



## **REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 20 DECEMBER 2017**

### **ABERDEENSHIRE HSCP PERFORMANCE & OUTCOMES FRAMEWORK QUARTER 2 REPORTING – JULY TO SEPTEMBER 2017/18**

#### **1 Recommendation**

**It is recommended that the IJB:-**

- 1.1 Note the content of the IJB Performance Q2 Report**
- 1.2 Comment on performance of national core suite indicators (Appendix 1)**
- 1.3 Comment on performance against the Strategic Commissioning Plan by Exception (Appendices 2 and 3)**
- 1.4 Note this Report will be circulated to the Areas Committee for their information and reflections (including localities information where possible) and that any feedback from the Area Committees will be shared with IJB members to ensure there is an interactive process.**

#### **2 Risk**

- 2.1 IJB risk 10 (Service Standards). To monitor service performance against an agreed set of performance measures.  
IJB risk 7 (Effective Leadership of IJB). To ensure appropriate information is presented to IJB to allow it to deliver this function.**
- 2.2 Performance management reporting is a legislative requirement under section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014.**

#### **3 Background**

- 3.1 The purpose of this report is to ensure the Integration Joint Board (IJB) fulfils its ongoing responsibility to ensure effective monitoring and reporting on the delivery of services and on the programme of work as set out in the Strategic Plan.**
- 3.2 This report presents the HSCP performance information reported against the strategic priorities for the period July to September 2017 (Q2) for the Board's consideration. It includes as an Exception Report those indicators which are currently a red status (not meeting local targets and out with tolerances) which can be seen in Appendix 3.**



- 3.3 The performance information is to allow IJB scrutiny and sits alongside the Implementation and Change Action Plan. The scale and breadth of improvement projects means it is difficult to align system information to any single project as the major projects aim to hit multiple areas within the system in order to affect change.
- 3.4 The quarter 2 report will be subsequently submitted to each of the Area Committees, as part of the Performance and Outcomes Framework, for their information and comment.
- 3.5 As a consequence of the recent review of the strategic plan priorities and themes, a review of the performance indicators which underpin the plan will take place over the next few months. A key aim of reviewing our performance indicators will be to ensure these provide a measurable and meaningful assessment of outcomes for the local population who receive our services.

### **Report Structure**

- 3.6 The front section of this report gives an overview of any national or service updates. Appendix 1 provides the published Core Suite of National Integration Indicators which details Aberdeenshire performance against national indicators. (NB. although the Core Suite is published quarterly, the majority of indicators are annual). This has just recently been updated to September 2017. Appendix 2 details all the Local measures which are reported to management. This includes the results of the IBP surveys carried out in early 2017 and initially reported in Q1. Appendix 3 considers key exceptions for further focus.

### **National**

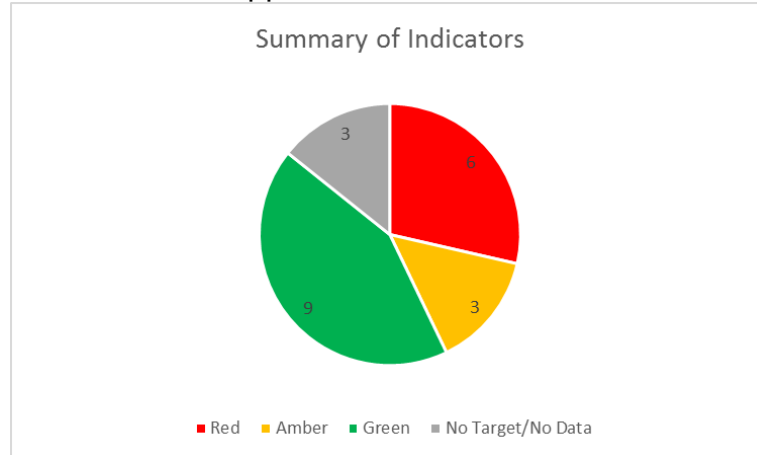
- 3.7 The National Review of Target and Indicators for health and social care in Scotland has recently been published and makes a number of recommendations regarding the development of targets and indicators at a national and local level. These recommendations will be embedded in our approach when reviewing our local indicators as we bring them into line with the new themes and priorities.

