Aberdeen City Health & Social Care Partnership

A caring partnership

Evidence Document to inform ACHSCP Strategic Plan 2025-29

October 2024

1. National Context

Below, in no particular order, are the key national strategic developments that shape our strategic planning and direction.

National Public Health Priorities

In June 2018 the Scottish Government and COSLA agreed six Public Health Priorities. The intention was that these priorities were shared across the whole of public health and that they facilitated collaborative working. Indeed, these have informed a number of other priorities and policies and are still relevant today.

- A Scotland where we live in vibrant, healthy and safe places and communities.
- A Scotland where we flourish in our early years.
- A Scotland where we have good mental wellbeing.
- A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
- A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
- A Scotland where we eat well, have a healthy weight and are physically active.

Verity House Agreement

The Verity House Agreement is a partnership agreement between the Convention of Scottish Local Authorities (COSLA) and the Scottish Government setting out their vision for a more collaborative approach to delivering shared priorities for the people of Scotland. It was published on 30 June 2023 and forms the first part of the new deal between national and local government.

There are three shared priorities under the Verity House Agreement: -
• tackling poverty;
• just transition to net zero; and
• sustainable public services

National Vision

In June 2024, the Cabinet Secretary for Health and Social Care outlined their vision for health and social care - a Scotland where people live longer, healthier and fulfilling lives. This vision is supported by four key areas of work:

- improving population health,
- a focus on prevention and early intervention,
- providing quality services, and
- maximising access.

To deliver this vision the Scottish Government are focusing on four core priorities - eradicating child poverty; growing the economy; tackling the climate emergency; and improving Scotland's public services.

Population Health Framework for Scotland

To help realise the national vision, a Population Health Framework (PHF) is being developed which takes a cross-government and cross-sector approach to improve the key building blocks of health. It will be a joint Scottish Government and Convention of Scottish Local Authorities (COSLA) publication and is being developed in collaboration with key system wide partners, including NHS public health leaders.

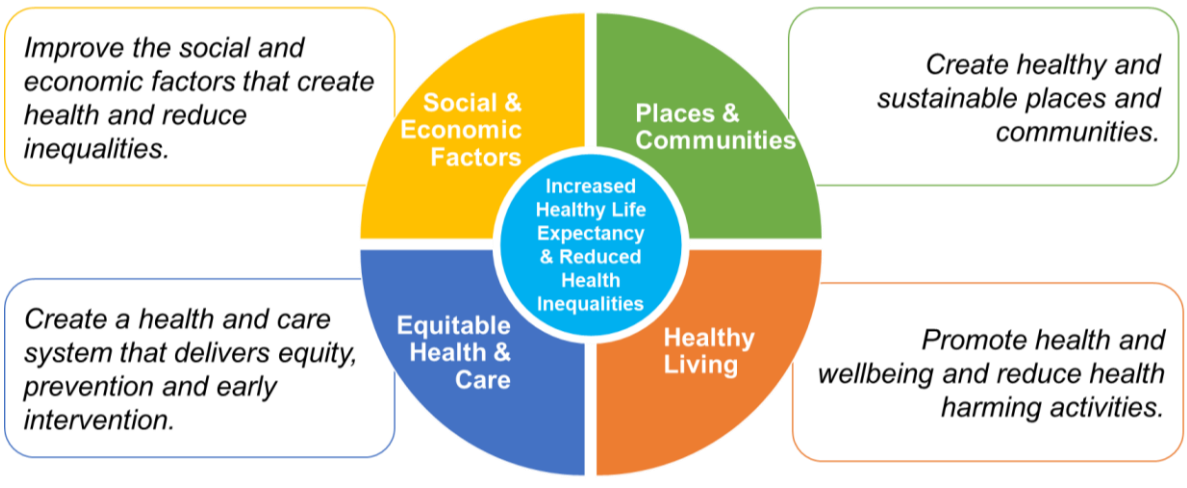
In the summary report relating to developing the PHF and why it is needed, the authors state that good physical and mental health is a basic human right and that everyone should enjoy the benefits of good health, regardless of age, sex, religion, race or ethnicity, disability, sexual orientation, gender identity or migration status. This includes not only the right to health services, but to the wide range of factors that help achieve the best health. It is acknowledged that in Scotland, the persistence of health inequalities means that the right to health is not experienced equally by everyone.

According to the National Records of Scotland figures, after decades of improvement, Scotland's health is worsening. Over the past decade Scotland has seen a decline in life expectancy, meaning people are, on average, dying younger now than they were ten years ago. There is also a widening of health inequalities. People living in the most deprived areas experience poor health longer and die younger than people living in the least deprived areas. The Scottish Burden of Disease study forecasts a 21% increase in the annual disease burden in Scotland over the next 20 years. Health and wider societal inequalities, along with an ageing population, will see this increasing burden fall disproportionately on a smaller population of people within our society. An anticipated rise in a range of diseases including cancer, cardiovascular disease, diabetes and neurological conditions will inevitably place additional pressure on health and care services.

The report confirms that there are a breadth of factors that impact people's health and wellbeing and these go far beyond what the health and care system itself can deliver. These building blocks of health and wellbeing include good early years and education, fair work and income, access to healthy places and public services, and the ability to lead healthy lifestyles

The PHF will set out how the Scottish Government, COSLA, Local Government, the NHS and partners across business, third sector and communities, can increase the positive effects that the social and economic drivers of health have on population health, mitigate those areas that contribute to negative health outcomes and build a Scotland that positively supports health and wellbeing. This will be complemented by holistic actions which will aim to promote improved health and wellbeing, reduce health harming activities and support more equitable access to health and care. The PHF is an opportunity to build on the Public Health Priorities for Scotland agreed in 2018 (see below) given the experience of the pandemic. In addition, the PHF can be used to bring greater focus to how priorities are delivered, setting out what actions and approaches are needed nationally and locally to support change. Within the proposed PHF the four drivers of health and wellbeing are noted as:

- **Social & Economic Factors** e.g. income, early years, education, housing, transport, etc.
- **Places & Communities** e.g. the places that people live, access to key services, etc.
- **Healthy Living** e.g. smoking, alcohol consumption, diet, physical activity, etc.
- **Equitable Health and Care** e.g. equity, early intervention, health promotion and disease prevention help people to have good health, etc



4 Guiding principles are being proposed for the PHF: -

National Performance Framework

The Scottish Government's National Performance Framework (NPF) sets out a vision for collective wellbeing. The majority of the National Outcomes that underpin this are directly affected by the health of the population. Given current and forecasted population challenges, tacking action to improve population health is vital to achieving the National Outcomes. It should be noted that the National Outcomes are currently being reviewed. New outcomes in relation to Care, Climate Change, Wellbeing and Fairer Work, Equality and Human Rights, and Housing are being proposed along with the proposal to amend the 'Poverty' outcome to 'Reduce Poverty'. It is anticipated that the National Performance Indicators will also be reviewed once the new outcomes are agreed.

Finance and Performance

In July 2024, the Accounts Commission published a report on Integration Joint Boards Finance and Performance. In it they say that Integration Joint Boards (IJBs) face a complex landscape of unprecedented pressures, challenges and uncertainties and that the financial outlook for IJBs continues to weaken with indications of more challenging times ahead. Inflation, pay uplifts and Covid-19 legacy costs are making it difficult to sustain services at their current level. Overall funding to IJBs in 2022/23 decreased by nine per cent in real terms or by one per cent in real terms once Covid-19 funding is excluded. The projected funding gap for 2023/24 almost tripled, in comparison to the previous year, with over a third anticipated to be bridged by non-recurring savings, with a quarter of the gap bridged using reserves. This is not a sustainable approach to balancing budgets. In addition, the report noted that IJBs operate within complex governance systems that can make planning and decision making difficult and that uncertainty around the direction of the plans for a National Care Service and continued instability of leadership in IJBs has further contributed to this. It also noted that the health inequality gap is widening.

Furthermore, the report noted that data quality and availability is insufficient to fully assess the performance of IJBs and inform how to improve outcomes for people who use services with a lack also of joined up data sharing. The available national indicators, however, showed a general decline in performance and outcomes.

In relation to current commissioning and procurement practices the report noted that these are driven largely by budgets, competition, and cost rather than outcomes for people. They are not always delivering improved outcomes and are a risk for the sustainability of services. Improvement to commissioning and procurement arrangements were seen to have been slow to progress but it was noted that this is developing. Some positive examples of where more ethical and collaborative commissioning models are being adopted were cited.

Finally, the report noted that there is variability in how much choice and control people who use services feel they have and that unpaid carers are increasingly relied on as part of the system but are also disproportionately affected by the increased cost-of-living.

The Accounts Commission propose that whole system, collaborative working is needed as part of a clear national strategy for health and social care that will promote improved outcomes across Scotland but reflects the need to respond to local priorities.

Planning with People

In May 2024, the Scottish Government and COSLA updated their planning with People (Community Engagement and Participation) Guidance. The updated guidance takes into consideration the current challenges being faced by the Public Sector and ensures that all parties are clear on respective roles, responsibilities and processes. It also reinforces the statutory duties for engagement regardless of financial pressures. The guidance sets out the responsibilities each organisation has to community engagement when services are being planned, or changes to services are being considered, and supports them to involve people meaningfully.

The Cabinet Secretary for Health and Social Care confirmed that Scotland's national and local governments are committed to involving people and communities in the decision-making that affects them. Listening to the views of people who use services and involving them throughout the process of planning care delivery, is a key improvement recommendation of the Independent Review of Adult Social Care in Scotland. By working together with people and communities, care providers can transform the experience of people who use services, as well as the experience of those who deliver them. Fundamentally, good engagement is essential to good service planning and there is no doubt that greater participation brings better outcomes for communities all round.

Scotland's Digital Strategy

In March 2021 the Scottish Government published its Digital Strategy entitled A Changing Nation: How Scotland will Thrive in a Digital World. In it they comment that Scotland's future will be forged in a digital world in which data and digital technologies are transforming every element of the nation and of lives. The strategy refers to the Independent Review of Adult Care in Scotland which reinforced the message that transforming services requires the transformation of the organisations that deliver them. This is not simply about adopting new or better technology. It requires a fundamental shift in culture, skills, leadership, service design, process engineering, the use of data, collaboration, and investment planning. It requires leaders with the confidence to move away from the approaches, systems and ways of working that have been successful in the past. In short, it requires, the transformation of Government and the adoption of new digital business models based on greater accountability, networking, agility and a relentless focus on improving the customer experience.

