Annual Performance Report 2021-2022

Foreword to the Annual Performance Report

The past year has been another challenging one for Aberdeen City Health and Social Care Partnership (ACHSCP). Much of the work undertaken during 2021/22 has centred around remobilisation following the initial crisis response to the Covid 19 pandemic and into the 'living with Covid' phase. As Aberdeen City begins to get back to normal in the absence of restrictions, we have seen an increase in demand for services. Responding to these needs has not been easy as, in common with other workplaces, we have experienced significant levels of staff absences due to Covid. Despite this, staff have continued to turn up when they could, and they have continued to deliver quality care to people who are often at their most vulnerable. There are no words to express our gratitude to staff for their commitment and dedication during this difficult time. I know some shifts have been hard, I know there hasn’t always been the time or resources to provide the level of care we would have wanted, but your efforts have enabled us to continue to provide services in what have been described as some of the most challenging times in the last 30 years. I would draw your attention to the work of the Vaccination programme (pages 7 and 8) and Rosewell House, (page 14), and our Hospital at Home Team (page 17) as just a few examples of this work.

The double whammy of the pandemic and the cost-of-living crisis has had a significant impact on our communities, and in this report, you can learn about some of the work our Link Workers and our Wellbeing Team have been doing to try to help those in the most need.

The forthcoming financial year will continue to be challenging however I have confidence in our workforce and our partners that we will continue to provide the best care we can for the people of Aberdeen. Our new Strategic Plan for 2022-2025 outlines our priorities for the next three years. The focus initially will remain with remobilisation and a review of some services, to enable us to do more. We will also refresh our carers strategy to ensure that the right support is available to this group and to enable them to continue their invaluable work.

Sandra MacLeod
Chief Officer
August 2022

Contents

Introduction

This report finds us in the third and final year of the Aberdeen City Health and Social Care Partnership (ACHSCP) Strategic Plan 2019-2022. The past three years have proved more challenging for our Health and Social Care Services than anyone could have predicted. Our partnership has demonstrated incredible resilience in the face of adversity and our work ethic has been pushed to the limit during the COVID 19 response as we have asked every member of staff to go above and beyond on numerous occasions.

This Performance Report reflects on the 2021-2022 financial year and showcases some of the work which has been carried out in relation to our Strategic Plan within this period. The Report thereafter looks forward to the next three years and our priorities for Strategic Plan 2022-2025.

Identified Priorities for 2021/2022

As part of our 2020/21 Annual Performance Report, we presented our priorities for this financial year. You can find out more about these priorities and the progress made towards achieving these in the identified sections of the report.

- Living with and responding to Covid 19. (see Prevention)
- Staff Health and Wellbeing (see Enablers)
- Reshaping our relationships with Communities
- Inequality, Mental Health and Human Rights (see Connections)
- Whole system and connected remobilisation
- Strategic Plan Refresh
- Local Survey 2022 (planned for 2022-2023)

Strategic Aims for the 2019-2022 ACHSCP Strategic Plan

Aim	Description
Prevention	Working with our partners to achieve positive health outcomes for people and address preventable causes of ill health in our population.
Resilience	Supporting people and organisations so that they can cope with, and where possible overcome, the health and wellbeing challenges they may face.
Personalisation	Ensuring that the right care was provided in the right place and at the right time when people were in need.
Connections	Developing meaningful community connections and relationships with people to promote better inclusion, health and wellbeing and to reduce social isolation.
Communities	Working with our communities, recognising the valuable role that people have in supporting themselves to stay well and supporting each other when care is needed.

Prevention

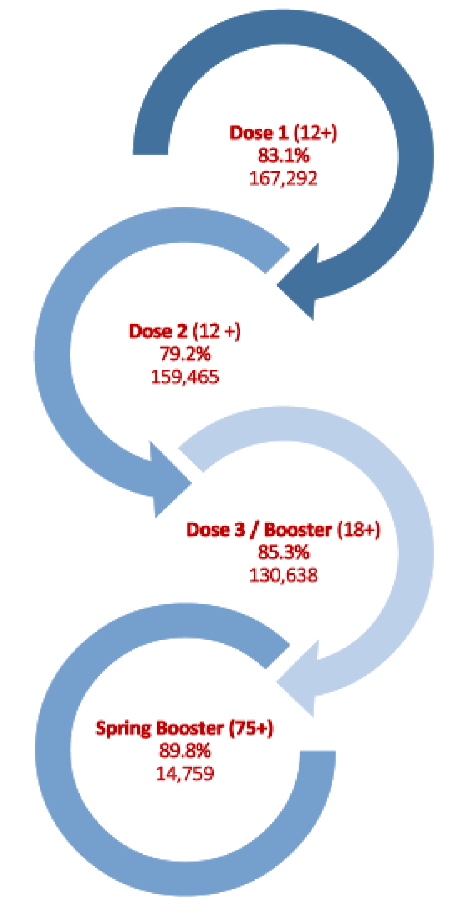
COVID-19 Vaccination Programme

The past year has continued to be dominated by COVID-19, our response to it and trying to manoeuvre our services into responding where the need has been.

Farewell to a Vaccination Team

On the 31st March we said Thank you and Farewell to a group of Vaccinators that joined us at the start of the pandemic to vaccinate and protect the population of Aberdeen against COVID-19.

COVID-19 Vaccinations Delivered over the past year



Prevention

Vaccination Transformation Programme

By April 2022, the full suite of immunisations were transferred from GP Practices over to ACHSCP for delivery. This includes all Pre-School, School and Adult vaccinations.

Pregnancy

- COVID-19
- Flu

From Week 16

- Pertussis*

Birth

8 Weeks

- Six-in-one**
- Rotavirus
- Meningitis B

12 Weeks

- Six-in-one**
- Pneumococcal
- Rotavirus

16 Weeks

- Six-in-one**
- Meningitis B

**diphtheria, tetanus, pertussis, polio, haemophilus influenzae type b, hepatitis B

Pre-School

12-13 Months

- Hib/MenC***
- Pneumococcal
- Meningitis B
- Measles, Mumps & Rubella (MMR)

Aged 2-5

- Flu

3 Years 4 Months

- Four-in-one****
- MMR

***haemophilus influenzae type b, meninigitis c

****diphtheria, tetanus, pertussis, polio

Children & Young People

Primary (5-11)

- Flu

Secondary (12-17)

S1-S6

- COVID-19
- Flu

S1

- Human papillomavirus (HPV)

S2

- Human papillomavirus (HPV)

S3

- Tetanus, Diphtheria & Polio (Td/IPV)
- MeningitisACWY
- MMR (Status)

