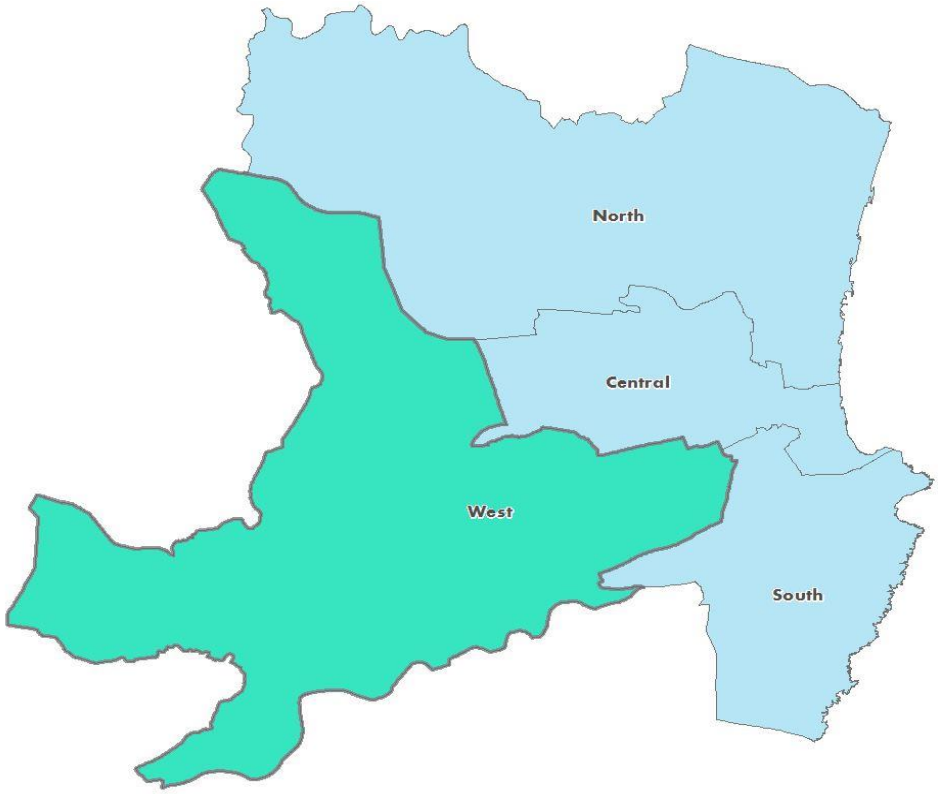
Aberdeen City Health & Social Care Partnership
A caring partnership

West Locality Plan
(2017 – 2019)



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Foreword

Welcome to the first West Locality Plan 2017-2019. This plan has been developed over many months of gathering information and listening to what people who live and work in the area are telling us about health and wellbeing.

We recognise we are at an early stage in developing locality working across Aberdeen City. A key first step in this journey was the establishment of our West Locality Leadership Group (LLG) made up of a broad range of people from across health and social care, the third and independent sectors, and community representatives. I am delighted that we have such a committed and enthusiastic LLG in the West who have been actively involved in shaping this plan. We have been focusing this year on developing a shared understanding of the health and social care profile of the West Locality and have begun to explore what keeps people well, what some of the challenges are in the locality and what we can do to further support wellbeing in the area.

Community engagement and participation is critical to help shape our plans and we have carried out a number of community engagement initiatives to listen to what the people who live and work in the locality can tell us about health and wellbeing in the area and we want to do more of this over the coming year.

We are making progress towards establishing the necessary locality management structure to give us the leadership capacity to enable us to integrate our health and social care services and develop new ways of working. We have a wide range of health and social care services delivered by a skilled and committed workforce and we also have a wealth of community initiatives and resources available in the West Locality. We will build on all of these and explore together how we can re-imagine how best to support the health and wellbeing of people living in the West Locality.

There are testing times ahead with the demographic and financial challenges that we face. We need to do things differently and the creation of localities gives us an exciting opportunity to think and work together to meet these challenges. We really want to hear your ideas to help us shape the future and I would encourage anyone living or working in the area to get involved.

I want to thank everyone who has been involved in the development of the West Locality so far – your support, ideas and enthusiasm is greatly appreciated and I look forward to continuing to work with you all as we continue on this journey together.

Lynn Morrison

Head of West Locality

Executive Summary

This locality plan sets out how health, social care and wellbeing will be taken forward in the West Locality as part of the wider Aberdeen City Health and Social Care Partnership (ACHSCP)[1]. This will include our intentions around how we will progress with integrating and transforming our health and social care services at a locality level where appropriate.

The changing demographics of our population require health and social care services to be transformed. The people who live and work in our locality are key to getting this transformation right. Bringing together all the assets within the locality will enable us to provide services at a more local level which means that people will be able to live at home, or in a homely setting, for as long as is reasonably possible.

To progress the transformation of services, ACHSCP has delineated the city into four localities and Locality Leadership Groups (LLGs) have been established in all of the 4 areas. The Locality Leadership Group has a key role in ensuring the delivery of ACHSCP's Strategic Plan, including contributing to the delivery of its associated strategic outcomes. The role of the LLG includes developing and facilitating connections and partnerships across the locality to improve the health and wellbeing of its population and reduce health inequalities. The first step to achieving this is the development of this plan.

Think Local

This plan is for everyone who lives and works in the West Locality. It is for those who currently use health and social care services, and those who may need to do so in the future. It is also for people who are well and wish to maintain or improve their current level of independence, health and wellbeing.

There is a lot of great work already happening across West Locality to support people and to improve their health and wellbeing. It is not possible to include all of this work but we have highlighted a few examples including initiatives supported by the Health Improvement Fund including the Mixing Bowl community-led group and the Deeside food festival.

Members of the LLG have participated in co-production training which was commissioned by ACHSCP. Co-production is about professionals and citizens working together and making best use of all of their strengths and contributions to achieve better outcomes. This approach will underpin the partnership's approach to locality planning and projects that we take forward within the community. The West Locality has identified two projexts to take forward using this approach – community singing and Coronation Court Community Hub projects.

[1] ACHSCP Website: http://www.aberdeencityhscp.scot

Our Vision

This plan is shaped around the overall vision for health and social care for Aberdeen City as set out in the Aberdeen City Health and Social Care Partnership Strategic Plan 2016-19[2]:

"We are a caring partnership working together with our communities to enable people to achieve fulfilling, healthier lives and wellbeing."

Early community engagement work in the West Locality has highlighted the importance of communication as a key factor in everything that we do. Improving communication between partners, staff and local communities in the West of Aberdeen is and will continue to be essential to delivering on what we have agreed.

Our focus in the West Locality

- Demographic challenges and increasing demands on health and social care services
- Impact of new housing developments on services in the area and socio-economic changes;
- Social isolation and feeling connected to community life;
- Community engagement and how we can build on this taking a co-productive approach;
- Care at home support – care workers and upaid carers;
- Younger people living in the area;
- Staff involvement and engagement within the locality;
- Care home and supported accommodation in the area.

The intention is to deliver more integrated health and social care services and to deliver locally based services that have a positive impact on the health and wellbeing of individuals, families and communities.

[2] Link to ACHSCP strategic plan http://www.aberdeencityhscp.scot/en/progress/news/achscp-strategic-plan-2016-19/
http://www.aberdeencityhscp.scot/contentassets/472f1da29a8f40729b99f404721f1658/aberdeen-city--ijb-integration-scheme.pdf

Introduction

This locality plan sets out how health and social care will be taken forward in the West Locality as part of the wider Aberdeen City Health and Social Care Partnership (ACHSCP)[3]. This includes our intentions around how we integrate services with a locality or community focus where appropriate. This is a live working document and will continue to evolve over the coming months.

The plan describes the intention of working together for the best possible outcomes for everyone living in the West Locality. This approach starts with getting to know the strengths of individuals, groups and communities and building upon these. Importantly, much of the plan is based on what people who live and work in the West Locality have been telling us about how things could be better and what would make a difference.

It sets out specific locality data for the West Locality, examples of what is working well, as well as some of the key challenges which need to be addressed.

The ACHSCP strategic plan sets out the underpinning values that inform the partnership's approach to planning and service delivery as:

- Caring
- Person Centred
- Enabling

The focus of the ACHSCP includes the health and wellbeing of the individual and also the resilience and capacity of communities to engage with and support its residents. The partnership wants to deliver locally based services that have a positive impact on the health and wellbeing of individuals, families and communities.

Our intention is to work closely with the citizens and communities across Aberdeen to develop flexible health and social care services that will address current and future demographic and resourcechallenges – Better Health, Better Care, Better Value.

To achieve this, the partnership needs to hear about What Matters to you? and your personal experiences of health and care services, good or bad , and to work with individuals, communities, staff and partner organisations to explore how we can work together to develop solutions.

This plan is separate to the community planning undertaken by Community Planning Aberdeen[4] (CPA) which has a far wider remit. ACHSCP is a member of the CPA. Please note that the localities, referred to by the CPA, are specified areas within the city which have a generic focus on improving outcomes and inequalities for that particular area.

[3] Link to ACHSCP website - http://www.aberdeencityhscp.scot

[4] Community Planning Aberdeen (CPA) website for more information; http://communityplanningaberdeen.org.uk/

Health and Wellbeing outcomes

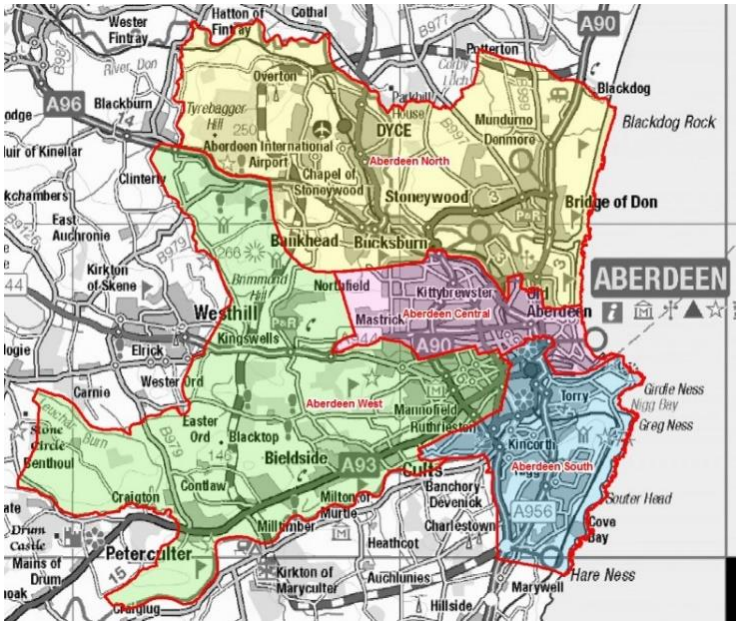
The Scottish Government has identified nine national health and wellbeing outcomes that the partnership must work towards. This plan identifies local priorities in the West Locality which will contribute to the achievement of these outcomes.