In October 2021 Scotland's Digital Health and Care Strategy was launched. The vision of this strategy is to improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services. There are three aims: -

- Citizens have access to digital information, tools and services they need to help maintain and improve their health and wellbeing.
- Health and care services are built on people centred, safe and secure and ethical digital foundations which allow staff to record, access and share relevant information across the health and care system in order to improve the delivery of care.
- Health and care planners, researchers and innovators have secure access to the data they need in order to increase the efficiency of health and care systems and develop new and improved ways of working.

Delivery of the aims is focused on six priority areas – digital access, digital skills and leadership, digital services, digital futures, digital foundations and data driven services and insight.

Housing to 2040

The Scottish Government's Housing to 2040 Strategy was published in March 2021. The strategy recognises that good housing and homes lead to reduced poverty and inequality, better health outcomes, improved educational attainment and more cohesive communities. Specifically, the strategy commits to introducing new building standards from 2025/26 to underpin the new Scottish Accessible Homes Standard to future-proof new homes for lifelong accessibility and to improving the adaptations system which will make a critical contribution to supporting people to live independently. The strategy also commits to establishing an inclusive programme of retrofitting social homes which will ensure all planned refurbishment addresses accessibility requirements and that digital connectivity is in place to support technology-enabled care and telehealth.

People at the Centre Approaches

There are a number of initiatives aimed at truly putting people at the centre of decision making in what care and support they get. We will take learning from each of them to improve practice in this area.

The Scottish Government's Getting it right for everyone (GIRFE) initiative is a proposed multi-agency approach to health and social care support and services from young adulthood to end of life care. It is intended that this will form the future practice model of all health and social care professionals and shape the design and delivery of services, ensuring that people's needs are met. GIRFE is about providing a more personalised way to access help and support when it is needed placing the person at the centre of all the decision making that affects them, with a joined-up consistent approach regardless of the support needed at any stage of life.

Human Learning Systems is an alternative approach to public management which embraces the complexity of the real world and enables organisations to work effectively in that complexity. It offers an alternative to the "Markets, Managers and Metrics" approach of New Public Management and outlines a way of making social action and public service more responsive to the bespoke needs of each person that it serves, creating an environment in which performance improvement is driven by continuous learning and adaptation.

The Liberated Method involves a switch of focus from services to people. It advises that we need to stop trying to improve services. If you start with services as your focus for change, you end up with services. People don't necessarily want services they want support, relationships, practical help and they want to be understood. The Liberated Method contests that designing public services around relationships is far more effective. People who have bounced around various public services for years start to positively change how they see themselves, the community, and the world when they're contributing to a relationship and are understood.

What does the National Context mean for ACHSCP Strategic Planning?

We need to improve the outcomes and experience for people who use, or may need, our services by: -

- Taking a Population Health Approach
- Reducing the impact of Inequality
- Influencing positive changes to the wider determinants of health
- Focusing on Early Intervention and Prevention
- Improving the quality of services delivered
- Improving access to services
- Engaging meaningfully with people and communities and involving them in decisions that affect them.
- Working Whole System and collaboratively
- Transforming our organisation by maximising the benefits of digital technology
- Adopting a people at the centre approach

2. Statutory Responsibilities

As a Health and Social Care Partnership under the Public Bodies (Joint Working) (Scotland) Act 2014, we must have a **Strategic Plan** (reviewed at least every three years) and publish an Annual Performance Report. Under the Carers Act (Scotland) 2016 we must have a **Carers Strategy**. Aberdeen City have chosen to develop a single Carers Strategy covering both Young and Adult Carers.

The 2014 Act also sets out the **principles** which underpin health and social care and describe how integrated care should be planned and delivered and are intended to work in tandem with the national health and wellbeing outcomes which describe what integrated care is intended to achieve. They set out the expectation of a culture of respect, parity of esteem and genuine engagement in the planning and delivery of person-centred, high quality integrated care and are intended to be the driving force behind the changes in culture and services.

Integration authorities must establish a **Strategic Planning Group** for the purposes of preparing a strategic plan. The views of **localities** must be taken into account with the integration authority required to identify the most appropriate person to represent each locality on the Strategic Planning Group. Integration authorities should provide appropriate levels of support to the people participating in their planning activities.

In terms of the **Public Sector Equality Duty** in Scotland (part of the Equality Act 2010) we have a duty to actively consider how we can reduce inequalities of outcome cause by socio-economic disadvantage when making strategic decisions.

The **Fairer Scotland Duty**, set out in Part 1 of the Equality Act 2010, came into force in Scotland from 1 April 2018. It places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

Under the Civil Contingencies Act 2004, the Aberdeen City IJB is a **Category One Responder** which means they are at the core of the response to most emergencies and are subject to the full set of civil protection duties such as assessing risks, putting emergency plans and business continuity arrangements in place, co-operating and sharing information with other local responders and communicating with communities to warn, inform and advise.

Part 4 of the Climate Change (Scotland) Act 2009 places duties on public bodies relating to **climate change**. The duties require public bodies to contribute to climate change mitigation and to climate change adaptation, and to act sustainably.

Health and Care Staffing Act provides a statutory basis for the provision of **appropriate staffing** in health and care services, enabling safe and high-quality care and improved outcomes for service users. It builds on existing policies and procedures within both health and care services and effective implementation aims to embed a culture of openness and transparency, ensuring staff are informed about decisions relating to staffing and able to raise concerns.

Under the terms of the Local Government in Scotland Act 2003 or, where applicable, the Public Finance and Accountability (Scotland) Act 2000, the implementation of the duty of **Best Value** applies to integration authorities. That duty is:

• to make arrangements to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost; and in making those arrangements and securing that balance

• to have regard to economy, efficiency, effectiveness, the equal opportunities requirements, and to contribute to the achievement of sustainable development

The **United Nations Convention on the Rights of the Child** (Incorporation) (Scotland) Act 2024 makes it unlawful for a public authority, including an IJB, to act in a way which is incompatible with the United Nations Convention on the Rights of the Child (UNCRC) requirements. This includes any IJB functions carried out under a contract or other arrangement with another body. Part 3, section 18 of the 2024 Act also places new and enhanced planning and reporting duties.

Integration authorities are key within the collective local leadership of service planning to improve outcomes for babies, children, young people and families, and the development and delivery of each area's Children's Services Plan. A number of duties on IJBs are relevant to safeguarding, supporting and promoting child wellbeing, including upholding rights, and tackling child poverty and other inequalities. Services and professionals within integration authorities are therefore key to effective local partnership approaches to Getting it right for every child; making sure holistic whole family support is available, when it is needed, for as long as it is needed; and driving forward action to help Scotland to #KeepThePromise.
As part of local **children's services planning** arrangements set out in part 3 of the Children and Young People (Scotland) Act 2014, IJBs have duties as designated 'other service providers'. IJBs are required to consider the wellbeing of local children and families in the planning and delivery of services and support. IJBs have responsibility for 'related services', which are those with an impact on child wellbeing, but not provided to children directly, such as services provided to a parent or carer in relation to their own needs, as part of holistic whole family support. In addition, where integrated, some IJBs have responsibility for the delivery of certain 'children's services'. Local planning, resourcing and delivery of services should also ensure that young people experience a smooth transition in the move from receipt of children's services to adult services, as well as considering the needs of care experienced young people, where certain entitlements extend up to age 26.

Introduced under the Social Care (Self-Directed Support) (Scotland) Act 2013, **self-directed support** is the primary delivery mechanism of social care support in Scotland. It puts people at the centre of their support by placing a duty on those who deliver it to involve, collaborate with, and support recipients of care to make informed choices.

Planning with People supports public bodies that plan and deliver health and social care services in Scotland, including integration authorities, to effectively undertake **community engagement and participation**. Effective community engagement and the active participation of people is essential to ensure that Scotland's care services are fit for purpose and lead to better outcomes for people. The guidance, which is co-owned by the Scottish Government and the Convention of Scottish Local Authorities (COSLA), outlines statutory requirements for public bodies, presents information on community engagement, and promotes good practice.

A housing advice note was published in 2015, which outlines **the role of housing** in the integration of health and social care and provides guidance on linking strategic plans and local housing strategies. This includes detail on the requirement for a housing contribution statement to form part of the strategic plan.

What do our Statutory Responsibilities mean for Strategic Planning?

When we develop our Strategic Plan we need to: -

- Ensure we are delivering on the Integration Principles
- Consider the impact our Strategic Plan may have and avoid unintentional negative impacts where possible
- Ensure we are achieving Best Value
- Undertake effective community engagement
- Prepare a Housing Contribution Statement

3. Correlation with Local Priorities

The revised statutory guidance on preparing strategic plans for health and social care integration states that these should ensure correlation with other local priorities, policy direction, service provision and improvement activity and includes a list of these (indicated below by the headings in blue text). Below is a list of the relevant documents for Aberdeen City along with comment in relation to the relevant links for ACHSCP.

• Alcohol and Drug Partnership plans

The 2019-2022 ADP Delivery Framework has five broad themes: -

- Whole Family Approach
- Reducing Harm, Morbidity and Mortality
- Service Quality Improvement
- Supporting Recovery
- Intelligence led Delivery

ACHSCP is also aiming to take a **Whole Family Approach** as well as improving quality and ensuring our planning is evidence led. Substance use is a key focus of our Community Mental Health Services and high on the agenda for our prevention programmes.

• carer strategies

The Aberdeen City Carers Strategy is completely aligned to ACHSCP's Strategic Plan and is identified as one of the key documents that supports delivery. The current Carers Strategy has four priorities: -

- Identifying as a carer and the first steps to support
- Accessing Advice and Support
- Supporting future planning, decision-making and wider carer involvement
- Community Support and services for carers

Our revised Strategic Plan will include a commitment to continue to **support unpaid carers**.

• children's services plans

Within the 'what we know' section of the Aberdeen City Children's Services Plan, the statements where ACHSCP can make an impact (with the relevant service in brackets) include: -

- The development of early speech and language skills continues to be a concern (AHP, SALT Service)
- The uptake of immunisations is lower than it should be (Community Nursing and the Aberdeen Wellbeing Hub)
- Closer collaboration and integration by the universal services helps to improve outcomes (all services)
- Schools can access advice and guidance from other professionals (all services)
- There is an increase in the number of children declared disabled (Learning Disability Services with a particular focus on Transitions and predicting demand in adulthood)
- Young Carers need our support (Carers Strategy)
- The mental health and wellbeing of children and young people continues to be a concern (CAMHS)
- Around 22% of children are experiencing child poverty (Reducing the Impact of Inequality/Prevention)
- 50% of households experiencing poverty have dependent children (Reducing the Impact of Inequality/Prevention)
- The groups most likely to be impacted by poverty face different challenges (Reducing the Impact of Inequality/Prevention)
- Food insecurity remains (Reducing the Impact of Inequality/Prevention)

As part of ongoing, routine business we will work closely with our colleagues in Children's Services to ensure there is relevant support where it is needed but the main focus within our Strategic Plan will be a focus on **improving Child Health** .

