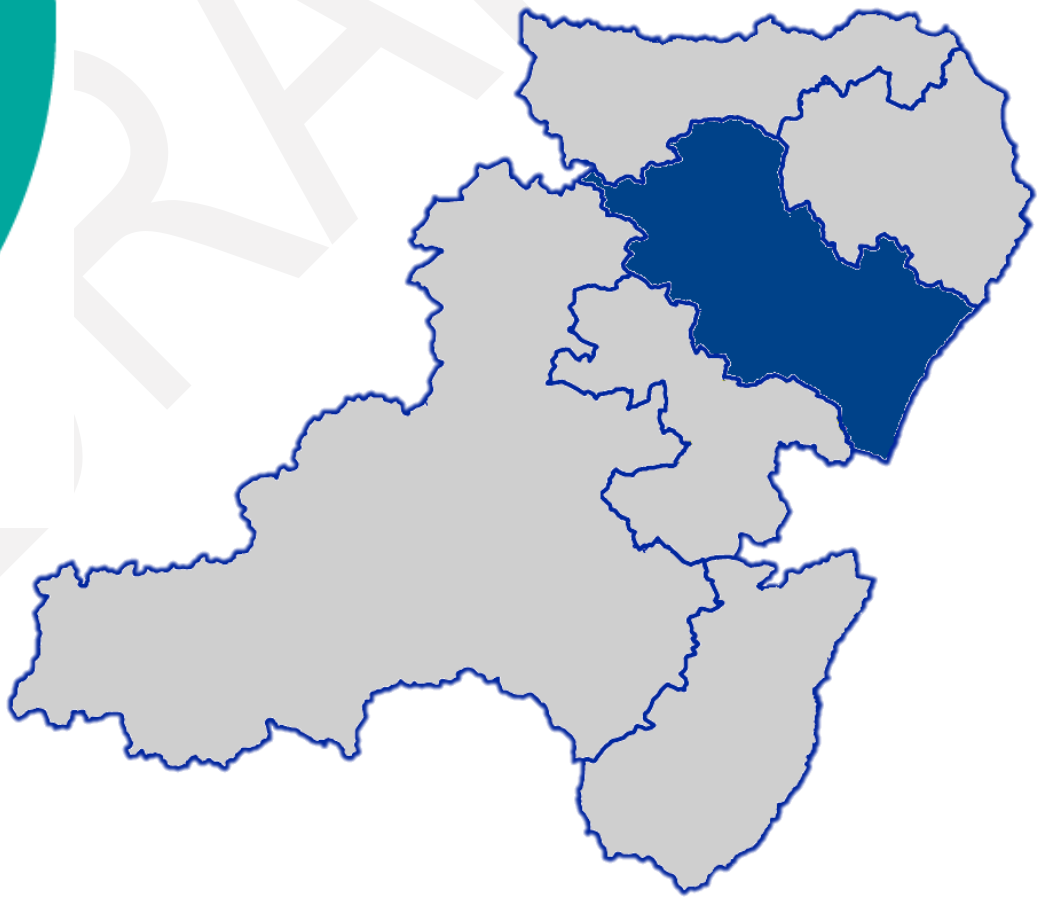
Aberdeenshire
Health & Social Care
Partnership

Health and Social Care Locality Plan Formartine 2018 – 2021



Aberdeenshire COUNCIL

NHS Grampian

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FOREWORD

Aberdeenshire is a great place to live and work and we want to continue to engage with and support people within the communities of Formartine to live healthy, active and safe lives. We believe that this can be achieved through promoting greater personal independence, choice and self-supportive options within local communities.

We continue to develop our health and social care teams across Formartine to plan, commission and deliver services in a way that ensures people we meet and support are able to have a real influence on how resources are utilised in their area.

The changing demographics mean that now is the right time to look at developing new ways of working that will give communities more control of their health and well-being whilst also acknowledging that the funding we have to support people is reducing in a landscape where demand is increasing.

The locality plan provides an overview of what we will strive to achieve going forward and we would like to thank everyone who has helped contribute to this process.

We continue to embrace the opportunities our team have in meeting people across Formartine and look forward to working together with everyone who has an interest in improving health and social care services at a local level.

Building on a person's abilities, we will deliver high quality person centred care to enhance their independence and wellbeing in their own communities.

Kimberley Menzies

Kimberley Menzies

Alison McGruther

Formartine Location Managers

Aberdeenshire Health and Social Care Partnership

1 INTRODUCTION

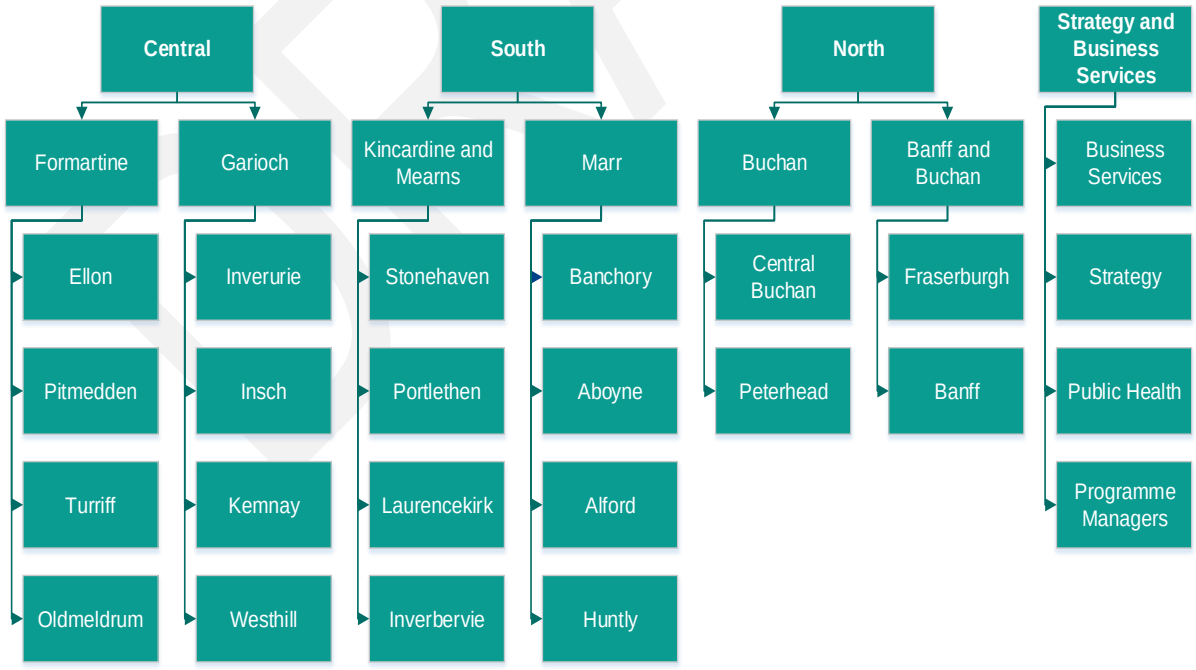
1.1 What is a Locality?

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 supports.

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.

Aberdeenshire Health and Social Care Partnership has four Partnership managers; a manager for Strategy and Business Services and three Partnership managers who cover South, Central and North Aberdeenshire. The South, Central and North Partnership managers each have overall responsibility for two of the six administrative areas in Aberdeenshire. Within each administrative area lies Aberdeenshire's localities.

The organigram below demonstrates the links between localities, administrative areas and partnership areas.



1.2 What is the Locality Plan?

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health and Social Care Partnerships to define their localities and how they will lead service planning at this locality level. The plan is about how we will be integrating health and social care within the Formartine area as part of the Aberdeenshire Health and Social Care Partnership.

Locality planning is a way for Aberdeenshire's localities to come together to look at and prioritise the needs of its people. A locality planning group has been established for Central Aberdeenshire and will produce two locality plans for Garioch and Formartine. This plan covers Formartine, which includes but is not limited to:

Balmedie
Cuminestown
Ellon
Fyvie
Newburgh
Oldmeldrum
Pitmedden
Potterton
Rothienorman
Tarves
Turriff

This is our opportunity to provide one route under integration to ensure strong community, clinical and professional leadership and focus our joint responsibilities to improve outcomes for people. Formartine as a locality will be central to the process of integration, bringing together service users, carers, health and care professionals to plan and held redesign services enabling influence over resources within the area and ensuring at a local level we can support capacity building within Formartine.