Scottish Government, Nine Health and Wellbeing Outcomes, 2014

1. Healthier Living	People are able to look after and improve their own health and wellbeing and live in good health for longer
2. Independent Living	People, including those with disabilities, long term, conditions, or who are frail, are able to live as far as reasonably practicable, independently at home or in a homely setting in their community.
3. Positive Experiences and Outcomes	People who use health and social care services have positive experiences of those services and have their dignity respected.
4. Quality of Life	Health and social care services are centred on helping to maintain or improve the quality of life of service users. Everyone should receive the same quality of service no matter where they live.
5. Reduce Health Inequality	Health and social care services contribute to reducing health inequalities.
6. Carers are Supported	People who provide unpaid care are supported to look after their own health and wellbeing, and to reduce any negative impact of their caring role on their own health and wellbeing.
7. People are Safe	People who use health and social care services are safe from harm.
8. Engaged Workforce	People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
9. Resources are used Efficiently and Effectively	Best Value is delivered and scarce resources are used effectively and efficiently in the provision of health and social care services.

What are health and social care localities?

All Health and Social Care Partnerships across Scotland are required under the legislation to develop localities to enable the effective planning and delivery of integrated health and social care services. Localities should be large enough to offer scope for service improvement but small enough to feel local and real for those people who live there. In Aberdeen Health and Social Care Partnership we have four localities: North, Central, South and **West** (green area on the map).



The main purpose of localities is to assess need and to prioritise and plan how to make best use of all of the resources available to deliver improved outcomes for people. By resources, we mean far more than what is provided by health and social care services; our resources include the strengths of individuals and communities.

A key feature of how we work together in localities is to explore how we can harness all of these resources and to explore together how we can deliver better outcomes for people. It is important to remember that within each locality there are a number of distinct communities each with unique circumstances.

Localities have been described as the engine room of integration. Planning in localities helps bring together individuals, carers, professionals from the health, social care and housing sectors, the third and independent sectors and the citizens and communities within the area to plan and help redesign how we support health and wellbeing.

The partnership is required to involve representatives of a locality in decisions or changes that are likely to significantly affect service provision in the area.To help achieve this, Locality Leadership Groups (LLGs) have been established in all of our four localities within Aberdeen City. The LLG has a key role in ensuring the delivery of the strategic outcomes stated in the ACHSCP Strategic Plan.

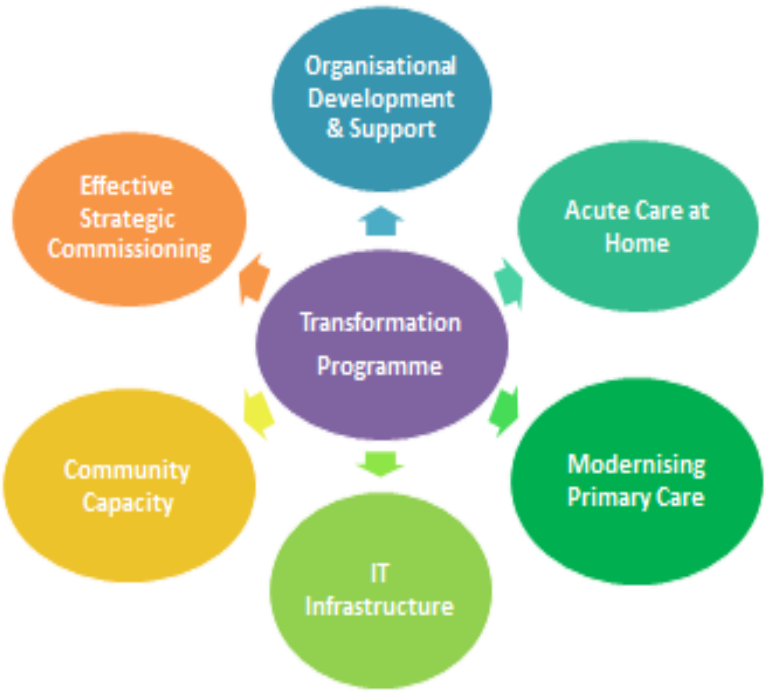
The role of the LLG includes developing and ensuring appropriate connections and partnerships across the locality to improve the health and wellbeing of the locality population and reduce the health inequalities that we know impact negatively on people's lives. The group works with services and communities and has a direct line of communication to the strategic planning group of the ACHSCP.

Locality development will also see the alignment of many health and social care services and functions to locality areas where it is appropriate to do so, recognising that for some services they will continue to be delivered on a city-wide basis. This will be supported by an integrated Locality Management Team.

The development of more integrated health and social care services is a legislative requirement in Scotland. The Locality management team will be working with the LLG and all stakeholders to integrate our local health and social care services and to test out new ways of working.

Health and Social Care Transformation

A transformation programme for health and social care has been developed by the ACHSCP to support the development of new ways of working and to be able to share successful initiatives across other parts of the city.



Some projects will be taken forward on a city-wide basis, with initial testing of some of these taking place at a locality level. Projects such as:

- Intergrated Neighbourhood Care Aberdeen – INCA (Buurtzorg model)
- Link Workers
- Acute Care at Home
- Developing Access to Psychological Therapies

Updates for all key projects will be available on the ACHSCP website.

What are people who live and work here telling us?

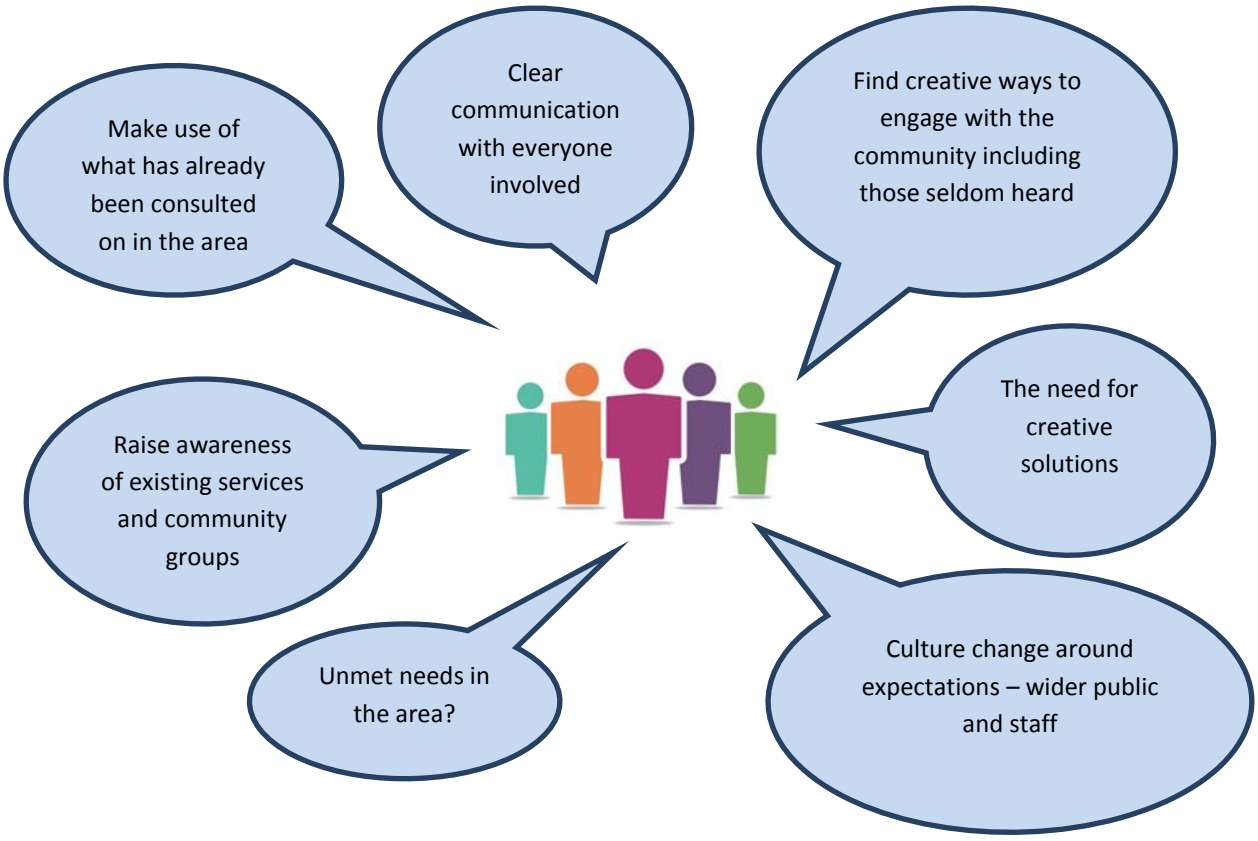
Engagement and participation with those who live and work in the West Locality is essential to developing a good understanding of health and wellbeing in the area and what challenges and opportunities there are. Thinking about how people living and working in the West locality are purposefully able to participate and work to develop local plans, is at an early stage. This plan reflects the need to dedicate more time and resources to meaningful engagement with all of the communities within the locality, building on the good work done so far.

The development of the West Locality began in August 2016 with a kick-off event where 30 participants living, working or aligned to the West Locality had the opportunity to meet and discuss three main topics:

- What is it about West Locality that keeps people healthy and well?
- What do we need to understand about the locality to develop a plan?
- Identify the milestones in developing a locality plan and when they should be achieved.