Adults

18+

- COVID-19

Older Adults

- Flu
- Pneumococcal
- Shingles

Others

Offered to eligible groups:

- COVID-19
- Flu
- HPV
- Pneumococcal
- Hepatitis B
- BCG*****

Including:

- people with certain health conditions
- people who work in health and social care
- people travelling abroad
- refugees
- men who have sex with men (MSM)

*****bacillus calmette–guérin

100% of respondents felt they were well informed

Friendly and great with my little girl. She felt really comfortable

All the staff were VERY kind and helpful to me having a needle phobia and done everything they could to keep me comfortable

Thank you for making this service fast and efficient

94% felt that they did not have to wait long to be seen

Feedback gathered from vaccination clinics in Aberdeen City centre, Airyhall and Bridge of Don

Prevention

"A really good way to start talking about menopause locally. Allowing people to come together to work a way forward in supporting women in Aberdeen and Aberdeenshire"

ACHSCP have come together with Aberdeen Football Club Community Trust to host Meno & Pause Co-lab Café's at Pittodrie Stadium. The first event was held In March 2022, future events are planned throughout the summer.

The feedback so far from the events have been fantastic.

"Very interesting and reassuring in terms of there being many women experiencing the same period of life, even if symptoms varied. Nice to know I am not going daft, and everyone's symptoms/experiences are different and real."

"Very engaging, speakers made everyone feel at ease, the icebreakers worked a treat in getting people speaking. It was also empowering to hear other's stories on how the menopause affects them."

"Really good. Good atmosphere and wasn't too serious, whist covering a range of matters. People treated as important and heard, and a great opportunity to hear about other's experiences."

"It was a great meeting and I felt safe and secure to say exactly how I've been feeling and hearing how others are feeling it made me feel not quite so alone"

Prevention

Parkinson's Classes

Partnership working with Sport Aberdeen, Parkinson's UK and Robert Gordon University piloted a new exercise programme in 2021, for people with Parkinson's Disease. Due to its success a lower impact class was integrated into their Active Lifestyle programme.

The higher intensity class at RGU means that there is a pathway for working age people with Parkinson's disease to progress to an exercise level which is right for them.

Outcomes from the programme included:

- 90% of participants felt their balance & coordination had improved and they reported 100% improvement of a positive impact on stiffness.
- 80% of participants reported an increase in self-confidence & positive mood
- 64% of participants registered the same score or improved on the 12 scale walking scale test.

Exercise After Stroke

The Exercise after Stroke course, piloted and run by Sport Aberdeen in 2021, was a great success. Some participants reporting improvements in several tests including "Time Up & Go, EQ-5D-3L & the Modified Tinetti Assessment".

Participants Next Steps:

- Two participants have started the Steady Steps follow on class and one has taken out a membership
- Two participants are due to start follow on classes and will receive follow on support from the Active Lifestyles team until they begin.

"I now walk every day"

"Enjoyed attending for the social interaction with others"

"Felt instructors & volunteers had good awareness of challenges faced such as balance"

Primary Care Improvement Plan (PCIP)

Since the inception of the 2018 General Medical Services (GMS) contract, we have established six new primary care services under our ‘Primary Care Improvement Plan’ (PCIP) to help support our GP Practices. The PCIP achieves this by expanding and enhancing the multidisciplinary team working to help support the role of GPs as Expert Medical Generalists, to improve patient outcomes.

Implementation of these services has continued despite the impact of the Covid19 pandemic, workforce challenges and we have successfully recruited to the following teams :

Pharmacotherapy

24 WTE pharmacists and pharmacy technicians

- to provide pharmacotherapy support to GP Practices by providing services such as managing acute and repeat prescriptions and undertaking reviews of patients.

CTAC & Immunisations

55 WTE nurses and HCSWs

- to support (non-covid) vaccinations such as pre-school, school-age and adult routine vaccinations, as well and the delivery of community treatment and care services (such as getting bloods taken or minor wounds dressed).

Urgent Care

9 WTE advanced practice clinicians

- Advanced Practice Clinicians visiting patients who need an unscheduled home visit that would have usually been undertaken by a GP. The patient is visited in their home, then the clinician liaises with the GP Practice for any further action.

First Contact Physiotherapy

6 WTE musculoskeletal physiotherapists

- These highly specialist physiotherapists are based in the GP Practices and have the advanced skills necessary to assess, diagnose and recommend appropriate treatment or refer for musculoskeletal problems on a patient's first contact.

Link Practitioners Service

23 WTE Links Practitioners

- Commissioned from SAMH, the service provides non-clinical support to people with issues they are experience, to identify and manage barriers that affect their ability to live well and help them to talk about what really matters to them.

Prevention

Primary Care Improvement Plan (PCIP) (Continued)

Key successes in implementing the Memorandum of Understanding (MoU) include:

Aberdeen City Health and Social Care Partnership (ACHSCP) has demonstrated real local innovation early in the implementation of the MoU, which paved the way for wider roll-out (for example with the City Visits and Link Practitioner Services)

- The transfer of practice-employed staff into the Community Treatment and Care (CTAC) service went smoothly, with close working with local practices. The decision to undertake TUPE has been beneficial as other Health and Social Care Partnerships (HSCPs) are now experiencing issues. Additionally, education opportunities for Health Care Support Workers (HCSWs) have greatly increased under NHSG.
- The First Contact Physiotherapy service took collaborative approach with General Practitioner (GP) representatives to ensure robust governance is in place.
- The Vaccinations service was delivered quickly resulting in keeping vaccinations away from General Practitioner (GP) workload during times of high pressure.
- The PCIP Group is receiving positive feedback across the services. There has been huge achievements and change in service delivery achieved by teams working under such unprecedented circumstances and pressures.

- ACHSCP will work to continue implementing and recruiting to these services over the coming year to ensure their scale up to all practices in Aberdeen and to help ensure their future sustainability.

- Memorandum of Understanding GMS Contract Primary Care Improvement Plan

Prevention

Sexual Health Services across Grampian are hosted by ACHSCP on behalf of the Aberdeenshire and Moray Integration Joint Boards.

In the past 12 months , the Grampian Sexual Health Service has provided 44,752 appointments. This is a significant increase from the previous year, as lots of activity shifted from primary care. The service continues to provide clinics in six locations across Grampian and its staff have worked hard to meet unprecedented demand. On a monthly basis, staff have answered an average of 3,054 telephone calls from patients.

In Aberdeenshire, it was the first service to return to face-to-face appointments during the Covid pandemic, while also maintaining the service at the Health Village.

