward under the HSCP's new strategic delivery plan developed in response to Covid-19. Work is underway to develop the detail of the performance measures through which progress will be monitored under the HSCP's Strategic Planning Group, the aim being that this will provide greater assurance as to delivery of the Strategic Plan and providing evidence of the outcomes that the HSCP has agreed to work towards. It is intended that this will provide the suite of local performance measures for 2021/22 onwards.

Underpinning this, work has been undertaken with NHS Grampian Health Intelligence and Council information teams on the development of operational performance dashboards through which the HSCP aims to improve the accessibility of health and social care datasets and support operational management oversight of performance. This has been particularly focused on identifying and understanding demands on the health and social care system throughout the Covid pandemic.

At key points during the pandemic there have been significant shifts in trends in performance data routinely monitored by the HSCP, for example delayed discharges, A&E attendances and emergency admissions, coinciding with national lockdowns. Such significant shifts mean that it is not possible to monitor the HSCP's performance against previous years as normal and there remain a number of unknowns as to what the longer-term impact on performance will be. Throughout this annual report the aim has been to provide, where possible and where relevant, analyses of local performance data which demonstrate the HSCP's performance throughout the Covid-19 pandemic in key areas of service delivery. This is augmented by national benchmarking data described in further detail below.

National benchmarking

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

Appendix 3 provides Aberdeenshire HSCP's performance against the National Core Suite of Integration Indicators based on most recent data available from Public Health Scotland. Indicators are grouped into two types of measures: outcome indicators based on survey feedback; and indicators derived from organisational/system data. The chart below compares Aberdeenshire's performance against Scotland. The red line shows the Scotland position and the bars show for each indicator the percentage Aberdeenshire HSCP's performance differs from Scotland's performance for the current reporting period. Positive bars show where Aberdeenshire HSCP is performing better than Scotland and negative bars show where Aberdeenshire HSCP performance is worse than Scotland.

National Indicators - Aberdeenshire HSCP Performance against Scotland
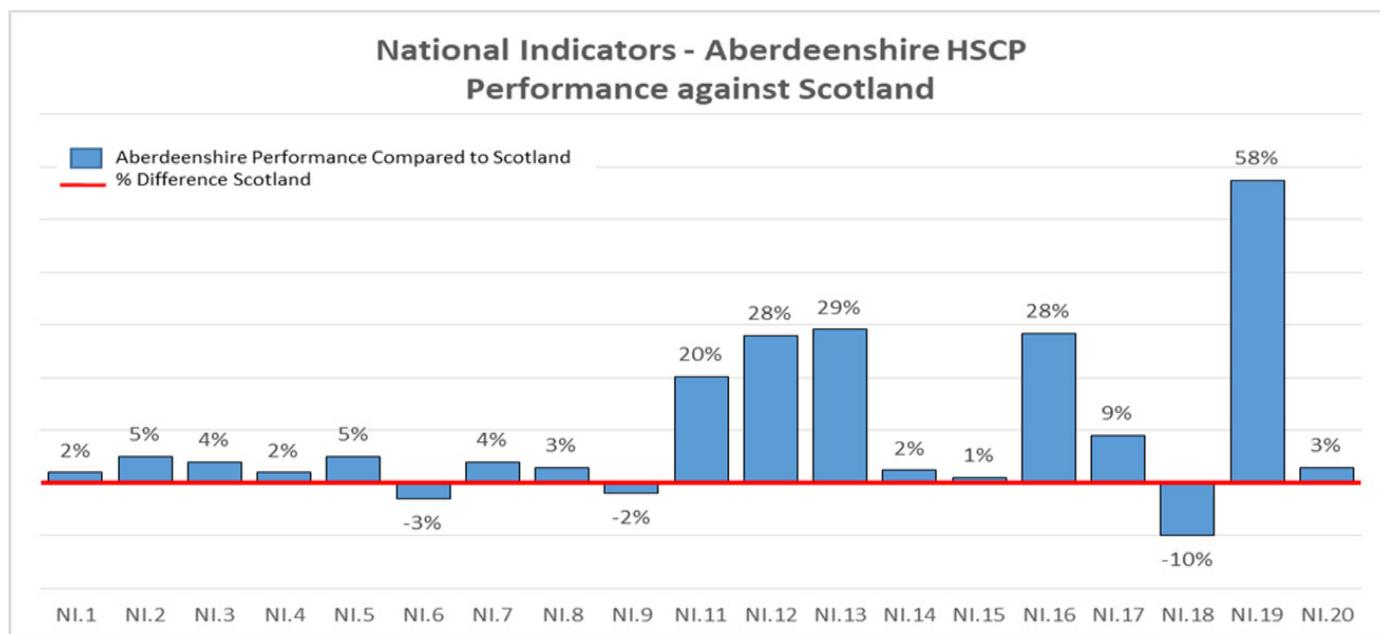
Appendix 4 provides Aberdeenshire's performance against all indicators over the last 5 years where data are available. Key points to note from the national benchmarking data available to HSCPs are summarised below:

- For the current reporting period Aberdeenshire HSCP performed the same or better than Scotland for 16 of the 19 national indicators. This is the same as the last reporting period (NB: Of the 23 national indicators only 19 have data available for reporting). The 3 indicators where Aberdeenshire's performance is worse than Scotland are:

  NI.6 – Percentage of people with positive experience of the care provided by their GP practice

  NI.9 – Percentage of adults supported at home who agreed they felt safe

  NI.18 - Percentage of adults with intensive care needs receiving care at home

- Aberdeenshire sits in the top 10 HSCPs for 14 of the 19 reported indicators and continues to record the lowest rate of emergency admissions in Scotland (NI.12). Comparing Aberdeenshire's current performance against the national indicators to the previous reporting periods, Aberdeenshire's performance has improved or stayed the same for 14 of the 19 reported indicators.

- All figures presented are annual figures. These may change slightly with each quarterly update that is released as data becomes more complete with each refresh. Public Health Scotland has recommended that calendar year 2020 data is used for indicators 12-16 and 20 as a proxy for 2020/21 due to the national data for 2020/21 being incomplete. Indicators NI.11 and NI.18 are available up to 2019 (shortly to be updated to 2020) and NI.19 is available to 2020/21. **The majority of figures presented will therefore not take into account the full impact of COVID-19 during 2020/21**.

- Outcome indicators 1-9 are currently available to 2019/20 based on the results of the national Health and Care Experience Survey (HACE) which was issued between October and December 2019. Results from the survey only became available in late 2020. Therefore it is relevant to note the substantially changed environment in which health and social care services are now being delivered as a result of Covid-19. Results provided for survey indicators 1-9 may differ from those published in October 2020 by PHS due to a change in methodology with the result that 2019/20 is not directly comparable with previous years. The HSCP's commitment to engaging with people who use our services, to understand and continually improve their experience nevertheless remains a priority. The HSCP is implementing work to enable a more consistent approach to engagement and participation, so that a range of people, including people using health and social care services, unpaid carers, local communities, providers, people working in health and social care and other professionals are routinely involved in the design, improvement and monitoring of services.

- When considering the HSCP's performance against the six MSG indicators (see Appendix 5), the impact of the Covid-19 pandemic can clearly be seen in the data for indicators 1-4 with large decreases in the number of emergency admissions, hospital occupied bed days, A&E attendances and delayed discharge figures. These large drops in activity mean that it is not possible to monitor the HSCP's performance against previous years as normal and there remain a number of unknowns as to what the longer-term impact on performance will be.

APPENDICES

Appendix 1: Aberdeenshire HSCP Expenditure 2016-17 to 2020-21

Aberdeenshire HSCP expenditure by service area 2016/17 to 2020/21

	2016/17		2017/18		2018/19		2019/20		2020/21	
	£m	%	£m	%	£m	%	£m	%	£m	%
Community hospitals	18.456	6.1	18.637	6.1	17.661	5.6	18.251	5.4	17.209	4.8
Other community health services	25.341	8.4	24.471	8.0	27.16	8.6	30.956	9.2	33.586	9.4
Primary care	36.693	12.2	37.036	12.1	38.595	12.2	41.376	12.3	42.842	11.9
Prescribing	43.765	14.5	45.074	14.7	43.987	13.9	44.623	13.2	44.224	12.3
Community Mental Health	7.429	2.5	7.713	2.5	7.821	2.5	8.758	2.6	10.747	3.0
Aberdeenshire share of hosted services	12.374	4.1	13.562	4.4	14.032	4.4	15.638	4.6	14.819	4.1
Out of area treatments	1.792	0.6	1.909	0.6	2.391	0.8	2.6	0.8	3.458	1.0
Set aside services	26.665	8.8	24.527	8.0	28.524	9.0	30.385	9.0	31.297	8.7
Management and Business Services	5.271	1.7	6.625	2.2	6.022	1.9	6.013	1.8	18.034	5.0
Adult Services	44.664	14.8	51.679	16.9	51.751	16.3	56.627	16.8	57.256	16.0
Older people, physical and sensory disabilities	75.317	24.9	73.622	24.0	77.498	24.5	82.243	24.4	84.027	23.4
	4.17	1.4	1.819	0.6	1.403	0.4	0	0.0	1.075	0.3
	301.937	100.0	306.674	100.0	316.85	100.0	337.47	100.0	358.57	100.0

Aberdeenshire HSCP expenditure by locality and Partnership area 2016/17 to 2020/21

