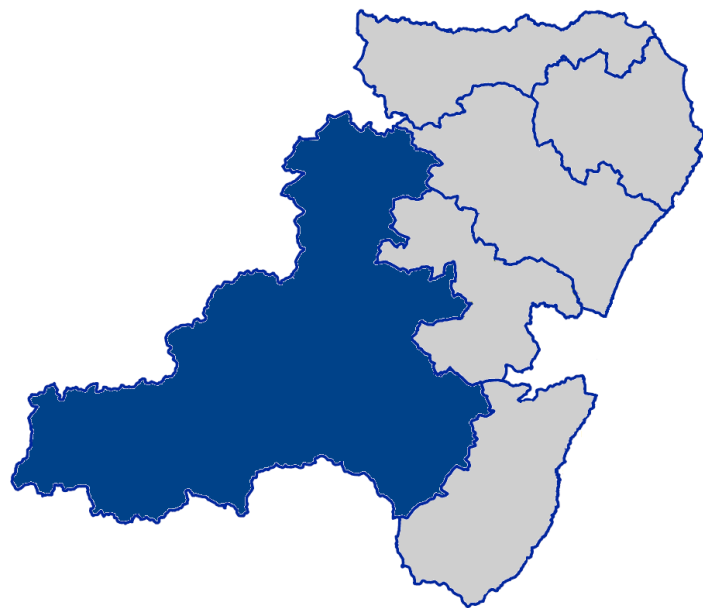




Aberdeenshire  
Health & Social Care  
Partnership

# Health and Social Care Locality Plan Marr 2018 - 2021



## **Foreword**

South Aberdeenshire is a great place to live and work and we want to make it even better by supporting people in communities across Marr to live life to the fullest. We will encourage people to live healthy, safe and active lives by promoting a culture of personal independence and growth.

Our aim in South Aberdeenshire is to provide services at a local level that will empower the people to actively participate in how their community is developed, allowing them to have input into decisions relating to their health and social care. By giving people the opportunity to participate in these decisions, it gives them ownership of how they live and how they access the services they require.

As the population changes and our communities become more diverse, it is important that we capture the needs of all people, of all backgrounds, and provide a service that is equitable for all. Your Locality Plan provides details on where we are now and how we are going to achieve our objectives moving forwards. This document is to be used as a guideline as to how we will improve services at a local level for the benefit of all, to ensure people can live happily and healthily in their communities for longer.

Rhoda Hulme



*Rhoda Hulme*

Deanna Cruickshank



*Deanna Cruickshank*

Marr Location Managers, Aberdeenshire Health and Social Care Partnership

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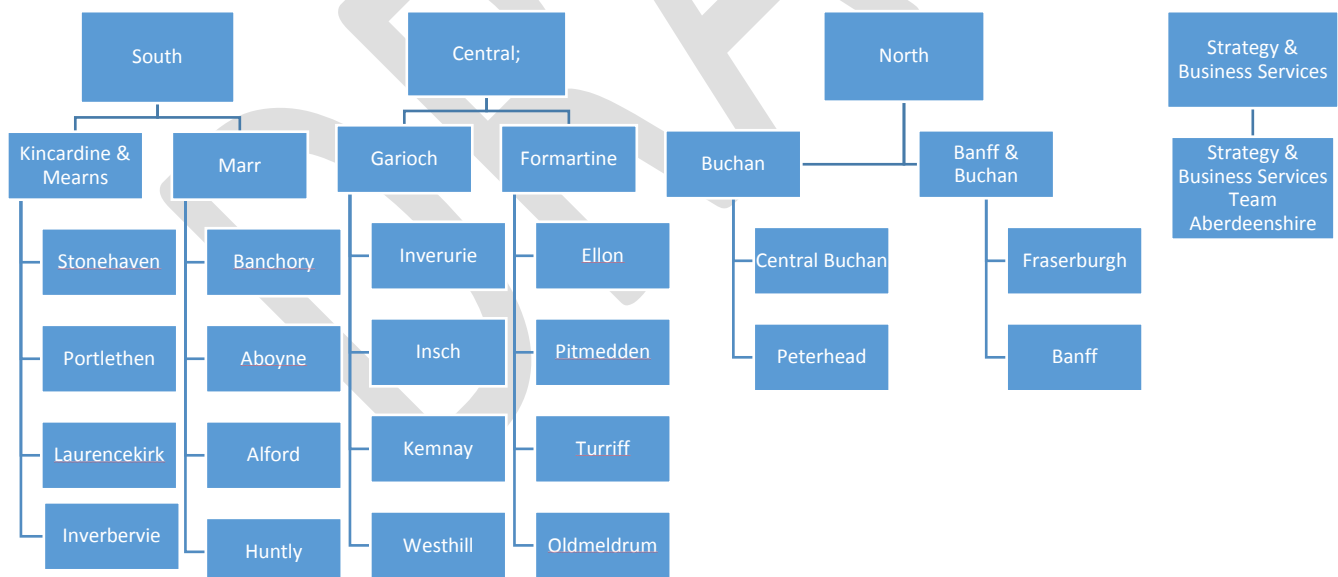
# 1.0 INTRODUCTION

## 1.1 What is a locality?

A locality is described as a small area within the Integration Authority borders. In Aberdeenshire our localities are organised so that health and social care teams, and the people in the area they serve, can have a clear influence on the resources that are available and the development of new services and support. Localities are defined by geography, the people that live and work in the area, the characteristics of the population and to some extent by existing services such as the location of community hospitals, health centres and social work offices.

There are 20 localities in Aberdeenshire which vary greatly in geography, size and characteristics. For the purposes of locality planning these localities have been grouped into six administrative areas as below;

- Banff and Buchan      North
- Buchan
- Garioch                      Central
- Formartine
- Kincardine & Mearns      South
- Marr



Aberdeenshire Health and Social Care Partnership (AHSCP), has four Partnership Managers, one for Strategy and Business Services and three Partnership Managers covering North, Central and South Aberdeenshire. The North, Central and South Partnership Managers have responsibility for two administrative areas each, as outlined on the above diagram.

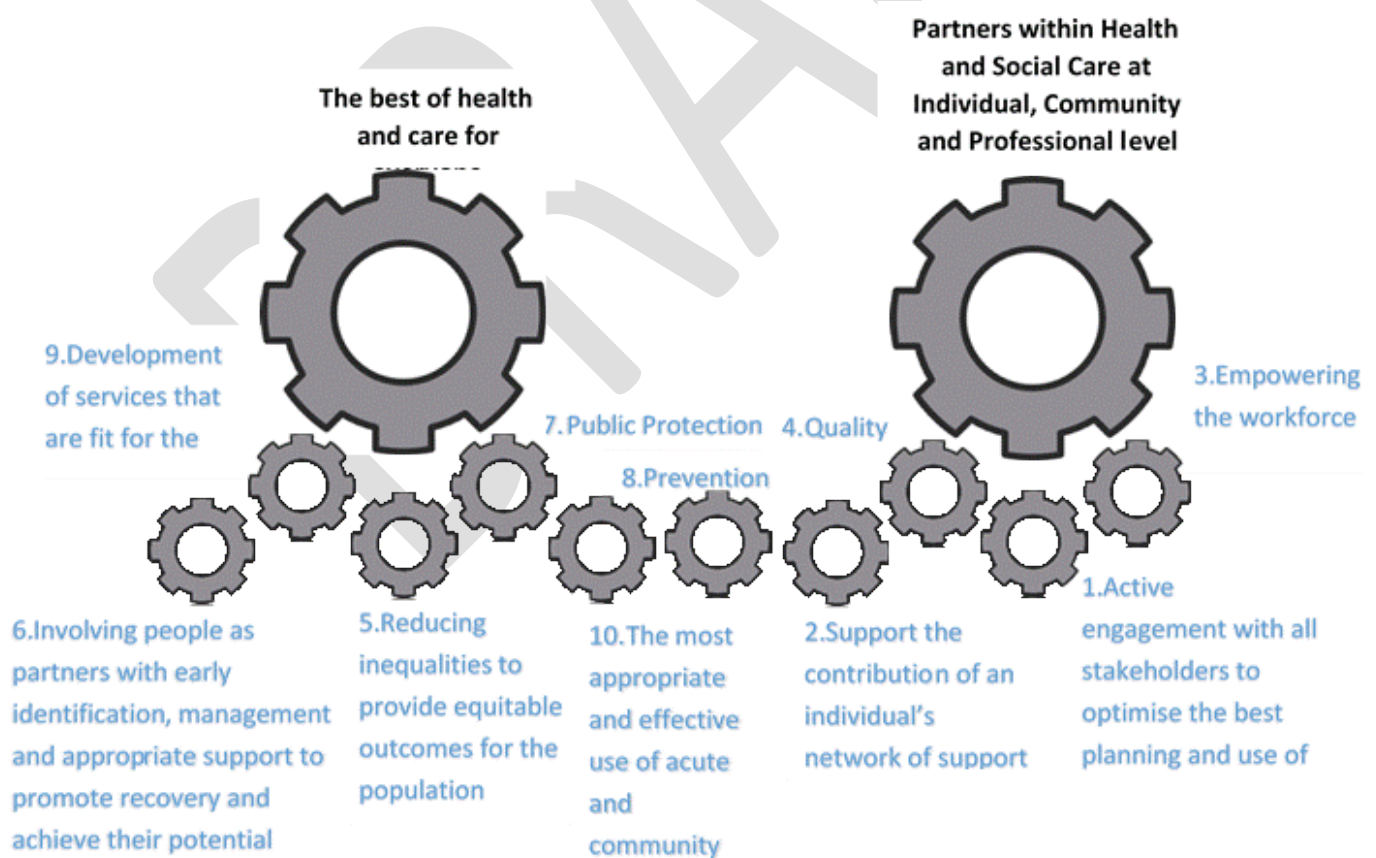
## 1.2 What is Locality Planning?

Locality planning is a way for Aberdeenshire’s localities to come together to look at and prioritise the needs of its people. This locality plan covers the Marr Area which covers four of the localities in Aberdeenshire;

- Aboyne
- Alford
- Banchory
- Huntly

## 1.3 How Locality Planning fits into the bigger picture?

The Aberdeenshire Health and Social Care Partnership Strategic Plan sets out the high level priorities which provides direction for the Partnership (see diagram below). The Commissioning Plan ensures funding is aligned to the projects that are linked to the strategic priorities. The Locality Planning and Community Planning Groups engage with communities to prioritise local needs. Moving forward the Locality Plan will help to inform future strategic direction.