Resilience

Commissioned from SAMH, the service provides non-clinical support to patients with issues that are affecting their health and wellbeing. GP practices refer patients to Link Practitioners who hold meaningful conversations with patients and make person-centred assessments and referrals. Link Practitioners help patients to manage their own health and well-being and strengthen resilience. This helps to improve patient outcomes; reduce health inequalities; lower waiting lists; and enable GPs to fulfil their duties as expert medical generalists.

The Links service received 1977 referrals in 2021/22, an increase of 16.2% from the previous year.

Links Service Case Study

"Gary" is a gentleman that has been struggling with his mental health throughout lockdown. He was referred to Links Service from his GP.

Gary enjoys walking his dog and taking photos once a day. Gary is keen to meet people again and build his confidence in the community with a plan to move closer to the rest of his family for added support.

Aim: – Find meaningful activities, look at mental health support and look at housing options.

Actions:- Through conversations with Gary, he agreed that Computerised Cognitive Behavioural Therapy (CBT) ("Beating the Blues") would be a good option to explore in the mean time, to help prepare for when he starts with the practice psychologist. Gary was also supported to submit applications for a couple of housing applications both with the local council and housing associations. Gary was referred and supported to attend a meet and greet with 'Aberdeen Healthy Minds' to look at supported activities to try.

Results:- Gary reported finding Beating the Blues helpful to work through. Gary has active housing applications and is awaiting a housing placement. Through meeting with Healthy Minds Gary was offered a place on a media and photography course. In addition Gary also signed up for a badminton group, walking group and art group through the organisation.

What's next:- Gary has updated that the support he received helped with his mental wellbeing, and is aware that when he feels ready he can be re-referred to explore further support options.

Resilience

Frailty Pathway and Rosewell House

People, especially older populations, remain fitter and healthier the longer they remain at home when safe and appropriate to do so. Outcomes for many people following even a short stay in hospital can be negatively impacted. It makes sense that we try to provide more services in people's homes and communities, when safe and appropriate to do so, which is what people tell us they would prefer to a hospital admission.

Over the past two years, we have been working hard to deliver improvements to our services which provide care for people living with Frailty. This involved major changes to how we deliver our services. In redesigning our Frailty Pathway, we moved staff and resources from the hospital to our community teams.

At Rosewell House, we have developed a 'step down' facility for those patients not quite ready to go home from hospital but who are not in need of acute care.

Find out more about some of them in this short video, or scan the QR Code.
https://youtu.be/2H7d_Pauc7c

Rosewell House

Performance Indicators

- Over 700 admissions to date
- 62% patients discharged directly home
- 2 WEEKS: 70% of stays are und 2 weeks

"They [the staff] are brilliant here, lovely, really look after you, staff come round and ask if you are hungry and will get you tea and toast, really look after you".

Patient, Rosewell House

Improved joint working and use of resources not only meets immediate need but also allows the flexibility to adapt the emphasis between social and nursing care as required.

Lead Nurse, ACHSCP

Resilience

Mental Health and Learning Disabilities

Learning Disability Service have been working with in-house services and commissioning providers on the development of Training, Skills and Development Services. In-house services have adopted the ASDAN model which is designed to develop skills for learning, work and life. Commissioned Providers have been focusing on ways to provide a variety of different learning opportunities for individuals to effectively develop their skills and self-confidence.

A new team for Perinatal Mental Health is being established to provide mental health support, assessment and care for pregnant and postnatal women across Grampian and is based in Aberdeen.

The Aberdeen Alcohol and Drugs Partnership ran a series of successful collaborative events to explore service developments aimed at reducing drugs deaths and harms in Aberdeen. Funding bids for a range of local services developed from these events were successfully made and services are to commence in 2022-23.

Personalisation

Rubislaw Park End-of-Life Care Beds

As part of a whole system pathway of care and ACHSCP planning for winter surge, five interim beds within Rubislaw Park Nursing Home were approved for use in December 2021 for End-of-Life Care. Nursing care and management resides with the nursing team within the home, and support is provided where appropriate by the community and out of hours nursing team and Hospital at Home.

The overall ambition for this capacity is that individuals can access this support, wherever they live within Aberdeen ensuring that the right care is provided in the right place and at the right time.

Personalisation

Hospital at Home Team

Hospital at Home (H@H) provides hospital level care by healthcare professionals in a person's own home, for conditions that would otherwise require acute hospital inpatient care. H@H offers patients an alternative to hospital admission and can also support an earlier discharge from hospital when a patient is still receiving medical support.

The service puts patients and their families at the centre of what we do leading to increased patient-centred care, reduced risk of hospital acquired infections and institutionalism. From a service perspective an effective H@H service helps reduce pressure on the hospital system. The current service forms part of the Frailty Pathway and is predominantly applied to older adults and adults living with frailty.

Since the first patient was admitted to the Aberdeen city H@H service in June 2018, the service has continued to expand and evolve.

Key Highlights 2021- 2022

- From 2021 the model of care has moved to a fully consultant led service.
- The capacity of beds the service can support has increased by 33% to 20 beds.
- The service additionally supports five end of life care beds based in Rubislaw Park Care Home.
- The H@H team has developed processes and skills within the workforce to support the out-patient parenteral anti-microbial therapy (OPAT) service in Aberdeen city.
- The number of patients using the service has increased 27% in the last 12 months to a total of 641.
- 79% of patients are discharged from H@H within 7 days and of those 43% are discharged within 3 days.
- Revamped referral pathway, making the referral process smoother.
- In November 2021, the service implemented Morse. A system to support efficient, accurate and secure patient records by healthcare professionals while working in community settings.
- Research paper published "Staff views on a hospital at home model implemented in a Scottish Care Setting" based upon the team. The full paper can be found here

"We are really most grateful to you all, for the help received. It has been truly exceptional"

"An amazing and most caring service"

"We have been absolutely amazed by your service. Your care, help and advice have been most helpful and very reassuring"

Patient Quotes

Connections

ACHSCP and Robert Gordon University (RGU) value partnership working and regularly work together to deliver placements for a number of students across several courses.

