

### Appendix 3 - Leadership Team Objectives- ACHSCP 2021-2022

Specific	Measurable	Attainable (Target)	Relevant	Key milestones/ workstreams	Timebound	Progress Feb 2022
<p><b>Staff Health &amp; Wellbeing</b> 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.</p>	<ul style="list-style-type: none"> <li>Absence rates and cause.</li> <li>Agency/Bank costs and hours</li> <li>Locum costs and hours.</li> <li>Overtime costs and Time in Lieu hours.</li> <li>Proportion of Annual Leave taken throughout the year.</li> <li>Staff Survey results, 360-degree feedback, and Staff Turnover rate</li> <li>Training compliance rates</li> <li>Psychological support uptake rates</li> </ul>	<p>£0.5 million locums</p>	<ul style="list-style-type: none"> <li>Refresh workforce plan</li> <li>Reduction (or as a minimum, maintenance) of absence rates to pre-2019/20 levels.</li> <li>Reduction of Agency hours and costs across all ACHSCP from 2019/20 baseline.</li> <li>Reduction in locum costs and hours across all ACHSCP from 2019/21 baseline.</li> <li>Reduction in overtime and additional hours across ACHSCP from 2019/20.</li> <li>Monitoring by all services to ensure staff have access to and take planned and contracted annual leave.</li> <li>A supportive work environment evidenced through staff survey and 360-degree feedback to line manager.</li> <li>Ensure access to training and education programmes monitor compliance rates via appropriate systems.</li> </ul>	<p>Dashboard produced for each LT member to reflect all key measurables.</p> <p>Process set up to review against measurable targets, incorporating detail and analysis of data – monthly at CCG Group\H&amp;S Committee and quarterly at individual LT performance reviews.</p>	<p>Dashboard in place by 01.04.21</p> <p>Measurable targets achieved by 31.03.22.</p>	<ul style="list-style-type: none"> <li>The Workforce Plan has been delayed until 22/23</li> <li>Covid and work-related stress as a result of the pandemic response have contributed to an increase in absence rates</li> <li>The pandemic response has required the flexible use of a range of staffing support and so the focus has not been on agency, locum or overtime costs. Service delivery has continued to be met within budget including the additional funding provided in line with the Remobilisation Plan.</li> <li>As part of the focus on staff welfare, regular reminders are made to staff to take leave and the percentage taken is reported and monitored.</li> <li>A number of localised temperature checks have been taken in relation to how staff are feeling, and teams are encouraged to have regular check-in sessions. The annual iMatter surveys continues</li> <li>During the pandemic response the focus has been on mandatory training</li> <li>Psychological support continues to be available to staff in addition to a range of welfare initiatives and</li> </ul>

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			<ul style="list-style-type: none"> <li>Ensure access to psychological support is well communicated, encouraged and supported through evidence at team meetings, shared information and monitoring of staff absence due to mental health/psychological reasons.</li> </ul>			<p>wellbeing therapies such as the provision of teas, coffees and snacks in the workplace and offering massage and mindfulness sessions.</p>
<p><b><u>Reshaping our relationship with communities</u></b></p> <p>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</p> <p>We will embed our Operational teams who are aligned to locality areas and</p>	<ul style="list-style-type: none"> <li>Headcount v establishment</li> <li>Travel costs</li> <li>Space usage</li> <li>Redesign of social work in line with locality working and system working across MHLD and Adults.</li> </ul>	£2.466 million commissioning and reviews	<ul style="list-style-type: none"> <li>Redesign of Adult Social Work structure and pathways to reflect locality working and new pathways in place following commissioning changes.</li> <li>Start to consider the implications of what new models of care and COVID have on the building used to deliver health and social care.</li> <li>Monitor head count and whole time equivalent to determine the impact of 2019/20 and ensure that we maintain the 60 wte reduction in posts achieved through</li> </ul>	<p>Embed locality working across Nursing, Allied Health Professionals (AHP), Adult Social Work (ASW) and Community Mental Health operational services.</p> <p>Undertake a review of referral pathways for Nursing, AHP and ASW and community</p>	<p>Locality working in place by 30.09.21.</p> <p>Review complete by 31.03.22.</p>	<ul style="list-style-type: none"> <li>Progress on the redesign of Adult Social Work continues with the Business Case planned to be considered by EPB in March. The additional funding from Scottish Government for ASW capacity is incorporated into the design.</li> <li>Although much progress has been made on locality working and the review and recommissioning of services, the pandemic response prevented completion of the pathway redesign. This will be carried forward to the 22/23 LT Objectives.</li> <li>Covid restrictions have driven the different use of buildings, and this is influencing future premises planning, both in terms of staff usage and service delivery.</li> </ul>