In terms of the commitments in the Children's Services Plan our main link is in relation to Stretch Outcome 3 of the LOIP '95% of all children will reach their expected developmental milestones by their 27–30-month review by 2026'. ACHSCP's chief Nurse leads the '**Best Start in Life**' Outcome Improvement Group ensuring relevant links are made. An enabler to this work noted in the plan is increasing integration. ACHSCP are committed to closer collaborative working and integration of service to improve outcomes for children.

• community plans (NB: for these we have translated as Locality Plans which are referenced within the LOIP section below)

• housing and homelessness strategies

ACC Local Housing Strategy

Key links are noted below: -

- There is an adequate supply of housing across all tenures and homes are the right size, type and location that people want to live in with access to suitable services and facilities.
- Homelessness is prevented and alleviated.
- People are supported to live, as far as is reasonably practicable, independently at home or in a homely setting in their community.
- Consumer knowledge, management standards and property condition is improved in the private rented sector.
- Fuel poverty is reduced which contributes to meeting climate change targets.
- The quality of housing of all tenures is improved across the city.

ACHSCP has close links with ACC Housing colleagues through regular meeting of the Housing and Integration meeting and the Disabled Adaptations Group. The Key Links above will be reflected in the **Housing Contribution Statement** which will form part of the Strategic Plan.

Local Development Plan 2023

Relevant Key Policy Areas within the above include: -

- Health and Wellbeing
    - Healthy Developments
    - Air Quality
    - Noise
    - Specialist Care Facilities
    - Changing Place Toilets
- Meeting Housing and Community Needs
    - Residential
    - Mixed Use
    - Density
    - Housing Mix and Need
    - Affordable Housing
- The Vibrant City
    - Tourism and Culture
    - Beach and Leisure
- Delivering Infrastructure, Transport and Accessibility

- Sustainable Transport
- Digital infrastructure
- Telecommunications

ACHSCP is a key consultee in relation to the LDP and will continue to influence those areas that will have a **positive impact on population health**.

• transitional arrangements between children's and adult services

Children and Adult Services meet regularly to consider transition arrangements particularly in the area of Learning Disabilities but we still need to test and embed a **Transitions Plan**. Future demand is captured in our **Market Position Statements for Complex Care and for Independent Living and Specialist Housing Provision**. We will keep these under review as part of Business as Usual.

• Local Outcome Improvement Plans (LOIPs)

ACHSCP's main link to the LOIP is through the Resilient, Included and Supported Outcome Improvement Group and Stretch Outcome 10 – Healthy Life Expectancy is 5 years longer by 2026. We do, however have a lead role in other areas of the LOIP and the relevant projects are noted in the table below.

Ref.	Project Aim
3.1	Reduce by 5% the no. of children aged 0-4 who are referred to Children's Social Work as a result of neglect arising from parental mental health, addiction and domestic abuse 2026.
9.4	Increase to 80% the number of community justice clients completing exit questionnaires with 90% of those showing an improvement by 2026.
9.5	80% of individuals in the Justice system that identify to have concerns with their substance use are offered or accessing support by 2026.
10.1	Reduce the 5-year rolling average number of suicides in Aberdeen by at least 5% by 2026.
10.3	Increase by 50% the number of people engaged with Stay Well Stay Connected initiatives by 2025.
10.4	To support 50 low-income families in priority neighbourhoods to improve healthy eating behaviours and adopt good life choices to support healthy weight by 2026.
10.6	Decrease the number of women who are smoking in pregnancy in the 40% most deprived SIMD by 5% by 2026.
11.3	Decrease the number of women who are drinking in pregnancy in the 40% most deprived SIMD areas by 5% by 2026.
11.5	Reduce by 20% the number of drug related deaths in our priority neighbourhoods by increasing the distribution of naloxone by 25% year on year by 2026.
11.6	80% of people closed from Assertive Outreach as no longer considered at risk by 2026.

11.7	Increase by 10% the number of people in active recovery from drug and alcohol by 2025.
16.3	Increase the number and diversity of community members participating in community planning at a meaningful level (Rung 5 and above) by 100% by 2025.

Locality Plans

These are completely aligned to the LOIP and are codesigned with communities through the IJB and ACC joint locality planning arrangements. Delivery will be progressed led by the joint locality planning team. The priorities per locality relevant to adult health and social care are noted below: -

North Locality	Central Locality	South Locality
Improve the physical health and wellbeing of people	**Improve mental health and wellbeing**	**Support children and young people**
Support local volunteering	**Ensure people can access services timely through a person-centred approach**	**Focus on early intervention, prevention, and re-enablement actions**
Early Intervention Approach	Create safe and resilient communities	
Increase the number of people and groups involved in making improvements and decisions in their community	Increase the number of people and groups involved in making improvements and decisions in their community	Increase the number of people and groups involved in making improvements and decisions in their community

These will be reflected in the Strategic Priorities of our Strategic Plan.

• NHS health board delivery plans

NHSG's Plan for the Future commits to enabling wellness and includes commitments under the headings of People, Places and Pathways.

People

- **Citizens** (two way engagement, co-production with lived experience, support to access care)
- **Children** (maximise mental health and wellbeing, multi-agency approach to Adverse childhood Events (ACEs), reduce inequalities, voices of young people embedded in decision-making)
- **Colleagues** and Culture (workforce for today and innovate for tomorrow, support health, safety and wellbeing, colleagues included and empowered to make the best contribution)

Places

- **Anchor** (desirable employment destination, treat people equally, a workforce that reflects the community, social responsibility in decision-making, trusted partner who uses influence responsibly and effectively)
- **Communities** (ongoing dialogue leading work, empowerment for community led action, reinforced connection with marginalised and seldom heard communities, integral part of system – leading and participating)

- **Environment** (paperless, maximise technology, Realistic Medicine fully embedded, fit for purpose estate, maximise hybrid working, generate our own energy, resilient to climate conditions)

Pathways

- **Empowering** (self-management, mental and physical wellbeing treated equally, de-medicalised language, make every opportunity count)
- **Access** (pathways centred around individuals and systems joined up, ease of knowing how to get help, high quality and safe care, digital systems and equitable alternatives)
- **Whole System Working** (system leadership, shared actions, recognise value of partners and hold them to account, right care, right place, right purpose, see the whole person, support regional and national colleagues)

In particular, the themes highlighted in bold will be reflected in our revised Strategic Plan.

• NHS health board and integration authority workforce plans

The relevant actions for ACHSCP from NHSG's Workforce Plan 2022-25 are noted below along with our response/contribution in brackets: -

- Scaling MDT approach in Primary Care (Primary Care Vision)
- Developing sustainable Primary Care OOH services (Primary Care Vision)
- Increase capacity for in hour's routine and urgent dental care (Review of Dental Services)
- Build capacity to eliminate long waits for Psychological Therapies (PCIP)
- Develop digital skills of the workforce to make maximum use of Office 365 (Strategic Plan Digital Enabler)
- Developing and maintaining digital skills across the whole workforce (Workforce Plan)
- Support implementation and use e-Rostering to its fullest potential (Strategic Plan Digital Enabler)
- Commitment to the implementation of Healthcare Staffing (Scotland) Act (SLT)
- Non-pay reform commitments in Agenda for Change pay deal (SLT)
- Actions from Ministerial Taskforce on Nursing and Midwifery supply, recruitment and retention (SLT)
- Planning and resourcing strategies to ensure required workforce is in place to support recovery of services and increased service demand. (Workforce Plan)
- Succession Planning (Workforce Plan)
- Workforce planning for Allied Health Professionals (Workforce Plan)
- Equality and Diversity (EOMF and IIA process)
- Enhancing local supply pipelines and cement your role as an 'anchor institution', for instance your approach to apprenticeships and community outreach. (Commissioning)
- Making use of new roles, training and development opportunities to support workforce diversification (Workforce Plan)
- Health Care Support Workers (Workforce Plan)
- The use of technology and automation to support increased efficiency, mitigate growth requirements and ease workforce supply pressures. (Digital Enabler)
- Use of national and local workforce policies to maximise recruitment, retention and wellbeing of staffing (Workforce Plan)
- Addressing and reducing barriers to delivering exemplary workforce practice (workforce Plan)

Our local **Workforce Plan,** which supports delivery of our Strategic Plan reflects the elements above that are relevant to Aberdeen City Health and Social Care partnership.

• NHS clinical strategies - NHS Grampian Plan for the Future covers this

• other local corporate plans

ACC Delivery Plan

The ACC Delivery plan is completely aligned to LOIP and therefore reference should be made to the section covering this above. Relevant commitments for ACHSCP include: -

- No-one will suffer due to poverty
- 95% of children (0-5 years) will reach their expected developmental milestones by the time of their child health reviews by 2026
- 90% of Children and young people will report that their experiences of mental health and wellbeing have been listened to by 2026. This is reflected in interactions, activities, supports and services
- As corporate parents we will ensure 95% of care experienced children and young people will have the same levels of attainment in education, health and emotional wellbeing, and positive destinations as their peers by 2026
- 30% fewer young people (under 18) charged with an offence by 2026
- Child friendly city where all decisions which impact on children and young people are informed by them as rights holders by 2026

Transformation projects include: -

- **Digital** – NB: ACHSCP are also working with Microsoft and have digital as a key enabler of the Strategic Plan
- Reconfiguration of working arrangements with ALEOs (BAC & Sport Aberdeen are of particular interest to ACHSCP as we work closely with both and will continue to monitor developments in this area)
- **Redesign and reconfiguration of Estates Portfolio** – this is of particular interest to ACHSCP as a number of services are delivered from ACC properties. Our Market Position Statements are designed to articulate our current and future needs in relation to property and our developing Infrastructure Plan will take into account our use of both ACC and NHS Grampian properties.