"The Aberdeen Health and Social Care Partnership allows RGU School of Health Sciences students access important partnership learning experience as well as the ability to contribute positively to the wider community. The feedback regarding placement and work based learning experiences with ACHSCP is exceptional from colleagues, service users and students. The students recognise the impact these experiences have on their employability and personal development. RGU is delighted to be able to contribute to and support the innovative solutions that the ACHSCP provide for their service users and people of Aberdeen." Donna Wynne, Academic Strategic Lead (School of Health Sciences, RGU)

" Mum was fair chuffed with her tea out and flowers, thanks so much to you all, I feel more relaxed knowing mum is not stuck in with her thoughts. She seemed so happy when I called in past on my way home"

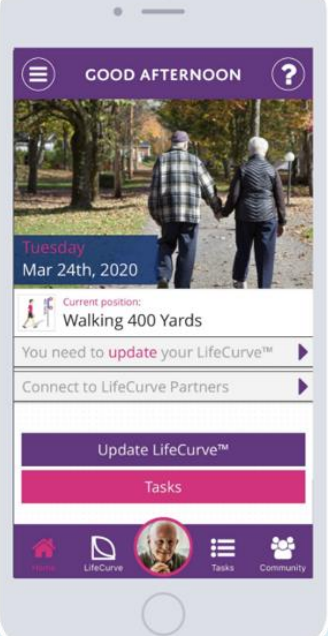
Sport and Exercise Science

We also supported a placement for Sport and Exercise students in partnership with Bon Accord Care, within Kingswood Court Very Sheltered Housing and Day care. Students used the Physical Activity Packs (created within Stay Well Stay Connected) to make a positive impact of regular exercise for older adults and establishing an exercise group.

Connections

Occupational Therapy

Peer Digital Placement with Robert Gordon University (RGU) Occupational Therapy students allowed us to support and digitally connect residents in Dominies, Hilton and Stewart Park Court. With partnership working from ACC Libraries, Community Adult Assessment and Rehabilitation (CAARS), RGU, BAC and ACHSCP, the project covered many themes including accessing the LifeCurve App and its many benefits.



Students were given ‘wellbeing sessions’ educating AHP students about the benefit of wellbeing from a holistic stance. This can mean looking at some non-traditional interventions and community settings. Example of this include the Boogie in the Bar project (*see Communities for more information about this project*)

Connections

Equalities and Human Rights

Some of our residents, including our staff, experience inequality, stigma or discrimination due to their age, sex, disability, sexual orientation, gender reassignment, marital status, pregnancy or maternity status, race, religion, or belief.

In May 2021, Aberdeen City IJB updated their Equality Outcomes and Mainstreaming Framework (EOMF) with seven equality related outcomes covering all patients, clients, service users and their carers having access to, and confidence in the services we deliver as well as those delivering services having compassion and respecting the dignity of individuals and involving people in the way those services are delivered.

The Equality and Human Rights Sub Group of the Strategic Planning Group comprising of representatives of people and communities with protected characteristics provide constructive challenge to officers and monitor progress of delivery of the framework.

A key development during 2021/22 has been putting in place a more robust process for undertaking Health Inequality Impact Assessments (HIIA) for every major change to service provisions. The new process includes an initial assessment checklist to determine whether an HIIA is required and, if one is, a recording proforma to capture who was involved, what feedback they gave and what impact this had on the decision-making process.

Connections

Aberdeen HSCP, Third sector and Communities come together to support asylum seekers

In November 2021, Aberdeen City welcomed 110 male asylum seekers through the national dispersal scheme. The Cities new residents came from a variety of countries, speaking many different languages between them. Some had been exposed to various traumas including trafficking and torture, all came to the UK seeking better lives as their lives back home were filled with fear, violence and persecution. They came with limited personal belongings, and basic needs such as appropriate clothing for living in the North East climate needed to be met.

This was the first time Aberdeen had experienced asylum seekers arriving in the city and with no resources or extra capacity being provided to support the vulnerable group there were a number of challenges to overcome to support their health and wellbeing. Staff from the partnership worked with MEARS, local churches, community volunteers, GREC, ACVO, Sports Aberdeen, Searchlight, WEA, The Foyer, Street Soccer and NESCOL to coordinate a range of opportunities including Fundraising, ESOL, Clothing and Orientation events. Primary care also provided a nurse drop in at the hotel supported by Marywell.

Activities and support for the dispersal hotel service users included:

- Health and accessing services inputs
- Vaccination awareness and information (with the option to get vaccinated)
- NEEDS assessment sessions (ACVO Adult Mental Health funding application supported events)
- £2K clothing spend (ACVO funding from Baptist church)
- Clothing donations coordinated between organisations
- 4 Desk top computers donated (Reboot Moray)
- Free data for 6 months – sims applied for by GREC
- First Bus : Bus passes (GREC)
- SEARCHlight – activity planning, assessing those involved in trafficking
- Cyrenians gym holdalls and Christmas welfare packs
- ESOL GREC Volunteers / WEA/ NESCOL
- Volunteering opportunities (LID HUB)
- Sport Aberdeen GYM passes
- Library support
- Toothbrushes and tooth paste (PH Dental service)
- Free haircuts NESCOL
- DR Bike : bike maintenance and free bikes

Connections

Breastfeeding Peer Support continues to be provided in the local community, both 1:1 and at breastfeeding groups in Tillydrone and Woodend. 42 hours of breastfeeding support was provided by peer support volunteers who receive training and mentorship from NHS Grampian. Across Aberdeen, there is a network of 22 volunteers who provide friendly, proactive and competent support.

Communities

Support to Unpaid Carers

The pandemic posed particular challenges for Unpaid Carers and this has been acknowledged nationally and locally. ACHSCP staff have continued to work hard to prioritise support for Carers. This includes Social Work developing a new approach to provision of respite within Localities which has had positive outcomes for Carers and those they care for.

Whilst operational challenges meant we were unable to publish a revised Carer Strategy during 2021/22 we continued to progress with identified actions, and development is now underway to publish the revised strategy in Winter 2022.

Our commissioned support service, Quarriers' Aberdeen Carer support service, have continued to work hard to ensure support is available for Adult Carers across the city. As a co-produced service, they work with Unpaid Carers to develop a programme of support activities to meet the needs of those who use them as well as 1:1 support and the opportunity to develop Adult Carer Support Plans.

"I think it is great that carers have been given the opportunity to contribute to further development of services provided by Quarriers. It shows that Quarriers actually do welcome input from the people who use their services."

The whole course was a joy! Every element was an invitation to learn something new and I feel I Have gained hugely from taking part.

The range of support groups being provided by Quarriers to Unpaid Carers (both online and in person) in Aberdeen include;

- Parent Carer Café
- Men's Group
- Connexions (Women's mental health support)
- Health & Wellbeing Book Group
- Carers Catch up
- Adult Carer's mindfulness

During 2021/22 Unpaid Carers in Aberdeen had the opportunity to take part in the 'Creative Paths' programme. Creative Paths was developed in partnership with Findhorn Bay Arts and Quarriers by Artists Dawn Hartley, Nicola Kennell and Quee MacArthur. Delivered online with in person meets for Quarriers Carers in the north east of Scotland, the project was supported by Creative Scotland, Quarriers and Findhorn Bay Arts. It supported Unpaid Carers to explore the Arts through music, mindfulness, artistic techniques and dance.
A video was developed to showcase the project and is available via this link.