Our locality plan sets out the achievements within the Formartine area and highlights the ongoing commitment of those who live and work within the area. It also references the challenges that we face as a locality and the actions required, not only from the health and social care services, but from the people within the community themselves and how they can support one another.

1.3 Who is the Locality Plan for?

This plan is for people living within the Formartine area of Aberdeenshire who currently have access to health and social care services and also for those who may require care and support in the future. Furthermore, it is aimed at people who are well and want to maintain or improve their health and wellbeing.

1.4 What is Included in the Locality Plan?

Throughout this plan we will make reference to health and social care services, primary care services, housing services, acute services and some elements of children's services where we are beginning to see integrated working.

1.5 The Benefits of Locality Planning

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

1.6 The Wider Picture

This plan will be one of six plans for Aberdeenshire Health and Social Care Partnership and will align with our wider strategic priorities and the nine national health and wellbeing outcomes.

The strategic plan sets out our high level priorities which provides direction for the Partnership. 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 need. Moving forward the locality plan will help to inform future strategic direction.

The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. The suite of nine outcomes focus on improving the experience and quality of services for people using integrated health and social care services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

The Aberdeenshire Health and Social Care Partnership 10 Strategic Priorities
1. The most appropriate and effective use of acute and community resources.
2. Involving people as partners with early identification, management and appropriate support to promote recovery and achieve their potential.
3. Active engagement with all stakeholders to optimise the best planning and use of resources.
4. Development of services that are fit for the future.
5. Quality.
6. Support the contribution of an individual's network of support.
7. Empowering the workforce.
8. Prevention.
9. Public Protection
10. Reducing inequalities to provide equitable outcomes for the population.

The Nine National Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and live in good health for longer	2. People including those with disabilities or Long Term Conditions or are frail are able to live independently at home or in a homely setting in their community	3. People who use Health & Social Care services have positive experiences of those services and have their dignity respected
4. Health &Social Care services are centred on helping to maintain or improve the quality of life of people who use those services	5. Health & Social Care services contribute to reducing health inequalities	6. People who provide unpaid care are supported to look after their own health, including to reduce any negative impact of their caring role on their own health
7. People who use Health & Social Care services are safe from harm	8. People who work in Health & Social Care services feel engaged with the work they do and are supported to improve	9. Effective resource use

1.7 What are we hoping to Achieve?

The plan is centred on the Aberdeenshire Health and Social Care Partnership Vision:

"Building on a person's ability, we will deliver high quality person centred care to enhance their independence and well-being in their own communities"

For the people in our community this means that services are designed around the needs of the person. People are entitled to expect the best possible advice, care and support from our staff in a timely manner and in the right place. Every individual is able to contribute to their own health and wellbeing, make their views known and participate in their own care. A person's family, their social network and their close community all have a part to play to achieve healthy lifestyles and to support those who need help to continue to live in their own homes.

Within Formartine we are committed to developing our services to meet local need. We plan to achieve this through ongoing local community consultations and engagement events, helping us to understand and evolve the local community resources to achieve better outcomes.

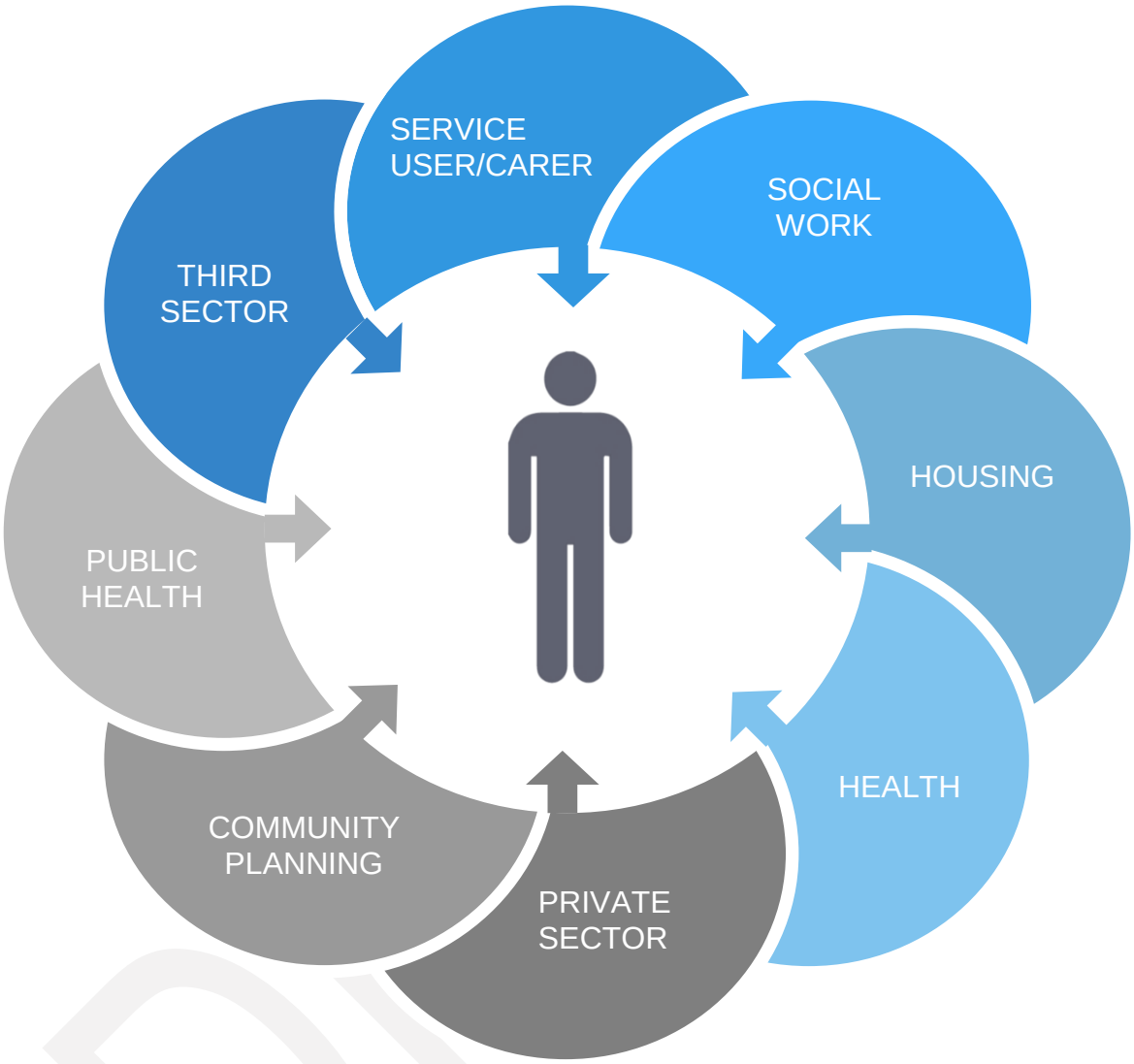
1.8 What are the Main Challenges?

1.9 Locality Planning Group

The role of the Formartine locality planning group is to:

- Promote the values and priorities of the strategic plan for Aberdeenshire Health and Social Care Partnership.
- Support and empower the people of Formartine to identify and deliver their priorities.
- To create the locality plan document for Formartine.

The Formartine locality planning group consists of a wide range of stakeholders:



1.10 Local Engagement

A wide variety of engagement and consultation activities have taken place across Formartine, including community and staff integration events, community action surveys and community planning place standard events, 'Your Voice – Your Choice' amongst others. These events have enabled us to gather meaningful and relevant information about what matters to the people of Formartine 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, five stakeholder workshops were held with the central locality planning 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 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 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 ongoing process and we will continue to seek feedback and comments from people living and working in Formartine as the locality plan is delivered over 2018-21. Feedback obtained during this time will feed into the next locality plan.

