



Aberdeen City
Health & Social Care
Partnership

A caring partnership





Strategic Plan 2022 -2025





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Our Vision

"We are a caring partnership working in and with our communities to enable all people to achieve fulfilling, healthy lives."

Our Values

*Honesty
Empathy
Equity
Respect
Transparency*

Our Enablers

*Workforce
Technology
Finance
Commissioning
Infrastructure*

Prevent Ill Health

Improving
Quality of Life

Safe at Home

Caring
Together

Strategic Plan on a Page

Strategic Aims

Caring Together

Make services more accessible and coordinated.

Design, deliver and improve services with service users and their carers.

Develop the membership and diversity of our Locality Empowerment Groups.

Enable communities to make the best choices to meet their care needs.

Focus on transitioning between services, particularly children to adult services.

Safe at Home

Enable people to live safely in their homes.

Increase Care delivered in the Community

Maximise benefits of technology where appropriate.

Reduce Delayed Discharges

Improving Quality of Life

Improve mental health and wellbeing.

Increase support for unpaid carers.

Reduce harm from alcohol and drug misuse and support those in recovery.

Remobilise services to help address health debt.

Provide support that helps people to recover from the long-term effects of Covid-19.

Work with partners to mitigate the impact of poverty, including child poverty.

Provide support and services to support sexual and reproductive health.

Preventing Ill Health

Encourage self care initiatives

Provide education and services to prevent STI's/BBVs and unplanned pregnancies.

Improve the health and wellbeing of children and young people, respecting their rights and keeping families together.

Work with colleagues in Housing to promote better place planning and the availability of energy efficient, affordable homes.

Enabling Priorities

Workforce

- Revise Workforce Plan
- Enable and Support Staff Health and Wellbeing
- Improve Recruitment and Retention

Technology

- Provide resources for staff
- Continue digitisation of services
- Ensure continued availability of monitored Telecare

Finance

- Annual refresh of medium term finance framework.
- Maximisation of Income

Commissioning

- Relationships with providers.
- Voices of Lived Experience
- Commissioning Principles

Infrastructure

- Maximisation of space usage
- Sustainable service provision
- Climate Change
- Sustainable and Active Travel

Health and Social Care Challenges in Aberdeen.....



How can we make services sustainable?

The system is overwhelmed

Climate Change is impacting on health and wellbeing

How do we hear what the citizens of Aberdeen want?

Quality indicators have declined

Unpaid Carers need more support

Recruitment and retention of staff is challenging

Demand for services is increasing

Healthy Life Expectancy is decreasing for both males and females

Alcohol and Drug related hospital admissions are higher from areas of deprivation

Covid-19 has impacted on both population and staff health and wellbeing

In 2030 Aberdeen will be one of the healthiest places to live in Europe because....

Equal opportunities are enjoyed by all.

Businesses work closely with communities and volunteers

People of Aberdeen are socially and digitally connected

People take responsibility for their own health and participate in preventative and anticipatory care

People know who to turn to when accessing health information

The City is safe for people to live, work and play

People are, prosperous and happy.

Citizens of Aberdeen are physically connected – it is easy to get in and around the city.

Healthiest choice is the easiest and preferred option.

Everyone is as healthy as can be and has the knowledge, understanding and skills to look after themselves

Positive mental health and wellbeing is shared by all

There is a strong sense of independence, resilience, confidence, self-esteem and aspiration

Who are we?

Aberdeen City Health and Social Care Partnership (ACHSCP) delivers community health and adult social care services in the city of Aberdeen. These services include residential social care, care at home, GP services, community nursing, and physiotherapy, some of which are delivered with partners in the third and independent sectors. In addition, the partnership hosts Grampian wide services such as those for mental health and learning disabilities, sexual health services and specialist older adults' rehabilitation services. We work in partnership with NHS Grampian and Aberdeen City Council as well as with third and independent sector providers and the health and social care partnerships in Moray and Aberdeenshire as part of the Grampian wide system of health and social care. The citizens of Aberdeen and their health and social care needs are at the centre of everything that we do. We care about the people of Aberdeen and are committed to working with them to deliver the services that they need now and in the future.

Foreword

This latest Strategic Plan takes us to the next stage of our journey towards achieving our vision. Our vision and values underpin everything that we do. The plan sets out our aims and the things we need to help us achieve them (our enablers). It also identifies the performance measures that we will use to indicate whether we have achieved what we set out to do. Aberdeen City Health and Social Care Partnership (ACHSCP) has been in existence for six years now and we are part of a wider health and care system in Grampian which includes Aberdeen City Council, NHS Grampian, Aberdeenshire Health and Social Care Partnership, and Moray Health and Social Care as well as our partners in community planning, third and independent sector providers, our communities, and our citizens. This plan has been developed involving all of them, but we have had particular input from the community representatives from the Locality Empowerment Groups who sit on our Strategic Planning Group.