Communities

The Wellbeing Team were formed in 2012 in Aberdeen City Council's Social Work directorate and it was one of the first wellbeing teams in Scotland.

Tasked with helping keep the over 65's healthy for longer, with an improved quality of life, their main objectives were to create more community capacity, meaningful activities for the older population, and to promote the concept of wellbeing through a social model of health. Aberdeen's Active Ageing calendar was thus born!

Pre-Covid, the team helped create, fund and influence a huge active ageing programmes in the City : from older adult exercise classes, special event days including Silver Sunday, Older Adults Day, Highland T in the Park, Technogym sessions, reminiscent kits, Functional Fitness MOTs, cinema sessions, arts projects, lunch clubs, meaningful activities network, long term condition activities and the famous Golden Games- to name but a few!

The team has really challenged traditional approaches to health and wellbeing. They work in close partnership with stakeholders such as Sport Aberdeen, Aberdeen Football Club Community Trust, among others to co-produce increased community provision.

Communities

Seaton Soup and Sannies
This is a co-produced project with Aberdeen City Health and Social Care Partnership Wellbeing Coordinators, volunteers from SHMU and Aberdeen Football Club Community Trust. It is hosted and supported by Seaton Community Centre.

This was an extremely popular event prior to the covid19 pandemic, and it was evident when talking to the residents within the sheltered housing complexes in Seaton that there was still a need for this event.

It is held on the last Tuesday of every month from 11.30am-13.30pm. Due to restrictions the first one held in April could only allow 14 residents from Lord Hays Court, however in May the restrictions within the community centre were eased and this allowed for 28 residents from Lord Hays Court, Seaton House, Donview and Seaview House. A minibus with a tail lift is provided to pick all the residents up, if they require transport.

Communities

"It's so good to be back at the Boogie's - my life was not the same without them" Boogie Resident

Boogie in the Bar

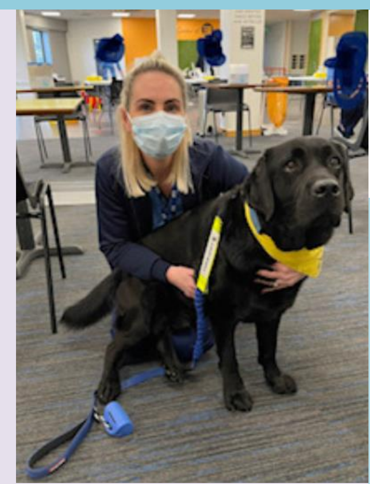
Boogie in the Bar is arguably the most popular event in the active ageing calendar!

It was one of the most missed activities through Covid 19 and the Wellbeing Team were delighted to be able to establish it again.

The Boogies currently run in three local areas, Kincorth (at the Abbot Bar), Northfield (Sunnybank FC) and the original at the Foundry Bar, Holburn Street . Held once a month it's run through partnership working with ACC Communities team, volunteers and the wellbeing team. It is the flagship of the City's Memories programme.

Our Enablers

Empowered Staff



The last 12 months has seen a significant increase in activity to support staff health & well-being, in recognition of the extreme pressures caused by Covid 19.

There has been significant financial investment in a range of free complimentary therapies provided across ACHSCP sites. They have included reflexology; pedicures, head & neck massages .

In order to encourage staff to take a break , we have provided large volumes of free tea/ coffees/ biscuits, soup , sandwiches and cakes!

Over autumn/ winter there was also distribution of personal alarms , torches , winter driving kits , all to increase staff safety as they travel to and from work.

Mindfulness sessions , pet therapy, listening services and team development sessions have also been widely used across city .

morse·

Digital Transformation

In 2020, we implemented ‘Morse’ to our Health Visiting teams. This provided our teams with access to their patients record electronically at the point of contact. Based on the success of this, in May 2021 ACHSCP took the decision to procure further devices and licenses and implemented Morse to several other teams including School Nursing, Hospital at Home, Macmillan Nursing and Community Nursing teams.

“I think Morse has made our roles easier with regard to storing info and sharing info. I think it’s a fantastic tool”. Health Visitor, ACHSCP

Our Enablers

Sustainable Finance

Financial Year 2021/22 was challenging as our normal expenditure pattern continued to be disrupted by Covid. Spending in some areas decreased as service delivery was postponed or reduced and in other areas it massively increased as we responded to the pandemic. Robust arrangements were put in place to identify and monitor the financial impact and to ensure we were able to access additional funding to mobilise our response.

Our Income and Expenditure for 2021/22 is shown to the right. We were able to add to our reserves above the 2020/21 position. Our Medium-Term Financial Framework for 2022/23 to 2028/29 was approved at IJB on 10th March 2022 and our unaudited Annual Accounts were approved by the Risk, Audit and Performance committee in April 2022.

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices.

2020/21 Gross Expenditure £	2020/21 Gross Income £	2020/21 Net Expenditure £		2021/22 Gross Expenditure £	2021/22 Gross Income £	2021/22 Net Expenditure £
36,773,002	0	36,773,002	Community Health Services	36,816,513	0	36,816,513
22,694,740	0	22,694,740	Aberdeen City share of Hosted Services (health)	26,329,493	0	26,329,493
34,344,973	0	34,344,973	Learning Disabilities	34,689,647	0	34,689,647
21,098,094	0	21,098,094	Mental Health & Addictions	22,857,455	0	22,857,455
79,024,830	0	79,024,830	Older People & Physical and Sensory Disabilities	84,433,335	0	84,433,335
326,346	0	326,346	Head office/Admin	706,721	0	706,721
17,239,540	0	17,239,540	Covid	11,977,726	0	11,977,726
5,046,774	(4,955,087)	91,687	Criminal Justice	4,931,999	(4,840,312)	91,687
746,121	0	746,121	Housing	1,862,505	0	1,862,505
40,447,093	0	40,447,093	Primary Care Prescribing	40,165,525	0	40,165,525
42,512,697	0	42,512,697	Primary Care	43,058,027	0	43,058,027
2,750,857	0	2,750,857	Out of Area Treatments	2,494,721	0	2,494,721
47,802,300	0	47,802,300	Set Aside Services	49,408,000	0	49,408,000
4,437,062	0	4,437,062	Transformation	7,048,615	0	7,048,615
355,244,429	**(4,739,454)**	**350,289,342**	**Cost of Services**	**366,780,281**	**(4,840,312)**	**361,939,969**
0	(365,923,226)	(365,923,226)	Taxation and Non-Specific Grant Income (Note 5)	0	(395,096,189)	(395,196,089)
355,244,429	**(370,878,313)**	**(15,663,884)**	**Surplus or Deficit on Provision of Services**	**366,780,281**	**(399,936,501)**	**(33,156,221)**
		(15,663,884)	**Total Comprehensive Income and Expenditure**			**(33,156,221)**

Our Enablers

Principled Commissioning

We continue to use our strategic commissioning approach to work with providers and service users to redesign provision of care, with a clear focus on outcomes. To support the transition towards a National Care Service for Scotland, the Partnership has been working to align its commissioning approach with ethical commissioning principles, as recommended in the Independent Review of Adult Social Care. These principles have a person-centred care first/human rights approach at the core, with an emphasis on collaboration and participation between all stakeholders.

