



Aberdeen City Health & Social Care Partnership

A caring partnership

Leadership Team Objectives

Progress to date – Quarter 1 2020/2021

Leadership Team Objectives

1. Staff Health & Wellbeing

Staff Health and Wellbeing will be a priority and we will ensure a collaborative, compassionate and supportive approach to recovery. Staff will be given time, space and resources to recover from the pandemic and prepare for recovery and planning of next steps

2. Reshaping our commissioning approach

Commissioned services will be reviewed across ACHSCP to ensure that the model of delivery is in-line with our strategic commissioning plan and strategic aims of the IJB.

3. Whole system and connected remobilisation

Remobilisation will be undertaken through a planned and measured approach to create stability and resilience across our health and care services and enable us to meet population needs and maximise the learning and changes we have implemented during the global pandemic response. We will undertake a redesign of 2c practices to deliver a sustainable service based on patient profile, population needs assessment and available resource will be completed. If redesign is not achievable within resource, then a merge of practices to match resources will be undertaken. We will continue to review our Primary Care delivery, modernising and improving outcomes where possible.

4. Reshaping our relationship with communities

We will focus on an integrated approach to the way we think about physical, mental and social health, supporting individuals to manage and improve their health and wellbeing and building resilient networks to ensure that there is joint planning and co-ordination of critical elements that impact health e.g. education, food, housing and transportation.

We will embed our Operational teams who are aligned to locality areas and complete work to align those using the opportunity to redesign structure models to bring service delivery in line with available resource.

5. Living and responding to COVID

Community resilience will be key and together with our partners we will be focused on supporting the recovery of those communities most impacted by COVID and making wider communities more resilient and better placed to cope as we learn to rebuild and renew our health services, our communities, education and economy.

Improved sustainability of commissioned services across Aberdeen City to reduce impact on secondary and primary care and deliver better outcomes for people

Consider the impact of long Covid on our health and social care system

The table opposite lists the performance indicators identified for the Leadership Team Objectives and how these have been allocated across the Huddles

Huddle	Leadership Team Objectives/ Huddle Indicators	OHF	Leadership Team Objectives/ Huddle Indicators	LOIP Stretch Outcomes
Right Way	Absence Rates		✓	
Right Way	% Annual Leave Taken		✓	
Right Way	Uptake of support		✓	
Right Way	iMatter Results		✓	
Right Way	Staff Turnover		✓	
Right Way	Vacancy Factor		✓	
Right Way	Agency costs		✓	
Right Way	Locum Costs		✓	
Right Way	Overtime Costs		✓	
Right Way	Use of Near Me/eConsult		✓	
Right Way	Compliance with Care Home Reporting		✓	
Right Way	Care Home Occupancy		✓	
Right Way	Covid Cases in Care Homes		✓	
Right Way	Care Home Residents Dying in Hospital		✓	
Right Care	Training Uptake		✓	
Right Care	No. of GP Call Outs to Care Homes		✓	
Right Care	No. Items Prescribed in Care Homes		✓	
Right Care	Medication Errors in Care Homes		✓	
Right Care	LSS Projects Delivered		✓	
Right Place	Numbers WFH v in Office		✓	
Right Place	Travel costs		✓	
Right Place	Services Remobilised		✓	
Right Place	Space Usage		✓	
Right Place	Tenders Awarded		✓	
Right Place	No. GP Practices		✓	
Right Place	GP Stability Rating		✓	
Right Place	4 hour Target Compliance		✓	
Right Place	Unplanned Admissions		✓	
Right Place	Delayed Discharges		✓	

Huddles

Huddles are now in place and underway. Some projects have been prioritised over others but will progress as capacity becomes available.

Right Way – All projects are already underway. IJB Workshop planned on digitisation and Leadership Team Development Session early October will focus on “What is Locality Working?”

Right Care – Workforce/ Staff Wellbeing is a main focus. See later slides for details on Q1 absence rates and reasons and some of the plans and progress to help mitigate absences and support staff. Immunisation Blueprint agreed at Aug IJB, Covid Vaccinations ongoing.

Right Place – Currently reviewing return to office-based working. Engagement on MHL D Residential Commissioning has taken place - 4 workshops with current providers to coproduce a Market Position Statement for the future needs of the services.