• public protection

Child Protection Committee (CPC) Improvement Aims

The Child Protection Programme aims to improve the safety, wellbeing and life chances of vulnerable children and young people. As a partnership we achieve this by
• recognising and responding when children and young people need protection
• helping children and young people stay safe, healthy and, for those who have experienced abuse and neglect, to recover from their experiences and
• providing strong and effective collaborative leadership to deliver the Child Protection Programme ensuring the CPC is ready to adapt and adjust as required to both local and national developments

Adult Protection Committee Strategy

Our Vision for Adult Support and Protection in Aberdeen is:
"Partners in Aberdeen are committed to an inclusive approach to preventing and responding to harm and protecting adults at risk."

- We will develop a robust Data Performance and Quality Assurance Framework

- We commit to continue to develop appropriate mechanisms for effective communication
- We will continuously improve ASP practice, learning and development by reaching all our people, ensuring effective support, preventative measures and protection of adults at risk of harm.
- We commit to learning from situations where there is potential for improvement in practice, and to ensuring related learning is embedded into practice

Both Child and Adult Protection are seen as business as usual for ACHSCP. ACHSCP are represented in relation to public protection by the Lead for Social Work who sits on the committee and actions anything relevant arising from discussions.

In addition to those identified by the Statutory Guidance we have identified the following strategies we feel ACHSCP needs to align to.

Aberdeen Adapts

The IJB are a responsible body in relation to Climate Change and there is currently a Delivery Plan project in relation to this. This links to the Aberdeen Adapts strategy which has the following commitments.

Prevent, Protect, Inform, Collaborate, Innovate

- Minimising risks to people in Aberdeen and their health
- Buildings and Infrastructure
- Flooding and Coastal Change
- Natural Environment
- Society and Economy – reduce impact on health, disruption to services
- Understanding

Regional Economic Strategy

It is estimated that there are 2.8 million people in the UK inactive due to long-term sickness. Using population size as a comparator that could equate to 8,500 people in Aberdeen city. ACHSCP considers that it can contribute to the Regional Economic Strategy by keeping people well and enabling them to participate in the workforce and make a positive contribution to the local economy.

What does Correlation with Local Priorities mean for Strategic Planning?

The areas in bold above have been identified as areas that need to be reflected in our Strategic Delivery Plan.

4. Local Context (Needs Assessment)

Population Health

Life Expectancy and Healthy Life Expectancy

In Aberdeen, Life Expectancy (LE) at birth is higher for females than for males. In 2019-21 in Aberdeen City LE at birth was estimated to be 81.4 years for women and 76.9 years for men. This is similar to the figures for Scotland. LE had been increasing since the early 1980s but has now remained virtually unchanged since 2012-14.

Healthy Life Expectancy (HLE) represents the number of years that an individual can expect to live in good health. In 2019-21, males in Aberdeen City had an estimated healthy life expectancy of 60.2 years, giving an expected period of 'not healthy' health of 16.7 years. In 2019-2021, females in Aberdeen City had an estimated healthy life expectancy of 61.4 years, giving an expected period of 'not healthy' health of 19.6 years. So while on average females have a higher life expectancy than males, they also spend a higher proportion of their lives in 'unhealthy health'.

LE and HLE are affected by many behavioural risks to health such as smoking and poor diet; access to and use of health care; wider socio-economic determinants such as income, education, housing and employment; geography; and specific characteristics such as sex, ethnicity, disability and social exclusion. They are both therefore complex areas in which to achieve positive influence.

Alcohol and Drugs

In the period 2017-21, 25% of adults in Aberdeen City were drinking above the guideline recommendations of 14 units per week. This is slightly higher than the rate for Scotland of 24% and unchanged from the rate in 2016-19. Questions relating to alcohol consumption were asked in City Voice 46 (December 2022). When asked if they knew the maximum number of units of alcohol recommended over a week, less than half (46.7%) of respondents correctly choose 14 units. The next most common response was 'don't know' at 25.9%.

In 2022 there were 49 alcohol-specific deaths in Aberdeen City – up from 43 deaths in 2021. As the number of alcohol-specific deaths can fluctuate substantially on a yearly basis, a 5-year rolling average number is also given. For the period 2018-22 this figure was 41.8 – higher than the figure of 38.6 in 2017-21. The rate (5-year average age standardised) of alcohol-related deaths in 2018-22 was 20.2 per 100,000 population – slightly lower than the rate for Scotland of 21.2, but higher than the rate for 2017-21 of 18.7 per 100,000 population

In 2019/20-2021-22 there were 438 drug-related hospital admissions (3-year rolling average number) which is equivalent to a rate of 182 per 100,000 population, compared to 228.3 per 100,000 population in Scotland. Following a period of increasing drug-related hospital admissions, the rate has decreased slightly in the past two periods – from 191 in 2017/18-2019/21.

In 2022 there were 42 drug-related deaths in Aberdeen City – down from 62 deaths in 2021. Of the 42 deaths in 2022, 26 were males and 16 were females. Compared to 2020, females made up a higher proportion of drug-related deaths (38.7% in 2021 and 38.1% in 2022, compared to 23.2% in 2020). As the number of deaths can fluctuate substantially on a yearly basis, annual rates (age-standardised per 100,000 population) for 5- year periods are also given. In the period 2018-2022, the average annual rate for drug-related deaths was 22.9 deaths per 100,000 population. This is slightly lower than the equivalent rate for Scotland (23.4 per 100,000 population) and lower than the rate for 2017-2021 of 24 per 100,000 population. It is the 13th highest average annual rate of drug deaths of all local authorities in

Scotland (improvement from 5th highest in 2018). As in Scotland, rates of drug-related deaths have increased year-on-year since 2010-2014. This is the first drop in 5-year age-standardised rate since 2010-14. In Aberdeen City, drug-related deaths were highest in the 35–44-year age group and the 45–54-year-old age group (with 54.7 and 58.6 per 100,000 population respectively in 2018-2022)

Smoking, Vaping and Healthy Weight

Over half of the deaths in Aberdeen City in 2022 were associated with cancers and circulatory diseases, for which smoking, obesity, and physical inactivity are risks.

In the period 2017-21, an estimated 15% of adults in Aberdeen City were current smokers compared to 16% in Scotland. A higher proportion of males (18%) than females (14%) were smokers. Smoking continues to be the greatest preventable cause of ill-health and death in Scotland. It causes around 1 in 5 of all deaths, remains the most significant cause of preventable cancer and contributes to much of Scotland's cardiovascular and pulmonary health problems. Scotland's Public Health Priorities (2018) recognise the need to reduce the use and harm from tobacco. The Scottish Government has set ambitious targets to reduce children's exposure to second-hand smoke to 6% by 2020 and reduce smoking prevalence in Scotland to 5% by 2034. Smoking during pregnancy can have significant consequences for mother and baby, and increases the risk of stillbirth, miscarriage and preterm birth. The National Childbirth Trust (2018) emphasises that the impacts of smoking in pregnancy can be longer term as well, putting babies and children at increased risk of asthma, chest and ear infections, as well as psychological problems. Despite the known risks, in Aberdeen, around 9% of pregnancies booked are current smokers.

The issue of vaping in young people has been growing over the past 3 years. Originally designed and loosely accepted as a stop smoking product, vapes were not seen as attractive or accessible for young people. However, the market has changed dramatically over the last 3 years and a new market space has been created which has seen cheap, brightly coloured vapes with sweet flavours which are blatantly targeted towards, and clearly have an appeal with, young people. Whilst most vapes purchased fit with the current legal requirements of having 2ml nicotine or less, this market has also seen illegal vapes appear which are available through various independent businesses which contain more than the legal amount of nicotine, or which are not approved for sale in the UK. In November 2022, 6.7% (473) of pupils in Aberdeen City schools reported that they have tried smoking (either cigarettes or e-cigarettes) – a reduction of 1.3% from March 2022. In 2022 and 2023, 5.6% of 13–18-year-olds reported that they were vaping regularly. Whilst it is documented that vaping is less harmful than smoking, the evidence on the long-term impact of vaping is not yet clear. 99% of e-cigarettes contain Nicotine which is highly addictive and the common link with tobacco smoking products. Anecdotal evidence from partners working with young people in hospitals have indicated vaping has been a major concern around their health conditions.

The Scottish Burden of Disease analysis indicates that of all healthy years lost in Scotland; one in ten are attributable to excess weight, and one in ten attributable to poor diet. The Scottish diet remains too high in calories, fats, sugar and salt, and too low in fibre, fruit and vegetables, and other healthy foods like oil-rich fish. Around two-thirds of all adults in Scotland (67%) are living with overweight (including obesity), with one third (33%) of children starting primary school being at risk of overweight (including obesity). In 2016-19 it was estimated that 23% of the City's adult population is obese (classified as a BMI of 30+). This is lower than the rate for Scotland of 29% and a decrease from 25% in 2014-17.

In the period 2017-21, an estimated 71% of adults in Aberdeen City were meeting the recommended guidelines for physical activity (150 minutes of moderate activity or 75 minutes of vigorous activity per week) compared to 66% for Scotland. 21% percent had low or very low levels of physical activity and 8% had some activity. Based on data from the

Scottish Household Survey, in 2021 89% of adults in Aberdeen City had taken part in some form of physical activity (including walking) in the previous month. When walking was excluded, the proportion dropped to 61%. The most common activities were walking (at least 30 minutes) at 82%, multi-gym/weight training at 21%, and running/jogging at 18%

Mental Health

Financial strain and poverty are key drivers of poor mental health. People struggling to pay their rent or mortgage, feed their families, or cover essential bills are at higher risk of developing mental health problems including anxiety and depression. While there is no specific data for Aberdeen City, research carried out for Mental Health Foundation Scotland reported that 33% of survey respondents experienced stress, 40% experienced anxiety, and 13% said they felt hopeless due to their financial situation in the previous month. Recent statistics published by the Scottish Government showed that in March 2023, almost half (49%) of Scottish adults reported that their mental health is being negatively impacted by the cost-of-living crisis, with 13% saying that their mental health was impacted negatively to a large extent. When management of household finances were taken into account, only 3% of those who were 'managing well' reported being negatively impacted to a large extent, compared to 9% for those who were 'getting by ok' and 31% who were 'managing less well'.

In 2020/21, 32,247 people in Aberdeen City were prescribed drugs for anxiety, depression or psychosis. This is equivalent to 16.3% of the population – lower than the proportion for Scotland of 19.3%. Although the rates for both Aberdeen City and Scotland fell slightly between 2019/20 and 2020/21 (from 16.6% and 19.7% respectively), the proportion of people receiving prescriptions for these conditions has increased in recent years, from (13% in 2010/11 for Aberdeen City).