The Partnership continues to respond to the need of managing "Supplier Sustainability" to support service providers through the Covid-19 pandemic. The Partnership manages the application process aligned to the Scottish Government's national policy, and this support has enabled service providers to continue delivering high quality services to those people from, and living in, our communities. Up to May 2022, £14m of claims have been received and processed.

We have created Market Position Statements for Training and Skills Development services for people with mental illness and learning disabilities and also Mental Health and Learning Disability Residential and Supported Living Accommodation, based upon outcomes within our strategic documents, and co-designed between providers of services for people with mental illness and learning disabilities within Aberdeen City and colleagues within Aberdeen City Health and Social Care partnership.

Our Enablers

Modern and Adaptable Infrastructure

It is necessary for the Aberdeen City Health and Social Care Partnership to take account of the functional suitability and capacity of existing premises and emerging new settlements in line with local development plans, to determine the priorities across the city by identifying the current service model, the need for change and the required service strategy moving forward.

Aberdeen City Health and Social Care Partnership has invested in dedicated resource and capacity to ensure all actions in the Delivery Plan which supports our Strategic Plan are completed. This includes any capital and infrastructure projects across the city. This means that resource is available to support progression of approved capital projects via the Scottish Capital Investment Manual (SCIM) guidance.

Key infrastructure progress in 2021/22 has included:

- Identifying appropriate space in which CTAC services can be established.
- Agreeing and progressing the purchase of the former police station next to Danestone Medical Centre.
- Agreeing and progressing the purchase of a retail unit in the new Countesswells housing development to deliver a temporary solution to providing primary care services in the area.
- Following the closure of Carden Medical Practice in January 2022, ACHSCP has undertaken a robust and transparent process to utilise the Carden House building to its maximum capacity. By ensuring that the building once again hosts services that will provide patients with a range of health and care services this will be in line with the feedback received through patient consultation that was undertaken during the closure of Carden Medical Practice. This will also deliver a key infrastructure component of the ACHSCP delivery plan for 2022.
- £500,000 of NHS Grampian improvement grants were available in 2021/22 and a wide range of work was undertaken in pharmacies and dental and GP practices. These included installing gas central heating, improving physical access to buildings and repurposing rooms after the removal of medical records.

Governance

Integration Joint Board (IJB) Directions

The IJB is responsible for the planning of delegated Health and Social Care Services provided by both NHS Grampian and Aberdeen City Council. They achieve this through the Strategic Plan. Directions are the legal process used to instruct the parties (Aberdeen City and NHS Grampian) to deliver these services. An example of how these have been used is the development of the Rubislaw Park End-of-Life Care Beds referenced on p13.

The IJB is then responsible for monitoring the performance of the delivery of these services on an on-going basis.

Risk Register

Our Strategic Risk Register is reviewed by the IJB and the Risk, Audit and Performance Committee four times a year. The main movements in the strategic risks during 2021/22 have been the embedding of the risk of the IJB becoming a Category 1 Responder under the Civil Contingencies Act, 2004. The IJB also held a workshop in October 2021 where it reviewed the Board's risk appetite statement as well as undertaking a review of the high and very high risks on the register. The format of the Strategic Risk Register was also reviewed in 21/22 to include a new way of describing the individual risks. The Register now describes the cause, event and consequence of each risk.

Governance

Whistleblowing

Whistleblowing is when a person, usually working within a public service, raises a concern of mismanagement, corruption, illegality, or some other wrongdoing.

There are three main policies relevant to the IJB and ACHSCP;

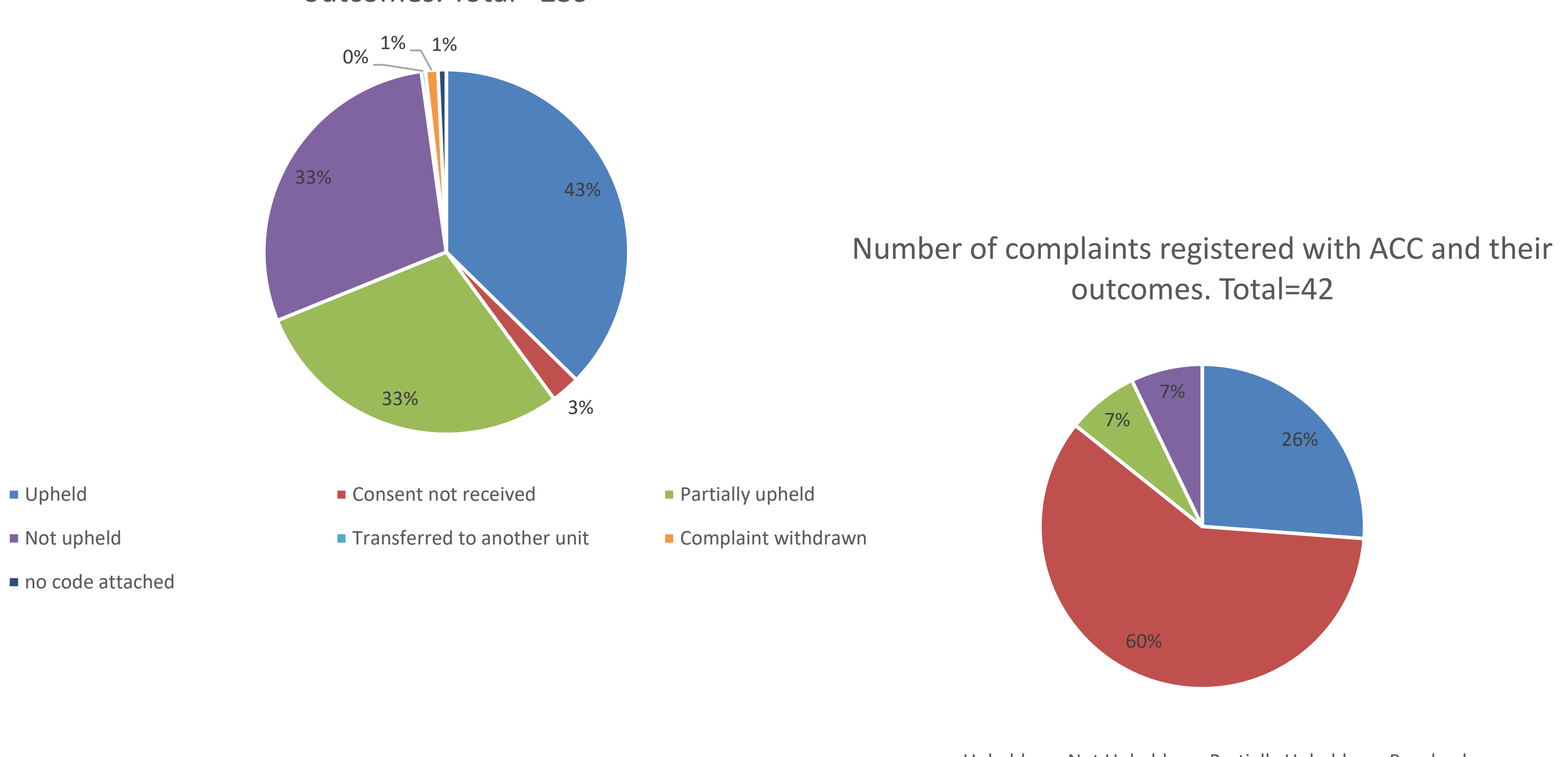
- the National Whistleblowing Standards,
- Aberdeen City Council's Whistleblowing Policy and
- the IJB's Whistleblowing Policy.