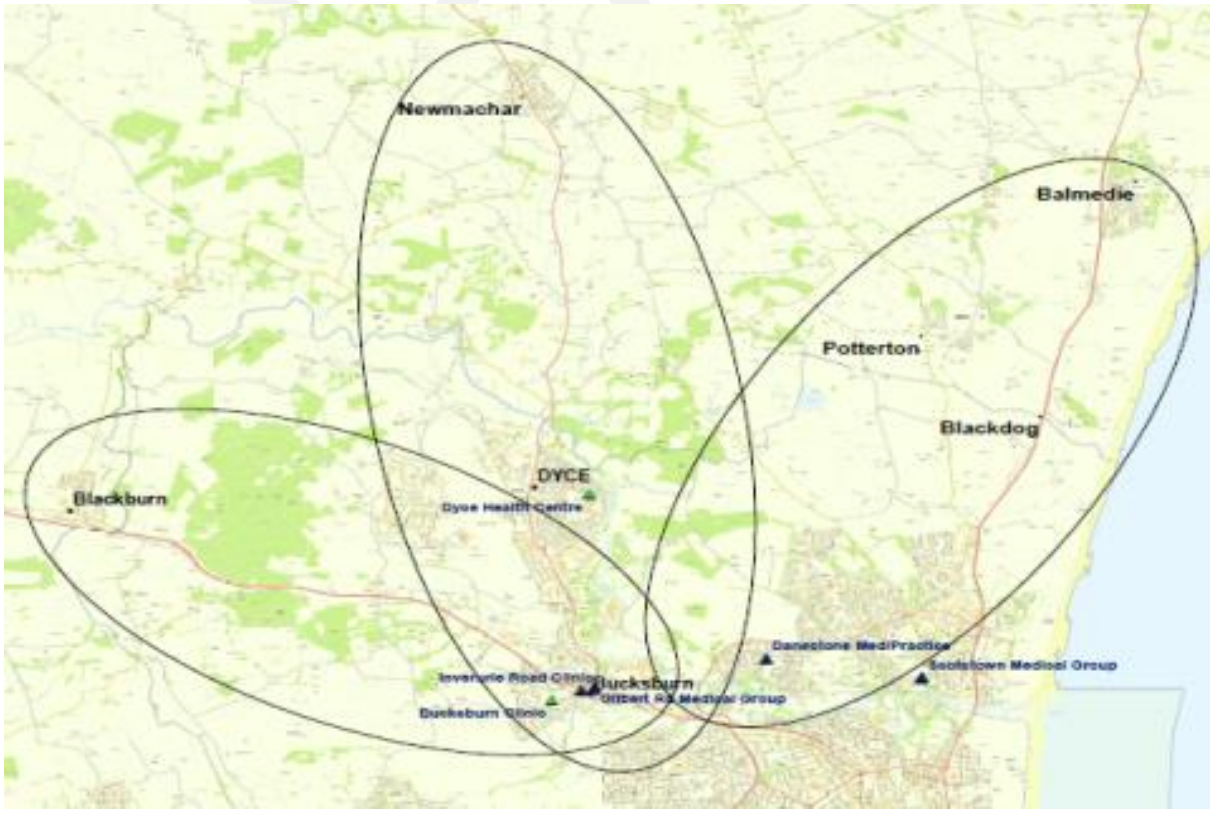
2 ABOUT THE LOCALITY

2.1 Our Locality - Formartine

Formartine is an area of rapid population growth, particularly in the main towns in the Aberdeen commuter belt, with very low levels of deprivation. The population is ageing and therefore there has been work to promote healthy and active lifestyles for older people. Across Formartine, the life expectancy of all the communities is better than the Scottish average, as is the mortality rate for deaths for all ages. People aged over 65 years in Formartine are more likely to experience emergency hospital admissions than the general population but have the lowest rate per 100,000 population than all other areas of Aberdeenshire. There are low levels of crime and substance use. There are, however, concerns about the effect of welfare reforms on individuals and communities. Other priorities include increasing the housing choices with care for older people, supporting people who are at risk of being homeless, reducing obesity and improving options for demand-responsive transport. The area is served by Turriff Community Hospital.

North Corridor Project

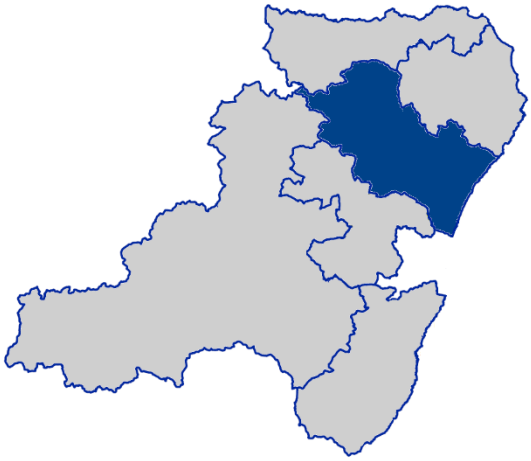
There is ongoing development of a service strategy to redesign primary health and community care services in the communities of Blackburn, Balmedie, Newmachar in Aberdeenshire and Bucksburn and Dyce in Aberdeen City. This will modernise the related infrastructure to support the delivery of the future service model. Historically, this way of working has had a significant impact on our health and social care teams as well as services users and this exciting piece of work will have a positive impact on our services and service user experience in the near future



2.2 Geography

Formartine is one of the six administrative areas within Aberdeenshire. In terms of size, the area encompasses 827 square kilometres and represents just over 13% of the total Council area.

Formartine has experienced rapid population growth, particularly around Ellon and Oldmeldrum, and in the south east where development has spread outwith the city of Aberdeen. By contrast, the area around Turriff retains strong dependency on the traditional agricultural economy. The area's coastline and rural environment offer recreation potential including the Formartine and Buchan Way.



2.3 Population

Formartine – Population 39,400

Formartine contains a greater percentage of young families compared to the rest of Aberdeenshire. Additionally, it also has a higher percentage of people between the ages of 30 and 45.

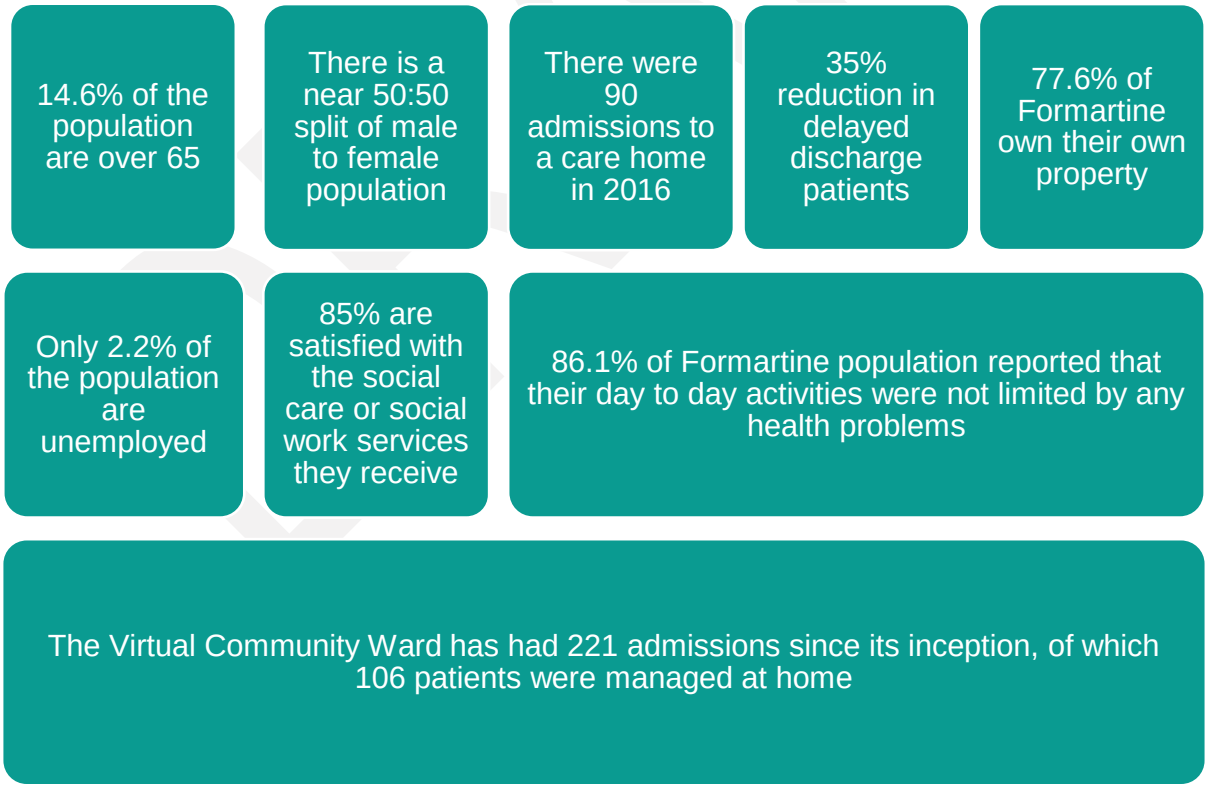
Population Size for Main Settlements in Formartine