In 2019/20-2021/22 there were 510 (3-year rolling average number) patients discharged from psychiatric hospitals in Aberdeen City. This is equivalent to a rate (age-sex standardised) of 228 per 100,000 population – similar to the rate for Scotland of 230 per 100,000 population. Rates of patients with psychiatric hospitalisation have fallen in both Aberdeen City and Scotland in recent years.

Suicide in Scotland is a significant public health issue which affects all age groups and communities. Although no-one is immune from suicide, some individuals are at greater risk. Data from the Scottish Suicide Information Database (ScotSID) report profiling suicide deaths between 2011 and 20193 shows:
• Just under three quarters of all suicides in Scotland are male
• Almost half (46%) were aged 35-54
• 88% of people that die by suicide are of working age with two-thirds of these in employment at the time of their death.

In 2022 there were 28 probable suicides in Aberdeen City (22 male and 6 female). The number of suicides in a single year in the City peaked at 43 deaths in 2015 [83]. For the period 2018-2022 the rate (age-standardised per 100,000 population) of 11.9 per 100,000 population is the lower than the rate for Scotland of 14.4 per 100,000 population.

The General Health Questionnaire (GHQ-12) is a standardised scale which measures mental distress and mental ill-health. A score of 4 or more is indicative of a potential psychiatric disorder. In 2017-21, an estimated 17% of people in Aberdeen City had a score of 4 or more – lower than the rate for Scotland of 19% and similar to the rate in 2016-19 of 16%. A higher proportion of females (18%) than males (14%) had a score or 4 or more [37].

Mental wellbeing is measured using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). Possible total scores range from 14 to 70 with higher scores indicating greater

wellbeing. In 2017-21, the average (mean) score for Aberdeen City was 49.9 – similar to the score for Scotland of 49.5. Mean scores were similar for males (50.1) and females (49.8).

Dementia

Alzheimer Scotland estimate that there are 90,000 people with dementia in Scotland with around 3,000 of these being under the age of 65 years. In 2022, Dementia and Alzheimer's disease were the leading cause of death for females in Aberdeen City (12.2% of all female deaths) and the second most common cause of death for males (7.1% of all male deaths).

Key Diseases

In 2022, cancer and circulatory diseases (such as coronary heart disease and stroke) together accounted for over half (51%) of all causes of death in Aberdeen City.

In 2022, 27% of male deaths and 25.7% of female deaths were caused by cancer, and 27.8% of male deaths and 21.7% of female deaths were caused by circulatory diseases. Leading causes of death are also given for specific disease classifications (e.g. types of cancer and circulatory diseases are listed separately). In 2022, ischemic heart diseases were the leading cause of death for males (14.9% of a male deaths), followed by Dementia and Alzheimer disease (7.1%) and cancer of the trachea, bronchus and lung (6.7%). For females, Dementia and Alzheimer disease was the leading cause of death for (12.2% of all female deaths), followed by Ischaemic heart diseases (7.3%) and cerebrovascular disease (6.5% of all female deaths). The leading cause of death analysis is based on a list of causes developed by the World Health Organisation (WHO). There are around 60 categories in total and cancers are grouped separately according to the type of cancer, for example, lung, breast and prostate cancer are all counted as separate causes. If all cancers were grouped together, cancer would be the leading cause of death.

In 2018-20 there were 1,287 new cancer registrations in Aberdeen (3-year rolling average number). This is equivalent to a rate (age-sex standardised per 100,000 population) of 676.8 – higher than the rate for Scotland of 625.2. In both Aberdeen City and Scotland, the rate of cancer registrations decreased from the rates in 2017-19 (701.7 and 650.1 60 respectively).

In 2019-21 there were 279 early deaths (<75 years) from cancer (3-year rolling average number). This is equivalent to a rate of 153 per 100,000 population – slightly higher than the rate for Scotland of 150 per 100,000 population. Overall, the rate of early deaths from cancer has decreased over the last 10 years (from 181 per 100,000 population in 2009-11).

There are three main cancer screening programs offered to those residing in Scotland – bowel, breast and cervical screening. 71.5% of eligible individuals in Grampian returned their Bowel Screening kit in 2020-2022 (against a target uptake rate of 60%). Data per Health and Social Care Partnership area is not yet available. 75.3% of the eligible population in Aberdeen City attended a routine mammogram appointment for Breast Cancer Screening between 2019 and 2022 (against a target uptake rate of 80%). 63% of the eligible population in Aberdeen City attended a cervical screening appointment between 2021 and 2022 (against a target uptake rate of 80%).

In 2019/20-2021/22 there were 669 patient hospitalisations with coronary heart disease (CHD) (3 year rolling average number). This is equivalent to a rate of 350 per 100,000 population – slightly higher than the rate for Scotland of 342 per 100,000 population. In both Aberdeen City and Scotland, the rate of CHD patient hospitalisations has decreased over the past 10 years. In 2019/21 the rate of early deaths ((<75 years) from CHD was 50.1 per 100,000 population in Aberdeen City, similar to the rate for Scotland of 52.6.

In 2019/20-2021/22, the incidence of COPD in Aberdeen City was 175 (3-year average number). This is equivalent to a rate of 112 per 100,000 population which is lower than the rate for Scotland of 126 per 100,000 population. Incidence of COPD has been decreasing in both Aberdeen City and Scotland over the last few data periods. In 2019-21 there were 82 deaths (3-year average), which is a rate of 54 per 100,000 population – lower than the rate for Scotland of 61 per 100,000 population. In 2019/20-2021/22 there were 295 (3-year rolling average number) patient hospitalisations in Aberdeen City. This is equivalent to a rate of 186 per 100,000 population – lower than the rate for Scotland of 207.

What does this mean for our Strategic Plan?

We need to address the behavioural risks to health such as smoking and poor diet; access to and use of health care; wider socio-economic determinants such as income, education, housing and employment; geography; and specific characteristics such as sex, ethnicity, disability and social exclusion to improve healthy life expectancy in Aberdeen (NB: this is the focus of Stretch Outcome 10 within the LOIP).

We need to reduce alcohol consumption in Aberdeen to a rate that is below the Scottish average.

We need to target drug use in the 35 to 44 year old age group to help reduce the rate of drug related deaths.

We need to reduce the incidence of smoking in pregnant women. NB: this is the focus of a LOIP project.

We need to reduce the incidence of vaping in young people. NB: this is the focus of a LOIP project.

We need to continue the downward trend of obesity in Aberdeen City by improving healthy eating behaviours and encouraging people to adopt healthy life choices. NB: this is the focus of a LOIP project.

We need to be alert to the impact of poverty on mental health and act to reduce the number of prescriptions issued for anxiety and depression by increasing opportunities for alternative social prescribing.

We need to improve cancer screening uptake in Aberdeen city NB: this is a focus of a LOIP project.

Deprivation

According to an analysis of the Scottish Index of Multiple Deprivation (SIMD) in 2016, 11.7% of Aberdeen City's population are in health deprived data zones. This is almost on a par with Edinburgh (12.1%) but considerably lower than both Dundee (34%) and Glasgow (50%). The neighbourhoods in the 20% most deprived data zones (Quintile 1) include Torry, Woodside, Seaton, Northfield, Middlefield, Tillydrone, Mastrick, Sheddocksley and George St.

Estimated Life Expectancy is strongly associated with deprivation. In Aberdeen City in 2017-2021, estimated LE for males in SIMD quintile 1 (most deprived) was 71.7 years compared to 81.7 years for males in SIMD quintile 5 (least deprived) – a difference of 10 years. For females, the difference in estimated LE was less marked, at 76.3 years for females in quintile 1 compared to 84.4 years for females in quintile 5 - a difference of 8.1 years. Comparison with data from 2013-2017 shows that the gap in estimated life expectancy between most and least deprived quintiles in Aberdeen City has increased for males (previously 9.7 years) and females (previously 7.4 years).

For males, estimated LE at birth ranges from a low of 69.4 years in Woodside to a high of 83.1 years in Braeside, Mannofield and Broomhill & Seafield North – a difference of 13.7 years. For females it ranges from a low of 72 years in Woodside to a high of 86.3 years in West End North – a difference of 14.3 years.

Alcohol-related hospital admissions were highest for those in the most deprived areas at 1,092 per 100,000 population for SIMD quintile 1 (most deprived) compared to 207 per 100,000 population for SIMD quintile 5 (least deprived). The rate of alcohol-related hospital admissions ranged from a low of 87.3 in Cults, Bieldside & Milltimber East to a high of 2,104 per 100,000 population in Old Aberdeen

Rates of alcohol-specific deaths are higher for those in deprived areas. In Aberdeen City in 2017-21, the rate (age-sex standardised) for those in SIMD quintile 1 (most deprived) was 33.1 per 100,000 population compared with 8.1 per 100,000 population for SIMD quintile 5 (least deprived). Rates of alcohol-related deaths vary across the city localities, (2017-21 data) from 13.9 per 100,000 population in Aberdeen South, to 15.5 in Aberdeen North and 28.9 in Aberdeen Central.

Rates of drug-related hospital admissions are higher for those in deprived areas at 466.5 per 100,000 population for those in SIMD quintile 1 (most deprived) compared to 26.5 in SIMD quintile 5 (least deprived). The rate of drug related hospital admissions varies across the localities from 136 per 100,000 population in Aberdeen South, to 175 in Aberdeen North and 250 in Aberdeen Central.

The rate of drug-related deaths is higher for those living in deprived areas. In Aberdeen City in 2017-21, the rate (age-sex standardised) of drug related deaths for those in SIMD quintile 1 (most deprived) was 58.1 per 100,000 population compared to 3.6 per 100,000 population in SIMD quintile 5 (least deprived.

In 2021/22, a higher percentage of women were recorded as smoking during pregnancy in more deprived areas: 23.9% in the most deprived SIMD quintile, compared to 2.9% in SIMD 5.

In Scotland's most deprived communities, adult obesity rates persistently exceed those living in the least deprived areas. Children living in our most deprived communities are twice as likely to be at risk of overweight compared to those in our least deprived, with the gap widening in recent years. Those living in the most deprived areas experience the most significant diet and health related inequalities. Affordability can be a barrier to being able to eat a healthy balanced diet. Research has shown that those with the lowest income currently

must spend around 50% of their disposable income to eat a healthy diet compared to only 11% for those with the highest income.