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<p>complete work to align those using the opportunity to redesign structure models to bring service delivery in line with available resource.</p>			<p>vacancy management in 2019/20.</p> <ul style="list-style-type: none"> <li>• Monitor, review and maintain reduction in travel costs compared to 2019/20 Costs.</li> <li>• A review of models of work regarding in office, at home, co-location and shared space to be undertaken by each LT member to identify current and future requirements and feed into review of the Capital Programme.</li> <li>• Develop plans for further community team digitisation and digital health and social care solutions.</li> <li>• Identify where Lean Six Sigma could improve efficiencies across the system.</li> <li>• Start to consider what the future of rehabilitation services might look like in Aberdeen.</li> </ul>	<p>Mental Health including consideration of a Single Access Point</p>	<ul style="list-style-type: none"> <li>• The pandemic response has required the flexible use of a range of staffing support and so the focus has not been on headcount or vacancy management.</li> <li>• With the increased use of virtual meetings and working from home travel costs have naturally reduced.</li> <li>• Discussions are ongoing with both employers in relation to arrangements for future hybrid working.</li> <li>• The roll out of Morse to community teams continues as does the TEC Pathfinder Project. Work is well progressed on the D365 CareFirst replacement and just beginning on the Lone Worker system. Further digitisation will be carried forward into 22/23.</li> <li>• Focus has been on delivery of priority projects in relation to Operations Snowdrop and Iris so a full assessment of Lean Six Sigma has not yet been undertaken.</li> <li>• Some aspects of rehabilitation services have been considered but a full review is planned as part of the LT Objectives for 22/23</li> </ul>
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<p><b><u>Reshaping our commissioning approach</u></b> 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.</p>	<ul style="list-style-type: none"> <li>• Older people’s residential bed availability and usage</li> <li>• MH residential bed availability and usage</li> <li>• LD residential bed availability and usage</li> <li>• C@H capacity and usage</li> <li>• Day Opportunities available and used.</li> <li>• Planned Respite available and used.</li> <li>• Number of Carers Supported</li> <li>• Carer and Service User satisfaction rates</li> </ul>		<ul style="list-style-type: none"> <li>• Contribute to the review of the national care home contract.</li> <li>• Review LD and MH commissioning arrangements using demand management methodology.</li> <li>• Further embed the new approach to care at home</li> <li>• Monitor and review monthly capacity and occupancy in care homes to determine if shift in market position from 2019/20 pandemic.</li> <li>• Review of grant funded organisations</li> </ul>	<p>Re-tender Day Opportunities and Planned Respite following review.</p> <p>Launch Market Position Statement</p> <p>Evidence of shift in community support from bed-based provision.</p>	<p>30.04.21</p> <p>30.06.21</p> <p>31.03.22</p>	<ul style="list-style-type: none"> <li>• Scotland Excel are leading on the review of the National Care home Contract and our Lead Commissioner continues to contribute to the review through the National Care Home Reference Group. The new contract is anticipated to be in place for April 2023 so this work will continue into the next financial year.</li> <li>• Progress has been made against the key objectives of reviewing mental health and learning disability services. In addition, a review has been conducted of training and skills development services available for people with mental health and learning disability. Whilst there has been progress made with a procurement strategy for the skills and development services, other work has been interrupted whilst we responded to the pandemic, however it will continue as business-as-usual 22/23, and is firmly embedded within the commissioning workplan</li> <li>• The new approach to Care at Home has continued to be embedded successfully and has proven to be invaluable in</li> </ul>
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<p><b><u>Whole system and connected remobilisation</u></b></p> <p>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.</p> <p>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</p>	<ul style="list-style-type: none"> <li>Number of GP practices in City</li> <li>Practices stability rating (% at Green)</li> <li>% services remobilised.</li> <li>Immunisation figures increased across all age groups.</li> </ul>	<p>Redesign or merging of practices will bring £0.250m savings in the financial year 2022/23.</p>	<ul style="list-style-type: none"> <li>Programme of delivery to be identified to achieve redesign/merge.</li> <li>Model to have CTAC hubs which are based on population needs assessments for MDT</li> <li>Primary, secondary and community care interface group to be established to share practice, innovation and build resilience across the city.</li> <li>Planned programme for vaccinations delivered making maximum effectiveness and efficiency of resources.</li> </ul>	<p>Implementation of phase 1 redesign complete</p> <p>Implementation of full blueprint complete</p> <p>Progress on our Primary Care Improvement Plan</p>	<p>31.07.21</p> <p>31.03.22</p> <p>31.07.21</p> <p>31.10.21</p>	<ul style="list-style-type: none"> <li>2C redesign will be completed by March 2022.</li> <li>CTAC continues to be the ambition for service delivery in the community. Progress has stalled whilst the focus was on pandemic response however this will be picked up as part of the Primary Care Improvement Plan which continues to be one of the LT objectives in 22/23</li> <li>Grampian wide Interface Care Group has commenced and ACHSCP are represented on it.</li> <li>Vaccination delivery in Grampian has been very successful. The Immunisation Blueprint has been approved although full funding has not yet been agreed.</li> <li>Work continues on addressing health debt however this will be</li> </ul>