Population of Main Towns	2012	2003-2012 % Change
Balmedie	2520	36.2%
Ellon	10100	11.2%
Newburgh	1470	12.2%
Oldmeldrum	3230	64.8%
Pitmedden	1420	13.6%
Potterton	920	16.5%
Rothienorman	1060	103.8%
Tarvis	1000	7.5%
Turriff	5060	12.2%

The Scottish Government Urban Rural Classification provides a standard definition of rural areas in Scotland:

Classification	Description
1 Large Urban Areas	Settlements of 125,000 or more people
2 Other Urban Areas	Settlements of 10,000 to 124,999 people
3 Accessible Small Towns	Settlements of 3,000 to 9,999 people and within 30 minutes' drive of a settlement of 10,000 or more
4 Remote Small Towns	Settlements of 3,000 to 9,999 people and with a drive time of over 30 minutes to a settlement of 10,000 or more
5 Accessible Rural	Areas with a population of less than 3,000 people, and within a 30 minute drive of a settlement of 10,000 or more
6 Remote Rural	Areas with a population of less than 3,000 people, and with a drive time of over 30 minutes to a settlement of 10,000 or more

2.4 Snapshot of the Population in Formartine



Source: Formartine area census profile 2011, Locality Profiling, CareFirst Social Work system and Aberdeenshire Council Health and Care Survey 2017

2.5 Asset Based Approach

It is recognised that assets listed for Formartine are part of a suite of services, networks and partnerships that provide support to our local communities. We recognise that people are our most valuable resource, however it is also important to make best use of the physical assets available in the community to help us deliver better outcomes for the people in Formartine.

The acute hospital (Aberdeen Royal Infirmary) and mental health services (Royal Cornhill Hospital) are provided in Aberdeen City for the whole of Aberdeenshire.

Health and Social Care Partnership Resources in Formartine

Category	Physical Asset	Total Number
Health	Community Hospital	1
	GP Practices	4
	GP Unit	1
	Community Pharmacies	8
	Dental Practices	6
	Opticians	4
Housing	Care Homes	2
	Sheltered Housing Complexes	13
	Very Sheltered Housing Complex	1
Community	Day Service	3
	Libraries	3
	Leisure Facilities	2
	Community Centres	3

In Formartine the third sector is made up from over 200 registered charities and a substantial number of community groups and social enterprises. Many of these are set up to help people maintain and improve their own health and wellbeing; with support provided by Aberdeenshire Voluntary Action (AVA) as the third sector interface.

Information regarding third and private sector resources can be found:

http://signpostingproject.org.uk/ https://www.aliss.org/

http://www.grampiancaredata.gov.uk/ http://avashire.org.uk/

2.6 Summary of Key Information

Delayed Discharge

Delayed discharge is the term used to describe an instance where a person in hospital is medically fit to be discharged but is unable to do so. This can be due to inability to identify suitable care at home support, waiting for adaptations or equipment in the home or a lack of availability of community hospital resources.

Reducing the number of delayed discharge patients is a priority for the Aberdeenshire Health and Social Care Partnership as it is both physically and psychologically detrimental to the wellbeing of a patient if they are delayed in hospital. Research has shown that a patient's wellbeing deteriorates and their confidence and independence can be compromised if they remain in hospital beyond the point they are medically fit to leave.

Through the introduction of sustainable improvements such as increasing care at home, falls prevention and a rehabilitation approach, progress has been made in getting people discharged from hospital earlier and avoiding readmission, the Aberdeenshire Health and Social Care Partnership have reduced the number of delayed discharge patients.

Virtual Community Wards

The Virtual Community Ward creates a system which can rapidly identify and meet the needs of individuals who have acute illness, exacerbation of chronic illness, terminal phase of an illness or complexity associated with social care needs. The intervention is therefore aimed at the group of individuals most likely to suffer an otherwise avoidable hospital or care home admission, or to come to harm due to a lack of organisation of, and consistency of, health and social care.

Individuals who could benefit from this approach are identified by any member of the health and social care team. Individuals are "admitted" and their names entered on a whiteboard. GPs, social work staff, community nurses and where appropriate other

team members meet each morning around the whiteboard for about 15 minutes, checking rapidly on progress of individuals and deciding on actions needed that day. Once individuals have recovered they are then “discharged” from the ward to normal or if necessary enhanced care.

The Turriff Virtual Community Ward has now been in operation for over 18 months and has proved to be a great asset to patient care. There is a daily meeting each week day morning in Turriff Health Centre. The team are able to co-ordinate clinical and social care assessment of patients who would be at increased risk of deterioration or admission with a responsive and collaborative approach.

Face to face meetings help to build good working relationships and trust within our teams and patients benefit from a proactive whole team response. We have been very effective at supporting patients to recover at home and avoid admission to hospital. We have greatly benefited from the introduction of the Aberdeenshire Responders for Care at Home (ARCH) service who have been able to step up or introduce care to patients as soon as it is required.

Carers

A carer is someone of any age who provides support to a member of their family or a friend who is affected by long-term illness, disability, age or addiction. Based on the ‘Scotland’s Carers’ report published by the Scottish Government in March 2015, it was estimated that there were 759,000 adult carers in Scotland. This equates to 17% of the adult population. In Aberdeenshire, this would give us an estimated 36,228 adult carers and for Formartine an estimated 6,698 adult carers. The total number of carers is likely to be higher as many people do not identify themselves as carers.

Following a health and social care carer survey in early 2016, carers in Formartine reported the following:

- 99% of Formartine respondents stated that they are treated with respect and have their dignity respected
- 84% of Formartine respondents rate their social care or support services as good or excellent, which is similar to Aberdeenshire as a whole
- 81% of Formartine respondents stated that they are satisfied with the health services they receive
- 78% of Formartine respondents are more likely than average to feel that their caring has had a negative impact on their health and wellbeing

A separate adult carer strategy for Aberdeenshire is currently being developed which details the full local plan to support carers in Aberdeenshire from April 2018 to April 2020.

Crime

In 2014, the crime rate in Formartine was the lowest in all localities and below the rates recorded for Aberdeenshire and Grampian. The crime rates in Formartine have decreased steadily between 2004 and 2014 and remain significantly below that of the Aberdeenshire average.

Adult Protection

Aberdeenshire Health and Social Care Partnership has undertaken a considerate amount of work around raising awareness of the importance of adult protection among staff within the Partnership and the wider community. Adult protection is everyone's responsibility and the Partnership is working hard to support and encourage staff to work together to identify when people may be at risk. Where harm is a risk factor, a multi-disciplinary approach involving relevant professionals as well as their family and/or carers can ensure the best outcome for the person affected and support them to remain safe in the future.

Learning Disabilities

In 2017, there were 23,186 adults with learning disabilities known to local authorities across Scotland. In relation to Formartine, approximately 0.5% of the adult population has a learning disability. Care Inspectorate reports say most learning disability services in Aberdeenshire are "good" or "very good" and there is high satisfaction of both health and social care services. More people are supported to live in the community, to be active citizens and to achieve their goals and aspirations.