There were many great examples shared of what keeps people healthy and well including access to open spaces, a wide-range of community activities and opportunities available, and access to services in the area.

At the event, when considering what needed to done in order that the needs of the West locality were fully understood, the following areas were identified;



The early community engagement work in the West Locality highlighted the importance of honest and open communication with staff, communities and the public as a key factor as we develop our localities. Improving communication between ACHSCP, West Locality staff and local communities in the West of Aberdeen is considered a priority for our locality.

A communication and engagement subgroup of the West Locality Leadership Group was established following the kick-off event – the Community Partners Group - and the work

of this group is underpinned by the principles set out in the Engagement, Empowerment and Participation Strategy[5].

This group has a keen membership of 8-11 people from across a range of sectors including the wellbeing team, public health, third and independent sectors, community councils, Scottish Health Council and NHS Grampian corporate communications team.

Some of the key achievements of this group to date are:

- Development of a master community contacts list for engagement purposes (as at July 2017 holds 600+ contacts);
- Two community events held in April 2017 to determine how people in the West of Aberdeen would like to be engaged with;
- Community Events Outcome paper produced from these events highlighting two main issues to take forward: people don't feel informed about the changes and the Health and Social Care Partnership and the need to develop user-friendly language and materials to communicate with communities and use social media more effectively;
- Voice training (community online tool) has been undertaken by some group members to ensure National Engagement Standards are being met and consideration given to wider use of this online collaborative resource which supports community projects;
- Tested the use of a questionnaire survey and actively going out into the community to seek opinion from the community including Mannofield shopping centre and the Culter Gala;
- Questionnaire/survey evaluation identified that the most valued amenities identified by those who participated in the surveys were sports centres, libraries, the Deeside Line footpath, churches and community centres. Walking was one of the main activities which was identified as something that keeps people well and something that can be easily achieved with the amenities in the area;
- Facebook page for West Locality created.

Next steps include:

- Development of user-friendly resources that describe the partnership, localities and how people can get involved;
- Develop the use of media/ and other methods of sharing information e.g. West Wellbeing Manual, use of community notice boards, key information shared through the various community newsletters, use of local community radio e.g.SHMU radio;
- Development of a Health and Wellbeing Network in the West Locality;
- Review membership of the Community Partners group – in particular how to get younger people involved;
- Take stock of work to date and consider next steps to best support the priorities within the locality action plan.

[5] http://acvo.org.uk/wp-content/uploads/2016/09/engagement-participation-and-empowerment-strategy.pdf

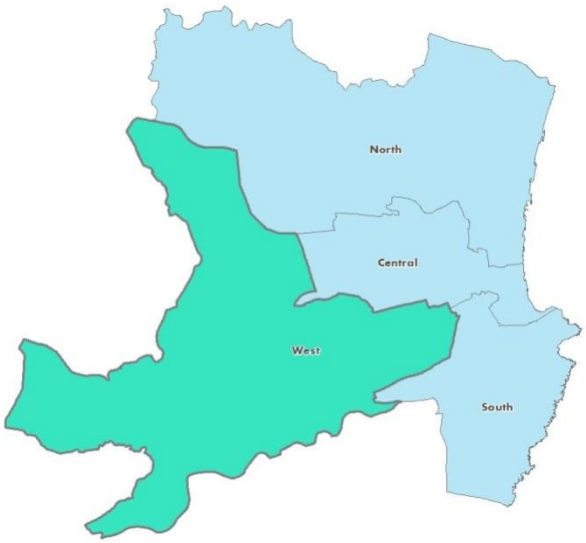
How will communities and professionals work together?

Co-production training was commissioned by the ACHSCP with several members of the LLG participating in this opportunity. Co-production is about professionals and citizens working together and making use of all of their strengths and contributions to achieve better outcomes. This approach will underpin the partnership's approach to locality planning and projects moving forward within the community.

The West Locality has identified two projects to take forward using a co-production approach – community singing and Coronation Court Community Hub projects.

The ACHSCP website is currently under development. A section is being developed for each locality where all the background documents and information which support this plan can be found.

About West Locality



This section highlights key information about the West Locality taken from the Locality Profile which was developed as an information resource for the development of the locality plans. The full profiles are available on the ACHSCP website.

In many ways, health in Aberdeen City and in the West Locality is improving. People are living for longer. Fewer babies are lost during pregnancy and in the first few weeks of life and children are less likely to die as a result of infectious disease or accidents.

The death rates of some types of heart disease and cancers are also coming down.

As people live longer, it is important that these years are lived well and in good health. It is estimated that men in the city can expect to live 65 years of their lives in good health and about 12 years with poorer health; for women the period of their lives spent with poorer health is estimated to be around 14 years[i]. For most people, the time of poorer health tends to be towards the end of their lives.

Aberdeen City's population is projected to rise 17% to almost 268,000 between 2014 and 2039. It is expected there will be a greater increase in males than females. There is a projected rise of 19% in the 0 to15 year age group. The working age population is projected to increase by 11% and the pensionable age population by 20% over the same period.[ii]

It is difficult to predict our future locality populations as different localities have different factors affecting population growth, such as birth rates and the number of people moving into and out of the locality.

The recent economic climate, ushering in welfare reform and increasing public sector austerity, as well as the downturn in the oil and gas sector has been challenging for individuals, public services, the third sector and a whole host of businesses across the North-east and is likely to exert an effect on residents' health and wellbeing.

West Locality

West Locality covers the suburbs of Kingswells, Hazlehead, Lower Deeside (Peterculter, Cults, Milltimber, and Bieldside), Braeside and Mannofield, as well as the West End of Aberdeen City Centre (Queens Cross, Craigiebuckler and Seafield).

Many of the areas retain a village feel about them and a strong sense of identity whilst situated only a few miles west of the city centre. A number of communities within the locality border Aberdeenshire. There are many scenic attributes including distinctive granite buildings and popular green spaces such as Hazlehead Park, Deeside Golf Club and the Deeside Line (alongside the River Dee).

The locality has a vast range of housing from multi-million pound properties to residential tower blocks. Many areas such as Kingswells have expanded since the 1980s due to the boom in oil and gas and continue to show growth and provide a hub in the energy sector with commercial and housing developments.

West Locality is serviced by a number of amenities including retail outlets, community and sports centres, places of worship, GP practices and schools, including the International School of Aberdeen and Camphill School Aberden (CSA) which delivers a range of services such as housing support, residential and day services to children and adults.

The infrastructure across the area is changing with the development of the Aberdeen Western Peripheral Route which aims to provide commuters with improved access within and outwith Aberdeen.

Locality Profile: Information and Data on the Locality - Who lives here?

The picture of the population below shows the percentage of people in 5 year age bands by gender for West Locality and compares the age and sex distribution with Aberdeen City.

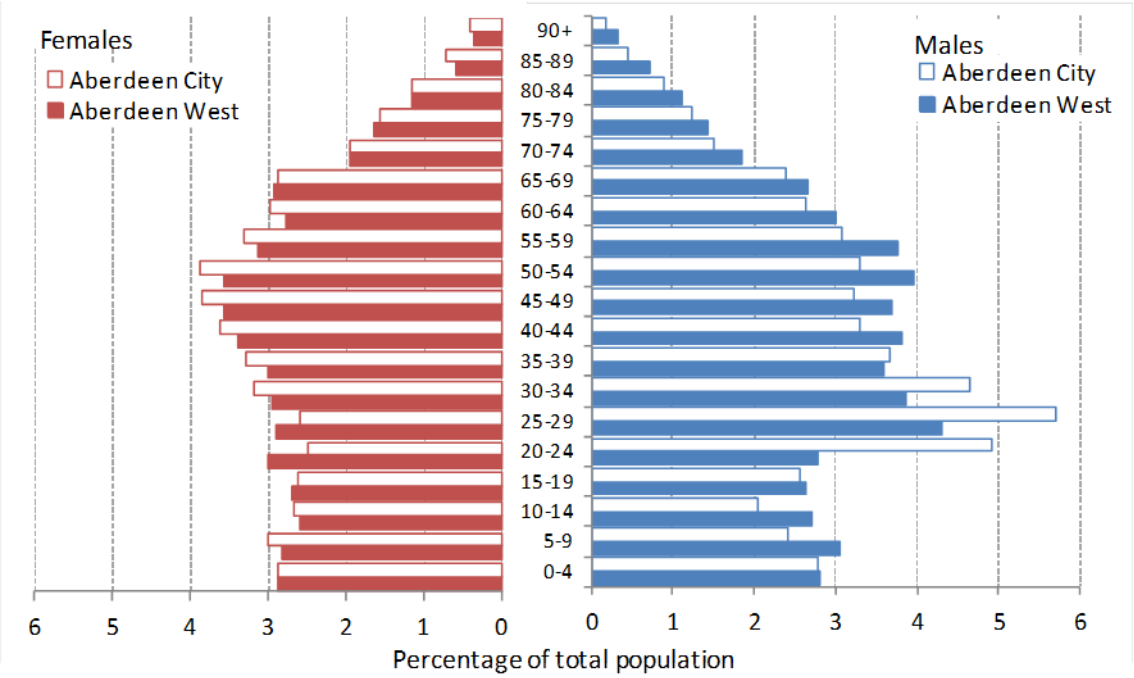


Fig. Aberdeen West and Aberdeen – Percentage of persons by 5-year age band and gender (National Records for Scotland, 2015)

Around 48,000 people live in the West Locality (21% of the total city population) second highest of all four localities

Almost a fifth (18%) of the population are children under the age of 16 years compared to 14% in the city.

Three quarters (77%) of the population are under the age of 60 years compared to 80% in the city

It is difficult to predict our future locality populations as different localities have different factors affecting population growth, such as birth rates and the number of people moving into and out of the locality. The recent economic climate, including the downturn in the oil and gas sector, has been challenging for individuals, public services, the third sector and businesses in the North-east.