## 1.4 The Benefits

- It gives the locality the opportunity to play an active role in service design and improvement.
- The process of locality planning will raise awareness of current services and celebrate successful partnership working.
- Identifies local priorities, which ensures that the needs of the locality are being address by those who know it best.
- Creates a culture where these local relationships can lead to real change.

## 1.5 The Locality Plan

This Locality Plan will set out specific information about the Marr Area, identifying what is working well and some of the main challenges the Health and Social Care Partnership needs to tackle.

## 1.6 Locality Planning Marr

In order to develop the locality plan a Locality Planning Group was established to cover the South Partnership. The locality team membership for Marr includes:

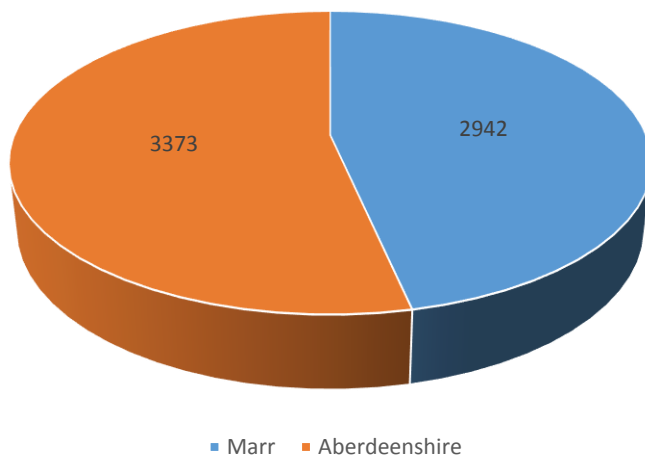
<b>Title &amp; Organisation</b>	<b>Role</b>
Partnership Manager, Aberdeenshire Health and Social Care Partnership (AHSCP)	Chair
Deputy Clinical Lead, South	Provide links with clinical services both in terms of priorities and through engagement with staff teams
Location Manager, AHSCP	Link with all Aberdeenshire AHSCP Teams in Huntly and Alford
Location Manager, AHSCP	Link with all Aberdeenshire AHSCP Teams in Banchory and Aboyne
Head of Nursing, AHSCP	Link with nursing teams across South Aberdeenshire
Advanced Public Health Coordinator, AHSCP	Support groups/communities/Primary Care Sector to build health and wellbeing capacity and to implement key health initiatives within the local area.
Continuous Improvement Officer	Provide facilitation and support to South Locality Planning Group
Strategic Development Officer, AHSCP	Provide facilitation and support to South Locality Planning Group
Area Manager for Marr	Provide steer on priorities and needs in Marr
Community Planning Officer for Marr, AHSCP	Links with Local Community Planning Groups and Partners including Police, Fire and Ambulance Service. Responsible for the Local Outcomes Improvement Plan (LOIP), Local Community Plans and Locality Plans
Community Health in Partnership Officer for Marr, Aberdeenshire Voluntary Action (AVA)	Develop strong & sustainable relationships by connecting Third Sector to Health & Social Care services.
Finance, Aberdeenshire Council	Provide support with budget information
Finance, NHS Grampian	Provide support with budget information

Unit 1 Operational Manager Medicine 1, Emergency and Acute Medicine	Provide links with unscheduled care in terms of priorities and through engagement with staff teams
Service User Representative	Provide Service User perspective, engage with and share views of other service users through links with the local community

## 2.0 ABOUT MARR



Land Area in Square Metres



**Marr is one of the six administrative areas in Aberdeenshire.**

In terms of size the area encompasses 2,942 square kilometres (1,136 square miles) and represents just under 50% of the council area, making this by far the largest administrative area in Aberdeenshire

**In terms of population density,** this measures at 12.8 persons per square kilometre, compared with 39.2 persons per square kilometre in Aberdeenshire. Taking into account the amount of area that Marr covers, this is by far the least densely populated administrative area. Banchory (7,750) is the largest settlement in Marr.

**In terms of its economy**, Marr is largely defined by tourism and agriculture, with the Cairngorms National Park being within its jurisdiction.

Just over 38,000 people are resident in the Marr locality, including around 8,000 people aged 65 or older. Much of the area is sparsely populated. The life expectancy in all communities is better than the Scottish average, as are the mortality rates. Men can expect to live between 77 and 83 years. Women can expect to live between 82 and 86 years.

There are three Community Hospitals, Jubilee Hospital in Huntly, Glen O'Dee Hospital in Banchory and Aboyne Hospital. The rural nature of the area and the increasing age profile of the population will provide unique challenges for Health and Social Care Services in the future. However, the increasing numbers of retired people could have a very positive impact on volunteering, which is a priority in Marr, and is a priority within the Locality Plan in relation to the priority theme of 'keeping people healthily and happily in their homes longer'.

Many communities are active, engaged and successfully developing and running a wide range of projects and services. One challenge in the future will be to maintain this level of activity, and effectively support community leaders to continue to use their skills and influence. Local initiatives to improve health and fitness of all ages is seen as vital. There is good evidence to suggest that Marr has a significantly lower prevalence of drug problems and under age alcohol use compared to elsewhere in Aberdeenshire. Other concerns in Marr include dispersed rural deprivation and isolation. Access to a car is essential in Marr in order to access local services. The average drive time to reach a GP surgery by car is 5 minutes. The average journey time for people to reach their GP surgery by public transport is 15 minutes, although in some areas this can be up to 30 minutes. The journey times are even longer when the infrequency of public transport options are taken into account.

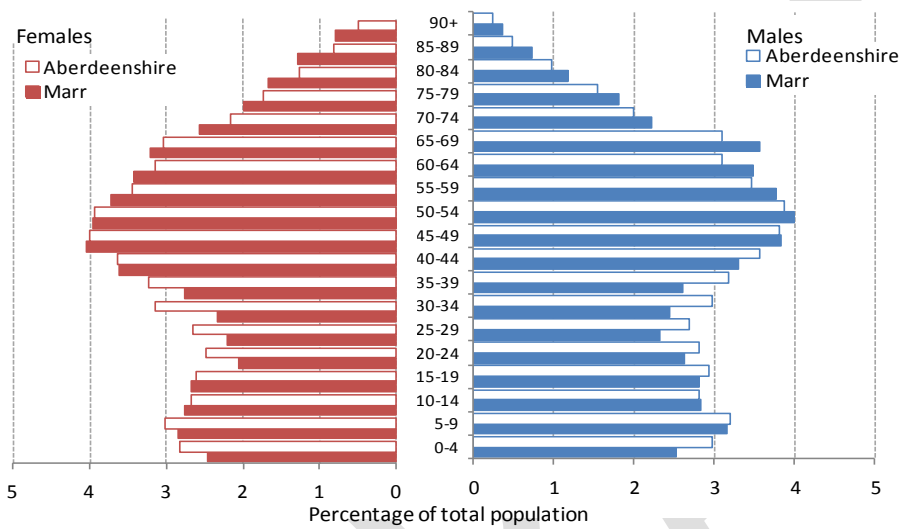
In Marr, one in three single person households where the occupant is aged over 65 do not have regular access to a car. Just over one in five households where both occupants are aged over 65 do not have regular access to a car. Not only might these residents have difficulties accessing health and social care services, they may also face challenges in accessing essential amenities that support independence and promote resilience and wellbeing.

Not having access to a car may be a particular barrier to accessing services and amenities for people with disabilities. One in four Marr households where one or more residents has a disability which significantly limits their ability to carry out day-to-day tasks does not have access to a car. Fuel poverty, particularly affecting the older population, is another issue of concern.

In relation to unpaid care, 8% of Marr residents described themselves as carers and around 1% of young people aged under 16 are carers. The proportion of people who provide care rises with age: 13% of people aged 50-64 provide unpaid care.