### **Current Performance - Quarter 2 2017/18:**

- 3.8 Whilst we have a high standard of performance against our national indicators (detailed below), our local indicators have been given challenging targets to meet in terms of delivery against our Change and Implementation Programme. Targets are set using local trends and taking into consideration demographic projections.
- 3.9 Excluding the survey indicators reported on last quarter, we have 21 local indicators with 6 indicators in Red Status which are outwith target tolerances detailed in Appendix 3, also detailing improvement actions currently being taken to address this performance. There are 3 Amber and 9 Green.



One indicator (L14) has no available data. The remaining 2 indicators have no set targets. Please see Appendices 2 and 3 for more information.



3.10 The national Core Suite of Indicators gives the full year for 2016/17 figures published in September 2017. Aberdeenshire overall continues to have excellent performance across the range of indicators.

3.11 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officer within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

#### 4 Equalities, Staffing and Financial Implications

4.1 An Equality Impact Assessment is not required for the Performance Framework because its purpose is to underpin the strategic direction for the service and there will be no differential impact, as a result of the report, on people with protected characteristics.

4.2 There are no specific staffing implications arising from this report.

4.3 There currently are some development work around ensuring the partnership has information around customer (patient/service user) and staff satisfaction. In particular to highlight good practice and areas for improvement for these groups of people.

**Mike Ogg**  
**Partnership Manager**  
**Aberdeenshire Health and Social Care Partnership**

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Aberdeenshire Health and Social Care Partnership  
Date: 7 December 2017










Appendix 1: Aberdeenshire Core Suite of Integration Indicators - Annual Performance

ISD Updated September 2017

	Indicator	Title	Previous score	Current score	Scotland Sep 2017	RAG	Data updated to...
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	96%	96%	94%	G	2015/16
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	83%	88%	84%	G	2015/16
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	81%	80%	79%	G	2015/16
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	78%	82%	75%	G	2015/16
	NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	82%	83%	81%	G	2015/16
	NI - 6	Percentage of people with positive experience of the care provided by their GP practice	84%	84%	87%	A	2015/16
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	84%	89%	84%	G	2015/16
	NI - 8	Total combined % carers who feel supported to continue in their caring role	42%	39%	41%	A	2015/16
	NI - 9	Percentage of adults supported at home who agreed they felt safe	84%	84%	84%	G	2015/16
	NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA		2015/16
Data indicators	NI - 11	Premature mortality rate per 100,000 persons ( <i>European age-standardised mortality rate per 100,000 for people aged under 75</i> )	349	331	440	G	2016 *
	NI - 12	Emergency admission rate (per 100,000 population)	8,537	8,330	12,265	G	2016/17 *
	NI - 13	Emergency bed day rate (per 100,000 population)	87,344	88,742	124,663	A	2016/17 *
	NI - 14	Readmission to hospital within 28 days (per 1,000 population)	77	77	99	G	2016/17 *
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	89%	89%	87%	G	2016/17 *
	NI - 16	Falls rate per 1,000 population aged 65+	15	15	22	G	2016/17 *
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	78%	90%	84%	G	2016/17 *
	NI - 18	Percentage of adults with intensive care needs receiving care at home	53%	53%	62%	A	2015/16
	NI - 19	Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	1037	677	842	G	2016/17 ***
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	22%	22%	25%	A	2016/17 *
	NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA		NA
	NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA		NA
	NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA		NA