Whistleblowing incidents captured through the process will be reported to both the IJB and NHS Grampian on a quarterly basis. It is proposed that the Risk, Audit and Performance Committee receive the quarterly reports when there are incidents to report.

The IJB are committed to dealing responsibly, openly and professionally with any genuine concerns held by staff of the Aberdeen City Health and Social Care Partnership, Members of the Board or Office Holders, encouraging them to report any concerns about wrongdoing or malpractice within the IJB, which they believe has occurred."

Governance

In 2021/22, there were 281 complaints registered with ACHSCP through either NHS Grampian or Aberdeen City Council. The following displays the outcomes from those received. Forty percent of the total number of complaints registered were upheld.



Looking Ahead

The Annual Performance Report has focused upon our accomplishments over the past financial year. Our National Integration Indicators and Ministerial Steering Group indicators can be found in Appendix 1 and 2 and help to give context around our achievements compared to the rest of Scotland.

The next financial year will continue to have a theme of remobilisation as we 'get back to normal', however we intend to bring many areas of our learning through the Covid pandemic with us and where possible build upon these successes to provide the population of Aberdeen with a range of services which are robust and can be relied upon when required.

The following pages outline our Strategic Plan for 2022-25 and our priorities for the next financial year.

Strategic Plan 2022-2025

The Strategic Plan for 2022-25 was formally approved by the Integration Joint Board (IJB) in June 2022. It outlines the priorities for the next three years and based upon a delivery plan, it will allow the ACHSCP to display demonstratable progress towards these aims. The following shows the 'Strategic Plan on a Page'.

Strategic Aims			
CARING TOGETHER	**KEEPING PEOPLE SAFE AT HOME**	**PREVENTING ILL HEALTH**	**ACHIEVE FULFILLING, HEALTHY LIVES**
Strategic Priorities			
▸ Undertake whole pathway reviews ensuring services are more accessible and coordinated ▸ Empower our communities to be involved in planning and leading services locally ▸ Create capacity for General Practice improving patient experience ▸ Deliver better support to unpaid carers	▸ Maximise independence through rehabilitation ▸ Reduce the impact of unscheduled care on the hospital ▸ Expand the choice of housing options for people requiring care ▸ Deliver intensive family support to keep children with their families	▸ Tackle the top preventable risk factors for poor mental and physical health including: - obesity, smoking, and use of alcohol and drugs ▸ Enable people to look after their own health in a way which is manageable for them	▸ Help people access support to overcome the impact of the wider determinants of health ▸ Ensure services do not stigmatise people ▸ Improve public mental health and wellbeing ▸ Improve opportunities for those requiring complex care ▸ Remobilise services and develop plans to work towards addressing the consequences of deferred care

Enabling Priorities				
WORKFORCE	TECHNOLOGY	FINANCE	RELATIONSHIPS	INFRASTRUCTURE
▸ Develop a Workforce Plan ▸ Develop and implement a volunteer protocol and pathway ▸ Continue to support initiatives supporting staff health and wellbeing ▸ Train our workforce to be Trauma informed	▸ Support the implementation of appropriate technology-based improvements – digital records, SPOC, D365, EMAR, Morse expansion ▸ Expand the use of Technology Enabled Care throughout Aberdeen ▸ Explore ways to assist access to digital systems ▸ Develop and deliver Analogue to Digital Implementation Plan	▸ Refresh our Medium-Term Financial Framework annually ▸ Report on financial performance on a regular basis to IJB and the Audit Risk and Performance Committee ▸ Monitor costings and benefits of Delivery Plan projects ▸ Continually seek to achieve best value in our service delivery	▸ Transform our commissioning approach focusing on social care market stability ▸ Design, deliver and improve services with people around their needs ▸ Develop proactive communications to keep communities informed	▸ Develop an interim and longer-term solution for Countesswells ▸ Review and update the Primary Care Premises Plan

Priorities for 2022/2023

We have a number of priorities for the next financial year which are outlined below:

- Refresh of the Unpaid Carers Strategy
- The Workforce Plan 2022-2025 is to be implemented.
- Continued Implementation of the Primary Care Improvement Plan
- Increase the Number of beds available within the Hospital at Home Service
- Progress the Mental Health and Learning Disabilities Transformation Programme

Further Information about our Delivery Plan can be found within the ACHSCP Strategic Plan 2022-2025

Appendix 1- National Integration Indicators

This displays the National Integration Indicators for 2021/22 compared with those received in 2019/2020. Indicators 1-9 are based upon the Health and Care Experience (HACE) Survey issued to patients on a biennial basis. The full results of the HACE Survey can be found here Introduction - Health and Care Experience survey - 2022 - Health and Care Experience survey - Publications - Public Health

The National Indicators 1-9 show that there has been a reduction in the overall feeling within our communities that they are well supported from the services that they receive. During the past year we have reacted to significant challenges in remobilising services after the effects of COVID19 and the indicators may reflect this. Aberdeen City's results are in line with those received across Scotland.