Right Way

Staff Wellbeing

- Support for Staff
- Working Conditions
- Embed Locality Working
- Redesign of ASW

Digital

- Digitisation

Pathways and Redesign

- Care Home Reporting
- Care Home Support
- Capacity/Occupancy in Care Homes
- Review Referral Pathways

- Rehab Pathway

- 2C Redesign

Data & Evaluation

- Dashboard Production
- Measure Progress

Right Care

Workforce

- Workforce Plan
- Training and Education

General Practice

- Agree GP Input to Care Homes
- NHS Triage Model for GPs

Quality Improvement

- Identify LSS Projects
- Quality in Care Homes
- Reduce Medication Errors
- Interface Group
- Models of Care for Long Covid

- Reduce Health Debt

Immunisations

- Immunisation Blueprint
- Covid Vaccinations

Right Place

Recover from Covid

- Review Models of Work
- Reduction in Travel Costs
- Rationalise Space Usage
- Reduction in Headcount
- Support Remobilisation

Commissioning

- Review NCHC
- MHL D Commissioning
- C@H Oversight within Localities
- Review Grant Funded Orgs
- Stay Well Stay Connected
- Market Position Statement

Primary Care

- Refresh Primary Care Improvement Plan
- Deliver Community Treatment & Assessment Centres

Urgent Care

- Embed Frailty Pathway
- Redesign of Urgent Care

Objective – Staff Health and Wellbeing

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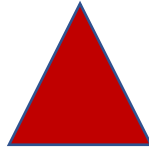
Huddle	Programmes/ Projects included
Right Way	Staff Wellbeing
Right Way	Care Home Support
Right Care	Workforce
Right Way	Recover from Covid19
Right Way	Stay Well, Stay Connected

Measurable performance indicators for this Objective

- Absence rates and cause.
- Agency/Bank costs and hours
- Locum costs and hours.*
- Overtime costs and Time in Lieu hours. *
- Proportion of Annual Leave taken throughout the year.
- Staff Survey results, 360-degree feedback, and Staff Turnover rate *
- Training compliance rates *
- Psychological support uptake rates *

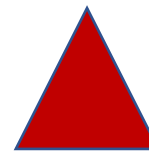
* Data still being sourced/ verified for these indicators.

ACC Services Absence Rates

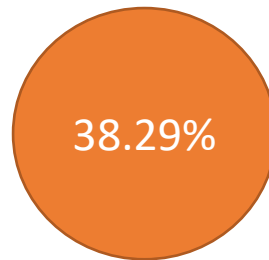


Increase of 204 days lost due to sickness in quarter 1 compared to previous year.

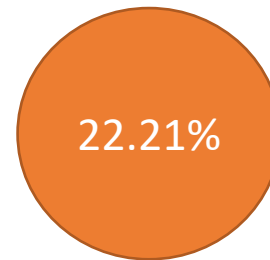
NHS Services Absence Rates



Increase to 3.94% absence rate. (Awaiting comparative data)



38.29% of ACHSCP ACC Services absences have been due to Psychological Reasons for the month of June



22.21% of ACHSCP NHS Services absences have been due to Psychological Reasons for the month of June

Staff Survey iMatters Report 20/21

This is due to be produced in the next few weeks. ACHSCP Staff Return rate is currently at 52%. Results will be included in December Report.

Top Absence Reasons

Psychological issues, such as Stress and Anxiety is highest reason with musculoskeletal then Gastro-intestinal issues next. Covid19 Absences are not included within these figures.