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<p>completed. If redesign is not achievable within resource, then a merge of practices to match resources will be undertaken.</p> <p>We will continue to review our Primary Care delivery, modernising and improving outcomes where possible.</p>			<ul style="list-style-type: none"> <li>• Seek solutions to reduce health debt as a result of COVID.</li> <li>• Embed Frailty Pathway changes were working well and appropriate to do so</li> </ul>	<p>Design and implementation of immunisation delivery programme across ACHSCP</p>		<p>an ongoing challenge and will become part of business as usual</p> <ul style="list-style-type: none"> <li>• Improvements continue to be made on the Frailty Pathway and this will be an ongoing process into 2022/23</li> </ul>
<p><b><u>Living and responding to COVID</u></b></p> <p>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.</p> <p>Improved sustainability of commissioned services across Aberdeen City to reduce impact on secondary and primary care and deliver better outcomes for people.</p>	<ul style="list-style-type: none"> <li>• Unplanned Admissions</li> <li>• A&amp;E attendances</li> <li>• Delayed Discharges</li> <li>• No of prescribing items in care homes</li> <li>• Medication errors in care homes</li> <li>• No. of care home residents dying in hospital.</li> <li>• No. of GP call outs to care homes.</li> <li>•</li> </ul>		<ul style="list-style-type: none"> <li>• Near me and digital support to be introduced across Aberdeen City care homes.</li> <li>• E-Mar to be installed across all Aberdeen City care homes.</li> <li>• Care Home support team will be in place to work with providers to develop quality, efficiency and digital services.</li> <li>• Care home providers will continue to report into TURAS as standard operational practice.</li> <li>• Care Home oversight teams to operate within localities with triangulation of intelligence from</li> </ul>	<p>E-Mar to be installed across all Aberdeen City care homes. Task and finish group to commence scoping work and secure funding by 1st April 2021. Resource to be secured through legacy/grant applications.</p> <p>Care Home support group</p>	<p>31.08.21</p>	<ul style="list-style-type: none"> <li>• Digital support in Care Homes will be taken forward led by the Development Officer in the Care Home Support Team once current Covid cases and outbreaks reduce.</li> <li>• The response to the pandemic meant we were unable to install Emar however this is on the workplan for 2022/23</li> <li>• The Care Home Support Team is in place and continues to support improvements in the quality and efficiency of services delivered.</li> <li>• TURAS reporting continues and is invaluable in oversight of capacity within the residential sector</li> <li>• The Care Home Oversight Group continues to meet to support homes with Infection Prevention and Control maximising the availability of capacity throughout the pandemic</li> </ul>

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<p>Consider the impact of long Covid on our health and social care system</p>			<p>HSCP/Public Health/Care Inspectorate to ensure early identification of risk and confirmation of action plans.</p> <ul style="list-style-type: none"> <li>• Care at home oversight team to operate as above within localities.</li> <li>• Wraparound MDTs for care home to be operational for all care homes with agreed expectations and ability to in reach specialist support when required.</li> <li>• Refresh the Primary Care Improvement Plan</li> <li>• Position to be agreed between GP practices and care homes as to shared understanding of support provided during a Covid outbreak or similar, with virtual ward rounds fully implemented during outbreak.</li> <li>• Once Covid has stabilised promote tests of change in relation to medication errors – see Report on the Medicines Improvement Project:</li> </ul>	<p>to be maintained. Embed Covid Vaccinations into routine immunisation programme.</p>	<p>30.04.21</p> <p>31.08.21</p>	<ul style="list-style-type: none"> <li>• MDT Wraparound Care Teams continue to provide support to care homes depending on need</li> <li>• Expenditure on the Primary Care Improvement Plan has been reviewed and reported. A full refresh of the plan itself is scheduled as part of the LT Objectives 2022/23</li> <li>• The GP service to care homes across Grampian is being worked on by the enhanced services group alongside ACHSCP - discussions have started. Links will be made with the Care Home Oversight group.</li> <li>• The pandemic has not yet reached the stage where we can consider a review of medication errors</li> <li>• As more is understood about Long Covid the learning will be factored into service delivery.</li> <li>• Services have been remobilised as per the Remobilisation Plan and the contingency arrangements in place over the course of the response to the pandemic. Specialist and most other MH services were not stood down and have been maintained over the past 12 months with increasing capacity for essential face to face appointments. Demand for all</li> </ul>
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			<p>Care Inspectorate: October 2020.</p> <ul style="list-style-type: none"> <li>• Consider the models of care required to support people with long Covid.</li> <li>• Work across the health and social care system to support the remobilisation, particularly in regard to any increased requirements for mental health services and support.</li> </ul>			<p>service levels has significantly increased. Enhanced MH services have been provided, including new first contact support/peer workers, additional psychological therapists, and more Distress Brief Intervention resource.</p>
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