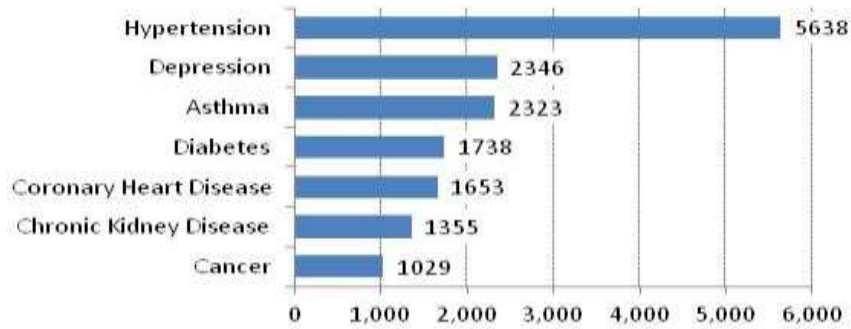


## 2.1 Marr and Aberdeenshire – Percentage (%) of persons by five year age band and gender.

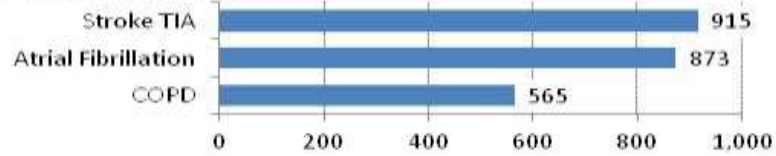


## 2.2 Disease Prevalence Marr 2015/16

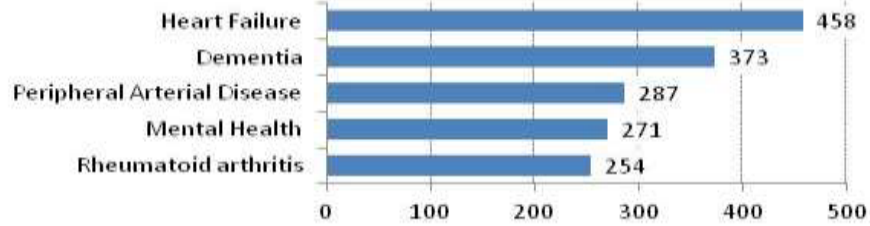
Marr - Number of people on GP register



Number of people on GP register

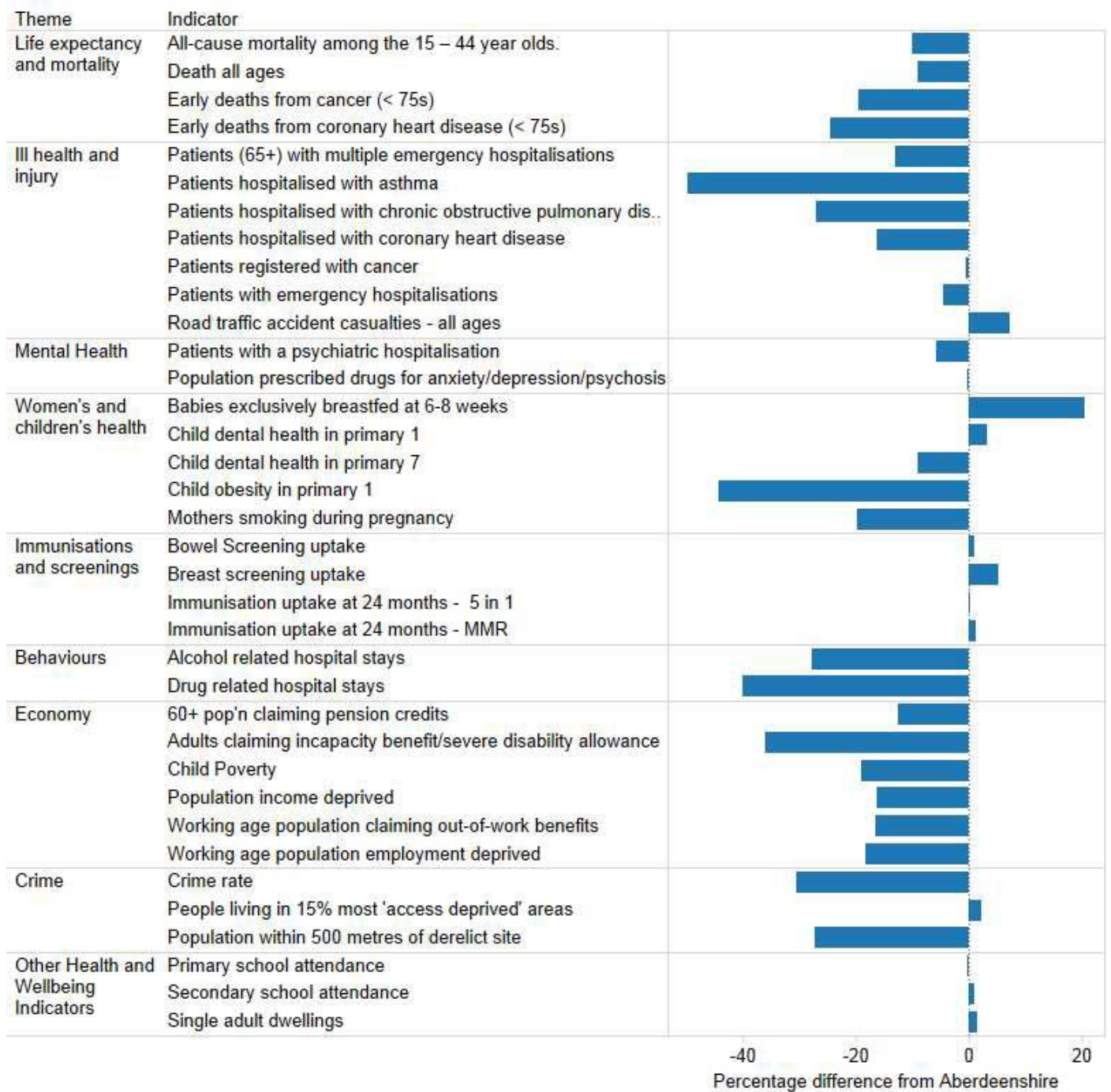


Number of people on GP register

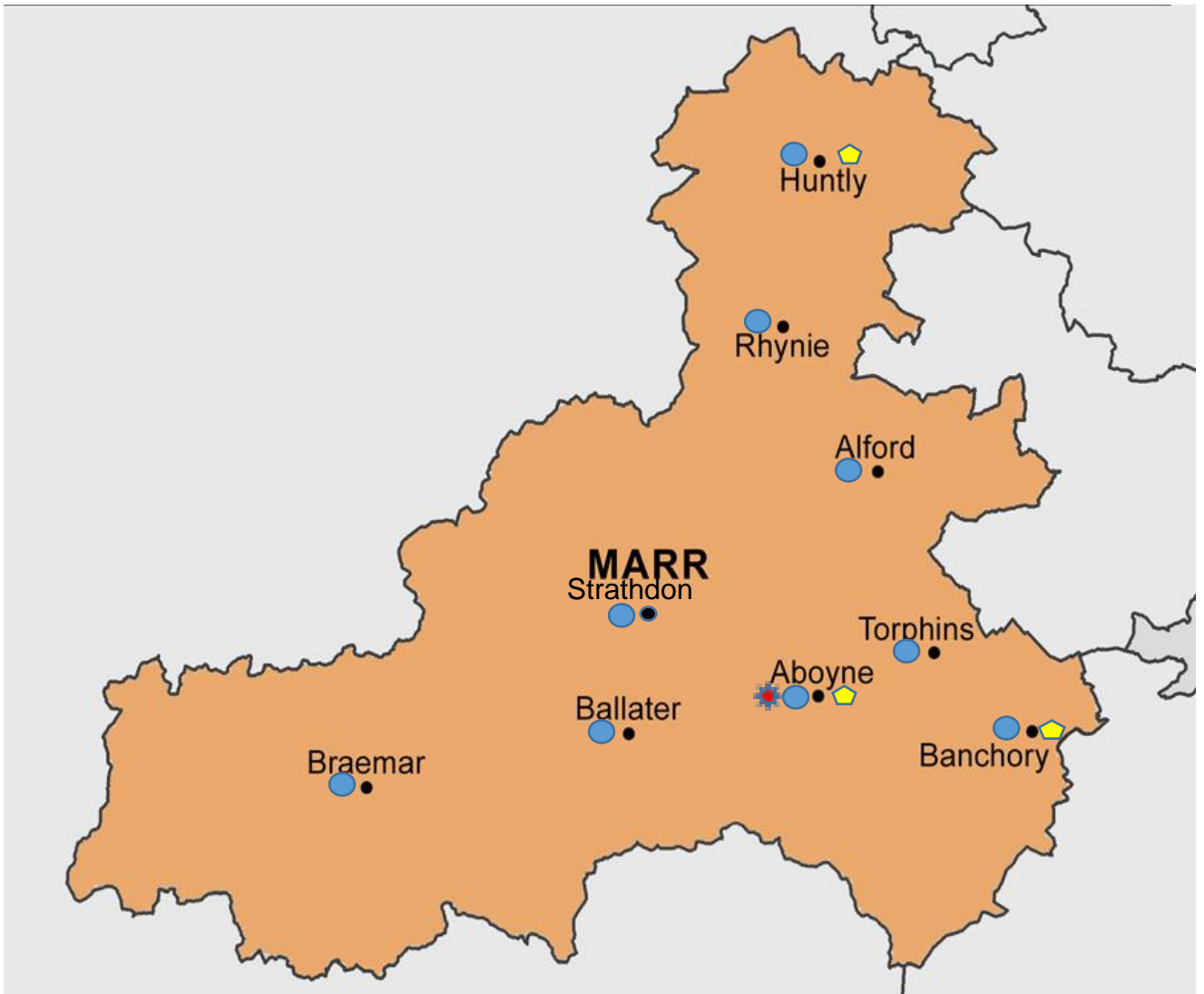


## 2.3 Marr Area selected Public Health Observatory Indicators



**Selected ScotPHO Indicators: Comparison of Rates for Marr with Aberdeenshire rates**



### 3.0 MARR AREA RESOURCES



**Legend:**

-  Community Hospital
-  GP Practice
-  LA Care Homes



<p><b>Adult Services</b></p> <ul style="list-style-type: none"> <li>Mental Health Services</li> <li>Learning Disability Services</li> <li>Physical Disability Services</li> <li>Substance Misuse Services</li> <li>Criminal Justice Services</li> <li>Shared Lives Service</li> <li>Care Management Team</li> </ul>	<p><b>Primary Care Services</b></p> <ul style="list-style-type: none"> <li>Three Community Hospitals</li> <li>Nine GP practices</li> <li>Health clinics</li> <li>District Nursing Services</li> <li>Allied Health Professional Services – Physiotherapy, Podiatry, Occupational Therapy, Dietetics, Dental Services</li> </ul>
<p><b>Older People’s Services</b></p> <ul style="list-style-type: none"> <li>Local Authority Care Homes</li> <li>Private Sector Care Home</li> <li>Older People Services</li> <li>Specialist Dementia Services</li> <li>Care Management Team</li> </ul>	<p><b>Cross Sector Services</b></p> <ul style="list-style-type: none"> <li>Adult Protection Services</li> <li>Carers Support Services</li> <li>Health Improvement Services</li> <li>Housing Support Services</li> <li>Day Services</li> <li>Respite Services</li> <li>Palliative Care Services</li> <li>Emergency Services – Ambulance, Police &amp; Fire Services</li> <li>Scottish Council for Voluntary Services (SCVO)</li> </ul>



	<ul style="list-style-type: none"> <li>• Training</li> <li>• THInC – Transport to Healthcare Information Centre</li> <li>• Alcohol and Drugs Partnership</li> </ul>
<p><b>Third Sector Services</b></p> <ul style="list-style-type: none"> <li>• Community groups, voluntary organisations, charities, social enterprises, co-operatives and individual volunteers provide a diverse range of services supporting the wider community.</li> <li>• First Responders</li> <li>• Religious Support</li> <li>• Networks and Forums</li> </ul>	<p><b>Financial Support</b></p> <ul style="list-style-type: none"> <li>• Citizens Advice Bureau</li> <li>• Christians Against Poverty</li> <li>• SCARF (Scottish Social Enterprise)</li> <li>• North East Scotland Credit Union</li> <li>• Funding officer for Third Party (Aberdeenshire Voluntary Action)</li> <li>• Grampian Credit Union</li> <li>• Grantfinder funding program</li> <li>• Third Sector Funding Officer (Aberdeenshire Voluntary Action)</li> </ul>

**Some of the areas where Aberdeenshire Voluntary Action and the Third Sector support Aberdeenshire**



Supporting Aberdeenshire's voluntary organisations – charities – social enterprises – communities – volunteering – third sector

Community Health in Partnership (CHiP) Team will;

- Develop strong and sustainable relationships by connecting the Third Sector and Health and Social Care Services
- Encourage all partners to recognise the added value of Third Sector knowledge, skills and experience
- Support the Third Sector to better influence and inform service design, commissioning and delivery

**Third Sector**  
Health and Social Care  
Support Team



Magpie – a community-led organisation used to promote the re-use of furniture, clothes, bric-a-brac and household goods. Magpie directly reduces the waste going to landfill by selling on goods to the community at excellent value. Helps the community in a greener way by reducing waste and giving back to the community.