Promoting a More Inclusive Society (PAMIS) Grampian is a third sector provider of support to those with profound and multiple learning disabilities, who are some of the most vulnerable and excluded in our communities. PAMIS Grampian have identified what they believe to be the priorities for our localities in Aberdeenshire which are detailed below and have been embedded within our locality planning process:

- Family carers feel supported and involved in services being delivered to their family member.
- Transitions, especially to adult services are person-centred, safe and effective.
- Disabled people can access meaningful and accessible activities which helps meet their potential.
- Partnership staff are supported to meet the outcomes of vulnerable groups.

Substance Use

Formartine has the second lowest number of alcohol related deaths of all the localities and is below the rates for Aberdeenshire and Grampian generally. Formartine has the second lowest rate of drug related hospital stays out of all the localities in Aberdeenshire. Rates for drug related hospital stays have generally decreased since 2012.

Community Justice

The Aberdeenshire Community Justice Outcomes Improvement Plan sets out the Community Justice priorities for 2017/18 and the actions that statutory and other partners will take collectively to prevent and reduce reoffending and to improve outcomes for Community Justice. The National Outcomes for Community Justice that must be adopted locally are:

Structural Outcomes:

- Communities improve their understanding and participation in Community Justice.
- Partners plan and deliver services in a more strategic and collaborative way.
- Effective interventions are delivered to prevent and reduce the risk of further offending.
- People have better access to the services they require, including welfare, health and wellbeing, housing and employability.

Person-Centric Outcomes

- Life chances are improved through needs, including health, financial, inclusion, housing and safety being addressed.
- People develop positive relationships and more opportunities to participate and contribute through education, employment and leisure activities.
- Individual's resilience and capacity for change and self-management are enhanced.

As part of the development of the Community Justice Outcomes Improvement Plan, we consulted with service users to find out about their experience of the justice system: what they thought worked well, what didn't and what should be a priority for improvement. These views have been incorporated into the plan. We are currently looking at ways in which we can evidence how delivery of the actions within the plan has led to improvements in the three person-centric national outcomes for Community Justice.

Mental Health

What do we mean when we talk about mental health? It doesn't only relate to mental health problems or illness. Everyone has mental health and maintaining this is just as important as having good physical health. Mental health relates to:

- Our ability to have positive relationships with others.
- How we feel emotionally about ourselves and the people around us.
- Our ability to develop psychologically and make the most of our potential.
- Our resilience – the ability to overcome the difficulties in life that we all face at time.

It is normal to feel worried or upset at times when we encounter difficulties in life. If these feelings are persistent, to the extent that they are seriously interfering with how you manage everyday activities such as work, domestic tasks and relationships it is important to seek advice.

In Formartine, there are a wide range of options available to support you when you are struggling to maintain you mental health. A primary care mental health worker, is attached to our GP practices and can provide short-term early interventions for mild to moderate mental health problems. We also have a variety of third sector support.

Our community mental health team is a multi-disciplinary team consisting of psychiatry, nursing, occupational therapy, psychology and social work. The team

support people in the community who have significant or complex mental disorders. Severe mental health problems can involve a combination of changes in thinking, emotions or behaviours that can lead to significant distress and difficulties in managing everyday life. The majority of mental disorders are treatable and even individuals with a severe condition can learn to manage their symptoms well and live a fulfilling life.

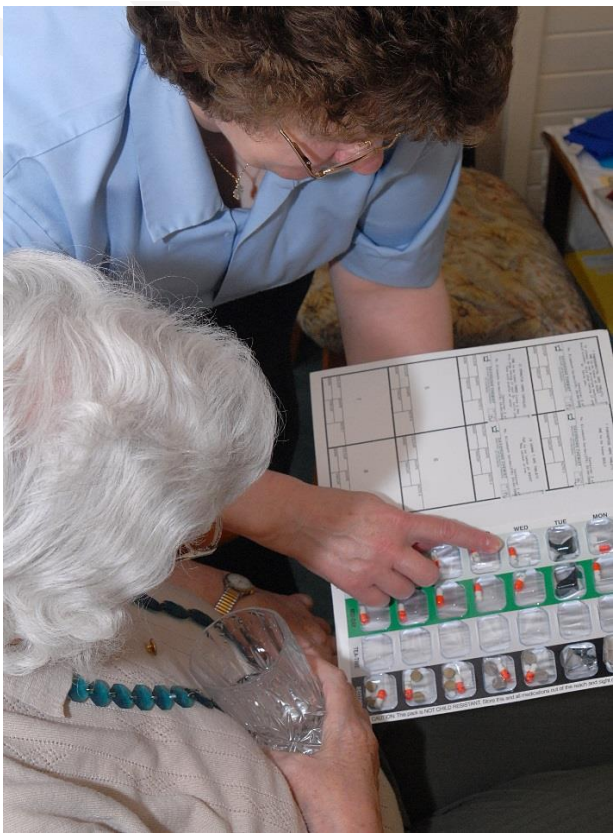
The Formartine area has several groups, some that are run in partnership with the mental health team, third sector and peer led support. In Formartine there is a particular focus on developing groups that support physical fitness as exercise can be beneficial in improving your mental health.

Prescribing in Primary Care

In addition to GP practices, primary care covers dental practices, community Pharmacies and high street optometrists.

Prescribing is the most common action the NHS undertakes for people across all sectors of health care – primary, hospital, public and community. It is the second highest area of spending in the NHS, after staffing costs. About two-thirds of all prescribing costs in NHS Grampian are associated with primary care.

It is important that we continue to work with and support prescribers to analyse and review prescribing in line with cost effective guidelines and best practice. This includes supporting people in our communities to make informed decisions about their medication and promote self-care where appropriate. The overall cost and volume of prescribing has continued to increase. Moving forward we plan to increase public awareness, explore how we can improve prescribing processes and expand the range of non-medical support so we can meet the needs of local people. We also want to make sure that prescriptions, particularly repeat prescriptions are managed effectively by the public to help avoid unnecessary costs and inappropriate storage of medication and waste.

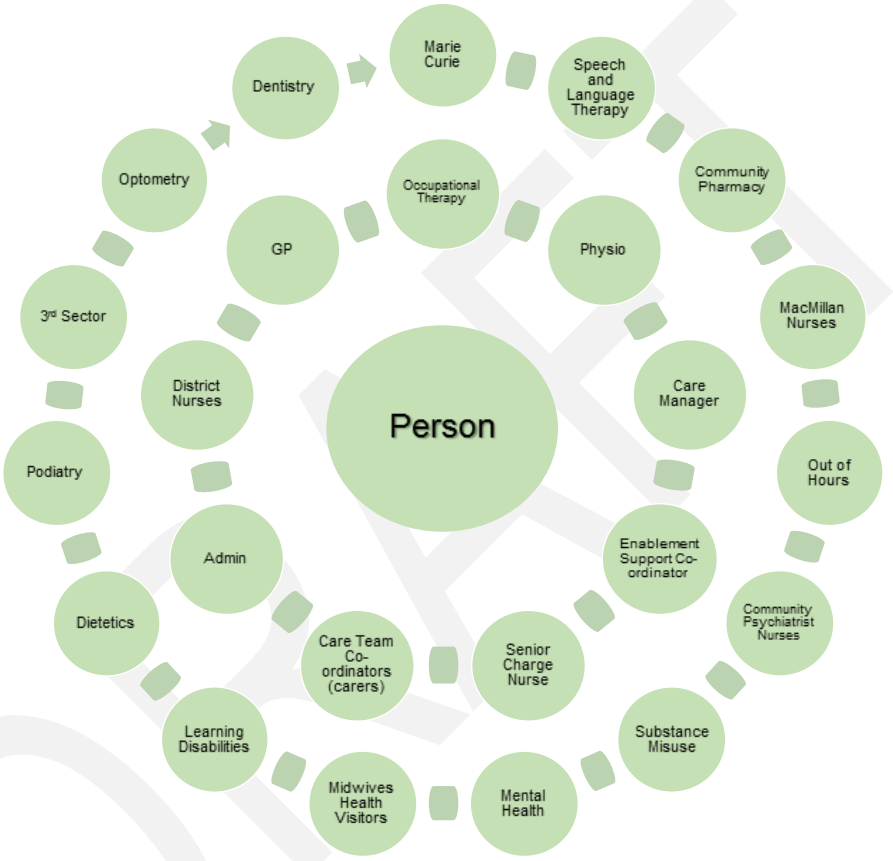


3 PEOPLE AND FINANCES

3.1 Health and Social Care Teams

Health and social care teams were developed in 20 locations across Aberdeenshire and the principles for each of the teams are:

- To be multi-disciplined.
- Meeting the needs of “people” must be at the core of everything they do.
- Professionals acknowledge the skills and expertise of others within the team.