		Aberdeen City		Scotland	
		Previous	Current	Previous	Current
NI.1	Percentage of adults able to look after their health very well or quite well	94	93	93	91
NI.2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	82	78	81	79
NI.3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	78	66	75	71
NI.4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	76	71	73	66
NI.5	Total % of adults receiving any care or support who rated it as excellent or good	79	76	80	75
NI.6	Percentage of people with positive experience of the care provided by their GP practice	77	65	79	67
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	84	79	80	78
NI.8	Total combined % carers who feel supported to continue in their caring role	34	32	34	30
NI.9	Percentage of adults supported at home who agreed they felt safe	85	76	83	80
NI.10	Percentage of staff who say they would recommend their workplace as a good place to work				

The ACHSCP Strategic Plan 2022-2025 outlines the intention to improve Primary Care stability by creating capacity for general practice via the delivery of the strategic intent for Primary Care Improvement Plan (PCIP). The implementation of PCIP should positively impact upon the results received within the next HACE survey carried out in 2023/24.

Appendix 1- National Integration Indicators (Continued)

		Aberdeen City		Scotland	
		Previous	Current	Previous	Current
NI.11	Premature mortality rate per 100,000 persons	432	458	457	471
NI.12	Emergency admission rate (per 100,000 population)	9,201	9,329	10,952	11,475
NI.13	Emergency bed day rate (per 100,000 population)	87,331	90,126	101,115	105,957
NI.14	Readmission to hospital within 28 days (per 1,000 population)	139	116	120	103
NI.15	Proportion of last 6 months of life spent at home or in a community setting (%)	91	91	90	90
NI.16	Falls rate per 1,000 population aged 65+	22	21	22	22
NI.17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections (%)	91	78	82	76
NI.18	Percentage of adults with intensive care needs receiving care at home	56	56	63	65
NI.19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	276	323	484	761
NI.20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	26	27	24	24

The National Indicators 11-20 show that there a number of elements that ACHSCP are preforming well at, compared with the last reporting period and nationwide. An example of this includes the decrease in the premature mortality per 100,000 people.

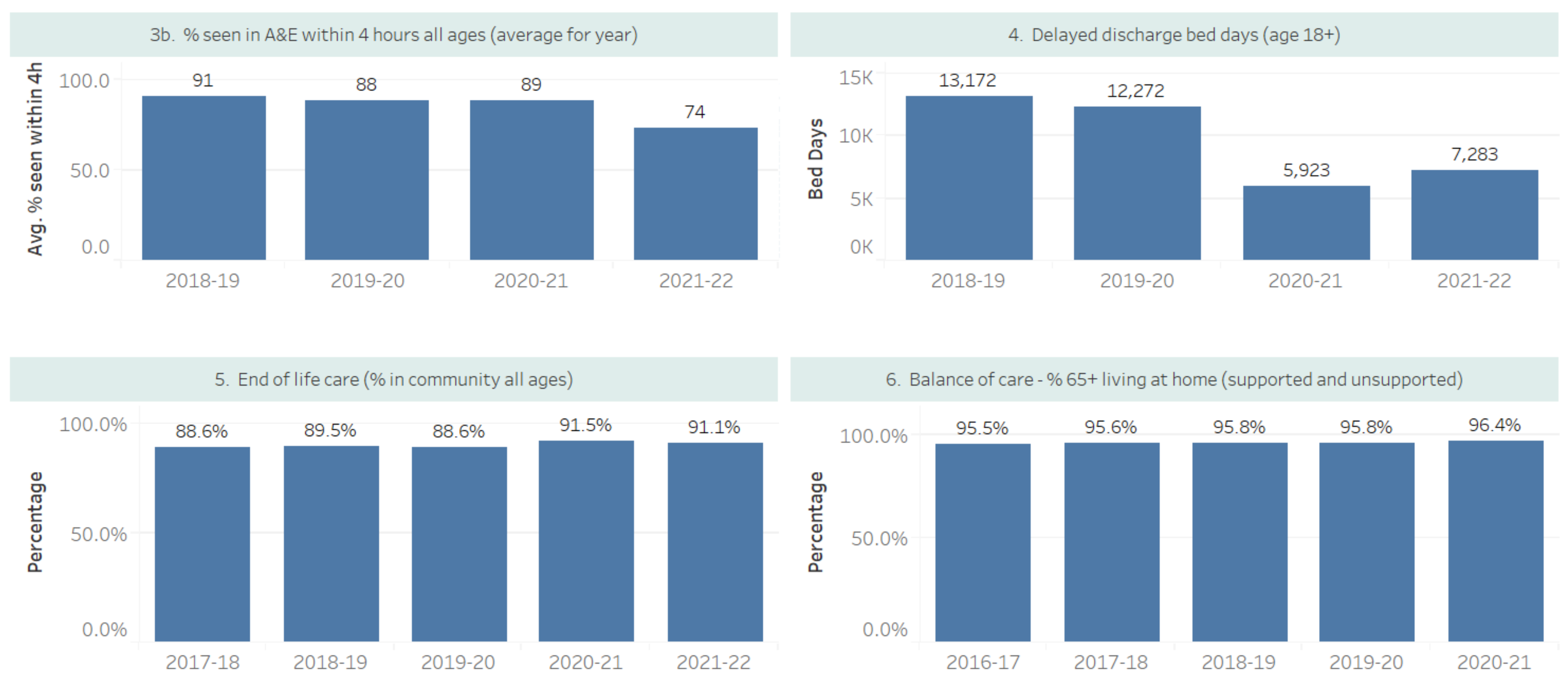
Areas where the ACHSCP do not appear to performing well is the number of days people spend in hospital when they are ready to be discharged, which is reported at sitting at 323 days per 1,000. Over the Covid 19 period, ACHSCP has made significant progress in redesigning the frailty pathway and establishing the Hospital at Home service. The delivery plan within the Strategic Plan 2022-2025 continues to place importance upon its continued delivery and on the services responsiveness to the population's needs.

Appendix 2- MSG Indicators

Indicators are reported to the Scottish Government via the Ministerial Strategic Group for Health and Community Care (MSG). These measures are intended to provide a view of how Partnerships are progressing against a range of whole system level measures.

The MSG indicators show a mixed set of results. Most of the indicators display figures which are closer to 2019-20 results. This would indicate that services are remobilising after Covid19. However, indicator 2b shows that unscheduled bed days in geriatric long stay has decreased significantly, this is likely down to the success of the step down facility at Rosewell House.

Appendix 2-MSG Indicators (continued)



There has been a significant drop in the percentage of people seen in A&E within 4 hours. This is likely due to service pressures, and ACHSCP have responded operationally to this pressure. The figures show stability in end of life care and the balance of care (MSG five and six).