A snapshot of the population in West Locality at the time of the 2011 census

Ethnicity and Language

'Gypsy / Travellers' are officially recognised as an ethnic community whom have specific health and social care needs. They are protected by the Equality Act 2010 as one specific racial group. The Equality Act 2010 came into force in October 2010 and provides a legal framework to protect the rights of individuals and advance equality of opportunity for all.

85% (44,433) of people from white ethnic groups (including Gypsy Travellers)

1.3% of people aged 3 and over did not speak English well or at all

11.4% of people spoke a language other than English at home;[6] 0.1% spoke no English at all

Households

21,029 households (20.3% of Aberdeen City households)

62.4% of households were one family with or without children -includes lone parent families (5.3%) and families over the age of 65 years (9.3%)

2.8% of households were lone parents with dependent children

21.3% of households were one person under the age of 65

11.6% of households were one person of retirement age (65+)

5.5% of full-time student households were in West Locality (lowest of all localities)

[6] Languages include Gaelic, Scots, British Sign Language, Polish and other languages

Housing developments

There are a number of new housing developments in the West Locality including a significant development in the Countesswells area. Latest figures predict that by summer 2019, 500 units will be completed in this development. From the housing Land Audit it is projected that approximately 250 housing units per annum will be built until the full allocation of 3000 units are completed.

Work is ongoing in the ACHSCP to clarify all of the housing developments across the city to inform the planning we need to undertake to manage the impact of these on our health and social care services.

Access to own transport

35% of of people who said they had a health condition that limited their daily activities a lot said that they did not have access to their own transport.

While 7.7% of people who said their health did not limit their daily activities had no access to a car or van.

People providing unpaid care

92.2% of people did not provide weekly care (marginally lowest of all localities)

7.8% provided between 1 and 50+ hours of unpaid care per week

A large number of these carers are aged over 65 (43%)

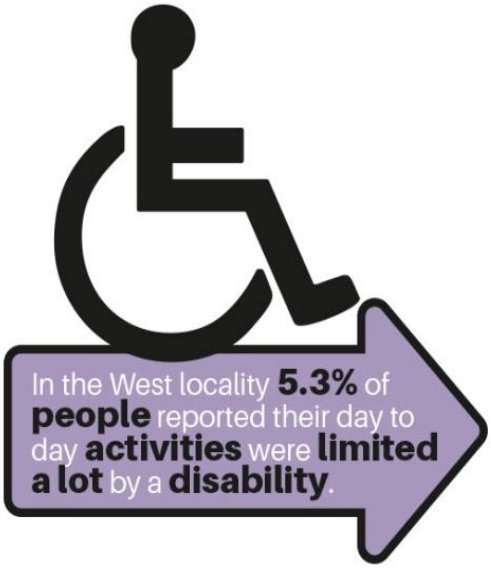
Adults self-assessed health

People reporting very good/good health started to decrease more sharply from the age of 65 years.

Only 5.3% of people reported their day-to-day activities were limited a lot by disability (lowest of all localities)

8.2% of people felt their day-to-day activities were limited a little by disabilty

86.5% (41214) of people felt their day-to-day activities were not limited by disability (highest of all the localities).



Living conditions that contribute to health and wellbeing

Education, Employment and Income

- School attendance is the highest of all localities at 97% for primary pupils and 95% for secondary
- Percentages of claims for out of work (2.8%), incapacity and severe disability living allowance (1.6%) by people living in the locality have gradually reduced over the past decade and remain the lowest in the city. This trend doesn't necessarily reflect the impact of the most recent events in the oil and gas sector and changes in eligibility criteria for benefits as a result of recent changes.
- The percentage of children living in poverty (2.3%) in the West locality has been consistently and considerably lower than that for Aberdeen (10.5%) and is seven times lower than Central.

Local assets for health and wellbeing

Assets or strengths are factors can be used to bring people and communities together to make positive change using their knowledge, skills and lived experience around the issues they encounter in their own lives. Although they are difficult to define they may include things such as:

- A person: the stay-at-home parent who organises a playgroup; the informal neighbourhood leader; the community newsletter editor;
- A physical structure: a school, a GP practice, a town landmark; an unused building/room which could be used for community meetings/groups; an open space or park
- A community service that makes life better for some or all community members – meals on wheels, public transport, a cultural organisation;
- A business that provides employment and supports the local economy;
- Staff who work in a community.

Further work is planned during 2017/18 through a process of mapping, to further develop our understanding of all of our assets across the West Locality for health and wellbeing.

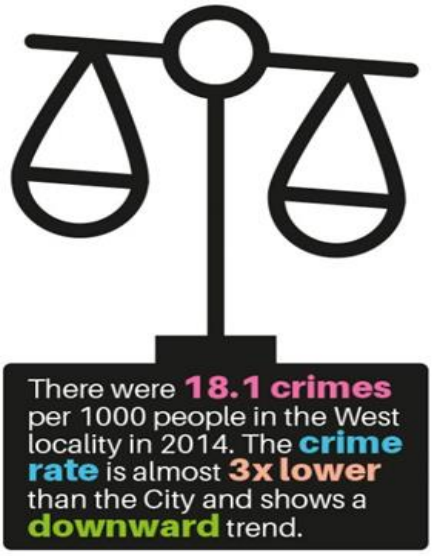
Enabling people and communities to keep themselves well

Being resilient is our ability to bounce back from setbacks such as ill-health, change or misfortune that are all too often not predicted, and to adapt to new circumstances. It is a process that involves individuals being supported by the resources in their environment to produce positive outcomes in the face of challenge.[iii]Several factors at a community level help to promote and maintain a person's physical and mental wellbeing[iv] and include participation, social networks, social support, trust and safety.

Both crime rates and fear of crime can impact negatively on a person's physical and mental health, including their sense of physical and emotional vulnerability.

There were 18.1 crimes[7] per 1000 people in 2014 in the West Locality which was almost three times lower than the city.

There has been a downward trend overall in crime rates for the city over a 10-year period.



Physical Assets in West Locality

The West Locality has a wealth of local assets including the resources detailed below. As part of the wider asset mapping work described earlier, further work is planned to develop our understanding of the physical assets in the area and what opportunities they

[7] Includes crimes of violence; drug offences; domestic house breaking; minor assault; and vandalism

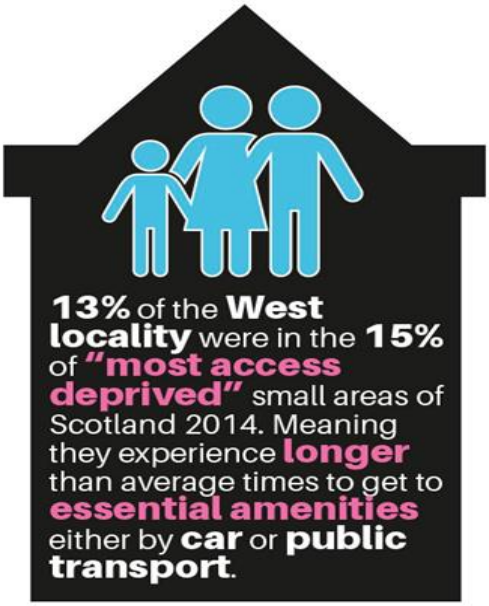
may present to support health and wellbeing in the area. Although these resources are located within the locality boundaries many provide services for people living across Aberdeen. These include services from the third and independent sector.

Category	Asset	Total Number
Health Services	GP Practices	7
	Community Pharmacies	10
	Health Centres	1
	Optometrists	4
	Dental Practices	11
Social Care/ Housing	Care Homes – Older People	12
	Supported Living – People with Learning Disabilities	3
	Amenity Housing	1
	Sheltered Housing	1
Community	Very Sheltered Housing	1
	Community Centres and Village Halls	7
	Sport and Leisure Facilities	7
	Libraries	3
Education	Places of Worship	14
	Primary Schools	7
	Secondary Schools	3
	Additional Support Needs	1

Access to local amenities

13% of people in West Locality were in the 15% 'most access deprived' small areas of Scotland (2014) which means they experience longer-than-average times to get to schools, GP practices, petrol stations, post offices and retail centres either by car or public transport.[v]

They mainly live in small parts of Peterculter, Kingswells, Cults, Milltimber, Bieldside and Hazlehead. This does not mean that everyone living in these areas is 'deprived' of access to essential amenities.

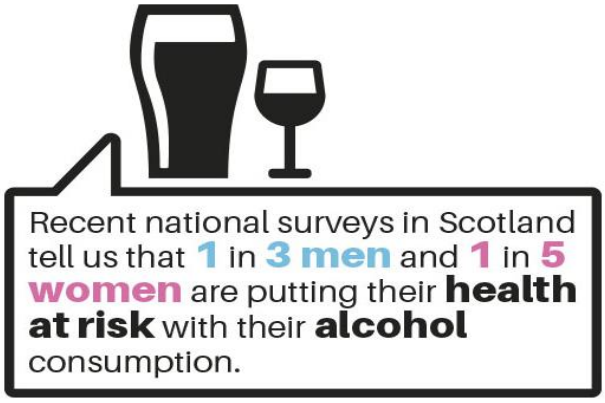


Health Behaviours

Across almost all indicators, the West Locality displays the most positive picture compared with other Aberdeen localities, the Health Board area and indeed figures for Scotland as a whole.

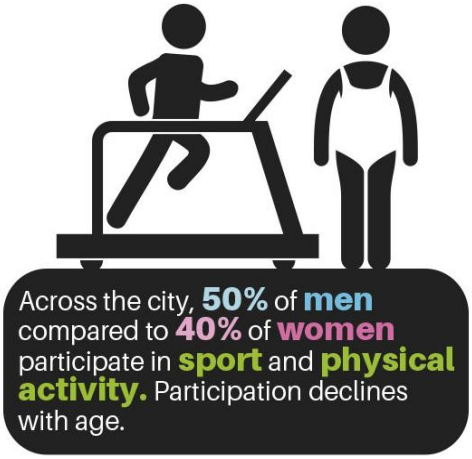
Alcohol

Whilst heavy drinking is most commonly associated with students, there is a further peak in alcohol consumption in middle age, particularly in women. Alcohol consumption can have a negative impact on the other priorities such as social isolation, anxiety, depression and mental health.