The locality planning group in Formartine will work with the local health and social care teams, organisations and communities to review the best use of available resources and how this can be managed to support the ongoing work to deliver the strategic priorities within the Formartine area.

Aberdeenshire Health & Social Care Partnership continue 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 value our workforce and develop 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.

3.2 Finance

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 it is expected these will 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.

Aberdeenshire Health and Social Care Yearly Budget:

Combined NHS and Council - Revised Budgets as at 31st October 2017				
	Pay	**Non-Pay**	**Income**	**Total**
Locality Based Services	£'000	£'000	£'000	£'000
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
Inward Recharges Hosted Services	0	12,559	0	12,559
Partnership Funds	0	3,508	0	3,508
	97,978	197,303	-17,878	277,402

4 WHAT ARE THE PEOPLE IN THE LOCALITY TELLING US?

4.1 The Main Messages from Local Engagement and Consultation

A wide variety of engagement and consultation activities have taken place across Formartine, for example, community and staff integration events, community action surveys and community planning place standard events which has enabled us to gather meaningful and relevant information.

2017 Survey results *Caring for Communities*, Formartine respondents rated 'continued support for health and social care strategic plan' as the highest (84%) priority when asked.

More activities/support for older people and young mums

'Getting about' – Community/Public Transport

More social interaction/ connectivity

Citizens Panel community engagement highlighted that almost half of respondents (45%) indicated said that they did not think they got as much physical activity as they should

An engagement and collaboration exercise undertaken by Aberdeenshire Voluntary Action with third sector organisations highlighted the following areas of focus:

- Improving communication and representation.
- Challenging perceptions and attitudes.
- Collaboration within Partnership structures.
- Building capacity and enhancing capability.
- Gathering evidence and demonstrating impact.
- Ability to influence.

By establishing and facilitating a Third Sector Health and Social Care Forum, the third sector organisations work is progressing to address these issues.

5 WHERE ARE WE NOW?

5.1 What is Working Well

As integration moves forward the joining together of our health and social care services are already demonstrating better use of resources, better joint working and a shared vision across Formartine to meet the identified challenges. Noted below are some examples of good practice and compliments that the Formartine locality has received.

Syrian Vulnerable Persons' Relocation Scheme

In May 2017, the first refugee families resettled via the Syrian Vulnerable Persons' Relocation Scheme, arrived in Ellon. The families were prioritised for resettlement by UNHCR due to a particular vulnerability including physical or learning disability, serious or terminal medical condition, victim of warfare or torture and children at risk. Ellon was chosen as a resettlement area due to its compatibility with the key indicators of integration. Global research shows that newly resettled families will integrate and settle more effectively if they have the right physical, emotional and geographical supports including a connection with the Mosque & Islamic Centre community in Aberdeen and Aberdeenshire.

Building on lessons learned in other areas of Aberdeenshire, the Resettlement Team were eager to work closely with the local community and volunteers to ensure that the families had support to integrate beyond the boundaries of the Resettlement Project. The Kirk Centre Volunteer Team has been an integral part of the team since before arrivals, with volunteers helping to prepare homes alongside Syrian Amal Project volunteers and staff. The Volunteer Team have provided wraparound support that the Syrian families value and have recently opened a Café Project drop-in for the families so they can learn more about local life, customs and traditions. In time, we hope that Ellon residents will be keen to reciprocate, and learn about Syrian customs, traditions and wonderful cooking.

Refugee resettlement is not an end result – it's only the beginning of another new and arduous chapter for families. Services, communities and volunteers should always be striving to listen and understand how the needs of our new refugee communities can be met and how they in turn can share and contribute their skills, knowledge and astounding experiences.

"The Men's Shed has built up my confidence. Meeting new people and learning new skills have helped when I was feeling low"

Your Voice Your Choice Turriff

This project was launched in March 2017 in Turriff. Aberdeenshire Health and Social Care Partnership allocated funding (£25000) to Formartine to undertake a Participatory Budgeting exercise. An additional £5000 from the Formartine Area Committee and £3000 by the Formartine Community Planning Group saw a total of £33000 on offer for local groups in Turriff to apply for. A Big Vote Day event was held on 24 June 2017 where members of the public were asked to vote for their favourite project.

Positive Outcomes:

- 17 projects successful in obtaining funding for their projects
- Diverse range of bids from groups that will benefit a wide spectrum of the community from baby and toddlers through to older persons
- AVA and Formartine Partnership providing ongoing support to groups who were unsuccessful in receiving funding

Partners Involved as a Budgeting Steering Group included:

- Aberdeenshire Health and Social Care Partnership
- Aberdeenshire Community Planning Partnership
- Aberdeenshire Council
- Turriff Academy
- Aberdeenshire Voluntary Action

Westbank Cappa Project

This year Westbank opted to be part of an improvement program with Care Inspectorate called CAPA (care about physical activity). We are very aware of the benefits of increasing physical activity to support the wellbeing of our residents and have implemented a variety of small projects with individuals and small groups within the home which have resulted in many positive outcomes for those involved.

One of those projects has received particular attention as an example of best practice. We arranged an intergenerational fishing project where we supported 3 residents and 3 local children to fish together at our local activity centre Lochter.

The aims of the project were to increase activity and provide an opportunity for both groups to interact. For the residents this gave an opportunity to be a mentor a role that perhaps has been missing since there move into the care home. For the children it allowed them to appreciate that older people are still fun and have lots to share. We met all of these aims and more, everyone had great fun and have formed friendships that have lasted past the initial project.

Some of the recognition the home have received around this includes, messages from the Karen Reid CEO Care Inspectorate, Aileen Campbell MSP and we have been featured in articles in care inspectorate publications to share our story with others.

The Conversation Café

Turriff Conversation Cafe came into being in May 2014 and was initially set up with funding and practical support from both NHS Grampian and Aberdeenshire Council.

We started off with one staff member from Aberdeenshire Council, one volunteer and three attendees. Over the course of time we have progressed and now have seven volunteers and anything up to 50 people attending. The volunteers have taken over the running of the Cafe and deal with everything, ranging from applying for funding to providing the food for the Cafe and serving the teas/coffee cakes and sandwiches. The Cafe runs on the first Tuesday of the month and is open to all. However our main aim is to encourage people who are lonely, socially isolated and/or vulnerable to attend. We provide a safe non-judgemental environment for people to meet over a cup of tea/coffee and a fine piece. Each month we have a different craft for folks to try and we often have a speaker come to talk on a range of topics that are interesting to those attending. We think the increase in attendance and friendly atmosphere of the Cafe shows it has been and is a great success.

Community Involvement Success in Ellon

Since 2015 Service Users from Ellon Resource Centre have been linking up with Ellon Academy Leadership pupils to promote health and wellbeing through sports and exercise. Due to the success of the Campus Sports group, where service users participate in various sporting activities, another group has recently started, again linking up Services Users and Ellon Academy Wider Achievement pupils. The new activity, which we call Friday Fun, also aims to promote Health and Wellbeing, as well as social interaction through dance. Quotes from service users include “lots of people and good fun”, “Loving it” and “I am enjoying the group. It is awesome”.