	2016/17		2017/18		2018/19		2019/20		2020/21	
	£m	%	£m	%	£m	%	£m	%	£m	%
North localities	Data not available for 2016/17		62.294	20.3	62.073	19.6	66.19	19.6	66.04	18.4
Central localities			53.509	17.4	55.924	17.7	59.69	17.7	60.96	17.0
South localities			43.282	14.1	46.002	14.5	52.378	15.5	53.64	15.0
Business and Strategy			8.826	2.9	9.03	2.8	8.233	2.4	9.45	2.6
Cross area services			105.293	34.3	106.826	33.7	115.868	34.3	115.12	32.1
Aberdeenshire-wide			7.124	2.3	7.063	2.2	4.726	1.4	20.99	5.9
Funds			1.819	0.6	1.403	0.4	0	0.0	1.08	0.3
Set aside services			24.527	8.0	28.524	9.0	30.385	9.0	31.30	8.7
			306.674	100.0	316.85	100.0	337.47	100.0	358.57	100.0

Appendix 2: Aberdeenshire IJB members, 1 April 2020 to 31 March 2021

Voting Members

Name	Organisation
Cllr Anne Stirling (Chair to 31 March 2021, Vice-Chair from 1 April 2021)	Aberdeenshire Council
Rhona Atkinson (Vice-Chair to 31 March 2021, Chair from 1 April 2021)	NHS Grampian
Amy Anderson	NHS Grampian
Joyce Duncan	NHS Grampian
Cllr Bill Howatson	Aberdeenshire Council
Rachael Little	NHS Grampian
Cllr Glen Reynolds	Aberdeenshire Council
Cllr Dennis Robertson	Aberdeenshire Council
Cllr Ann Ross	Aberdeenshire Council
Susan Webb	NHS Grampian

Non-Voting Members

Name	Organisation
Angie Wood (to 23 April 2021)	Interim Chief Officer
Pamela Milliken (from 10 May 2021)	Chief Officer
Alan Sharp	Chief Finance Officer
Iain Ramsay	Chief Social Work Officer
Dr Chris Allan	General Medical Practitioner
Dr June Brown	Nurse practitioner representative
Dr Malcolm Metcalfe	Medical Practitioner - Secondary Care Adviser

Stakeholder Representatives Non-Voting Members

Name	Organisation
Inez Kirk	Trade union representative
Martin McKay	Trade union representative
David Hekelaar	Third sector representative
Sue Kinsey	Third sector representative
Angie Mutch	Service User Representative
Fiona Culbert	Carer Representative
George Mitchell	Carer Representative

Appendix 3: Aberdeenshire Core Suite of National Integration Indicators – Annual Performance

Data Source: Public Health Scotland (PHS)
Last Refreshed: July 2021

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

	Indicator	Title	Aberdeenshire		Scotland	RAG
			Previous score* 2017/2018	Current score 2019/20	Current score 2019/20	
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	95% (5075)	95% (5307)	93%	G
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	85% (178)	86% (313)	81%	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	84% (179)	79% (313)	75%	G
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	70% (180)	76% (313)	73%	G
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	83% (193)	85% (324)	80%	G
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	81% (4359)	76% (4532)	79%	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	83% (178)	84% (314)	80%	G
	NI - 8	Total combined % carers who feel supported to continue in their caring role	37% (609)	37% (535)	34%	G
	NI - 9	Percentage of adults supported at home who agreed they felt safe	87% (175)	81% (311)	83%	A
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	

	Indicator	Title	Aberdeenshire		Scotland	RAG
			Previous score	Current score	Current Score	
Data indicators	NI - 11	Premature mortality rate per 100,000 persons *(European age-standardised mortality rate per 100,000 for people aged under 75)*	340 _2019_	348 _2020_	457	G
	NI - 12	Emergency admission rate (per 100,000 population)	8,979 _2019/20_	7,994 _2020_	11,100	G
	NI - 13	Emergency bed day rate (per 100,000 population)	86,777 _2019/20_	72,146 _2020_	101,852	G
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	96 _2019/20_	112 _2020_	114	G
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90% _2019/20_	91% _2020_	90%	G
	NI - 16	Falls rate per 1,000 population aged 65+	16 _2019/20_	15.5 _2020_	22	G
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	88% _2019/20_	91% _2020/21_	83%	G
	NI - 18	Percentage of adults with intensive care needs receiving care at home	53% _2019_	58% _2020_	63%	R
	NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	522 _2019/20_	208 _2020/21_	488	G
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22% _2019/20_	18% _2020_	21%	G
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	

* Please note previous scores are not directly comparable to figures for 2019/20 due to changes in methodology
* Current score uses calendar and not financial year for indicators 12 to 16 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"

Appendix 4: Core Suite of National Integration Indicators – Aberdeenshire HSCP Performance Trend from 2016/17 to 2020/21