Advocacy North East – A free and confidential independent advocacy service to support adult users of health and social care services in the following categories:  
Learning Disability – Mental Health issues – Older Persons (in local authority care homes) – Physical Disability – Substance Misuse – Unpaid Carer





Formed to improve the experiences for people with dementia and other groups of people within the community with other long term conditions or health and social care needs

### 3.1 What are the people in the locality telling us?

A wide variety of engagement and consultation activities have place across Marr, including community and staff integration events, community action surveys and community planning Place Standard events, amongst others. These events have enabled us to gather meaningful and relevant information about what matters to the people of Marr when it comes to the health and wellbeing of their communities and the type of health and social care services they want to be able to access.

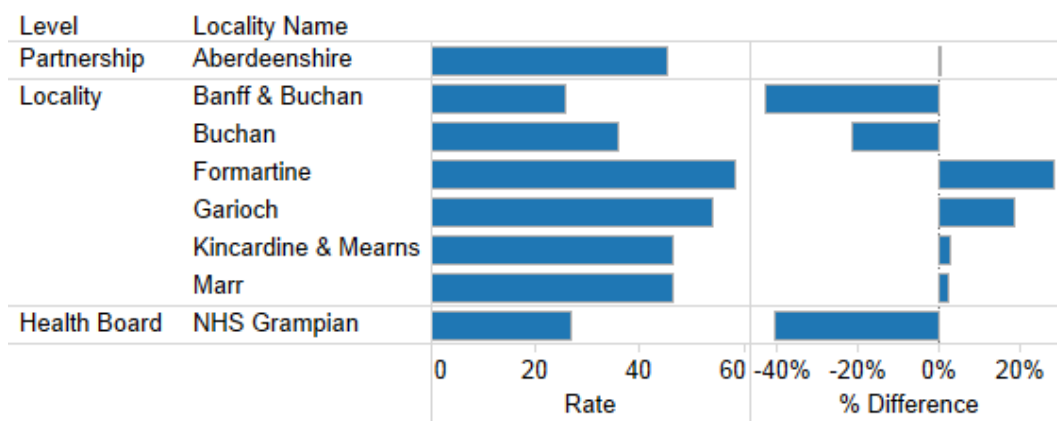
In addition, as part of the Locality Plan development process, four stakeholder workshops were held with the South Locality Group, which was made up of staff from both within and outwith the partnership, third sector, community based organisations, and service user representatives. The members of this group used their knowledge of the area to identify the initial priorities for the Marr Locality Plan and each member of the group shared these with their own wider network for comments and feedback. Following every workshop, the outputs were circulated around the wider network. This approach enabled us to ensure that the Marr Locality Plan was developed with ongoing input from the people who are best placed to identify the priorities, objectives and measurable actions against which we can measure our performance and progress.

Consultation and engagement will be an iterative process and we will continue to seek feedback and comments from people living and working in Marr as the Locality Plan is delivered over 2018-21. The Locality Plans will run from 2018-21, with a review of the action plans after 18 months. This timeframe will ensure that they inform the next Strategic Plan (2019 – 2022). The timeframe will also ensure that subsequent locality plans fit into the planning landscape. The action plan, Section 10 below, details activity which will be carried out over the first eighteen months of that period. The action plan will then be updated to reflect activity which has been completed and any follow up action required, in addition to any new actions arising from feedback from ongoing public engagement and consultation in the locality.



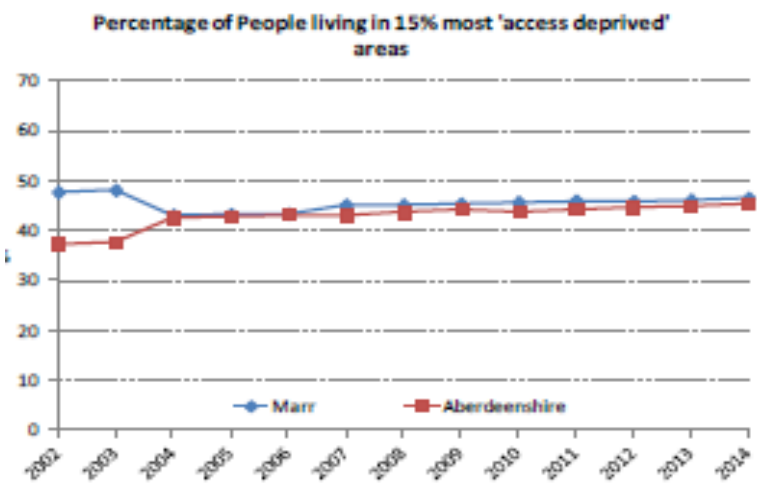


People living in 15% most 'access deprived' areas, Percentage Rate and % Difference from Aberdeenshire Rate, Single Calendar year: 2014



As can be seen from the below, there has been a decrease since 2002 but an upward trend.

As can be seen from the below, there has been a decrease since 2002 but an upward trend.



#### 4.1.1 Working towards priority theme one

We know that our aim of providing equality of access to health and social care services is ambitious and that it will take longer than the lifespan of this Locality Plan to reach this goal. The actions below provide some details about what we will deliver over the next eighteen months. This will enable us to start working towards this aim and identify the next steps in order to make continuous progress over the longer term. Further details of the actions we will deliver in relation to this priority theme are included in the Action Plan at section 10 of this document; below is an overview of some of the key actions.

In early 2018, the University of Aberdeen will be concluding a research project on identifying gaps in provision of services for older residents and vulnerable members of the community registered with the GP practice in Huntly. The research project aims to explore gaps in provision and possible innovations with the involvement of residents, service

providers and community/ regional/ national organisations. The findings from this research will be used to inform an evidence-based action plan to address barriers to services for patients and service users in this area, and provide innovative ways of working for the future which can then be developed into recommendations that can be implemented Marr-wide, and potentially Aberdeenshire-wide.

We know that befriending services in Marr are focussed on people with age or condition-specific needs. Intelligence from health and social care and third sector staff working in Marr tells us that many more people could benefit from accessing local befriending services if they were available as generic services, in addition to the current targeted provision. Over the next eighteen months, we will scope out what the potential is for current befriending services to expand their provision into more generic befriending services, and identify if it will be necessary to take on new providers to deliver the full complement of befriending services required to meet the needs of people living in, or caring for someone in, Marr. We will review the outcomes and outputs from Scottish Government consultation events for the new national strategy on loneliness and isolation. Following the consultation event, we will evaluate the need to hold a follow-up event specifically addressing the topic of befriending, with the aim of developing an action plan to take forward a plan for the delivery of generic befriending services in Marr.

Building resilience in communities in relation to health and wellbeing cuts across areas beyond health and social care and we are aware that there are other plans and strategies being delivered by Aberdeenshire Council and its partners, which will have an impact on health and wellbeing outcomes for people living in Marr. We have been cognisant of these plans as we developed this Locality Plan. There are also community groups in Marr which will be developing their own Community Action Plans for the area and it is important that they consider this plan when they come to agree their own actions. To that end, we will feed into the Community Action Plan development process to ensure that there is alignment with the Marr Locality Plan.

#### 4.2 Priority theme two: partner with people to stay happily and healthily at home for longer.

Marr has higher rates of hospital admissions due to cancer (23.7), diseases of the circulatory system (22.5) and injuries and poisonings (19.0) than Aberdeenshire as a whole (20.5, 20.6 and 18.5 respectively).

Medical outpatient attendances have increased since 1995 from 33.2 to 42.7 while medical inpatient attendances have decreased (43.6 to 34.2).

Summary of Hospital Inpatient Discharges 1999-2000			
ICD10 Chapter	Marr		Aberdeenshire
	Number	Rate	Rate
Neoplasms (cancers)	817	23.7	20.5
Diseases of the Circulatory System	774	22.5	20.6
Injury, Poisoning and Certain Consequences of External Causes	654	19.0	18.5
Diseases of the Digestive System	534	15.5	15.5
Diseases of the Respiratory System	456	13.2	14.0
Diseases of the Musculoskeletal System and Connective Tissue	375	10.9	8.9
Diseases of the Genitourinary System	365	10.6	10.3
Diseases of the Nervous System	142	4.1	4.1
Diseases of the Skin and Subcutaneous Tissue	110	3.2	2.9
Certain Infectious and Parasitic Diseases	77	2.2	2.7
Other	1431	41.6	35.1
<b>TOTAL</b>	<b>5735</b>	<b>166.5</b>	<b>153.3</b>

#### 4.2.1 Working towards priority theme two

Below are details of some of the key actions we will deliver over the next eighteen months to enable us to work towards our second priority theme of partnering with people to help them stay happily and healthily at home. Further details are in the action plan at Section 10 of this document, below.

We want to support and enable communities in Marr to develop a culture that is supportive of staying happily and healthily at home for as long as possible. To do that, we need local statutory and third sector staff to have a good understanding of the local groups and activities that help develop community resilience in relation to health and wellbeing. We also have a role to play in facilitating training for local groups so that they can continuously review and develop the resilience of their communities. Over the next eighteen months, we will develop multi-agency health and wellbeing groups across Marr to enable information sharing and signposting about local groups and activities that support this aim of helping people to stay happily and healthily at home. We have identified that a key aspect of these events should be on the topics of arranging a Power of Attorney and an Anticipatory Care Plan, as this will have a positive impact longer term upon rates of delayed discharge from acute hospital settings. Working in partnership, we will identify a model for community

groups to continue to run these events autonomously going forward, and a train the trainer course to support that aim.

We will monitor and review progress of the Young at Heart Deeside programme and identify any appropriate action for implementation in other areas of Marr.