The five-year average rate of deaths from alcohol related conditions in the West (2010-2014) was nine per 100,000, lower than Aberdeen City (22 per 100,000), and this is showing a downward trend since 2008.

There were 350 alcohol-related hospital stays per 100,000 in the period 2014-15 from the West Locality compared to a rate of 700 per 100,000 for Aberdeen.



Keeping active

More men (50%) than women (40%) take part in sport and physical activity across Aberdeen but this drops with age, especially after the age of 35 (Scottish Health Survey, 2016 – self defined).

Participation rates are not available at locality level.

Actions that improve the health of the next generation

Smoking in pregnancy

14% of women smoked while pregnant in West Locality in the period 2010-13 (three-year average) with levels remaining relatively unchanged since 2008.

Breastfeeding

43% of babies in the West were exclusively breastfed at 6-8 weeks in the period 2010-13 (three-year average) compared with 33% in Aberdeen City.

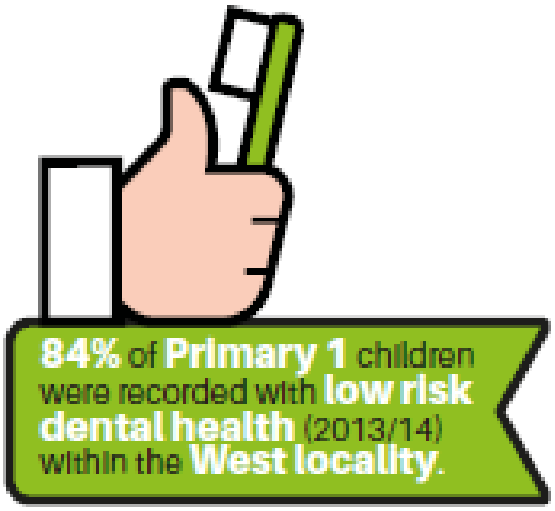
This level has been increasing slowly but steadily in the West Locality since 2009.

Childhood

4% of children in the West locality are in the top 5% range for obesity (2013-14) when they start primary school, the lowest of all localities.

84% of primary 1 children in the West Locality have healthy teeth (i.e. no obvious signs of decay) the highest of all the localities, compared to 68% in Aberdeen City.

However, by primary 7 those with healthy teeth drops to 54%. While this is higher than the city rate of 45% and second highest of all of the localities, we want to explore this further to see what further improvements could be made to improve oral health in our young people.



Adulthood

There was an 82.5% uptake of breast screening by women aged 50-70 years in the West Locality (three-year average 2010-2012), the highest of all four localities, compared to a city-wide uptake of 77%, although this has been decreasing slightly from previous years for both the West and the city.

With regards to bowel screening, there was a 64% uptake by people aged 50-74 years in the West Locality (3 year average 2010-2012), the highest of all the localities, compared to a city-wide uptake of 57% although West Locality has had a sharper downward trend compared to city figures up to that point.

Long-Term Conditions

Long-term conditions are health conditions that last a year or longer, impact on a person's quality of life and may require ongoing care and support.[8] They are now more common in the population and more people live with more than one condition.

According to information[9] recorded about people registered with GP practices in the locality during 2015/16 the most common conditions were asthma, depression and diabetes. Over 6000 people on the GP register had high blood pressure which, if poorly managed, could lead to heart disease and stroke.

[8] http://www.gov.scot/Topics/Health/Services/Long-Term-Conditions
[9] Recorded as part of the Quality and Outcomes Framework (QoF)

(The Scottish Public Health Observatory (ScotPHO) collaboration is co-led by ISD Scotland and NHS Health Scotland, and includes the Glasgow Centre for Population Health, National Records of Scotland, Health Protection Scotland and the MRC/CSO Social and Public Health Sciences Unit.)

*COPD - Chronic obstructive pulmonary disorder
*CHD – Coronary heart disease
*emergency admissions – a new continuous spell of care in hospital where the patient was admitted as an emergency to hospital
*multiple emergency admissions - more than one unplanned continuous spell of treatment in hospital in one year,

With the above figures related to COPD and asthma, one of the co-production projects that we plan to pilot in the West Locality is linked to people with breathing difficulties.

Mental health and wellbeing

In 2014/15, 11.5% of the population was prescribed drugs for anxiety, depression or psychosis compared to a City rate of 14.6% with the figures available showing a gradual increase in prescribing for these problems both for the West Locality and the City as a whole.

Between 2009- 2013 there were 7.4 per 100,000 suicides in the West Locality compared to a rate of 12.2 per 100,000 for the City as a whole.

Further work is to be done to understand issues related to mental health especially amongst our young people and to develop strategies to support mental wellbeing.

Local Services and Resources

Aberdeen Health and Social Care Partnership is responsible for the delivery of health and social care services across Aberdeen City. This includes primary care, community-based health services and adult social care.

Many of these services are delivered directly by staff who work for the ACHSCP, while other services, mainly in adult social care and some of the mental health and learning disability services, are delivered by other providers through commissioned services. The Third and Independent sector provide services such as care homes, housing support, support services and care at home provision.

In this section we will give you an overview of some of the services that people living within the West Locality have access to. It is important to remember that some services will be being delivered at a very local level while others will be part of a wider city-wide service, depending on the scale and sometimes the specialist nature of the service being delivered.

We are at the early stages of developing our localities and during 2017/18 we will begin to see the alignment of many of our health and social care services and functions to locality areas where that is appropriate to do so, recognising that for some services they will continue to be delivered on a city-wide basis.

This will be supported by the development of an integrated Locality Management Team under the leadership of the Head of Locality. The development of more integrated health and social care services is a key priority nationally and locally and the Locality Management Team will be working together with all staff, the third and independent sectors, other partners and stakeholders and the Locality Leadership Groups (LLGs) to explore how we develop more integrated services and to test out new ways of working.

Primary care services

Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, community pharmacy, community dentistry, and optometry (eye health) services. Current challenges facing primary care include:

- Recruitment,which is a national as well as a local issue; more GPs are working part-time due to the increasingly demanding nature of the job; many staff are retiring early; in the West, practices have had reasonable recruitment success but have also made decisions to replace GPs with other health professionals including pharmacists and nurse practitioners.

- IT; the hardware used in primary care is becoming obsolete, with some practices reporting frequent problems which are very disruptive both to staff and patients as all records are electronic. There remain difficulties with software systems not talking to each other which reduces the potential for information sharing across sectors.

- Rising demand due to an ageing population, new housing developments.

- Missed appointments – high numbers of people book appointments which they fail to keep, for example in one practice of 8000 patients there were 14.5 hours of nurse appointment time lost over one month.
- Transfer of work from hospital out to community services without additional resources
- Premises – some premises in the area restrict the ability to deliver services locally or in a different way.

Many of these challenges impact right across health and social care services. The challenges of rising demand, recruitment, shifting demand to primary care, premises and effective IT systems are all priorities recognised by ACHSCP and are reflected in the city-wide Transformation programme referred to earlier in this paper.

General Practice

There are seven GP practices within the West Locality – Albyn Medical Practice, Camphill Medical Practice, Cults Medical Group, Great Western Medical Group, Hamilton Medical Group, Kingswells Medical Group and Peterculter Medical Practice. The practices serve approximately 50,000 patients of which 8600 patients are aged over 65 with 1265 aged over 85. The practices cover a wide geographical area and include patients who live in neighbouring Aberdeenshire. GP practices work to a nationally agreed contract to deliver general medical services. The current contract is being renegotiated and we are waiting to see what changes will come forward from this. In addition to these core services, some practices are contracted to deliver enhanced services e.g.minor injuries, minor surgical procedures, contraceptive services, monitoring of certain medications.

GP practice teams include doctors, practice nursing staff and their administrative teams. Some practices in Aberdeen now also employ other healthcare professionals such as physicians associates, paramedics and pharmacists. The practice teams work closely with a broad range of other colleagues within health and social care including community nursing teams, practice-attached and community pharmacists, allied health professionals and/or care management teams. This team continues to evolve with new roles emerging to support people locally e.g. community link workers and primary care psychological therapists.

There are also close working relationships with specialty areas who are increasingly becoming more aligned to primary care e.g. geriatricians, psychiatrists and community psychiatric nurses, diabetologists, obstetricians/community midwifes and NHS24/ GMed out-of-hours services.

GP practices provide a wide range of services including: appointments (face-to-face or by telephone), home visits, baby checks, support for people living in nursing homes, minor surgery, long-acting contraception and chronic disease management.

Community Nursing

Community nurses play a crucial role in the primary healthcare team. They visit people in their own homes or in care homes, providing increasingly complex care for patients and supporting family members. The work of the community nursing teams is extensive and includes wound management, management of people with long-term conditions e.g. diabetes, urinary and bowel management and palliative and end-of-life care.

Each of the practices in the West Locality has a practice-attached community nursing team as well as an aligned health visiting team. Some but not all of these teams are based within the GP practices (for instance the community nursing team that covers both Albyn andHamilton is based at Albyn Medical Practice).

The practice-attached community nursing teams are made up of district nurses (registered nurses with an additional post-registration qualification) and community nurses (registered nurses). They are small teams who carry the caseload for their particular practice, but work extremely closely with a number of the Direct Delivery Teams (DDTs) that cover Aberdeen City on a geographical basis. Out-of-hours nursing teams cover the whole city and work out of the Emergency Care Centre in Aberdeen Royal Infirmary.

In addition to the community nursing teams, there are teams of health visitors and immunisation nurses. There are also a range of specialist nurses with a city-wide remit including MacMillan Nurses, bladder and bowel specialist nurses, cardiac rehab nurses and diabetic specialist nurses.

Peterculter in West Locality will be one of the test areas for a new model of delivering more integrated nursing and social care – Integrated Neighbourhood Care Aberdeen (INCA) – using the principles of the Buurtzorg model of delivering locally based person-centred care.