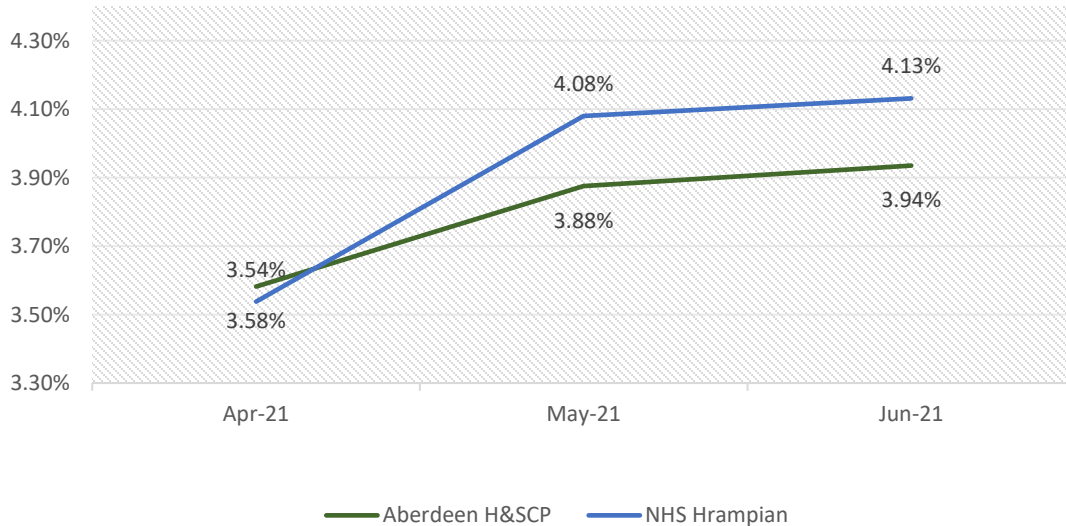
Health and Safety Committee – Deep Dive

Health and Safety Committee will be conducting a deep dive into staff absences and sickness reasons, report can be shared/ included in December paper.

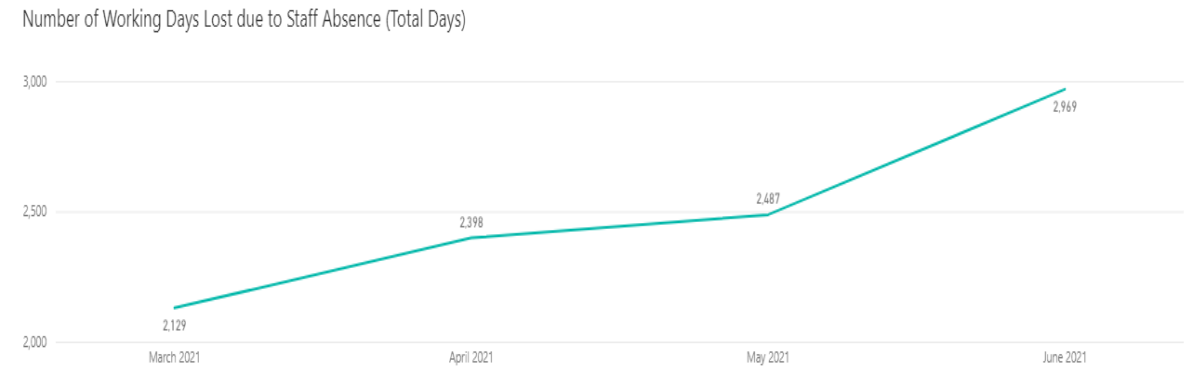
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Aberdeen H&SCP - Sickness Absence Rate - NHSG Services



Sickness Absences – ACHCSP – ACC Services



Absence Reason	Aberdeen H&SCP Absence Rate			NHSG Absence Rate		
	Apr-21	May-21	Jun-21	Apr-21	May-21	Jun-21
Anxiety/stress/depression/other psychiatric illnesses	15.09%	20.62%	22.22%	20.25%	22.14%	20.94%
Other musculoskeletal problems	12.76%	7.20%	7.21%	10.52%	8.64%	9.23%
Back problems	3.40%	5.39%	6.62%	5.53%	6.66%	5.88%
Injury, fracture	6.64%	2.78%	4.03%	6.34%	5.13%	7.18%
Gastro-intestinal problems	3.63%	4.92%	3.96%	7.20%	6.72%	5.85%

SICKNESS_CATEGORY	June 2021
Psychological	38.29%
Gastro-intestinal	19.54%
Neurological	12.16%
Musculoskeletal	11.42%
Other	7.61%
Gynaecological	4.35%
Respiratory	3.57%
Hospitalisation	2.29%
Covid-19 Related	0.44%
Viral	0.17%
Malignancy	0.13%
Unauthorised Absence	0.03%

The Leadership Team have been monitoring Sickness Absence, Vacancy Rates and Covid Related absences over the past 3 months on a daily basis. Sickness and Absence reasons remain similar across our services, while Covid related absences have been disruptive to service delivery, the bigger concern is the level of staff off with psychological issues such as stress and anxiety.

Reshaping our Commissioning Approach

Commissioned services will be reviewed across ACHSCP to ensure that the model of delivery is in-line with our strategic commissioning plan and strategic aims of the IJB.