The twelve service users from Ellon Resource Centre are taught dance routines by the Wider Achievement pupils. Staff members also attend these activities, to support the pupils and ensure that they are aware of the needs of the group. Service users and staff enjoy these dance routines and appreciate the enthusiasm and dedication of the pupils. The pupils are also gaining from this new experience and have said "it's a new experience for all of us and we are really enjoying it. It's made us more confident to lead a group and be creative when teaching mixed ability groups. It's great to see everyone having fun and learning new routines”

These sessions give people with learning disabilities and academy pupils the opportunity for social interaction, which encourages inclusion and real connections within the community.

The Sand Bothy, Balmedie Country Park

In October 2014, the Belhelvie Community Trust undertook a new project to re-open the Balmedie Country Park Visitors Centre which was in a state of disrepair and had been closed for several years. In July 2016 the Trust were awarded a 10-year lease under Community Asset Transfer and the community re-named the building 'The Sand Bothy'. The Sand Bothy volunteers meet regularly to support volunteering, review the development of the project and build key relationships with Aberdeenshire Council, Health and other Third Sector organisations. So far, the project has developed the visitor centre exhibition, opened a summer snack kiosk, can be hired as a venue for events, classes and meetings e.g. NEOS (North East Open Studios) and hosts fundraising "community fun days" which involve a wide range of activities such as kite-making and activities on the dunes.

The project has progressed at a steady pace with dedicated volunteers, a strong business plan and ability to adapt depending on local need. On a recent visit to The Sand Bothy, Jim Savage (Chief Executive, Aberdeenshire Council) was very impressed with how quickly the project has become a social, economic and environmental success underpinned by a shared commitment to understand and develop relationships with partners.

The Sand Bothy team are now leading on exploring the possibilities to help make Balmedie Country Park accessible to all. This would include fully accessible toileting facilities, safe pathways around the park and activities to give everyone the opportunity including those with complex physical needs to enjoy the park.

Aberdeenshire Health Improvement Fund

Aberdeenshire Health Improvement Fund has been available for a number of years to support work that helps address inequalities in health. The fund can be accessed by anyone who is working towards improving the health of the local community or communities of interest in a way that meets local needs and reflects local circumstances. Each year applications are scored to ensure a fair and consistent assessment of bids. This year 2017/2018 the following Formartine groups have secured funding:

- Turriff Running Club
- Garioch Community Kitchen
- Turriff Young People's Mountain Bike Project

Dementia Friendly Aberdeenshire

Shadowing the Primary Care Dementia Pathway:
Understanding the diagnosis pathway is an important part of developing an effective local Dementia Friendly Community awareness raising campaign. By shadowing the diagnosis pathways, our Local Dementia Friendly Aberdeenshire (DFA) Development Officer has gained an invaluable insight into the patient and carers engagement, their typical queries and questions as well as the barriers or concerns they have about continuing to live well in their community. This learning has been integrated into the delivery of awareness raising talks with groups, local business and public service teams in the local area. The learning has also been shared with colleagues working to build dementia friendly communities in other localities. This has opened the door to future partnerships, joint work and learning opportunities with practitioners/GP surgeries, including looking to deliver Dementia Friendly awareness sessions for the wider GP staff and their core community links.

Primary School Engagement:
Our Local DFA Officer was invited to deliver classroom awareness sessions for a local primary school Primary 7 cohort. Teaching staff did some preparatory work with the classes in the morning, to get a baseline of their knowledge and insight into dementia. The DFA Officer then engaged with 54 pupils in the afternoon, which made Dementia the learning focussed theme for the day. Feedback was positive from both pupils and school staff alike; future joint working opportunities identified include taking the pupils into care settings for intergenerational engagement activities, classroom based design and research activities and awareness raising talks to wider groups, all linked to the curriculum for excellence framework. The engagement model has also been shared with colleagues working in other localities with a view to rolling our young people engagement more widely.

Quarriers Support Service

Young carers sometimes feel isolated due to where they live or sometimes their circumstances due to their caring role. In my role as a Family Wellbeing Worker, I will meet with a young carer at home with the parents to introduce myself and then often again at school. A care plan will be co-produced and this might include confidence building, attending group sessions with other young carers in the school or elsewhere in their community. This year the young carers have attended the Scottish Young Carers festival, some after school wellbeing sessions like confidence building, mask making, art therapy and mindfulness sessions. I have organised some Saturday sessions where 12 young carers come along. We have art and craft days using recycled goods, decorate canvases and a volunteer carer who does a Q&A session for 30 minutes to any answer questions that young carers might have. This volunteer has recently transitioned from young carer to adult carer. We also offer creative break funding that young carers can apply for once a year, which can be anything up to £250. This allows the young carer to enjoy a break from their caring role. If there is something that the service does not specialise in then we will signpost to another organisation or make a referral with the carer's permission.

One of our young carers came along to the Scottish Young Carers Festival, he enjoyed the opportunity as he usually feels quite isolated where he lives and spends most of his time on his computer after school. The experience meant that he could spend 3 days having fun with other young carers, socialising, experiencing respite from his caring role and having a little bit of independence. This young carer is often picked up from where he lives which gives him the opportunity to access activities, wellbeing sessions and carers week events. The family and the young carer feel grateful for this opportunity as they have no car and would not be able to access otherwise.

Ythan Crafters

Ythan Crafters for Mental Wellbeing is a peer support group for people who experience mental ill-health that we set up in 2017. We originated from a craft and arts group for people with severe and enduring mental health issues that began in the Community Mental Health Team (CMHT) Office around 15 years ago. It was supported by a local team of Mental Health staff. After several years we moved from these premises to work with Mental Health Aberdeen (MHA) in Ythan Centre. Although change was hard for some members it was good to break free from environment where we also saw our CPNs and social workers and establish a more positive creative place to be.

We were supported by MHA and CMHT team for 10 years at the Ythan Centre and we achieved many things as a group and individuals in this time. We regular displayed our creative talents in North East Open Studios events, created Mental Health Week events and became self-funding by making and selling our fantastic artwork, jewellery, knitting, crocheting, upcycling amongst other inspired creations. It became a place to not just manage our respective conditions but recover and progress and feel human again.

In 2016 MHA's contract to provide services for Aberdeenshire came to an end and was not renewed. This was a sad time for many members as it had been the one constant for a decade which people could rely on when times were hard. Through working with MHA staff before they left and supported initially with a Council worker and SAMH we were determined to meet up to maintain our health, trusted friendships and continue crafting together.

We gave ourselves the name Ythan Crafters for Mental Wellbeing that gave us a sense of identity going forward. Initially we were based at Community Campus in Ellon to start with but managed to access Ellon Library which was more purposeful for our needs in terms enabling our users to come along. Over time we have developed different roles within the group to become a community group with our own aims, guidelines and purpose allowing people to feel safe. We have managed to liaise with AVA, Local Support Networks and councillors whilst accessing funding from Tesco Bags of Help Scheme and generous donations from kind individuals.

Sometimes we don't feel in the mood to chat and just want to sit and listen to others in group but it feels good to be part of it. The group understands this, especially taking that one step just to attend. When people are in the mood they chat, knit, colour in art, paint, sketch, make jewellery etc...the choice is theirs. Meeting every week has been vital to our continued improved wellbeing. Ythan Crafters have managed to successfully provide friendship in a craft based group to people, like us, that have mental health problems and aim to continue helping people in their lives in 2018.

"Yeah it was good how we all formed it together and still maintained a relationship with previous MHA clients. Even though I am not with them every week I have a family within the fold and I'm always with them in spirit."

"Having a group like ours prevents folk feeling isolated"

6 WHAT DO WE NEED TO DO?

6.1 Our Local Priorities

In accordance with the nine national health and wellbeing outcomes set by the Scottish Government, our Aberdeenshire Health and Social Care Partnership strategic priorities and the various community and staff consultation and engagement events, we have identified the following key priorities for 2018 to 2021:

- People will live independent, healthier lives for longer in a homely environment, in a community which respects and values them, with informal carers who receive support to continue to care.

- Develop services to meet local need so that services are more accessible, are better known, and owned by the people that use them, including unpaid carers.

- Increased take up of local community services and health improvement programmes, improving physical and mental health.

- Decrease the amount of unscheduled care provided, and increase the number of people planning ahead to meet their future needs.