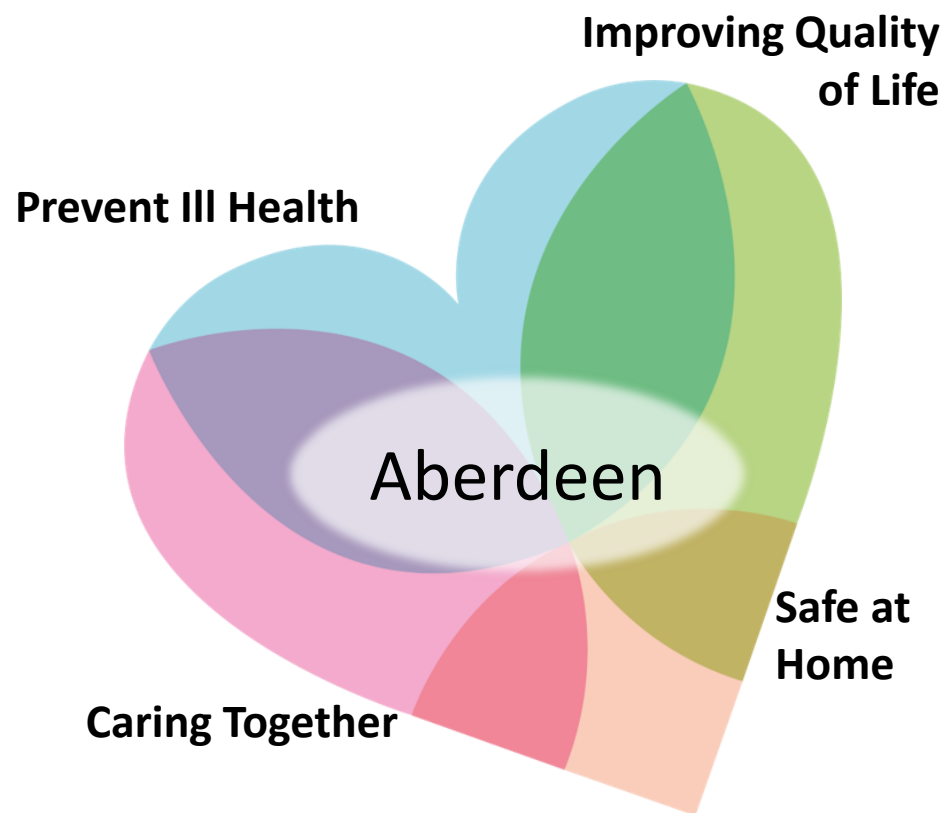
The starting point for developing this plan was the data in our [Annual Performance Report 2020-21](#) as we wanted it to be based on evidence. The next stage in the development of the plan was to listen to the voices of our staff our partners and our communities. From work undertaken to refresh the Local Outcome Improvement Plan and develop Locality Plans, to engagement sessions and an online survey, we collected comments and fed these into the final plan. Finally, we referenced national and local policy and guidance, so the plan also explains why we do what we do (our drivers) and how we go about things (our approach). There are some significant developments anticipated in the future of health and social care service delivery. The publication of the Independent Review of Adult Social Care in February 2021, as well as calling for a human rights-based approach, more support for unpaid carers, and improvements in commissioning also made the case for a National Care Service in Scotland and we await the outcome of the consultation on this and the proposals that come from it.

The global Covid-19 pandemic diverted our attention from some of our commitments and priorities in our last strategic plan, but it also helped accelerate others such as the implementation of digital tools to enable GPs to meet increasing demand and making use of a wider range of health professionals to support specific needs. The pandemic impacted on our ability to deliver services in the way we would want and addressing the health debt this may have created will be a focus for us in the coming years. The intensive response to the pandemic impacted on the health and wellbeing of staff and we are focused on enabling them to recover, as well as considering how we can overcome our recruitment challenges to ensure a sustainable service delivery for the future.

Our Values

Our values indicate what is important to us and set the standard for our behaviour. Above all we will be **honest** in everything we do; we will aim to **empathise** with the citizens of Aberdeen understanding their needs and listening to their views. Providing services that are **equal** for all is important to us and we will make every effort to reduce the negative impact of inequality. We will **respect** the views and the rights of the people of Aberdeen and will be **transparent** in our dealings with them.