Allied Health Professionals (AHPs)

AHPs are a distinct group of practitioners who diagnose, treat and rehabilitate people of all ages, across health, education and social care. They are experts in rehabilitation and enablement, supporting people to recover from illness or injury, manage long-term conditions with a focus on maintaining and improving independence or developing strategies to manage longer-term disabilities.

The AHP groups working across Aberdeen City are dietetics, occupational therapy, physiotherapy, podiatry, speech and language therapy and the prosthetics and orthotics service. These AHP services are delivered in a range of clinic, community and education settings, including in the person's own home or in care homes. Some services are delivered locally with others being provided from more centrally based clinics or community teams, depending on the nature and scale of what is being provided. The prosthetics and orthotics team are a Grampian-wide service based at Woodend Hospital.

In the West Locality area, a range of AHP out-patient and community services are delivered from a number of locations. Services in these locations are not restricted to

people from the geographical area but are available to people living anywhere in the city and where appropriate can be accessed by people who live in Aberdeenshire or Moray:

- **Airyhall Clinic** – speech and language therapy (SLT) (children's service) and podiatry clinics
- **Cults medical practice** – podiatry clinics
- **Peterculter Health Centre** – physiotherapy, podiatry, SLT (children's service), dietetics diabetes clinics
- **Woodend Hospital** – physiotherapy clinics, amputee clinics, falls group, Healthy Helpings group, hydrotherapy
- **Horizons** – Grampian-wide specialist rehabilitation centre
- **Kingswells Primary School** – SLT,specialist visual-impairment service
- **Albyn medical practice** – dietetic diabetic clinic

All of the AHP services also provide a service to in-patients at Woodend Hospital, Horizons Rehabilitation Centre, Craig Court and have community teams based in the Health village and City Hospital that provide services across the communities of Aberdeen.

Aberdeen Health and Care Village in Frederick Street is the main hub for many of the out-patient clinics provided by AHPs and provides services for people from all of the localities.

Pharmacy

Community pharmacy is probably better known to most people as "the local" or "High Street" chemist. Historically the main role of the community pharmacy has focused on supply of medication, in response to prescriptions or over-the-counter requests, and providing advice on taking these medicines. While this important service continues, community pharmacies now have a wider role in delivering care for patients with long-term conditions and health improvement, such as supporting smoking cessation and in supporting local campaigns such as raising awareness of the appropriate use of antibiotics, best use of repeat prescriptions – 'only order what you need'.

Some community pharmacies may also provide additional services such as being part of the local palliative care network; providing treatment for urinary infections; providing travel or flu vaccinations; delivering substance misuse services/ needle exchange.

Community pharmacies are very accessible and a 'no appointment necessary' service, advising on managing illness (self-care) and improvinghealth, is always available. Unlike general practice, people do not need to register with a specific community pharmacy but can choose to attend any pharmacy they wish. There are 51 community pharmacies across Aberdeen City.

In addition to services provided by community pharmacies, there are practice-based pharmacists working with all GP practices in the West Locality to support the safe, quality and cost-effective use of medicines. The NHS provides a limited amount of support to all practices, and in addition some practices have chosen to employ a pharmacist

themselves. Practice-based pharmacists provide advice to patients, carers, GPs and practice staff, and other healthcare professionals on all aspects of medicine use. Their role also includes reviewing patients' medication, having face-to-face or telephone consultations with patients, liaising with hospital and community pharmacist colleagues and reviewing prescribing processes and guidelines.

Adult Social Care

Adult Social Work services provides help for people over the age of 18 who experience difficulty coping with everyday activities due to disability, illness and for those over the age of 65 who have health and social care needs. The aim is to provide a comprehensive service to enable people to remain as independent as possible within the community and their own home. Using eligibility criteria and a comprehensive assessment, services are targeted at those with the greatest need to assit people to lead fulfilling lives with the the right support for them. We also support unpaid carers in various ways, by providing carers' assessments, signposting, training, links to support groups, and providing information regarding respite and short breaks.

Following the assessment the worker will discuss with you the best possible solutions to enable you to remain as independent as possible. This may include:

- Liaison with and referral to other agencies
- Arranging for carers and/or support workers to assist you with personal care tasks
- Arranging respite, to enable a main carer to have a break from their caring role
- Arranging admission to a care home.

All adults who require support through disability or frialty need support to ensure they have good mental health and wellbeing and can take full use of leisure, education and employment opportunities. Our services work in partnership with other agencies and the health service to provide specialist services to support service users and unpaid carers. The assessment will identify personal outcomes and identify any community supports that might be appropriate.This assessment is undertaken with input from a range of professionals such as occupational therapy, nursing, and medical staff.

In November 2010 the Scottish Government produced its 10 year 'Strategy for Self-Directed Support (SDS)', with the aim of SDS becoming the way all individuals, who have been assessed as eligible to receive social care services, regardless of the nature of their needs, receive their care and/ or support.

Since the SDS legislation came into force we have looked at how we make the process of managing your own care and support as trouble free as possible, therefore we have developed the 'MyLife portal' https://aberdeencity.mylifeportal.co.uk/home/ which is a website which contains information about all the developments and changes to the way in which the 4 options are managed.

The Adult Support and Protection (Scotland) Act 2007 places a duty on all councils to investigate alleged incidents of harm affecting adults at risk of harm. This duty is discharged, on behalf of the council, by Care Managers/ Social Workers who meet the legislative criteria and who have been trained to undertake these functions. Under the Adults with Incapacity (Scotland) Act 2003 the Council also has a duty to supervise and support individuals who have applied for a Guardianship order to manage the affairs of an Adult deemed incapable as defined within the Act. Alternatively, where there is nobody who either holds Power of Attorney or or who is approropiate/ able to apply for Guardianship, we will undertake this. The Guardian in these circumstances is the Chief Social Work Officer.

Criminal Justice Social Work

Criminal Justice Social Work (CJSW) is a service managed within the IJB, with direct accountability to the Lead Social Work Officer. Scottish local authorities have a legal duty to provide criminal justice social work services. These services are provided within the framework of the Scottish Government's National Outcomes and Standards: http://www.gov.scot/Publications/2011/03/07124635/0. The service is provided to the Courts and to the Parole Board. CJSW works closely with a range of statutory and non-statutory partners. It is envisaged that integration will enable the further development of existing relationships and the opportunity to foster and build new ones.

The service's overall aims are to: reduce reoffending, increase social inclusion of offenders and ex-offenders and enhance public protection. This is done by a range of means, including:

- Providing courts with a range of community disposals
- Effective supervision of offenders in the community
- Offence focused work to assist offenders to recognise the impact of their behaviour on themselves, their families, the community and others to reduce the risk of re-offending
- Assisting those released from prison to settle in to the community
- Promoting community safety and public protection by reducing and managing risk

CJSW Services include:

- Social work services in court, including the Problem Solving Court Service
- Reports to the courts to assist in decisions on sentencing
- Bail information and supervision as an alternative to remand
- Direct measures and diversion from prosecution as direct alternative to prosecution and/ or court appearance
- Diversion from Prosecution
- Throughcare services including parole, supervised release and other prison aftercare orders to assist public safety and community protection
- Supervising individuals on Community Payback Orders, including those who are required to undertake unpaid work for the benefit of the community

- Drug and alcohol services, including Arrest Referral and supervising offenders on Drug Treatment and Testing Orders, and Community Payback Orders with drug and alcohol related requirements, to reduce drug related crime
- Multi Agency Public Protection Arrangements (MAPPA)
- Preparing reports for the Parole Board to assist in decisions about release from prison
- Women's services including the Connections programme for women in the criminal justice system
- Accommodation support services to support individuals to access, maintain and sustain stable accommodation
- In partnership with Aberdeenshire Criminal Justice Social Work service:
- The Caledonian System, which works with men who have been convicted of domestic abuse plus providing support for the women and children who have been harmed
- The Moving Forward Making Changes/Joint Sex Offender Project which provides one to one and group work programmes to those who have been convicted of sexual offences
- There is also manage a small team of Domestic Abuse Support Workers, who are able to offer a service to women at risk who are not (yet) involved in the Caledonian Programme.

Oral Health and Dental Care

Oral health is a key factor in overall health and wellbeing for people of all ages. Most oral and dental care services are provided in a primary care setting within the community, with a strong emphasis on the importance of healthy habits in the prevention of dental and oral diseases.

Independent dental practices offer a range of NHS General Dental Services and private dental treatments, and registration is not limited to a particular catchment area.

Across Aberdeen City, the Public Dental Service (PDS) is focused on providing dental care for people who may have difficulty accessing general dental services within an independent practice, for example people with additional or complex care needs. There are also national and local programmes of preventive care such as Childsmile for younger children and Caring for Smiles for dependent older people in our community. These programmes play a vital role in addressing inequalities in oral health outcomes and are supported by the PDS and independent dental practices that provide NHS services.

Optometry in Aberdeen City

Optometrists were historically referred to as ophthalmic opticians. Optometrists are trained professionals who are able to examine your eyes, give advice on visual problems, prescribe and fit glasses, contact lenses or visual aids and recognise eye disease. There are 20 optometry practices across Aberdeen City providing NHS general ophthalmic services. Everyone in Scotland is eligible for a fully-funded comprehensive NHS primary eye examination appropriate to the patients needs.

Eye Health Network

NHS Grampian's Eye Health Network was formed in 2007 to improve access to eye care services across the Health Board area. Historically eye care has been delivered almost exclusively within a hospital setting. The Eye Health Network has taken a fresh look at eye care delivery, looked at who may be effective in providing care and taken a joined up approach to share care and responsibility across the network.

The Eye Health Network consists of approx 55 Optometry practices spread across NHS Grampian, the Department of Ophthalmology at Aberdeen Royal Infirmary and Dr Grays Hospital, Elgin. They work in association with General Medical Practice and Pharmacy to have the patient seen by an eye care professional who is best placed to provide appropriate care.

Optometry is promoted as the first point of contact for all eye related problems in Grampian. Optometry practices are equipped in a similar level to Hospital Eye Clinics and can diagnose and treat an increasing number of eye conditions. They are also linked electronically to the Hospital Eye Service and can refer on rapidly if this is required.