A higher proportion of those from SIMD quintile 1 (most deprived) were prescribed drugs for anxiety, depression or psychosis (22%) than those in SIMD quintile 5 (least deprived) at 12.5%. The proportion of people prescribed drugs for anxiety, depression or psychosis varied by Locality, at 15.2% in Aberdeen South, 15.3% in Aberdeen Central and 18.6% in Aberdeen North.

Rates of psychiatric patient hospitalisation varied by deprivation, being highest in SIMD quintile 1 (most deprived) at 326 per 100,000 population compared to 160 per 100,000 population in SIMD quintile 5 (least deprived). In Aberdeen City, rates were highest in Aberdeen Central (290 per 100,000 population). Rates were similar in Aberdeen North (204) and Aberdeen South (206).

In 2017/19-2021/22 the rate of deaths from probable suicide was highest for those living in the most deprived areas of the city (15 per 100,000 population in SIMD quintile 1 compared to 6 per 100,000 population in SIMD quintile 5). Rates varied by HSC locality at 10.4 per 100,000 population in Aberdeen South, 10.5 in Aberdeen North and 12.6 in Aberdeen Central.

The rate of cancer registrations varies by derivation (rate of 781 per 100,000 population in SIMD quintile 1 (most deprived) compared to 609 in SIMD quintile 5 (least deprived)) and by localities, at 644.8 per 100,000 population in Aberdeen South, 692.5 in Aberdeen North and 700.5 in Aberdeen Central.

The rate of early deaths from cancer is higher is deprived areas at 218 per 100,000 population in SIMD quintile 1 (most deprived) compared to 92 in SIMD quintile 5 (least deprived) and varies across the City (Intermediate Zones), from a low of 64 per 100,000 population in Braeside, Mannofield, Broomhill & Seafield South to a high of 303 in Seaton.

Hospitalisations for coronary heart disease (CHD) are higher in deprived areas at a rate of 506.4 per 100,000 population for SIMD quintile 1 (most deprived) compared to 254.2 in SIMD quintile 5 (least deprived). The rate of CHD hospitalisations varies by Intermediate Zone, from a low of 188 per 100,000 population in Ferryhill North to a high of 715 in Tillydrone. The rate of early deaths from CHD was higher in more deprived areas (73 per 100,000 population in SIMD quintiles 1 and 2 compared to 31 per 100,000 population in SIMD quintile 5) and varied across the city (Intermediate Zones) from a low of 11.3 in Cove North to a high of 186 per 100,000 population in Old Aberdeen.

The rate of patient hospitalisations for COPD is higher for those in deprived areas at a rate of 425 per 100,000 population for SIMD quintile 1 (most deprived) compared to 59 in SIMD quintile 5 (least deprived) and varied across the City (Intermediate Zones) from a low of 19 per 100,000 population in Kingswells to a high of 857 per 100,000 population in City Centre East.

What does this mean for our Strategic Plan?

We need to focus on improving Healthy Life Expectancy, reducing alcohol and drug use, reducing smoking rates in pregnancy, improving healthy weight, reducing prescriptions for anxiety and depression, reducing suicide rates, and improving cancer screening as described above needs to be targeted more towards areas of deprivation to achieve the highest impact.

Demand

The Population needs Assessment (PNA) for Aberdeen City confirms that there is an ageing population in the city. By 2028 the number of 65–74-year-olds will increase by 14.4% and the number of 75+ will increase by 16.1% - that represents an additional 4,000 people who will potentially require health and social care. In addition, 28% of people report they are living with limiting, long term conditions whilst 11% report living with non-limiting conditions.

Mortality does not give a complete picture of the burden of disease borne by individuals in different populations. The overall burden of disease is assessed using the disability-adjusted life year (DALY), a time-based measure that combines years of life lost due to premature mortality (YLLs) and years of life lost due to time lived in states of less than full health, or years of healthy life lost due to disability (YLDs). One DALY represents the loss of the equivalent of one year of full health. DALYs are a way of identifying future health need. The latest figures show that under 15s are predicted to have better health in future whereas males over 85 are predicted to have a DALY score double to that for this cohort currently if nothing is done to intervene.

The Scottish Burden of Disease statistics referred to in relation to the Population Health Framework (PHF) (see Section 1 above) can also be applied to the local context so a 21% increase in burden would mean potentially an additional 6% reporting limiting, long term conditions.

In relation to local demand the following are areas of note: -

- Occupancy rates for Hospital at Home have increased from 70% in March 2022 to 77.7% in June 2024.
- Weekly contacts for Grampian General Medical Services have increased by 27%.
- Occupancy at Woodend has increased from 93.7% in March 2022 to 109.2% in June 2024.
- Length of stay at Woodend has also increased by 56%.
- Occupancy at Royal Cornhill has increased from 87% in March 2022 to 98% in June 2024.
- Visits to the Sexual Health Clinic have increased by 6.8% between March 2022 and March 2023.
- The number of people waiting for Psychological Therapy increased by 15.4% between April 2023 and March 2024.
- Waiting times for physiotherapy for Musculoskeletal conditions increased from 15 weeks in October 2023 to 21 weeks in March 2024
- Monthly referrals for community physiotherapy services increased from 266 in April 2023 to 296 in March 2024, however had been as high as 392 in November 2023 and 366 in February 2024.
- The waiting times for the Dietetics Child Healthy Weight Team increased from 59 weeks in November 2023 to 99 weeks in September 2024
- The waiting times for an assessment call for adult weight management is approximately 30 weeks and waiting times for one: one treatment another 30 weeks. The treatment time for digital and group options is less.

What does this mean for our Strategic Plan?

We need to increase the support we offer for Older People

We need to focus on early intervention and prevention to address the growing burden of disease.

We need to work with General Practitioners to help them cope with the increase in demand.

We need to consider more community based options for rehabilitation to reduce the demand on Woodend.

We need to promote prevention and early intervention in relation to sexual health to help reduce the demand on the service.

We need to seek alternative supports for those on waiting lists to help them manage their condition during their waiting time.

Budget

Considering the impact of demand on our budget, our latest audited accounts (relating to financial year 2023/24) identified the following as areas of concern: -

- Specialist Older Adults and Rehabilitations Services (SOARS) – overspends are mainly in relation to the use of locum and bank staff which are a more costly resource than employed staff. This is linked to the increased occupancy noted above but is not sustainable.

- Aberdeen City has a slightly higher rate of people (known to the Local Authority) with Learning Disabilities at 5.5 per 100,000 compared to 5.2 for Scotland as a whole. Community Learning Disability Services overspent by £3 million last year. This was due partly to a higher than budgeted uplift in relation to the National Care Home Contract (NCHC) rate (6% actual against 3% budgeted) as well as the number of children transitioned to adult services exceed the budgeted allowance by £713,000.

- The Adult Social Work budget was also impacted by the higher than budgeted for NCHC rate. The number of adults in receipt of a social work care package increase by 18% between April 2023 and March 2024. This was due mainly to the focus on reducing the unmet needs list.

- The Primary Care Prescribing Budget was overspent by 3.9% (£1,8 million) in 2023/24. This was due partly to a 3.8% increase in the number of items prescribed and partly to a 7.5% increase in costs.

- Out of area treatments were overspent by £753,000.

What does this mean for our Strategic Plan?

We need to review service delivery models to reduce spend on locums and bank staff.

We need to better plan for the demand from Children with Disabilities moving into Adult Services.

We need to find a balance between the level of unmet need and the cost of care packages provided.

We need to identify alternatives to traditional prescribing to reduce our overall spend in this area.

We need to identify ways to reduce out of area treatment costs.

Risks

The risks currently listed on our Strategic Risk Register are noted below.

1. Potential failure of commissioned services to deliver on their contract
2. Demand outstrips available budget
3. Hosted Services do not deliver the expected outcomes
4. Service provided by the IJB fail to meet the national, regulatory and local standards
5. Failure to deliver transformation and sustainable systems change
6. IJB fails to maximise the opportunities created for engaging with our communities
7. Insufficient staff to provide patients/clients with services required
8. Lack of funding to maintain buildings, not having adequate staff resources to operate from buildings, failing to adequately plan which buildings ACHSCP need and where, and failure to collaborate with partners on wider planning

What does this mean for our Strategic Plan?

We need to continue to work with our commissioned providers to ensure they are able to meet our demand.

We need to transform our service delivery to ensure affordable services within reducing budget.

We need to implement the actions from the Internal Audit on Hosted Services to ensure transparency, accountability and that best value is achieved.

We need to monitor delivery against local and national performance indicators to ensure we are striving to meet expected levels of performance.

We need to transform services to achieve sustainable system change.

We need to maximise the opportunities for engagement with communities.

We need to deliver our Workforce plan to ensure we have the right skill mix and level of staffing to meet operational requirements.

We need to maximise the use of buildings in Aberdeen ensuring a safe and welcoming environment for staff and patients and making best use of the buildings available.

Capacity

So demand for health and social care services in Aberdeen City is predicted to grow, both in relation to an increased older population and in terms of a higher burden of disease. But the resources we have to deliver services are not predicted to grow to meet this demand.

Aberdeen City's Medium Term Financial Framework (MTFF) approved by the IJB in March 2024 identifies significant funding gaps in each of the seven financial years it covers. As we are funded by our statutory partners – Aberdeen City Council (ACC) and NHS Grampian (NHSG), who are both also facing financial challenges, we have to seek efficiencies and better use of our resources to balance our budgets from within our current resources. Indeed, we have a legal obligation to balance our budget. The MTFF also highlighted five main risks to the IJB's budget over the next few financial years: -

- Whether some of the changes in cost profile, demand and services as a result of COVID and COVID rules are recurring
- Impact of National Care Service
- Impact of the health debt caused by COVID
- The continuing pressures on Prescribing budgets, and
- The ongoing impact of the increase in the cost of living and inflation rates on our third-party providers.

Of course, our resources are not just about finance. There are almost 2,200 staff working in ACHSCP, almost 80% of these employed by NHSG with the remainder employed by ACC. Approximately 18% of our £435 million budget (£78 million) is committed to paying our in-house workforce, and a further £164 million, or 38% is spent on commissioning social care services from third and independent sector providers who collectively employ just under 3,000 staff. ACHSCP values the staff in commissioned services equally to our in-house staff as they are crucial to delivering services and we are as concerned about their wellbeing as we are for our own employed staff.