	Core Suite of National Integration Indicators Performance Trend from 2016/17 to 2020/21 (as at July 2021 data release)						
Indicator	**Title**	**Reporting Period**					**Trendline**
		2013/14	**2015/16**	**2017/18**	**2019/20**		
NI-1	Percentage of adults able to look after their health very well or quite well	96%	96%	95%	95%		
NI-2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	85%	84%	85%	86%		
NI-3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	84%	79%	84%	79%		
NI-4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	78%	75%	70%	76%		
NI-5	Percentage of adults receiving any care or support who rate it as excellent or good	87%	81%	83%	85%		
NI-6	Percentage of people with positive experience of care at their GP practice	83%	83%	81%	76%		
NI-7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	85%	85%	83%	84%		
NI-8	Percentage of carers who feel supported to continue in their caring role	42%	40%	37%	37%		
NI-9	Percentage of adults supported at home who agreed they felt safe	84%	82%	87%	81%		
		2016/17	**2017/18**	**2018/19**	**2019/20**	**2020/21**	
NI-11	Premature mortality rate per 100,000 persons	331	334	342	340	348	
NI-12	Emergency admission rate (per 100,000 population)	8471	8596	8828	8979	7994	
NI-13	Emergency bed day rate (per 100,000 population)	91450	87526	88264	86777	72146	
NI-14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	85	92	98	96	112	
NI-15	Proportion of last 6 months of life spent at home or in a community setting	89%	90%	90%	90%	91%	
NI-16	Falls rate per 1,000 population aged 65+	16	14	15	16	16	
NI-17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	88%	87%	86%	88%	91%	
NI-18	Percentage of adults with intensive care needs receiving care at home	53%	55%	57%	53%	58%	
NI-19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	677	596	614	522	208	
NI-20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	21%	22%	22%	22%	18%	

* For most recent year 2020/21, data for calendar year 2020 is given due to financial year data being incomplete

** Data provided is always for calendar year

RAG scoring based on the following criteria	
🟩	If position is the same or better than Scotland then "Green"
🟧	If position is worse than Scotland but within 5% then "Amber"
🟥	If position is worse than Scotland by more than 5% then "Red"

Appendix 5: Aberdeenshire HSCP Performance against Ministerial Strategic Group (MSG) Indicators

The table below shows Aberdeenshire performance against the MSG indicators for the last six reporting years, against locally set objectives. The impact of the Covid-19 pandemic can be seen in the data for indicators 1-4 with large decreases in the number of emergency admissions, hospital occupied bed days, A&E attendances and delayed discharge figures. These large drops in activity mean that it is not possible to monitor the HSCP's performance against previous years as normal and there remain a number of unknowns as to what the longer-term impact on performance will be. Encouraging changes have also been evident with a 3% increase in the percentage of last 6 months of life spent in the community (indicator 5a) and an 18% increase in number of days during the last 6 months of life spent in the community (indicator 5b) comparing to baseline years.

MSG Indicator		Reporting Period						2020/2021 Target	Performance comparing 2020/21 and baseline year
		2015/16	2016/17	2017/18	2018/19	2019/20	2020/21		
1a	Number of emergency admissions 18+	16,714	16,579	16,862	17,416	17,833	15,236	Maintain 2015/16 Levels	9% below target
2a	Number of unscheduled hospital bed days; acute specialties 18+	144,147	149,766	147,429	143,634	143,885	106,224	Maintain 2015/16 Levels	27% below target
2b	Number of unscheduled hospital bed days; mental health specialties 18+	34,620	35,551	32,295	35,473	32,535	26,630	Maintain 2015/16 Levels	23% below target
3a	A&E attendances 18+	18,984	19,616	20,255	21,234	22,135	16,973	Maintain 2015/16 Levels	11% below target
4	Delayed discharge bed days (all reasons)	28,293	18,176	16,334	17,221	16,381	6,935	Maintain 2017/18 levels	61% below target
5a	Percentage of last six months of life spent in the community (all ages)	89.3%	89.5%	90.2%	90.2%	90.0%	92.1%	Maintain 2015/16 levels	3% above target
5b	Number of days during last six months of life spent in the community (all ages)	367,183	370,288	394,661	366,846	396,694	432,999	Maintain 2015/16 levels	18% above target
6	Balance of care: Percentage of population 65+ living at home (supported and unsupported)	95.8%	96.0%	96.3%	96.4%	96.4%	N/A	Maintain 2015/16 levels	-

Data Source: Public Health Scotland Integration Performance Indicators June 2021

Notes:

1. 2015/16 has been set as the baseline year against which five of the six performance objectives for 2020/21 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 was considered a more appropriate baseline due to substantial improvements in data quality and improvement work to reduce delayed discharges since 2014/15.
2. Data for 2020/21 for indicators 1a, 2a, 2b, 5a and 5b remain provisional, may be subject to change and affected by data completeness issues.
3. 2020/21 figures for indicator 6 are not yet available.

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