The Eye Health Network has provided care for many thousands of patients and has been extended to include a Local Enhanced Service Agreement to allow treatment of Acute Anterior Uveitis, Herpes Simplex Keratitis and Marginal Keratitis in association with General Practice within the primary care setting.

The Eye Health Network continues to develop the Network in a patient-centred direction addressing eye care needs within NHS Grampian.

Finance

The Integration Joint Board (IJB) of ACHSCP has an ambitious strategic plan which seeks to transform the health and social care services under its remit within Aberdeen City.

In order to facilitate this, additional funding has been provided by the Scottish Government which can be used to help transform services, support integration and reduce delayed discharges.

It is important to note that whilst the allocation of this funding is extremely useful in terms of delivery of the strategic plan, other services are being transformed from within mainstream budgets on a continuous basis. A good example of this is our public health

and wellbeing team who are now undertaking new duties linked to the delivery of the strategic plan. In reality the whole budget is available to integrate, change and transform.

At this stage the financial information reported below is city-wide however the process for establishing locality budgeting is being progressed.

Service	Gross Expenditure (£)
Community Health Services	31,649,313
Learning Disabilities	29,264,461
Mental Health & Addictions	18,304,741
Older People, Physical & Sensory Impairments	69,719,818
Criminal Justice	4,413,345
Housing	2,197,288
Primary Care	36,846,589
Primary Care Prescribing	40,125,916
Hosted services	21,207,851
Out-of-Area Treatments	1,219,506
Set-Aside Treatments	46,732,000
Head Office/Admin	1,007,021
Transformation	2,856,283
	305,544,132

ACHSCP, Service Expenditure (this is a notional budget). Taken from the Annual Report, 2016/17.

*Out-of-Area Treatment budget is based on the numer of ACHSCP patients receiving care outside of the Grampian area.

*Set Aside Treatments budget is based on the consumption of hospital services by the IJB population based on an analysis of hospital activity and cost information.

How do we spend our budget?

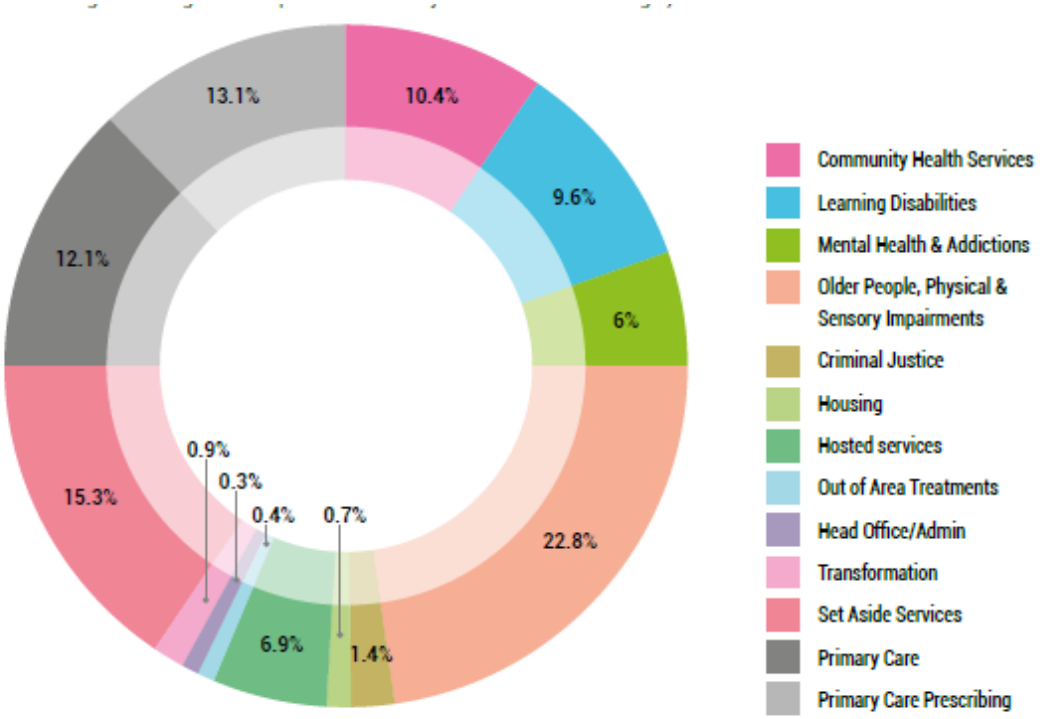


Fig. Service Expenditure as percentage spend

What's Working Well Right Now?

There are many good community initiatives going on across the West Locality to support people and improve their health and wellbeing. .

We know that we are at an early stage of fully understanding all that is going on to support health and wellbeing in the West of the city and one of our priorities will be to find out more about what is happening across all of our communities in the West Locality over the coming year.

Here are a few examples:

Patient story

A West locality resident who has a severe physical disability and required major surgery, told us of his experience of care at home;

> *"Before I could come home from hospital after my operation, it was agreed that I would need 4 visits per day from care at home support workers to assist with my personal care. This was arranged quickly, and they have been visiting for almost 2 years (now 3 times daily). In that time, they have never failed to turn up, and are almost always on time. If I need to change my time slot or cancel a visit, I just need to make a phone call, and every effort is made to accommodate my needs. The support workers who visit me are friendly, accommodating and helpful, and take time to attend to my care needs thoroughly and in line with my preferences. The GP and District Nurses, when they require to visit, are always happy to come*

to the house at a time to suit when carers are visiting. This is a great help considering the mobility problems which can make examination difficult".

Neighbourhood Health

Neighbourhood Health (incorporating the Health Improvement Fund and Food in Focus Fund) has supported the set up and/or running of several groups/events recently in the West Locality. This includes the Mixing Bowl, a community-led group that has an interest in food. Feedback from this group has been really positive,

"I have felt inspired by being involved in the Mixing Bowl...it has been great to learn new skills...it's a great way to meet new people in the community..."

The **Deeside Food Festival** has also been supported by these funds andhas involved children's food activities and an opportunity to engage with children about health and good food choices.

A more recent development in the area has been **collaboration between CFine and Coronation Court** in Peterculter, offering affordable fresh fruit and vegetables to the local community.

Known Challenges in the West

It is known that there are increasing demands on health and social care services due to people living longer and with more complex longer-term conditions to manage. This is against a backdrop of limited resources in the public sector and real challenges in the recruitment and retention of the workforce required to support local needs. This is not unique to our locality or to Aberdeen City, nor the rest of the UK. However, there are some specific challenges in terms of recruitment in the North-east of Scotland.

From the locality profile information and the engagement work we have carried out so far with people who live and work in the West Locality there are some emerging priorities. During the span of this locality plan these are areas that we need to further develop our understanding. We will use the information we gather to inform how we can make most efficient and effective use of our collective resources across health and social care.

It is recognised that good communication and involvement is essential to ensuring the locality can achieve its identified priorities. Meaningful engagement with members of the locality including those who are seldom heard is crucial.

Recognised challenges that have been identified and that we will be working to improve include:

- demographic challenges and increasing demands on health and social care services
- impact of new housing developments on services in the area and socio-economic changes;

- social isolation and feeling connected to community life, including getting about across the locality;
- community engagement and how we can build on this taking a co-productive approach;
- care-at-home support – care workers and upaid carers;
- younger people living in the area;
- staff involvement and engagement within the locality;
- care home and supported accommodation in the area– very sheltered and sheltered housing.

The main focus needs to be around how we can work differently in a more integrated way across health and social care services and with the wider community and partners to better meet current and future demand.

West Locality Priorities 2017 – 2019

This high-level plan sets out the key priorities for the West Locality for the period 2017-19. To deliver the actions set out in the plan below, a more detailed programme of work will be developed with the relevant stakeholders by the end of April 2018 to describe the key activities, milestones and how we will measure what we do.

In addition to these, West Locality will contribute to a wide range of priorities that are common to the whole city. These include some of the challenges we have around recruitment and retention of the skills we need to deliver health and care services including the current challenges we have around recruitment and retention and other specific challenges.

All actions underpin the delivery of the nine National Outcomes for Health and Wellbeing referred to earlier in this plan.

	West Locality challenges	**Actions planned - What will we do?**	**How will we know?**
1.	Demographic challenges and increasing demands on health and social care services	• Develop understanding of the specific demographic and workforce challenges in the West of Aberdeen • Explore the impact of the downturn in the oil and gas sector on health and wellbeing in the area – particularly mental health, alcohol intake, financial issues • Understand issues of food poverty in the area, what is available to support this and any gaps • Working with services, communities and the third and independent sectors to consider and test different ways of supporting some of this demand,including the link worker pilot project, practice-based	Better shared understanding of these challenges and identification of areas of need Identification and prioritisation of local solutions to test in the area Formal evaluations of projects Seeking community feedback to measure whether people are feeling

		pharmacy development, spread of the Silver City model and West GPs unscheduled care pilot • Testing integrated model of nursing and social care delivery - test site in Peterculter (INCA) • Working with communities to raise awareness of services and community resources available and when to use them including managing expectations	more informed Increased use of community resources
2.	Impact of new housing developments on services in the area and socio-economic changes on health and social care services	• Quantify the specific impacts of new housing developments on local health and social care services • Investigate further the impact of the downturn in oil and gas on health and wellbeing in the area	Information is used to inform local planning of health and social care provision in the area
3.	Social isolation and feeling connected to community life, including getting about across the locality	• Investigate further the particular challenges around social isolation in each of the communities of the West Locality to inform actions e.g. new mums, older people • Asset mapping – build on work done to date to map the assets of the locality • Information about meeting places/ opportunities for people to connect with things that interest them • Community singing/choir co-production project	Asset map for West Locality in place Information available through a range of sources about what is available in the area Evaluation of the specific projects Better understanding of the issues related to travel

		• Understand the specific issues in each of the communities related to getting about in the locality • Understand the specific issues in each of the communities related to getting about in the locality	within the area to inform possible solutions
4.	Community engagement and how we can build on this taking a co-productive approach	• Build on the engagement work to date with a focus around how we engage with those harder to reach • Develop user-friendly core information about the Health and Social Care Partnership and how people can get involved • Develop a range of methods of engagement and communication including building on existing established communication opportunities e.g. newsletters, use of social media etc • Develop a health and wellbeing network – local information champions • Find ways of connecting individuals/communities and services to find local solutions	Community engagement plan in place Evidence of wide community engagement Easy-read information available Health and wellbeing network in place Feedback from community and partners
5.	Care-at-home support – care workers and upaid carers	• Investigate the specific challenges around care at home provision in the West • Link with 3rd sector/local community groups • Consider other solutions/options to test (links to the INCA pilot in Peterculter)	Clear understanding of these challenges and possible solutions to test Evaluation of specific

		• Work with partners in the care sector to identify unpaid carers in the area and how best we can support them	projects
6.	Younger people living in the area	• Develop a framework for working with schools • Investigate issues relating to mental health in young people and possible strategies to support • Investigate oral health in young people and opportunities for further improvement	Understand and map the causes Testing new ways of working and evaluation of these
7.	Staff involvement and engagement within the locality	• Investigate how engaged staff in all sectors feel with the development of the locality and develop an action plan to ensure they are enabled to actively contribute to the transformation of services	Measure staff engagement through existing tools such as iMatter and other methods
8.	Care home and supported accommodation in the area– very sheltered and sheltered housing	• Understand the profile of the care home sector in the area and any issues and opportunities to work more closely with the sector • Coronation Court community hub co-production project	Profile of the care home sector in the area Testing new ways of working and evaluation of any projects in the area

How will we know that progress is being made?