Our Aims



What do these mean?

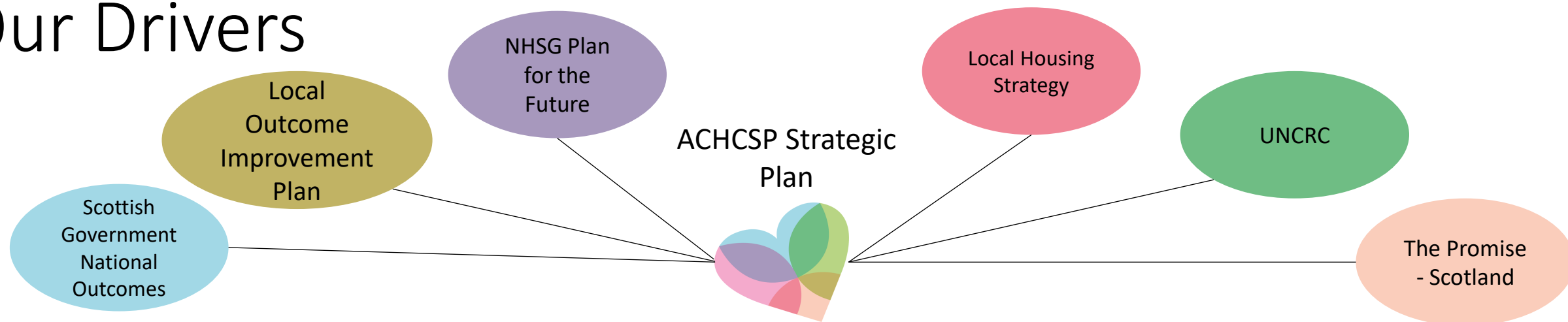
Caring Together – together with our communities, ensure that health and social care services are accessible, safe, and sustainable; that people have their rights, dignity and diversity respected; and that they have a say in how services are designed and delivered both for themselves and for the people they care for, ensuring they can access the right care, at the right time, in a way that suits them.

Safe at Home – when they need it, people can be cared for safely in their own home or in a homely setting, reducing the number of times they need to be admitted to hospital or reducing the length of stay where admission is unavoidable.

Improving Quality of Lives - support people to help overcome the health and wellbeing challenges they may face, particularly in relation to inequality, recovering from Covid, and the impact of an unpaid caring role, enabling them to live the life they want, at every stage.

Preventing Ill Health – help communities to achieve positive mental and physical health outcomes by providing advice, and designing suitable support (which may include utilising existing local assets), to help address the preventable causes of ill-health, ensuring this starts at as early an age as possible.

Our Drivers



Ultimately ACHSCP aims to contribute to the [National Outcomes](#) and not just in relation to Scotland being healthy and active. We are committed to Human Rights, respecting, and protecting the rights of the citizens of Aberdeen and helping them live their lives free from discrimination and stigma. The development of our Locality Empowerment Groups who challenge and shape our delivery model demonstrates our commitment to empowered communities although we still have some work to do to encourage more people to get involved and more diversity within the membership. We can also contribute to the national outcomes in terms of the Economy and Fair Work, and the Environment. We are committed to ensuring all staff, including those working for commissioned providers, receive fair pay and working conditions.

Our key local partners are Aberdeen City Council and NHS Grampian and we work closely with them and other partners in delivering the [Community Planning Aberdeen Local Outcome Improvement Plan](#) and the [NHS Grampian Plan for the Future \(link when available\)](#). In 2021 we worked with community planning to revise planning arrangements, making the Locality Empowerment Groups the focus for all community planning, not just health and social care. Together, we will focus on influencing the delivery of improvement projects that positively impact the inequality that adversely affects population health, mainly related to poverty. We recognise the role good quality, affordable and accessible housing plays and we work closely with colleagues in Aberdeen City Housing to ensure the relevant elements in the [Local Housing Strategy](#) are delivered. Areas of focus are Independent Living, and Fuel Poverty and Climate Change. The revised Fairer Scotland Duty Guidance in relation to socio-economic disadvantage and inequalities of outcomes was published in October, and we will ensure this is incorporated in our impact assessment procedures.