PRIORITY	ACTION	IMPACT	TIMELINE	LEAD
People live independent, healthier lives for longer in a homely environment, in a community which respects and values them, with informal carers who receive support to continue to care.	Involving local communities and key stakeholders in decision making by regular public engagement and focus groups to understand the needs of the local populations.	Communities feel well engaged and informed.	Ongoing	Health and Social Care Teams/Locality Planning Group
	Building on community capacity to ensure the best use of available and existing resources.	People receiving services closer to home; right time/right place.	Ongoing	Health and Social Care Teams/Locality Planning Group
Develop services to meet local need so that services are more accessible, are better known, and owned by the people that use them, including unpaid carers.	Working to support teams across the locality to have a shared vision and understanding of each other's roles and build on existing resistance skills.	People will be well informed and engaged. They will enjoy a variety of peer support pulling together a wide variety of knowledge and skills.	Ongoing	Health and Social Care Teams/Locality Planning Group
	Ensure that at all times we promote a person centred approach to service delivery while striving to achieve high quality services.	Service users will benefit from a person centred approach and feel involved in decisions relating to their care and treatments.	Ongoing	Health and Social Care Teams/Locality Planning Group

PRIORITY	ACTION	IMPACT	TIMELINE	LEAD
	Ensuring teams work closely with service users to make decisions about the most appropriate management, treatments and support services available to all.	Service users are well informed on available options to support their own self-management.	Ongoing	Health and Social Care Teams/Locality Planning Group
	A one team approach is fostered where appropriate ensuring the combined effect of all team members will deliver the best outcome.	Service users will reap the benefits of a more joined up health and social approach to service delivery.	Ongoing	Health and Social Care Teams/Locality Planning Group
Increased take up of local community services and health improvement programmes, improving physical and mental health.	Developing and strengthen communities by understanding what really matters to people.	Meaningful community engagement involving our partners in the third sector.	Ongoing	Health and Social Care Teams/Locality Planning Group
	Working closely with Public Health to promote self-management and use of local support groups and networks.	Service users are well informed on available options to support their own self-management.	Ongoing	Health and Social Care Teams/Locality Planning Group

PRIORITY	ACTION	IMPACT	TIMELINE	LEAD
	Multi-disciplinary teams promoting the use of planned rehabilitation and enablement care to empower service users and promote independence.	Service users will be supported to remain at home as opposed to requiring in-patient care.	Ongoing	Health and Social Care Teams/Locality Planning Group
	Continue to work with and build relationships with cross sector colleagues to promote the shared vision and bring better outcomes locally for people.	Service users will be guided back to their own communities to receive local services following acute admission.	Ongoing	Health and Social Care Teams/Locality Planning Group
Decrease the amount of unscheduled care provided and increase the number of people planning ahead to meet their future needs.	Working with community services to promote accessibility within the location.	People are cared for locally in their communities	Ongoing	Health and Social Care Teams/Locality Planning Group
	Advocating effective communication to achieve the right support for people at the right time and in the right place.	Staff and service users are well informed ensuring good communication strategies are in place	Ongoing	Health and Social Care Teams/Locality Planning Group

PRIORITY	ACTION	IMPACT	TIMELINE	LEAD
	Staff and services work closely with protective agencies to improve the safety of care of people through the delivery of services.	Vulnerable people are safeguarded and supported through effective communication between all partners.	Ongoing	Health and Social Care Teams/Locality Planning Group
	Involve local communities with an open and honest approach where developments and changes in future models of care are being planned to ensure public engagement and support.	Local communities are well informed and involved in decisions relating to local changes and resources.	Ongoing	Health and Social Care Teams/Locality Planning Group

7 HOW WILL WE KNOW WE ARE GETTING THERE?

7.1 Measuring Performance

To review the progress of this locality plan, we will develop a performance framework which will ensure there are defined links between, the nine national health and wellbeing outcomes, the Aberdeenshire strategic priorities and the local priorities set out in this plan. Measurement will also reference service related targets which the Partnership currently feedback to the Integration Joint Board.

The Integration Joint Board will be responsible for checking the performance information and the Formartine locality planning group will review the actions to ensure delivery of the locality plan. This information will allow the Integration Joint Board to see what effect the approach to integrating services is having for the people who use the services and support. A performance report will be developed each year as required by law.

Using the performance evidence we can measure the things that matter to the people using our services and ensure they are being achieved. This information will not only be used to evidence that we are achieving our targets, but also to identify what areas we need to improve. The plan will run for three years to align with the Partnership's strategic plan, however the action plan will be reviewed on an ongoing basis and a full refresh of this will take place after 18 months.

Being clear about our progress and achievement is something that everyone needs to be aware of. The health and social care teams should have the information they need, to know how they are doing, when to seek help and when to share best practice and successful approaches. Developing strong relationships and team-working based on a shared vision and values will support this and that is what this locality plan is all about.

8 OUR NEXT STEPS

Communication is a major part of our strategy for this locality plan and it is important to have a significant ongoing relationship between the locality planning group and those who live in Formartine.

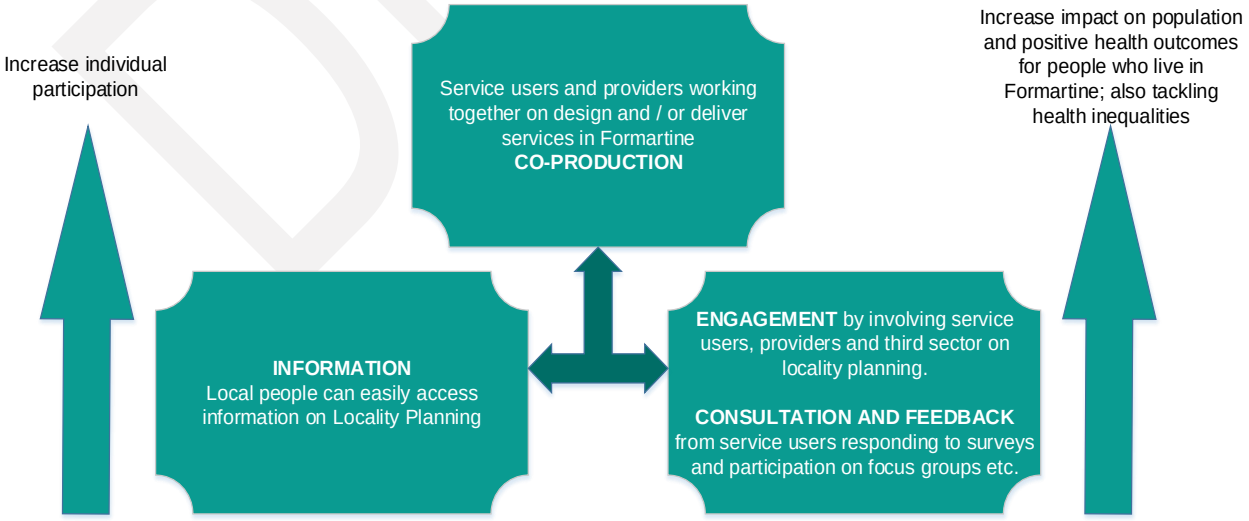
We will develop a range of engagement mechanisms and tools, ranging from local networks, social media and one-to-one opportunities for individual feedback.

The locality planning group will ensure that strong communication and engagement connections exist and develop together. Our communication aim is to develop consistent staff and public messaging across all the agencies involved. It intends to provide reassurance and information to all and encourage input that will help to shape service delivery.

We will work with all community stakeholders within health and social care integration. This includes any person, organisation, company or group that shares a common interest in improving health and wellbeing outcomes in a particular locality. This will include people such as:

- Users of health and social care services.
- Unpaid carers.
- Communities of interest such as people with protected characteristics.
- Health and social care staff.
- Third sector, including community bodies and groups, service providers, social enterprises and volunteers.

We will strive to be as inclusive as possible across Formartine to ensure that individuals or groups whose voices are traditionally not as strongly heard are identified and involved.



Aberdeenshire Health & Social Care Partnership

If you require this document in another format, or if you require further information or would like to make comment on any aspect of this plan please contact:

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Aberdeenshire COUNCIL

NHS Grampian