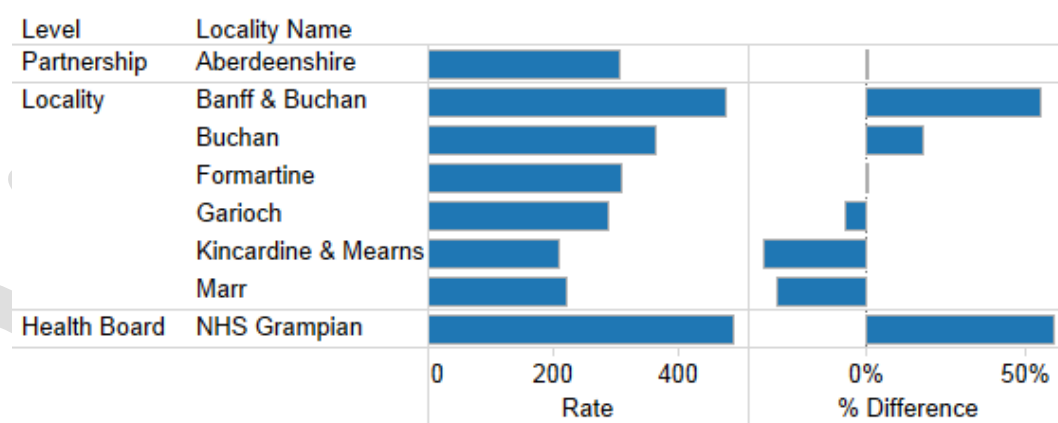
We will ensure that everyone providing health and social care services for people diagnosed with long-term conditions and their carers; is able to signpost them to services which can support them in managing their health and wellbeing.

We will develop a strategy and action plan to ensure that we have robust engagement processes and activity in place so that local people are fully involved in the planning process and participation is increased.

### 4.3 Priority theme three: improve the wellbeing and access to services and support for people with alcohol issues (particularly in rural settings)

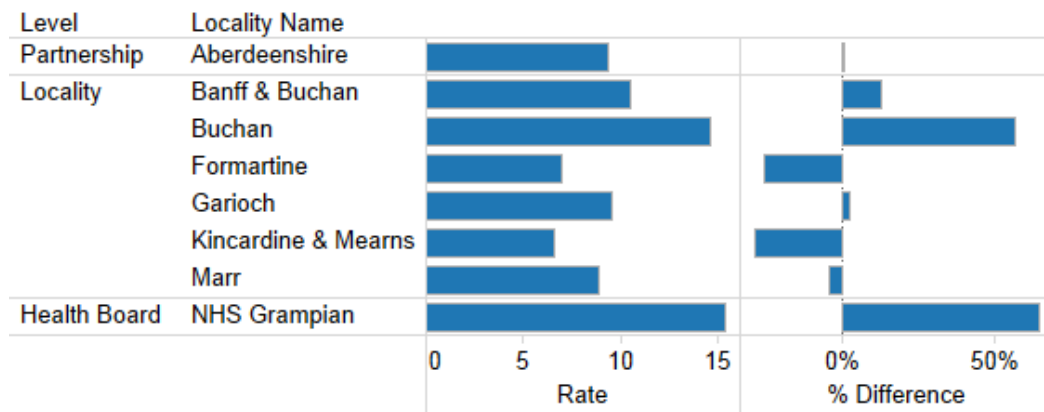
The latest rate of alcohol-related hospital stays in Marr is the second-lowest of all the localities and is below the rates for Aberdeenshire and Grampian generally.

**Alcohol related hospital stays, ASSR per 100,000 popln.**  
Rate and % Difference from Aberdeenshire Rate,  
Single Financial year: 2014/15



The latest rate of deaths from alcohol conditions in Marr is the third lowest of all the localities falling slightly below the rate for Aberdeenshire and significantly below the Grampian rate.

**Deaths from alcohol conditions, ASSR per 100,000 popln.**  
 Rate and % Difference from Aberdeenshire Rate,  
 5-year Calendar average: 2010-2014



### 4.3.1 Working towards priority theme three

Below are details of some of the key actions we will deliver over the next eighteen months to enable us to work towards our third priority of improving the wellbeing of people with mental health or alcohol issues. By carrying out the actions below, we will be able to identify whether the current service provision is fit for purpose for the needs of current and future service users, and develop recommendations for the commissioning of these services over the short, medium and long term, working in tandem with the existing programmes of work concurrently taking place in Marr.

We will review the current data provided through the Alcohol and Drugs Partnership regarding current statutory and community provision of alcohol services in rural Marr and demographics of service users, and assess the current level of provision in Lower & Upper Marr.

We will quantify the need for support with alcohol issues, including conditions that would not meet the threshold for statutory service provision, by analysing the available data and engaging people on the issue of what their needs are.

We will carry out an evidence review of what effective interventions/service provision would be at each tier.

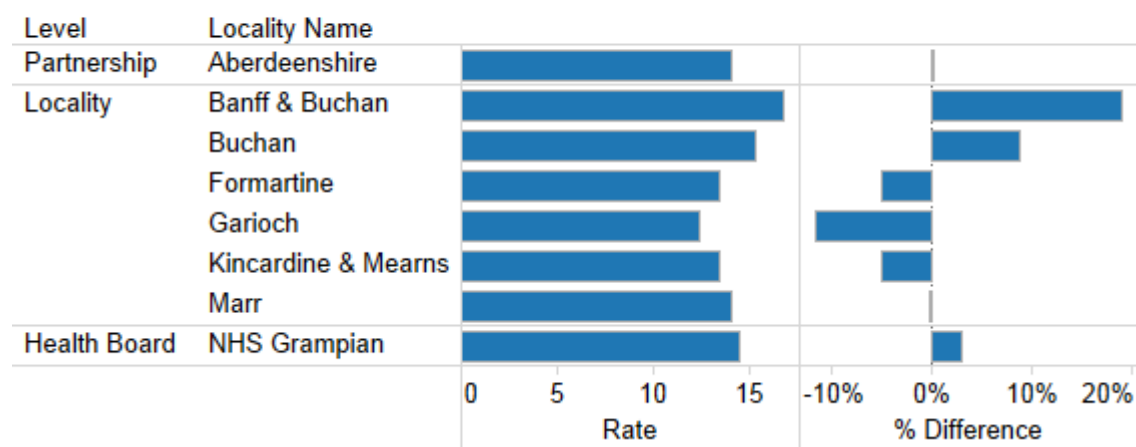
In addition, Aberdeenshire Council's Local Outcome Improvement Plan (LOIP) has alcohol as one of its three priority themes. We will be involved with some of the work to address alcohol-related harm in the LOIP, and will ensure that we are in alignment with that work programme going forward.

#### 4.4 Priority theme four: improve the wellbeing and access to services and support for people with low to medium level mental health issues, in particular teenagers with mental health issues and their parents

Population prescribed drugs for Anxiety / Depression / Psychosis:

Compared to Aberdeenshire, there is some significant variation in the percentage of the population prescribed drugs for anxiety/depression/psychosis between localities. Marr has the third highest percentage of all the localities in 2014/15 but is close to the Aberdeenshire rate and below the Grampian rate.

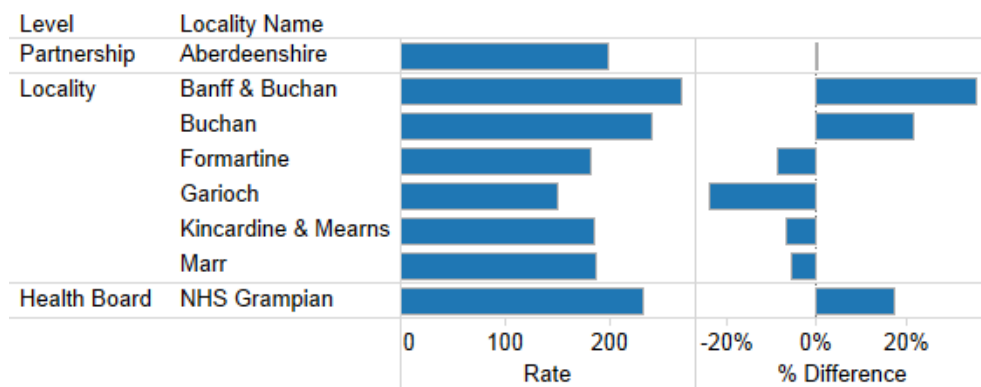
**Population prescribed drugs for anxiety/depression/psychosis, Percentage Rate and % Difference from Aberdeenshire Rate, Single Financial year: 2014/15**



Patients with psychiatric hospitalisation:

The latest rates for patients with a psychiatric hospitalisation show Marr has the third highest rate of all the localities but remains below the rates recorded for Aberdeenshire and Grampian in 2012-2014.

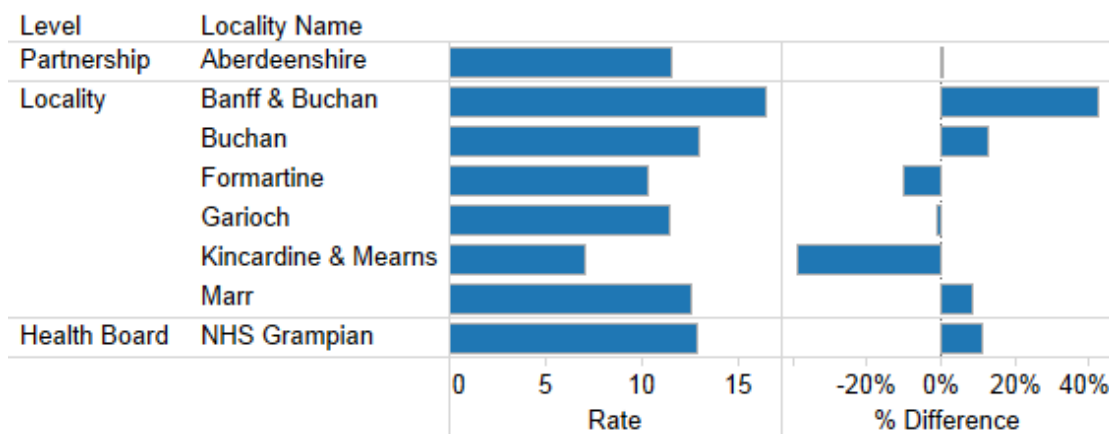
**Patients with a psychiatric hospitalisation, ASSR per 100,000 popln. Rate and % Difference from Aberdeenshire Rate, 3-year Calendar average: 2012-2014**



## Deaths from suicide:

Compared to Aberdeenshire, there are some significant variations in the rates of deaths from suicide (including undetermined intent) between localities, with Marr having the third highest rate of all the localities and above the Aberdeenshire rates but slightly below the NHSG rate.