ACHSCP principally delivers adult services, but we have responsibility for school nursing and health visiting which involves children and their wider carers and families. The children of today will become the adults of the future and children are often at the heart of families being supported by adult services. We are committed to early intervention and prevention in relation to health, and acknowledge that inequality affects children's opportunities for growth, development and health. We will deliver on those areas within the [UN Convention on the Rights of the Child \(UNCRC\)](#) and [The Promise Scotland](#) particularly in relation to non-discrimination, considering the best interests of the child. There will be a focus on protecting their privacy; listening to, and respecting their views; adopting a whole family approach; and focusing on transitions to adulthood, particularly where young people are in receipt of health and social care services.

Our Approach



Sustainable

Demand v Resource
Doing things differently
Promoting prevention and Self Care
Right Care, Right Place, Right Professional

Inclusive

[Integration Principles](#)

[Planning with People](#)

Equality Outcomes

Impact Assessments



Whole System

Person Centred
Partnership Working
Wider Determinants of Health
Home First
Intermediate Care



Our Enabling Priorities

Workforce

- Revise Workforce Plan
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- Improve Recruitment and Retention

Technology

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Finance

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Workforce

Our workforce across the whole health and social care system including partners and volunteers is crucial to delivering our strategic aims. Not only are their skills and expertise valued but their health and wellbeing is important too. The demand on the workforce during the response to the Covid-19 pandemic was significant and it is important we help staff recover from this and build their resilience to cope with the further challenges ahead. Recruitment and retention of health and social care staff can be difficult in the north east of Scotland with other industries attracting staff from an already restricted pool. We need to positively encourage, promote, create and demonstrate the value and sense of worth of being part of the health and social care workforce building this into our workforce planning which will hopefully support sustainable service delivery in future. We will continue to foster links with both Aberdeen and Robert Gordon Universities as well as the North East of Scotland College and local schools to ensure there are appropriate study and practical experience opportunities to nurture the workforce of the future.

Technology

Scotland's Digital Health & Care Strategy published in November 2021 sets out the intention to make the best use of digital technologies in the design and delivery of services, in a way, place and time that works best for people and that improves the care and wellbeing of people in Scotland. This is something that we will seek to implement locally. At a basic level, we need to ensure staff have the digital resources they need. For example, we need to embed systems for electronic recording and sharing of information to maximise patient contact time. This transformation needs to extend to support our commissioned services to implement digital solutions e.g., electronic medication administration recording (eMAR) in Care Homes and explore maximising the use of telecare options in the home to keep people safe. We will continue to explore how digital interfaces with partners can improve overall care, for example, communication amongst partners in pre-hospital emergencies. Near Me and eConsult have enabled GPs and clinicians to better manage their capacity to cope with the increase in demand for their services, however these systems have also brought challenges and we will continue to work with partners in NHS Grampian to ensure these and other systems are used in a way that supports patients. We acknowledge that not all sections of the population are able to use electronic systems for a variety of reasons and we will ensure, where possible, alternative options are always available, as well as offering support to those who want it, in order to ensure that no one is disadvantaged. A major development in technology is the switchover from analogue to digital telephone systems in 2023. This will impact those who use monitored telecare systems such as community alarms, and we need to ensure arrangements are in place to ensure equipment can continue to be used in a way that supports and benefits clients beyond the change.

Our Enabling Priorities continued

Finance

Whilst demand is increasing, finances are not necessarily keeping apace, so we need to ensure we make the best use of our restricted budgets. We can do this by employing robust financial management, exploring options for improvements to systems and processes that achieve efficiencies (perhaps through better coordination of services) and ensuring we maximise any income that is available to us through Contributing to Your Care and Support, our non-residential charging policy.

Infrastructure

Working with Aberdeen City Council, NHS Grampian and independent providers we will ensure that assets used to deliver health and social care services are fit for purpose, modernised where appropriate, and managed sustainably. Particularly post Covid, as long as social distancing measures continue to be in place, we need to maximise the use of the space available to us. New housing developments increase demand for services within the communities where they are built. We will monitor new development activity and work with partners to ensure the relevant financial contributions from developers are used to meet these additional needs. We will take cognisance of Aberdeen's Climate Adaptation Framework - Aberdeen Adapts by embedding climate change in health and social care planning and in business continuity arrangements and by reducing our carbon footprint. We will also contribute to the Aberdeen Local Transport Strategy encouraging sustainable and active travel.

Commissioning

We will continue to transform our commissioning approach, building relationships with providers and working with them to deliver our Market Position Statements, continuing to listen to the voices of people with lived experience, designing, delivering and improving services around their needs and embedding our commissioning principles: -

- Commissioning is undertaken for outcomes (rather than for services)
- Commissioning decisions are based on evidence and insight and consider sustainability from the outset
- Commissioning adopts a whole-system approach
- Commissioning actively promotes solutions that enable prevention and early intervention
- Commissioning activities balance innovation and risk
- Commissioning decisions are based on a sound methodology and appraisal of options
- Commissioning practice includes solutions co-designed and co-produced with partners and communities

How we will know?