The Accounts Commission report referred to in Section 1 earlier, noted that the workforce is driven and committed but is under immense pressure. In addition, it noted that across the community health and social care sector there are difficulties in recruiting and retaining a skilled workforce. The Covid-19 pandemic, the cost-of-living crisis and the impact of the withdrawal from the European Union have deepened existing pressures. The report concluded that without significant changes in how services are provided and organised, these issues will get worse as demand continues to increase and the workforce pool continues to contract.

Neither the Aberdeen City IJB nor ACHSCP own any premises. Health and social care services are delivered from a variety of settings in ownership of NHSG, ACC, or private landlords. GP practices often own or lease their premises and the funding of their building is an inherent part of their business model. The premises we utilise are in various states of condition and suitability. There is no doubt we could make better use of buildings we operate from and a key feature of our sustainability discussions during 2024 have been around how efficiently we can use these buildings currently, making us more efficient and also improving collaboration opportunities.

What does this mean for our Strategic Plan?

We have to seek efficiencies and better use of our resources to balance our budgets from within our current resources. Indeed, we have a legal obligation to balance our budget.

We need to deliver our Workforce Plan to ensure a workforce fit for the future.

We need to make better use of our buildings to ensure we can continue to deliver services within restricted budgets.

Performance

Our performance in relation to Integration Principles

Principle – Our services: -	Performance
1. Are joined up and easy for people to access	We have redesigned a number of our pathways and are in the process of developing single points of contact to make it easier for people to access our services.
2. Take account of people's individual needs	We have revised our Guidance for Community Engagement based on the Scottish Government and COSLA's updated Planning with People Guidance. Our focus for future years will be a person centred approach.
3. Take account of the particular characteristics and circumstances of different service users in different parts of the city	We have revised our Equality Outcomes aligned to our Strategic Plan and continue to deliver our Equality Outcomes and Mainstreaming Framework. Our Equality Outcomes will be revised again in light of our refreshed Strategic Plan 2025-29.
4. Respect the rights and dignity of service users	Our staff have undertaken Trauma Informed training and we continue to embed our Equality and Human Rights approach to service design and delivery.
5. Take account of the participation by service users in the community in which service users live	We continue to embed our joint approach to community engagement and participation along with our Community Development colleagues in Aberdeen City Council. 2024 saw the refresh of the Local Outcome Improvement Plan and the three Locality Plans in conjunction with communities. All of our commissioning activity includes participation from relevant groups of service users and providers.
6. Protect and improve the safety of service users	We continue to deliver our legal duty around both Adult Support and Protection and Child protection.
7. Improves the quality of the service	We continue to use the results from inspections, audits and feedback to make improvement to service design and delivery.
8. Are planned and led locally for the benefit of service users, people who look after service users and the people who provide health or social care services	The Locality Empowerment Groups are now meeting regularly and membership is increasing.
9. Anticipate people's needs and prevent them arising	We continue to deliver our Stay Well Stay Connected initiative, which is a programme of holistic community health interventions and part of our prevention agenda designed to anticipate health issues in certain cohorts of the population. Participation in some of these initiatives such as Boogie in the Bar and Soup and Sarnies is increasing. Our prevention agenda continues to grow.
10. Make the best use of facilities, people and resources	We continue to deliver on our enabling priorities in relation to Workforce, Technology, Finance, Relationships and Infrastructure. Once again we balanced our budget in 2023/24 and we are on track to do so again in 2024/25. Support for our workforce including those employed by our partner organisations continues. In 2024 we began a review of our use of premises and that will continue into 2025 and beyond ensuring that we make the best use of these and help deliver a balanced budget.

Our performance in relation to the 4 Drivers of Health and Wellbeing

Social and Economic – the PNA notes that there is a link between economy and health. Child health starts before birth and continues during development. Whether a child lives in an affluent family or in an area of deprivation has an impact on their health. SDS performance is significantly lower than the Scottish average (36.2% v 88.5%)

Places and Communities – the PNA confirms that place is another important consideration in relation to population health and wellbeing. The design, build, and maintenance of 'place' are important aspects. Hospital admissions are reducing and there are high levels of care usage out with hospital setting. Safety is also a consideration – both in terms of levels of crime and having a safe place to live (temporary accommodation or homelessness).

Equity, Prevention and Early Intervention – the PNA tells us that poverty exists in Aberdeen City and is worse in areas of deprivation. Relative poverty is evident even in working households. The Covid-19 pandemic had an impact, particularly on women, children and ethnic minority groups. Child poverty is on the increase and financial insecurity, fuel poverty and food poverty exist. Climate Change also has an impact on health mostly on those living in more deprived areas. 13% of the population of Aberdeen identify as Unpaid Carers, the average in Scotland is 15%.

Healthy Living – the PNA confirms that smoking, obesity and physical activity are all closely related to preventable disease and that more than 50% of deaths in Aberdeen City are due to cancers and circulatory disease (linked to smoking, obesity and physical activity). High Blood Pressure/Hypertension and Depression are the main presentations in Primary Care. Drug use or smoking in pregnancy will affect child health as will breastfeeding, uptake of pre-school immunisations, healthy weight, physical activity, oral and mental health, are again all impacted by whether the child is living in an affluent or deprived area. There are variations across the city in inequality and there is no single cause. Rates of Bowel and Cervical Screening in Aberdeen are lower than ideal. Childhood immunisation rates are not as high as we would like. Improvement is required in vaccination uptake.

Our Performance in relation to National and MSG Indicators

Our latest Annual Performance Report for 2023/24 can be found here and an analysis of the results for Aberdeen City from the latest Health and Care Experience (HACE) Survey can be found here.

A high level analysis of these including our proposed response is below: -

In terms of the National Performance Indicators, most of the HACE related ones are Amber or Red. The biggest reductions are: -

- Adults supported at home who felt they had a say in how their care is provided (-12% from previous report)
- % of people with a positive experience of care provided by their GP (-11% from previous report)
- % adults supported at home who agreed they felt safe (-9% from previous report)

We will respond to the Scottish Parliament's Health, Social Care and Sport Committee, post legislative scrutiny of the Self-directed Support (Scotland) Act 2013, the final report of which is due Autum 2024 as part of business as usual. We will implement our General Practice Vision to improve people's experience of GP services. We will continue to deliver Adult Support and Protection services as part of business as usual to help keep people safe in their homes.

70% of 'health' related indicators are 'Green', with one Amber and two Reds. The Amber and Reds are as follows: -

- Care Inspectorate Gradings (Red)
- Number of days delayed (those aged 75+) (Red)
- % resource spent on hospital stays (Amber)

We will continue to develop positive relationships with our commissioned providers helping them to explore ways to improve services and increased their Care Inspectorate gradings. As part of business as usual we will continue our focus on reducing delayed discharges where possible.

Of the 11 MSG indicators, 4 are showing a negative (increasing) trend, 3 a positive (decreasing trend) and 4 a stable trend.

- The worst increasing trend is the number of delayed discharge bed days
- The most improved trend is unscheduled bed days in both acute and geriatric specialities.

Our business-as-usual focus on delayed discharges will include a focus on delays relating to those with the most complex needs which tend to have the highest delayed discharge bed days. Our Market Position Statements for Complex Care and Independent Living and Specialist Housing Provision will try to address the shortage in destinations for discharge for those with the most complex needs and thereby reduce delayed discharge bed days. They will also help to inform our partners priorities including Aberdeen city Council's Housing Strategy and the city's Local Development Plan

Whilst our ultimate aim is to reduce unmet need and delayed discharges this requires resources to achieve. Previous reductions have been achieved through additional funding being received. Without this, and given the current demands on reduced funding, we anticipate it will be difficult to sustain positive performance in relation to Delayed Discharges.

The current trend for increasing demand is being driven not only by increases in the proportion of the older population in our society and the increase in the burden of disease, but also in terms of population behaviour and expectations. Traditionally, the population have expected health and social care services to be available on demand. Times, and budgets have changed and the model for delivery of health and social care services also needs to change.

What does this mean for our Strategic Plan?

We need to improve access to services, particularly GP Services

We need to embed a person centred approach to service delivery

We need to take account of the needs of those experiencing inequality.

We need to increase participation from our communities

We need to recognise the link between health and the economy.

We need to support the reduction in poverty in Aberdeen City.

We need to reduce delayed discharges and lengths of stay in hospital

We need to continue to support our commissioned providers and improve the quality of services they deliver.

What ACHSCP has achieved from its Current Strategic plan

In no particular order, the following are key highlights from the delivery of our current Strategic Plan (2022-25).

- In 2022/23 a total of 622 Naloxone Kits were supplied to persons at risk – up from 426 in 2021/22.
- In Q3 2022/2023, 113 people accessed specialist drug treatment services, up from 84 in Q3 2021/22.
- Up to Q3 2022/2023, a total of 327 people accessed specialist drug treatment services.
- The percentage of adults who are current smokers has decreased to 15% from 18% in 2016-19 and 23% in 2014-17.
- Our social care unmet need has reduced significantly however this was due to investment and is not sustainable. As noted above the focus resulted in a budget overspend.
- Bookings at our Community Treatment and Assessment Centres (CTACs) increased tenfold between June 2022 and March 2023, and we have created two Priority intervention Hubs – one at the bon Accord Centre and one at Get Active Northfield.
- Our GP sustainability has improved. Only one GP Practice was providing a full service in March 2023, but that number had risen to 8 in March 2024.
- The Adult Mental Health Pathway and our Neurological Rehabilitation Services were both reviewed, and implementation of the findings is underway.
- A new development of bespoke specialist supported living accommodation for people with complex needs is underway. It should be completed by Spring 2025, and it is hoped to enable the service to bring back people who have previously been cared for out with authority.
- Three Market Positions Statements have been developed to articulate what services we need to be provided in future. It is hoped these will stimulate providers and developers to come up with innovative solutions to meet these needs.
- We have progressed with the implementation of innovative technology. The MORSE system roll out to Community Nursing and Allied Health Professionals in Grampian continues despite financial challenges. This is led by a post within ACHSCP. We have replaced 99% of our Community Alarms and are finalising arrangements for a new technology to support the Alarm Receiving Centre in readiness for the switchover from analogue to digital in January 2026. We have also adopted a Technology Enabled Care (TEC) First approach to social care assessments, supporting the creation of a TEC Hub in Aberdeen City and promoting the increase of the use of TEC in social care provision.