Deaths from suicide (inc. undetermined intent), ASSR per 100,000 popln.  
Rate and % Difference from Aberdeenshire Rate,  
5-year Calendar average: 2010-2014



### 4.4.1 Working Towards Priority Theme Four

Below are details of some of the key actions we will deliver over the next eighteen months to enable us to work towards our fourth priority of Improving the wellbeing and access to services and support for people with low to medium level mental health issues, in particular teenagers with mental health issues and their parents. By carrying out the actions below, we will be able to identify whether the current service provision is fit for purpose for the needs of current and future service users, and develop recommendations for the commissioning of these services in rural areas, working in tandem with the existing programmes of work concurrently taking place in Marr.

- We will continue to raise the profile of Mental Health as a Public Health issue with Marr Community Planning group/partners.
- We will map the current statutory and community provision of Mental Health services in rural Marr area and the demographics of service users.
- We will support the work of four Early Years Forums/GIRFEC (Getting It Right For Every Child) groups in Marr where they are focusing on young people and parents.

## 5.0 FINANCES

The budget for Aberdeen Health and Social Care Partnership is £246,205,000. The split of this budget can be seen in the table below.

The revised budget for Aberdeenshire Health and Social Care Partnership is £277,402,000. The split of this budget can be seen in the table below.

While a good proportion of the budgets are split to a locality level many of them are still running Aberdeenshire wide and these will be split out across the localities as progress is made into the coming years.

It is the responsibility of the Partnership Manager to review our budget and ensure it is fit to meet the pressures which are faced. The resources must be managed to the best effect to ensure positive outcomes across localities.

With continuous rising demand and restricted resources efficient use of the budget must be made to meet challenging demand and current priorities.

Current pressures are particularly high in areas of home care, care packages, prescribing and community hospitals.



**Combined NHS & Council**  
**Revised Budgets as at 31st**  
**October 2017**

	<u>Pay</u>	<u>Non-Pay</u>	<u>Income</u>	<u>Total</u>
	£'000	£'000	£'000	£'000
Locality Based Services				
Banff and Buchan	12,971	7,585	(1,630)	18,926
Buchan	8,733	8,273	(1,170)	15,836
Garioch	9,006	10,751	(1,878)	17,879
Formartine	8,352	8,636	(1,939)	15,048
Kincardine and Mearns	6,276	5,617	(1,100)	10,794
Marr	10,328	5,272	(1,019)	14,581
Area Based Services				
North	4,976	20,199	(1,532)	23,642
Central	2,386	12,588	(291)	14,683
South	9,580	7,577	(1,192)	15,965
Aberdeenshire Wide Services				
Aberdeenshire Wide	12,141	8,161	(5,147)	15,154
Business Strategy	1,220	1,796	(95)	2,921
Community Mental Health	6,536	997	(122)	7,411
Dental	1,952	490	(236)	2,206
Management and Administration	1,934	666	(499)	2,101
Nursing	748	55	(17)	786
Out of Area	0	1,782	0	1,782
Prescribing	0	43,649	0	43,649
Primary Care	0	36,990	0	36,990
Primary Care Support	838	151	(10)	980
Inw Rech Hosted Services	0	12,559	0	12,559
Partnership Funds	0	3,508	0	3,508
	<u>97,978</u>	<u>197,303</u>	<u>(17,878)</u>	<u>277,402</u>

## 6.0 HOW ARE WE DOING

### 6.1 Measuring performance

It is important that we evaluate our performance to ensure we are delivering against the actions that we have set out in this Locality Plan. Performance Indicators will be aligned to the two themes and ten priorities outlined in the Aberdeenshire Health and Social Care Partnership, Integrated Joint Board Strategic Plan, these priorities are shown on page five of this document.

The primary purpose of measuring performance against the actions in the Locality Plan is to provide information on progress and current status. The Marr Locality Group, which was formed to develop the Locality Plan, will continue to meet to review progress against the plan, and to ensure that the actions agreed are delivered. Location Managers will report to the Marr Area Committee as requested, in line with Aberdeenshire performance reporting requirements.



The Integrated Joint Board (IJB) will have the responsibility for checking the performance information whilst the Marr locality planning group will review and monitor the actions to ensure they are being progressed, led by the responsible team members. From this information the IJB will be able to ascertain the effectiveness of integration for the service users. There will be an annual report developed as required by law.

## **7.0 THE NEXT STEPS – COMMUNICATING PROGRESS**

Effective and timely communication is essential in ensuring that people and communities remain well informed. We will work with all stakeholders within the Marr Community to ensure that progress against the Marr Locality Plan is reported appropriately and effectively. This includes:

Service Users

Partnership Staff

Unpaid carers

AVA / Third sector personnel

Community Groups

Anyone within Marr who wants to get involved in making Marr a better place to live

We will be inclusive and provide a platform for all to ensure individuals and groups are represented and their thoughts, ideas and voices are heard. The Locality Planning Group will remain focused and determined to ensure the priorities identified will be met, as far as possible, within the timelines outlined in this document.

## **8.0 WORKFORCE**

Aberdeenshire Health & Social Care Partnership continues to hold discussions with key partners and stakeholders across health and social care, developing our workforce plans across our integrated teams. Evidence shows that staff who are valued, treated well and supported to give their best will deliver better outcomes for people.

We commit to valuing our workforce and developing the changes that need to be made to ensure a high quality of service is provided, ensuring a healthy organisational culture from a capable workforce who are then able to deliver integrated services, supported through effective leadership and management.

## 9.0 CASE STUDIES

### Braemar 3rd Age Lunch Group

*The Braemar 3<sup>rd</sup> Age Lunch Group began about eight years ago. We started off meeting only in wintertime for lunch and a chat every two weeks. A few years down the line, members requested it run all year, this we have done now for about five years and it appears to be going well.*

*We meet in one of the local hotels where we have a sherry, two course lunch, tea or coffee which is served to us and cooked by the hotel. This is our fourth move for various reasons, we are very resilient!*

*We are an informal group and new members or drop ins are always welcome, we cater mostly for over 60's. There is a group of three of us who see to bookings, finances etc, though all members are involved.*

*We have varied talks, for example the fire brigade, police, and physiotherapy. We also have entertainment: yoga, science and music. Most weeks we have something but we also have weeks just for chat.*

*We also have outings, travel costs can restricts these but we have used public transport to go to Ballater for lunch and to No 1 in Banchory. A few months ago we hosted a 'connecting communities' event, in conjunction with 'Young at ♥ Deeside'. We had thirty eight guests from Ballater at our musical afternoon tea. We hope to expand on this and have already been invited to Ballater.*

*We rely on funding as size and age restricts much fundraising. We are fortunate to receive yearly small donations from two local sources and we do small fundraisers.*

*We are moving ever forward and are here to stay!!*



*The community of Braemar have for some time been looking at care provision for their elderly and vulnerable residents. In 2014 Braemar launched a community action plan which collected the views from the community over a variety of issues, some of which were affecting the elderly and vulnerable residents. Care in particular was acknowledged as an area which needed addressing as the service was restricted due to the geographic location.*

*Subsequently a group of residents got together to look at approaching the issue and how to undertake some form of positive change in the form of a Care Initiative.*

*The vision of the initiative is that local people will be employed to provide care and support to the vulnerable residents of the community.*

*This type of project is successful in a number of communities across Scotland such as Highland Home Care in Inverness-shire and MyCare in Grampian, both of whom have visited Braemar to support the initiative and provide advice.*

*The group met with the Aberdeen Health and Social Care Partnership (AHSCP) to discuss their ideas and how they may be supported to establish a working project on an initial trial basis. The AHSCP had an innovation fund which the group applied to, which granted them £12000 to work on setting up the project.*

*This money contributed to members of the group putting in a lot of time to establish a formal structure establish links with other similar working projects, explore appropriate working processes with for the initiative and so on Critical to the success of such a project is to have people within the community who would be willing to undertake care work and the flexible hours that go with them.*

*There would be both voluntary and paid work for a range of activities from befriending or visiting, helping with daily chores, transport assistance, right through to medical support.*

*The initiative has successfully identified a number of carers and volunteers to begin the tasking of supporting the needy and vulnerable in the community.*

*Funding has been sought from other grants to support the position of a coordinator who will manage the volunteers and carers and link them with the help of a large care provider and Aberdeenshire Care managers to the patient/clients in the community.*

*The initiative is currently becoming a Scottish Charitable Incorporated Organisation recognised by the charity regulator which will support the aims of the project and allow certain funding streams to be explored.*

*Braemar Care has the endorsement of much of the community including Braemar Community Council, Braemar Community Limited and a large number of residents showing that it is within the interests of a community to look after its own elderly and vulnerable citizens. It has already provided services to people in need within the community and is currently in the process of recruiting a Care Coordinator. The work of Braemar Care is a tribute to the resilience of the community in response to the numerous obstacles faced by the statutory service providers.*

## **Alzheimer Scotland South Aberdeenshire**

### **Background**

*A 72 gentleman, Jim\* was referred, by a concerned friend for support in January 2017. He had a diagnosis of Alzheimer's, lived alone and had very little support in way friends and no family in the area. He had lost a lot of self-confidence and was reluctant to go out.*

### **Support**

*Jim was visited by a member of the South Aberdeenshire Alzheimer Scotland team. The groups and activities we have in the local area were discussed. Jim felt groups were not his thing, he said he preferred to be on his own. We continued to visit and suggested that Jim may like to come and visit day care for one of our musical memory afternoons. Jim agreed to this and said he surprised himself how much he enjoyed it and agreed to come back again. With Jim's permission we contacted Social work department as a result of this he now has a care manager and self-directed support is in place. We also assisted Jim to apply for Attendance Allowance and his application was successful.*

### **Outcomes**

*After several visits to day care Jim asked if he could put his name on the waiting list. A place became available in February 2017 and settled immediately, quickly making friends and he grew in confidence every week.*