Huddle	Programmes/ Projects included
Right Way	Care Home Reporting Care Home Support Care Home Occupancy/ Capacity Review of Referral Pathways
Right Place	Commissioning

Measurable performance indicators for this Objective

- Older people's residential bed availability and usage
- MH residential bed availability and usage
- LD residential bed availability and usage
- C@H capacity and usage
- Day Opportunities available and used.*
- Planned Respite available and used.*
- Number of Carers Supported *
- Carer and Service User satisfaction rates *

* Data still being sourced/ verified for these indicators.



We are able to review the occupancy levels, delayed discharge, level of unmet need and our interim bed situation through our Surge and Flow Dashboard, this has enabled ACHSCP Staff, Granite Care Consortium, Bon Accord Care and other providers to work collaboratively throughout the pandemic period and is also now informing how we prepare for Winter pressure.

The use of the TURAS online reporting platform has enabled our providers to keep us informed of occupancy, staffing and vacancy rates and escalate issues as necessary.

MHLD Residential Commissioning

- The Strategic Review of MH/LD Residential Services began in July 2021 and over a series of 4 collaborative workshops with around 40 attendees at each meeting from an audience of providers, 3rd Sector and independent interfaces. We are now working towards a draft codesigned Market Position Statement which outlines the main challenges, relevant demand and activity data, and actions over the short, medium and longer term which is focused on enablement, connections to the community and independent living.

Strategic Commissioning Programme Board

- The SCPB has now been established with representation from ACHSCP commissioners, ACCCPSS and third and independent sector interfaces. It is meeting on a monthly basis to ensure effective and forward strategic planning of commissioning activity

Whole System and Connected Remobilisation

Immunisations

Report approved at August IJB for the Immunisations Blueprint/ plan for the next 3 years across Aberdeen with the establishment of new model of working that is an integral part of the Vaccination Transformation Programme.

Currently existing vaccination uptake data is available on a city and practice level on a quarterly basis, around 6 months following each quarter (Reports for quarter 1 will be available for December report). It has been identified that in order to continue to make improvements and be confident that these improvements are having a positive impact on our vaccination uptake levels, frequent, quality data is required at a community/ locality level.

During COVID19, public health data on uptake is now available to the service at a community level on a daily basis to support the vaccination programme to identify areas that require further promotion and support. Work is ongoing with NHS Health Intelligence to ensure this information is available for all vaccination programmes.

Huddle	Programmes/ Projects included
Right Care	Immunisations Pathways and Redesign
Right Way	Digitisation Data and Evaluation
Right Place	Primary Care

Measurable Performance Indicators for this Objective.

- Number of GP Practices in the City
- Practices Stability Rate (% Green) *
- % Services Remobilised *
- Immunisation Figures and increases in uptake rates

Data and Evaluation

We are developing our data and performance dashboard alongside the refresh of the Strategic Plan performance framework. Our Leadership Team Objectives, programmes and operational teams' performance data will inform our Strategic Plan. We are creating a dashboard that will have our operational measures and show how they feed into each Leadership Team Objective, and subsequently into overall strategic measures within the Strategic Plan.



Reshaping our relationships with our Communities

We will focus on an integrated approach to the way we think about physical, mental and social health, supporting individuals to manage and improve their health and wellbeing and building resilient networks to ensure that there is joint planning and co-ordination of critical elements that impact health e.g. education, food, housing and transportation. We will embed our Operational teams who are aligned to locality areas and complete work to align those using the opportunity to redesign structure models to bring service delivery in line with available resource.

Huddle	Programmes/ Projects included
Right Way	Pathways and Redesign Redesign of Adult Social Work
Right Care	Quality Improvement
Right Place	Recover from Covid19 Commissioning Stay Well Stay Connected Primary Care Urgent Care



Stay Well, Stay Connected

Evaluation is progressing well. A framework has been drafted and work is progressing to develop measures and baselines for each of the 4 workstreams using a logic model approach.

Day Care – currently reviewing budgets to understand resource to support this workstream. 40 people are currently attending Kingswood Court and 18 receiving 1:1 care as an alternative with waiting lists of 4 and 5 people respectively. This is an equal / favourable position to the situation pre covid

Dementia Workstream - Workshop with staff and community members looking at dementia friendly activities has taken place. Looked at activities pre/during and post covid (what worked well, what can we adapt) and now have a few activities that we will be concentrating on. A thematic review of responses from staff, carers and clients is in draft format and will be shared.