To help us monitor the progress of this plan, we will develop a performance framework. This ensures a consistant approach across all four localities and the wider partnership.

We have described ways in which we may monitor our progress above for the high level locality priorities. A detailed programme of work will then outline specific measures and timescales as appropriate to each project and action. Regular updates will be reported to the LLG and the Strategic Planning Group (SPG).

Please note not all of the information is currently available at a locality level. We will seek to address this on an ongoing basis.

Over time, this information will allow us to see what effect the approaches we have taken to integrating services and working together with the community, the third and independent sectors and other partners, is having on the health and wellbeing of people living in the locality.

We will make sure we measure the things that matter to those using services, carers and frontline staff and those living in the locality.

A variety of methods will be used to measure quality as well as quantity including gathering service user, carer and staff experience, case studies etc.

Public Consultation

This plan has been developed by the West Locality Leadership Group as part of Aberdeen Health and Social Care Partnership in accordance with the Public Bodies (Joint Working) (Scotland) Act 2014.

Since the establishment of the Health and Social Care Locality Leadership Groups there has been continued encouragement for all partner, stakeholder and community representatives to come forward to express their views and experiences and help to shape and decide upon priorities for their areas. We believe that this marks a significant change from the traditional cycle of simply preparing a finished document for consultation and response.

We would like to thank everyone who has expressed a view, shared an experience and come forward to help shape the creation of this Locality Plan and look forward to welcoming even more colleagues and those in the community to help us and be part of this work and future years' plans.

The final plans are approved by the IJB.

Current West LLG Membership

Name		Role
Lynn	***Morrison***	*Head of Locality (West) & Professional Lead for AHPs*
Helen	**Chisholm**	LLG Chair, Nursing Service Manager, West Locality ACHSCP
Guus	**Glass**	LLG Vice Chair, Representative - Cults, Bieldside & Milltimber Community Council
Aileen	Brown	Chair – Craigiebuckler Community Council
Hayley	Buchan	Public Health and Wellbeing Coordinator, Dementia Ambassador, ACHSCP
Neil	Carnegie	Communities & Housing Area Manager, ACHSCP
Bob	Caslake	Community Geriatrician/Consultant Physician, Med for the Elderly, Woodend Hosp
Neil	Clapperton	Independent Housing Representative/Grampian Housing
Paul	Clelland	Operations Director West, Bon Accord Care
Alison	Davie	Lead Pharmacist, West & Central Locality ACHSCP
Susie	Downie	Project Officer, ACHSCP
Caroline	Duguid	Acting Practice Development Manager, ACHSCP
Barbara	Dunbar	Acting Senior Care Manager, ACHSCP
Gosia	Duncan	Development Officer, Scottish Care
Anna	Garden	Director Children and Families, VSA
Audrey	Harvey	Representative - Braeside & Mannofield Community Council
Judith	Hendry	Lead Dietitian, Allied Health Professional Representative, ACHSCP
Caroline	Howarth (Dr)	Clinical Lead West Locality & GP Peterculter Medical Practice
Liz	Howarth	Public Involvement Officer, Communications NHS Grampian
Lavina	Massie	Representative - Culter Community Council
Kenneth	McAlpine	Representative - Kingswells Community Council
Cheryl	McCahery	Public Dental Service, Support Manager (South/West), Public Dental Service
Lorna	McHattie	Representative - Ashley Broomhill Comm.Council also Comm.Council Forum
Kathryn	McIntosh	Carer Advisor West Aberdeen, VSA
Claire	Melvin	Deputy Head Optometrist/Optometry Lead City ACHSCP
Katharine	Paton	Service Manager – Adult Learning Disabilities, ACHSCP
Zoe	Pirie	Integrated Care at Home Manager,West, Bon Accord Care
Leigh	Porter	Lead Podiatrist/NHS Grampian Diabetes Podiatry Co-ordinator, ACHSCP
Neil	Price	Independent Care Sector Representative, MyCare UK
Simon	Rayner	Development Manager, Adult Mental Health, RCH
Scott	Rennie (Rev)	Rubislaw Church.

Gwen	Robertson	Interimg Public Health Coordinator, West Locality ACHSCP
Jane	Russell	Partnership Manager, ACVO TSI
Vanessa	Sandison	Unit Operational Manager, Medicine, Acute Sector (ARI)
Carol	Simmers	Service Manager, Adult Social Care ACHSCP
Ann	Smith	Operational Development Facilitator, West Locality ACHSCP
Fiona	Smith	Community – Libraries, Aberdeen City Council
Ann	Taylor	Social Care, Aberdeen City Council
Chris	Third	Local Officer Grampian, Scottish Health Council
Ann	Wakefield	Representative - Culter Community Council

Glossary of Commonly used Terms and Acronyms

ACC	Aberdeen City Council
Co-production	Combining the mutual strengths of professionals and services users so that they can work with one another on an equal basis to achieve positive change.
Commissioning	The process of identifying a community's health and social care needs and allocating resource to meet them.
CHD	CoronaryHeart Disease
COPD	Chronic Obstructive Pulmonary Disorder
Delayed Discharge	When a patient is ready for discharge cannot leave hospital because the necessary care, support or accommodation is not available
Emergency Admissions / Multiple Emergency Admissions	Emergency admissions – a new continuous spell of care in hospital where the patient was admitted as an emergency to hospital Multiple emergency admissions - more than one unplanned continuous spell of treatment in hospital in one year.
Governance	A process to ensure the management, safety and effectiveness of services and organisations
Health Inequalities	The gap which exists between the health of different populations groups such as the affluent compared to poorer communities or people with different ethnic backgrounds
H&SC	Health and social care
(AC) HSCP	(Aberdeen City) Health and Social Care partnership
Independent Sector	The independent sector encompasses individuals, employers, and organisations contributing to needs assessment, design, planning, commissioning and delivery of a broad spectrum of health and social care, who are wholly or partially independent of the public sector. This includes care homes, private hospitals and home care providers as well as consultancy and research work.
Integration	The combination of processes, methods and tools that facilitate integrated care
Integration Joint Board (IJB)	An Integration Joint Board will be established to oversee the integrated arrangements and onward service delivery. The integration joint board will exercise control over a significant number of functions and a significant amount of resource
Locality planning	Improving care in local communities, drawing on the experience of service users, carers, staff, third sector, independent sector, in planning service provision
Long Term Condition (LTC) / Chronic Condiction	A condition that lasts a year or longer, that impact on aspects of a person's life and may require ongoing support and care. Long-term conditions become more prevalent with age.
Multi-disciplinary Team (MDT)	A team made up of professionals across health, social care and Third Sector who work together to address the holistic needs of their patient service users/clients in order to improve delivery of care and reduce fragmentation.

Morbidity	The incidence or prevalence of a disease or of all diseases in a population.
Mortality	The death rate, which reflects the number of deaths per unit of population in any specific region, age group, disease, or other classification, usually expressed as deaths per 1000, 10,000, or 100,000.
Person–centred	An approach to working with people which respects and values the 44 uniqueness of the individual and puts the individual's needs and aspirations firmly at the centre of the process.
Personal Outcomes	Personal outcomes are about the impact or end result of services, support or activity on a person's life
Primary Care	Health care provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment. Main primary care services are provided by GP practices, dental practices, community pharmacies and high street optometrists, as well as community nurses and Allied Health Professionals.
Prevention	Primary prevention includes health promotion and requires action on the determinants of health to prevent disease occurring. It has been described as refocusing upstream to stop people falling in to the waters of disease. Secondary prevention is essentially the early detection of disease, followed by appropriate intervention, such as health promotion or treatment. Tertiary prevention aims to reduce the impact of the disease and promote quality of life through active rehabilitation.
Reablement	Giving people the opportunity and confidence to relearn/regain skills they may have lost as a result of poor health, disability, impairment, in hospital or care homes.
Rehab / Rehabilitation	A process restoring personal autonomy to those aspects of daily life considered most relevant by service users, their families and carers
Self Management	Encouraging people with health and social care needs to learn about their condition and remain in control of their own health
Strategic Plan	The Strategic Plan is the statement of intent of how integrated health and social care services will work towards attaining the national health and wellbeing outcomes over the next three years
Social Inclusion	The provision of certain rights to all individuals and groups in society, such as employment, adequate housing, health care, education and training.
Social Prescribing	Linking people up to non-medical sources of support and activities in the community that they might benefit from
Speech and Language Therapy	Speech and Language Therapists assess, treat and help to prevent speech, language and swallowing difficulties.
Third Sector	Organisations that are independent from statutory agencies and provide social or environmental benefit and which do not distribute profits.

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