*One year on Jim says he "has never felt better". He now attends our Stoney Stompers walking group, our musical memories group, our curling class, our weekly yoga group, our exercise class, our football memories group and has never missed a day at day care. He has been on outings to Banchory, Gourdon, Pittodrie and is a regular at the monthly cinema club at Woodend Barn and also a regular at Boogie in the Bar in Portlethen.*

### **Feedback**

*When asked what he likes about the support he receives he said, "I love the company, the catch up on the news from everyone, always something different each week. It means I get out more and now have something to get out of bed for, I have made a lot of new friends"*

*When asked if there is anything else we could support him with he said, "I would love to play for Aberdeen Football Team" - we are working on that!*

*\*names have been changed*

## 10.0 MARR ACTION PLAN

Priority theme	Evidence of current status	Strategic aims/objectives	Links to existing activity	Team	Actions
1.Equality of access to health and social care services	Identified through: <ul style="list-style-type: none"> <li>• ISD data – community hospital</li> <li>• Admissions/discharge</li> <li>• SAG list for supported accommodation</li> <li>• CAB data</li> <li>• GP data</li> <li>• Data from Council Housing Service</li> </ul>	Meet the support service needs of the people of Marr, in order to enable equal access to health and social care services	Long-term condition management, transport initiatives, community pharmacy programme, GP appointments by Skype	Location Managers, Community Planning, Care Manager, District Nurse, Clinical Lead, Partnership Manager, Aberdeenshire Voluntary Action	Review research by Aberdeen University into access to services for patients registered with a GP practice in Huntly (due to conclude Q2 2018/19). Develop actions in response to the recommendations from the final research report.

Priority theme	Evidence of current status	Strategic aims/objectives	Links to existing activity	Team	Actions
1.Equality of access to health and social care services	Identified through: <ul style="list-style-type: none"> <li>• ISD data – community hospital</li> <li>• Admissions/discharge</li> <li>• SAG list for supported accommodation</li> <li>• CAB data</li> <li>• GP data</li> <li>• Data from Council Housing Service</li> </ul>	Improved advocacy and signposting between services	AVA signposting and advocacy services.	Location Managers, AVA, Signposting Service/ Advocacy Agency, Service User Rep, Mental Health, Day services, Public Health, Community Planning, Care Management, Home Care Services	Make best use of resources to ensure that information sharing is consistently embedded within the patient's journey and access to information is improved - by raising awareness of and promoting local signposting and advocacy services



Priority theme	Evidence of current status	Strategic aims/objectives	Links to existing activity	Team	Actions
1.Equality of access to health and social care services	Identified through: <ul style="list-style-type: none"> <li>• ISD data – community hospital</li> <li>• Admissions/discharge</li> <li>• SAG list for supported accommodation</li> <li>• CAB data</li> <li>• GP data</li> <li>• Data from Council Housing Service</li> </ul>	Identify communities with established groups leading work to build local resilience	AVA community events, Public Health, Community Planning Partners	Aberdeenshire Voluntary Action, Service User Rep, Public Health, Community Planning	Provide input to ensure that the community groups developing Community Action Plans consider local issues to do with health and social care and include appropriate actions in their plans.

Priority theme	Evidence of current status	Strategic aims/objectives	Links to existing activity	Team	Actions
1.Equality of access to health and social care services	Identified through: <ul style="list-style-type: none"> <li>• ISD data – community hospital</li> <li>• Admissions/discharge</li> <li>• SAG list for supported accommodation</li> <li>• CAB data</li> <li>• GP data</li> <li>• Data from Council Housing Service</li> </ul>	Local people are fully involved in the locality planning process and participation is increased.	Public Health and Community Planning community engagement programme.	Public Health, Location Managers	Develop an engagement strategy and action plan.

Priority theme	Evidence of current status	Strategic aims/objectives	Links to existing activity	Team	Actions
2. Partner with people to stay happily and healthily at home	Delayed discharge programme. Third sector wellbeing groups.	Support remote and rural communities to build resilience in the health and wellbeing of their local population	Public Health and Community Planning community engagement programme.	Public Health, Aberdeenshire Voluntary Action, Location Managers	Organise health and wellbeing forums across Marr to enable information sharing, signposting, information about arranging a Power of Attorney and an Anticipatory Care Plan, links to the appropriate Health and Social Care teams and carers support services. Provide a model for this type of event and a 'train the trainer' course to enable the community to continue to do this for themselves going forward.

<b>Priority theme</b>	<b>Evidence of current status</b>	<b>Strategic aims/objectives</b>	<b>Links to existing activity</b>	<b>Team</b>	<b>Actions</b>
2. Partner with people to stay happily and healthily at home	Delayed discharge programme. Third sector wellbeing groups.	Reduce unplanned admissions and enable shorter length of stay in hospital	Responder Service, DDD service, Virtual Community Ward	AVA, Service User Rep, Care Management, District Nurse, Location Manager, Mental Health, GP	<p>1. Monitor and review progress of the Young at Heart Deeside programme and identify any appropriate action for implementation in other areas of Marr.</p> <p>2. Support the Braemar Care Initiative to deliver their priorities 3. Support development of community solutions and share best practice.</p>

Priority theme	Evidence of current status	Strategic aims/objectives	Links to existing activity	Team	Actions
2. Partner with people to stay happily and healthily at home	Delayed discharge programme. Third sector wellbeing groups.	Reduce unplanned admissions and enable shorter length of stay in hospital	Responder Service, DDD service, Virtual Community Ward	Multi-disciplinary team	Support all existing programmes focussed upon enablement and rehabilitation.

Priority theme	Evidence of current status	Strategic aims/objectives	Links to existing activity	Team	Actions
2. Partner with people to stay happily and healthily at home	Delayed discharge programme. Third sector wellbeing groups.	Increase access to generic befriending services	As part of the Scottish Government's consultation around the upcoming national strategy on isolation and loneliness, event(s) will be held in Aberdeenshire – details are to be confirmed at time of publication of this plan. However, AVA are likely to be involved in hosting an Aberdeenshire event, possibly with other partners.	AVA, Service-User Representative, Public Health	Review the outcomes and output from the SG conference in relation to opportunities to progress the development of generic befriending across Marr/the south of the shire. If required, host a follow up event on the theme of generic befriending, in line with the aims of this strategic objective and the development of the new national strategy from SG.

Priority theme	Evidence of current status	Strategic aims/objectives	Links to existing activity	Team	Actions
2. Partner with people to stay happily and healthily at home	Delayed discharge programme. Third sector wellbeing groups.	Widen access to carers training to all Health and Social Care staff including those in the third sector to support identification of carers and enable people to be signposted to appropriate support services	Roll out of carers act	SDOs for Carers, AVA, Location Managers	Promoted through carers act strategy action plan, role of local teams to promote training for their staff.

Priority theme	Evidence of current status	Strategic aims/objectives	Links to existing activity	Team	Actions
<p>3. Improve the wellbeing and access to services and support for people with alcohol issues (particularly in rural settings)</p>	<p>Identified through:</p> <ul style="list-style-type: none"> <li>• Aberdeenshire ADP 'Life Matters' Delivery Plan April 2015-March 2018</li> <li>• South Forum Annual Report 2015/16</li> <li>• Aberdeenshire SALSUS results</li> <li>• Aberdeenshire Alcohol Admissions &amp; Death data per Licensing Board area</li> <li>• Aberdeenshire Board &amp; Forum Licensing Information</li> <li>• Aberdeenshire LOIP</li> </ul>	<p>Prevention &amp; Early Intervention</p>	<ul style="list-style-type: none"> <li>- Aberdeenshire ADP 'Life Matters' strategy is interpreted through the South Forum.</li> <li>• 'Life Matters' strategy linked to Aberdeenshire's strategy 'Healthier, Happier, Safer'.</li> <li>• Linked to Scottish Government's 'The Alcohol Framework: Changing Scotland's Relationship with Alcohol' and the 'Road to Recovery'</li> </ul>	<p>Public Health, Mental Health, Clinical Lead, South Alcohol &amp; Drugs Forum</p>	<p>Review current data provided through ADP regarding current statutory and community provision of alcohol services in rural Marr and demographics of service users. Assess current level of provision in Lower &amp; Upper Marr.</p>

Priority theme	Evidence of current status	Strategic aims/objectives	Links to existing activity	Team	Actions
<p>3. Improve the wellbeing and access to services and support for people with alcohol issues (particularly in rural settings)</p>	<p>Identified through:</p> <ul style="list-style-type: none"> <li>• Aberdeenshire ADP 'Life Matters' Delivery Plan April 2015-March 2018</li> <li>• South Forum Annual Report 2015/16</li> <li>• Aberdeenshire SALSUS results</li> <li>• Aberdeenshire Alcohol Admissions &amp; Death data per Licensing Board area</li> <li>• Aberdeenshire Board &amp; Forum Licensing Information</li> <li>• Aberdeenshire LOIP</li> </ul>	<p>Protection &amp; Harm Reduction</p>	<ul style="list-style-type: none"> <li>- Aberdeenshire ADP 'Life Matters' strategy is interpreted through the South Forum.</li> <li>• 'Life Matters' strategy linked to Aberdeenshire's strategy 'Healthier, Happier, Safer'.</li> <li>• Linked to Scottish Government's 'The Alcohol Framework: Changing Scotland's Relationship with Alcohol' and the 'Road to Recovery'</li> </ul>	<p>Public Health, Mental Health, Clinical Lead, ADP, South Alcohol &amp; Drugs Forum, Public Health researcher</p>	<p>Quantify the need for support with alcohol issues, including conditions that would not meet the threshold for statutory service provision, by analysing the available data and engaging people on the issue of what their needs are.</p>