Physical Activity- Step out September update: Website now live and week of walks have been created. People are encouraged to make a pledge for themselves or their organisation to take part. Alternative Activities resource has also been created and is available on the website. Evaluation methods being developed for this initial pilot of Step Out September: Website: <https://www.sportaberdeen.co.uk/step-out-september>

Digital - Working with Ability Net and Silver City Surfers (third sector digital support providers) Promotion of services and increase in capacity of volunteers across Aberdeen. Using connecting Scotland as a way to measure a baseline for the city.

Respite – We have 1 nursing care and up to 8 residential care (flexible use which includes respite) beds for bookable respite. This is working well and bookings are being made months in advance so far. There is an evaluation process in place to gain feedback from clients and their carers. Emergency Respite is currently being spot purchased were possible due to a lack of market uptake. Anecdotal feedback is that demand is not being met due to lack of provider uptake. Group agreed to review this in September and meets this week. Data capture data is a priority to understand demand/occupancy.

Adult Social Work Redesign

A proposed locality structure for adult social work has been shared with staff through a webinar and teams. A social work organisational change group has been established, they will be tasked to oversee change process, develop and implement the action plan and timeline, staff engagement and consultation plan. Q&A sessions will be held in the near future to get feedback from all staff.

Measurable Indicators for this Objective

- Headcount v establishment
- Travel costs*
- Space usage *
- Redesign of social work in line with locality working and system working across MHL and Adults.

* Data still being sourced/ verified for these indicators.

Living and Responding to Covid19

Huddle	Programmes/ Projects included
Right Way	Pathways and Redesign
Right Care	Quality Improvement
Right Way	Primary Care Urgent Care

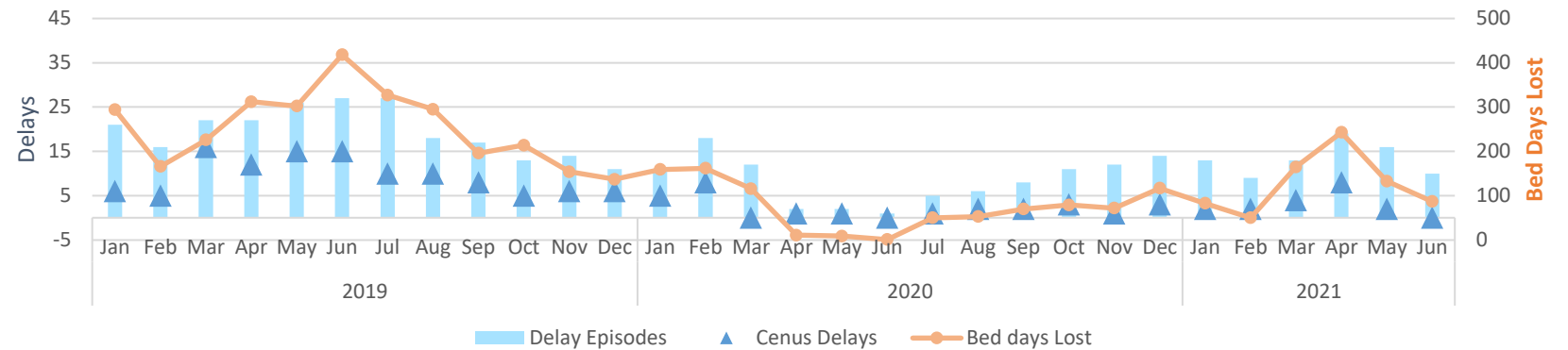
Measurable Indicators for this Objective

- Unplanned Admissions/ reasons/ areas of city/ GP practice
- A&E attendances
- Delayed Discharges
- No of prescribing items in care homes*
- Medication errors in care homes *
- No. of care home residents dying in hospital.**
- No. of GP call outs to care homes. **

*indicators that will be available with progression of eMar Project.

** Data still being sourced/ verified for these indicators.

Aberdeen City HSCP Delayed Discharges - Awaiting care package (25D)



From Jan 21 to May 21	Grampian	Ave Rest of Scotland
A&E Attendances	+58.1%	+59.9%
Emergency Admissions	+16%	+17.1%
Delayed Discharges (Bed Days)	-2%	+0.6%

With a cross over to the data we are overviewing within the Surge and Flow Dashboard, we are also monitoring how we are progressing against the rest of Scotland, we are below the Scottish average across A&E attendances, Emergency Admissions and Delayed Discharges. This has fluctuated in the same pattern to when we have been in lockdown/restrictions. However, our percentage rate has not exceeded pre Covid rates.