The following summarise Aberdeen City performance in relation to MSG Indicators over the lifetime of the current Strategic Plan (NB: timescales are as close as available to the Strategic Plan start and end dates)

- Emergency Admissions increased by almost 14% between June 2022 and March 2024
- Admissions from A&E increased by just over 4% between June 2022 and June 2024.
- Unscheduled Bed Days in Acute Settings increased only slightly by 0.6% between June 2022 and December 2023.
- Unscheduled Bed Days in relation to Geriatric speciality decreased by 16% between June 2022 and June 2023.
- Unscheduled Bed Days in relation to Mental Health speciality increased by 4.6% between June 2022 and March 2023.
- A&E attendances increased slightly by 1.7% between June 2022 and June 2024.

- Performance against the 4 hour waiting time target for A&E deteriorated from 67.8% in June 2022 to 60.4% in June 2024.
- Delayed Discharge Bed Days almost doubled from 738 in June 2022 to 1,381 in June 2024 however they had been as low as 255 in April 2023.
- The percentage of people who spent the last 6 months of their lives in a community setting decreased slightly from 90.9% in 2021/22 to 90.3% in 2022/23.
- In relation to the measure around Shifting the Balance of Care, between 2021/22 and 2022/23 the percentage of people who remained at home either unsupported or supported stayed the same whilst the number of people in a Care Home or large Hospital increased by 0.1% each.

The increases in some of the indicators above will be related to increasing demand for services and the increasing burden of disease. It is difficult to directly correlate the work of ACHSCP impacting most of these indicators or to quantify what some of the increases might have been in the absence of the work undertaken. We would suggest the significant decrease seen in unscheduled bed days in relation to geriatric speciality must in part be the result of the work undertaken in relation to the Frailty Pathway including our management of both Ward 102 in ARI and the innovative integrated facility at Rosewell House. Our performance in relation to Delayed Discharges does vary but we had a period of intense focus and investment which did result in a 65% decrease between June 2022 and April 2023. This however was unsustainable and unaffordable.

What does this mean for our Strategic Plan?

We need to increase capacity in the community to help reduce emergency admissions

We need to focus on support for mental health in the community to reduce the number of unscheduled bed days in relation to this speciality.

We need to provide more care for people in a home environment.

9. Horizon Scanning

We are currently aware that the following changes will impact our service delivery and planning over the lifespan of the refreshed Strategic Plan.

- Review of National Outcomes (and Performance Indicators?)
- Publication of Population Health Framework
- Implementation of National Care Service
- Implementation of Learning Disabilities, Autism and Neurodivergence Bill
- Implementation of Housing (Scotland) Bill (Ask and Act Duty in relation to prevention of homelessness)
- Implementation of new Frailty Standards

What does Horizon Scanning mean for Strategic Planning?

- We need to take cognisance of the review of national outcomes and Indicators and build any changes into our performance framework (NB: unlikely the review will be published in time for our draft Strategic Plan going out for public consultation but we may be able to include this in the final version. If not, we will incorporate it into one of our annual reviews.

- We need to plan for the implementation of the National Care Service

- We need to ensure we have a local action plan to respond to the implementation of the Learning Disabilities, Autism and Neurodivergence Bill

- We need to ensure the requirements of the Housing (Scotland) Bill (Ask and Act Duty in relation to prevention of homelessness) are embedded in day to day practice for frontline staff.

- We need to incorporate the new Frailty Standards into practice

10. Engagement

Outcome of engagement to date.

From LOIP
- Address inequality
- Tackle the underlying causes of the issues
- Reduce Smoking and Vaping

From Staff Drop Ins
- Inequality/Stigma
- Poverty
- Promoting Good health

From IJB and SLT
- Not everyone can be healthy so add 'as possible' or refer back to 'fulfilling lives'
- Equitable rather the equal access to care/opportunity
- Individualised care needs to also be clinically effective
- Plan on a page needs to be simpler and more impactful
- Separate physical and mental health
- Make transformation more prominent
- Different versions and comms plans for different audiences
- If service delivery needs to be affordable, be honest and say that
- Personalise care is better than individualised care
- There should be less focus on 'business as usual' service delivery i.e. what we are already doing
- We should be nurturing people and places
- Reference to co-developing both support and intervention
- Plan needs to repeat key messages
- Need to comment on what the future looks like, what our ambition we have and what transformation we need to achieve
- We must rebalance towards prevention and early intervention – falls prevention, management of long term conditions
- What do we need to do in relation to public communication and education using this as a tool for prevention encouraging self-care, improving health literacy, improving understanding that resources need to be targeted where they are needed not where they are wanted.
- Include redesignation and repurposing of building use

Feedback from ACC Strategy Board
- Co-construct rather than adopt Family Support Model
- Reference to Future Libraries Approach
- Reference to annual review of Delivery Plan ensuring alignment with refresh of LOIP and CSP

What does Engagement mean for Strategic Planning?

Most of the LOIP and staff feedback is covered in the sections above except the reference to reducing stigma which will be incorporated.

The feedback from IJB, SLT and the Strategy Board has been taken into account when developing the Strategic Plan

11. Problem and Action Statements

Problem Statement - Our demand is predicted to increase through a combination of an ageing population and a higher burden of disease, whilst our capacity is reducing as a result of the increased cost of service delivery and challenges with recruitment and retention.

Action Statement - We need to take action to try to reduce the predicted demand and, at the same time, identify different ways of delivering services in order that we can maximise the capacity we have.

Reduction of Demand

The main way we can try to reduce predicted demand is to shift investment and focus towards **early intervention and prevention activity**. If we can reduce the incidence of preventable diseases, both physical and mental, through encouraging people to make healthier choices in the way they live their lives we should be able to reduce the need for health and care service provision. This early intervention approach needs to start at the earliest point.

Although ACHSCP provide health and care services for Adults, children and the adults of the future so we need to work with our colleagues in Children's Services to ensure this approach to improving health starts as early as possible at pre-birth. Vaccinations provide immunity from certain diseases and the more people who come forward for these the healthier the population. If we can also promote the uptake of early screening programmes for the most common cancers that should enable earlier detection and access to treatment with a greater chance of survival.

We know that those living in areas of deprivation experience inequality and poorer health outcomes and therefore have a greater need for our services. The particular needs of people living in these areas need to be understood and the way we deliver services need to overcome any barriers in order that we provide **equity of access**.

Unpaid carers play a crucial role in the health and care system by providing care and support that would otherwise need to be provided by our in-house or commissioned services. By continuing to provide support to unpaid carers through the implementation and refresh of our Carers Strategy we will be helping unpaid carers to continue in their caring role and have a life alongside caring.

Health is impacted by a number of factors not just genetics and behaviour. The wider determinants of health include education, income, a person's physical environment such as housing and access to green space, and their social environment such as their support networks and connection to their community. These are factors that are out with the remit of ACHSCP however we can work with partners to try to have a positive influence on improving aspects of these wider determinants of health for the people of Aberdeen.

Different Ways of Working

We need to ensure our services meet the needs of our population, are affordable and that we achieve best value. We will do this in two main ways: -

We will **transform our approach to service delivery** this will encompass transformation in relation to people – patients/clients, staff, and the general public) - technology, and buildings which will enable us to make changes to the way we currently deliver services and increase our capacity to manage current demand and enable us to do more with less.

We need to ensure that changes we make will not negatively impact our population and we also need to work with our partners in Aberdeen to ensure we are making the best use of our collective resources. We will **collaborate with our communities and partners**, engaging with them and working together to collectively improve outcomes.

12. Risks (and Mitigations)

1. Finance

   Risk – restricted pot, how to prioritise/distribute especially when currently heavily invested in response
   Mitigations – working collaboratively to identify innovation, transformation and more efficient ways of working to enable service delivery within restricted budget.

2. Workforce

   Risk – reducing, do we have the right skills to embrace change?
   Mitigations – implementation (and future review of our Workforce Plan)

3. Population Behaviour/Expectations

   Risk – we need to change approach, adopt new ways of working, will the public accept and embrace these?
   Mitigations – increase opportunities for engaging with the public, listening to their views and ensuring appropriate communication and re-education is undertaken.

4. Partners

   Risk – the outcomes rely on partner activity, are they committed to the same activity and will that support or detract from what we do.
   Mitigations - continue to build and develop positive relationships with providers keeping them on board with our strategy and approach.

13. Key Strategic Documents Supporting Strategic Plan

What key strategic documents will support delivery of our strategy (give timelines of future review/renewal/update)

- Medium Term Financial Framework (MTFF) (revised annually)
- Workforce Plan (due for revision December 25)
- Infrastructure Plan (will be published March 25??)
- Carers Strategy (due refresh March 2026)
- Market Position Statements X 3 (will be kept under regular review)

National Strategies

Housing to 2040	Housing to 2040 - gov.scot (www.gov.scot)
Scotland Public Health Priorities	Public health reform - Our context - public health in Scotland - Our organisation - Public Health Scotland
Climate Change Plan 18-31	Update to the Climate Change Plan 2018 - 2032: Securing a Green Recovery on a Path to Net Zero (www.gov.scot)
Scotland's Digital Health and Care Plan	Digital health and care strategy - gov.scot (www.gov.scot)
The Promise	About the promise
UNCRC	https://dera.ioe.ac.uk/33463/1/childrens-rights-consultation-incorporating-united-nations-convention-rights-child-domestic-law-scotland.pdf
Independent Review of Adult Social Care	https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2021/02/independent-review-adult-social-care-scotland/documents/independent-review-adult-care-scotland/independent-review-adult-care-scotland/govscot%3Adocument/independent-review-adult-care-scotland.pdf?forceDownload=true
National Carers Strategy	National carers strategy - gov.scot (www.gov.scot)
Scottish Government GIRFE	Getting it right for everyone (GIRFE) - gov.scot (www.gov.scot)
Dementia in Scotland – Everyone's Story	Dementia in Scotland: Everyone's Story Delivery Plan 2024-2026 (www.gov.scot)

Local Linked Strategies

NHSG Plan for the Future	Plan For The Future (nhsgrampian.org)
Local Outcome Improvement Plan	LOIP_16-26-April-2024.pdf (communityplanningaberdeen.org.uk)
Locality Plans	North South Central
Housing Strategy	Local Housing Strategy 2018-2023.pdf (aberdeencity.gov.uk) – Has this been updated? No links on ACC Website.
Council Delivery Plan	Council_Delivery_Plan_23_24.pdf (aberdeencity.gov.uk)
Transport	Regional Transport Strategy | Nestrans
Primary Care Improvement Plan	Primary Care Improvement Plan | Aberdeen City HSCP
SAS Strategic Plan Report	Our 2030 Strategy (scottishambulance.com)