Priority theme	Evidence of current status	Strategic aims/objectives	Links to existing activity	Team	Actions
<p>3. Improve the wellbeing and access to services and support for people with alcohol issues (particularly in rural settings)</p>	<p>Identified through:</p> <ul style="list-style-type: none"> <li>• Aberdeenshire ADP 'Life Matters' Delivery Plan April 2015-March 2018</li> <li>• South Forum Annual Report 2015/16</li> <li>• Aberdeenshire SALSUS results</li> <li>• Aberdeenshire Alcohol Admissions &amp; Death data per Licensing Board area</li> <li>• Aberdeenshire Board &amp; Forum Licensing Information</li> <li>• Aberdeenshire LOIP</li> </ul>	<p>Treatment &amp; Recovery Inclusion</p>	<ul style="list-style-type: none"> <li>- Aberdeenshire ADP 'Life Matters' strategy is interpreted through the South Forum.</li> <li>• 'Life Matters' strategy linked to Aberdeenshire's strategy 'Healthier, Happier, Safer'.</li> <li>• Linked to Scottish Government's 'The Alcohol Framework: Changing Scotland's Relationship with Alcohol' and the 'Road to Recovery'</li> </ul>	<p>Public Health, Mental Health, Clinical Lead, Alcohol &amp; Drugs Aberdeenshire Advisor</p>	<p>Carry out an evidence review of what effective interventions/service provision would be at each tier.</p>



Priority theme	Evidence of current status	Strategic aims/objectives	Links to existing activity	Team	Actions
<p>4. Improve the wellbeing and access to services and support for people with low to medium level mental health issues, in particular teenagers with mental health issues and their parents</p>	<p>Identified through:</p> <ul style="list-style-type: none"> <li>• Towards a Mentally Flourishing Scotland (2009-2011), Choose Life and the current Mental Health Strategy 2012–15</li> <li>• Good Mental Health for All – Scottish Statement 2015</li> <li>• Scottish MH Strategy 2017-2027</li> <li>• NHS Health Scotland MH &amp; Inequalities briefing 10</li> <li>• MH &amp; Wellbeing in Grampian December 2015 data (based on core MH indicators agreed by SG)</li> <li>• Possible SIMD data relating to MH e.g. prescribed antidepressants in practice population</li> <li>• Aberdeenshire LOIP</li> </ul>	<p>Supporting the delivery of the outcomes in Aberdeenshire LOIP Priority under ‘Connected &amp; Cohesive Communities’</p>	<p>Links to Aberdeenshire LOIP &amp; Marr Community Plan 2016-19 Priority 3 – Healthy, Safe &amp; Thriving Communities</p> <ul style="list-style-type: none"> <li>• Opportunities for positive health and wellbeing activity are supported and developed in the community</li> <li>• Local groups are supported to develop initiatives that will make a difference</li> <li>• Link to Healthy Eating, Active Living Strategy – healthy eating, physical activity &amp; weight management</li> </ul>	<p>Public Health, AVA</p>	<p>Raise the profile of Mental Health as a Public Health issue with Marr CP group/partners</p>

Priority theme	Evidence of current status	Strategic aims/objectives	Links to existing activity	Team	Actions
<p>4. Improve the wellbeing and access to services and support for people with low to medium level mental health issues, in particular teenagers with mental health issues and their parents</p>	<p>Identified through:</p> <ul style="list-style-type: none"> <li>• Towards a Mentally Flourishing Scotland (2009-2011), Choose Life and the current Mental Health Strategy 2012–15</li> <li>• Good Mental Health for All – Scottish Statement 2015</li> <li>• Scottish MH Strategy 2017-2027</li> <li>• NHS Health Scotland MH &amp; Inequalities briefing 10</li> <li>• MH &amp; Wellbeing in Grampian December 2015 data (based on core MH indicators agreed by SG)</li> <li>• Possible SIMD data relating to MH e.g. prescribed antidepressants in practice population</li> <li>• Aberdeenshire LOIP</li> </ul>	<p>Supporting the delivery of the outcomes in Aberdeenshire LOIP Priority under ‘Connected &amp; Cohesive Communities’</p>	<p>Links to Aberdeenshire LOIP &amp; Marr Community Plan 2016-19 Priority 3 – Healthy, Safe &amp; Thriving Communities</p> <ul style="list-style-type: none"> <li>• Opportunities for positive health and wellbeing activity are supported and developed in the community</li> <li>• Local groups are supported to develop initiatives that will make a difference</li> <li>• Link to Healthy Eating, Active Living Strategy – healthy eating, physical activity &amp; weight management</li> </ul>	<p>Public Health, AVA</p>	<p>Map current statutory and community provision of MH services in rural Marr area and demographics of service users</p>

Priority theme	Evidence of current status	Strategic aims/objectives	Links to existing activity	Team	Actions
<p>4. Improve the wellbeing and access to services and support for people with low to medium level mental health issues, in particular teenagers with mental health issues and their parents</p>	<p>Identified through:</p> <ul style="list-style-type: none"> <li>• Towards a Mentally Flourishing Scotland (2009-2011), Choose Life and the current Mental Health Strategy 2012–15</li> <li>• Good Mental Health for All – Scottish Statement 2015</li> <li>• Scottish MH Strategy 2017-2027</li> <li>• NHS Health Scotland MH &amp; Inequalities briefing 10</li> <li>• MH &amp; Wellbeing in Grampian December 2015 data (based on core MH indicators agreed by SG)</li> <li>• Possible SIMD data relating to MH e.g. prescribed antidepressants in practice population</li> <li>• Aberdeenshire LOIP</li> </ul>	<p>Addressing the issue of loneliness</p>	<p>Links to Aberdeenshire LOIP &amp; Marr Community Plan 2016-19            Priority 3 – Healthy, Safe &amp; Thriving Communities</p> <ul style="list-style-type: none"> <li>• Opportunities for positive health and wellbeing activity are supported and developed in the community</li> <li>• Local groups are supported to develop initiatives that will make a difference</li> <li>• Link to Healthy Eating, Active Living Strategy – healthy eating, physical activity &amp; weight management</li> </ul>	<p>Public Health, AVA</p>	<p>Support the MH Wellbeing Festival in Marr in May 2018</p>

Priority theme	Evidence of current status	Strategic aims/objectives	Links to existing activity	Team	Actions
<p>4. Improve the wellbeing and access to services and support for people with low to medium level mental health issues, in particular teenagers with mental health issues and their parents</p>	<p>Identified through:</p> <ul style="list-style-type: none"> <li>• Towards a Mentally Flourishing Scotland (2009-2011), Choose Life and the current Mental Health Strategy 2012–15</li> <li>• Good Mental Health for All – Scottish Statement 2015</li> <li>• Scottish MH Strategy 2017-2027</li> <li>• NHS Health Scotland MH &amp; Inequalities briefing 10</li> <li>• MH &amp; Wellbeing in Grampian December 2015 data (based on core MH indicators agreed by SG)</li> <li>• Possible SIMD data relating to MH e.g. prescribed antidepressants in practice population</li> <li>• Aberdeenshire LOIP</li> </ul>	<p>Supporting programmes to encourage and enable physical activity.</p>	<p>Links to Aberdeenshire LOIP &amp; Marr Community Plan 2016-19            Priority 3 – Healthy, Safe &amp; Thriving Communities</p> <ul style="list-style-type: none"> <li>• Opportunities for positive health and wellbeing activity are supported and developed in the community</li> <li>• Local groups are supported to develop initiatives that will make a difference</li> <li>• Link to Healthy Eating, Active Living Strategy – healthy eating, physical activity &amp; weight management</li> </ul>	<p>Public Health, AVA</p>	<p>Involvement with existing programmes to promote healthy eating, physical activity and weight management</p>

Priority theme	Evidence of current status	Strategic aims/objectives	Links to existing activity	Team	Actions
<p>4. Improve the wellbeing and access to services and support for people with low to medium level mental health issues, in particular teenagers with mental health issues and their parents</p>	<p>Identified through:</p> <ul style="list-style-type: none"> <li>• Towards a Mentally Flourishing Scotland (2009-2011), Choose Life and the current Mental Health Strategy 2012–15</li> <li>• Good Mental Health for All – Scottish Statement 2015</li> <li>• Scottish MH Strategy 2017-2027</li> <li>• NHS Health Scotland MH &amp; Inequalities briefing 10</li> <li>• MH &amp; Wellbeing in Grampian December 2015 data (based on core MH indicators agreed by SG)</li> <li>• Possible SIMD data relating to MH e.g. prescribed antidepressants in practice population</li> <li>• Aberdeenshire LOIP</li> </ul>	<p>Addressing the issue of loneliness</p>	<p>Links to Aberdeenshire LOIP &amp; Marr Community Plan 2016-19</p> <p>Priority 3 – Healthy, Safe &amp; Thriving Communities</p> <ul style="list-style-type: none"> <li>• Opportunities for positive health and wellbeing activity are supported and developed in the community</li> <li>• Local groups are supported to develop initiatives that will make a difference</li> <li>• Link to Healthy Eating, Active Living Strategy – healthy eating, physical activity &amp; weight management</li> </ul>	<p>Public Health, AVA</p>	<p>Support the MH Wellbeing Festival in Marr in May 2018</p>

Priority theme	Evidence of current status	Strategic aims/objectives	Links to existing activity	Team	Actions
<p>4. Improve the wellbeing and access to services and support for people with low to medium level mental health issues, in particular teenagers with mental health issues and their parents</p>	<p>Identified through:</p> <ul style="list-style-type: none"> <li>• Towards a Mentally Flourishing Scotland (2009-2011), Choose Life and the current Mental Health Strategy 2012–15</li> <li>• Good Mental Health for All – Scottish Statement 2015</li> <li>• Scottish MH Strategy 2017-2027</li> <li>• NHS Health Scotland MH &amp; Inequalities briefing 10</li> <li>• MH &amp; Wellbeing in Grampian December 2015 data (based on core MH indicators agreed by SG)</li> <li>• Possible SIMD data relating to MH e.g. prescribed antidepressants in practice population</li> <li>• Aberdeenshire LOIP</li> </ul>	<p>Utilise the WEMWEBS (Warwick-Edinburgh Mental Wellbeing Scale).</p>	<p>Links to Aberdeenshire LOIP &amp; Marr Community Plan 2016-19            Priority 3 – Healthy, Safe &amp; Thriving Communities</p> <ul style="list-style-type: none"> <li>• Opportunities for positive health and wellbeing activity are supported and developed in the community</li> <li>• Local groups are supported to develop initiatives that will make a difference</li> <li>• Link to Healthy Eating, Active Living Strategy – healthy eating, physical activity &amp; weight management</li> </ul>	<p>Public Health, AVA</p>	<p>Support work of four Early Years Forums/GIRFEC groups in Marr where they are focusing on young people and parents</p>

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If you require this document in another format, or if you  
require further information or would like to make comment  
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