In addition to service specific national standards, and in common with other health and social care partnerships, our performance is measured via the National Performance Indicators and the Ministerial Steering Group Indicators. Each year the Leadership Team will set SMART Objectives which will detail the activity planned for the year. The delivery of these will be managed within our internal governance routes and existing reporting arrangements. This is in addition to ongoing operational service specific performance management and the monitoring and evaluation of transformation programmes and projects. The table below shows what and how we report and to where.

	What	How	Where
Strategic Aims	<ul style="list-style-type: none"> National Performance Indicators MSG Indicators Health and Care Experience Survey 	<ul style="list-style-type: none"> Annual Report 	<ul style="list-style-type: none"> IJB Public Strategic Planning Group
Leadership Team Objectives	<ul style="list-style-type: none"> Performance Measures identified as part of the SMART objective setting 	<ul style="list-style-type: none"> Leadership Team Dashboard Committee Reports 	<ul style="list-style-type: none"> Risk Audit and Performance Committee Clinical and Care Governance Committee
Service Delivery	<ul style="list-style-type: none"> Service specific delivery measures Care Opinion Stories Complaints and Duty of Candour 	<ul style="list-style-type: none"> Service Dashboards Service Reports 	<ul style="list-style-type: none"> Clinical and Care governance Group Clinical and Care Risk Management Group Health and Safety Committee
Service Improvement and Transformation	<ul style="list-style-type: none"> Programme and project specific performance measures Evaluation reports 	<ul style="list-style-type: none"> Situation Reports Flash Reports Briefings/Communications 	<ul style="list-style-type: none"> Executive Programme Board Leadership Team

The table on page 16 shows the key performance indicators aligned to the Strategic Aims.

Key performance Indicators

Caring Together	Safe at Home	Build Resilience	Prevent Ill Health
<p>NI 3 - % of adults supported at home who agreed that they had a say in how their help, care, or support was provided</p> <p>NI 4 - % of adults supported at home who agreed that their health and social care services seemed to be well coordinated</p> <p>NI 5 - % adults receiving any care or support who rate it as good or excellent</p> <p>NI 6 - % of people with positive experience of the care provided by their GP practice</p> <p>NI 7 - % of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life</p> <p>NI 9 - % of adults supported at home who agreed they felt safe</p> <p>NI 17 – proportion of care services graded good (4) or better in Care Inspectorate inspections</p> <p>Qualitative – Care Opinion, Surveys etc.</p>	<p>MSG 1a - No. of emergency admissions 18+</p> <p>MSG 2a - No. of unscheduled Bed Days (acute specialities 18+)</p> <p>MSG 2b - No. of unscheduled bed days (mental health specialities 18+)</p> <p>MSG 3a - No. of A&E Attendances 18+</p> <p>MSG 4 – Delayed Discharge Bed Days (all reasons)</p> <p>MSG 5a/NI 15 - % of last 6 months spent in community (all ages)</p> <p>MSG 5b – number of days during last 6 months of life spent in the community</p> <p>MSG 6 – Balance of Care: % of population 65+ living at home (supported and unsupported)</p> <p>NI 11 - Emergency Admission Rate</p> <p>NI 12 – Emergency Bed Day Rate</p> <p>NI 13 - Readmission to hospital after 28 days</p> <p>NI 18 - % of adults with intensive care needs receiving care at home</p> <p>NI 19 - number of days people aged 75+ spend in hospital when they are ready to be discharged</p> <p>NI 20 - % of health and care resource spent on hospital stays when the patient was admitted in an emergency</p> <p>Surge and Flow trend data</p> <p>Care Inspectorate Gradings</p>	<p>NI 2 - % of adults supported at home who agreed that they are supported to live as independently as possible</p> <p>NI 8 & LOIP - total combined % carers who feel supported to continue in their caring role</p> <p>NI 16 - Falls Rate</p> <p>SIMD Indicators</p> <p>HIIAs Completed</p>	<p>NI 1 - % of adults able to look after their health very well or quite well</p> <p>NI 11 - Premature Mortality Rate</p> <p>LOIP - Improve Healthy Life Expectancy</p> <p>Drugs Deaths</p> <p>Alcohol Related Deaths</p> <p>Smoking Cessation Rates</p> <p>Suicide Rates</p>