\* Data updated or refreshed since last quarterly update report

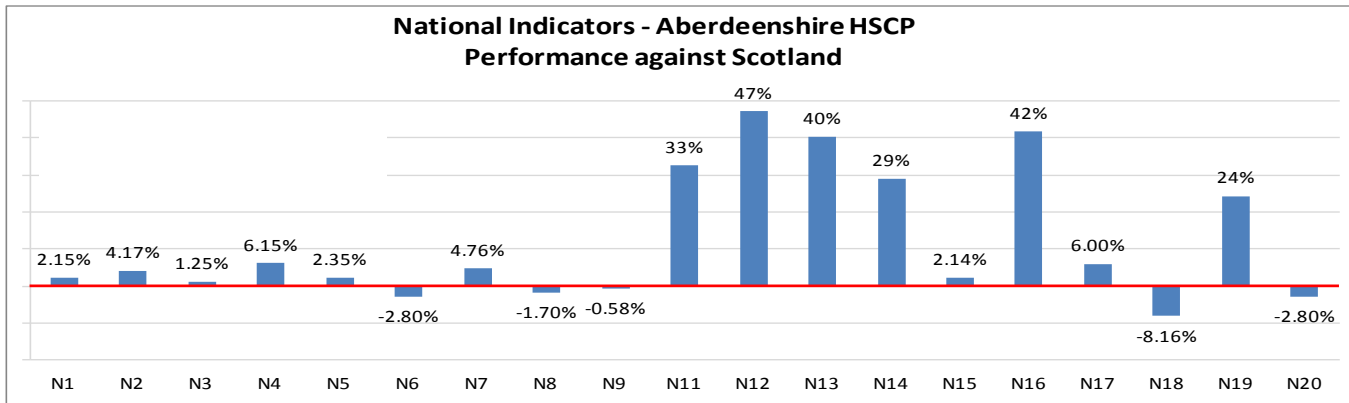
\*\*\* Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. In this indicator, no adjustment has been made to account for the definitional changes during the year 2016/17. The changes affected reporting of figures in some areas more than others therefore comparisons before and after July 2016 may not be possible at partnership level.

RAG scoring based on the following criteria	
	and Aberdeenshire position is better than current Scotland position
	and Aberdeenshire value has improved or stayed the same then "Green"
	and Aberdeenshire value has worsened by 5% or less of previous Aberdeenshire value then "Amber"
	and Aberdeenshire value has worsened by more than 5% of previous Aberdeenshire value then "Red"
If current Aberdeenshire position is worse than current Scotland position	
	and Aberdeenshire value has improved or stayed the same then "Amber"
	and Aberdeenshire value has worsened by 5% or less of previous Aberdeenshire value then "Amber"
	and Aberdeenshire value has worsened by more than 5% of previous Aberdeenshire value then "Red"

# Aberdeenshire Core Suite of National Integration Indicators - Headline Performance

Jul -Sep 17 Quarter 2 Reporting (updated Nov 2017)

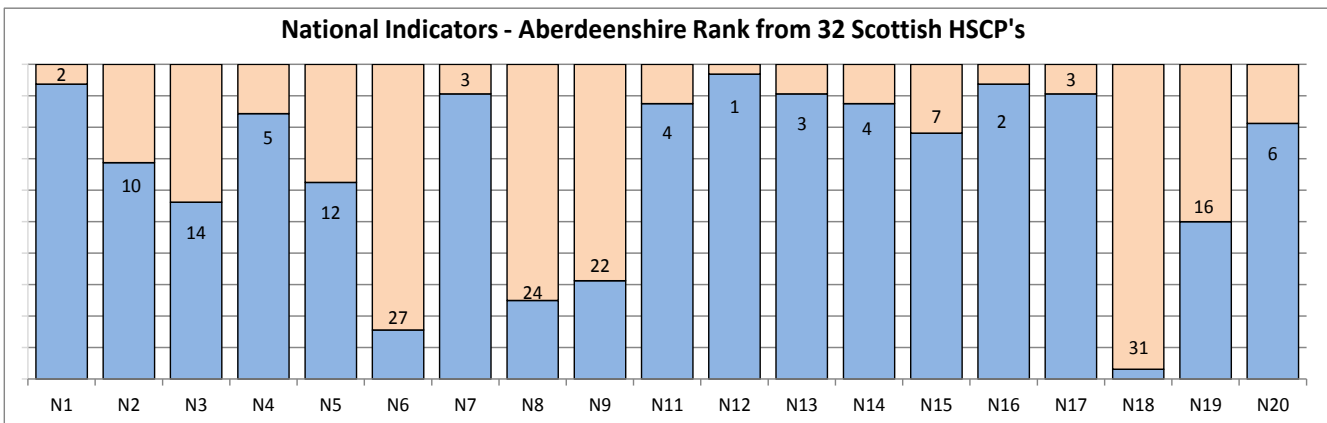
The three charts below show Aberdeenshire's performance for the National HSCP Integration Indicators against the rest of Scotland and comparing Aberdeenshire performance to the previous reporting period. Note that data for the national indicators is updated nationally and the latest reporting period differs per indicator and is documented on the previous page.



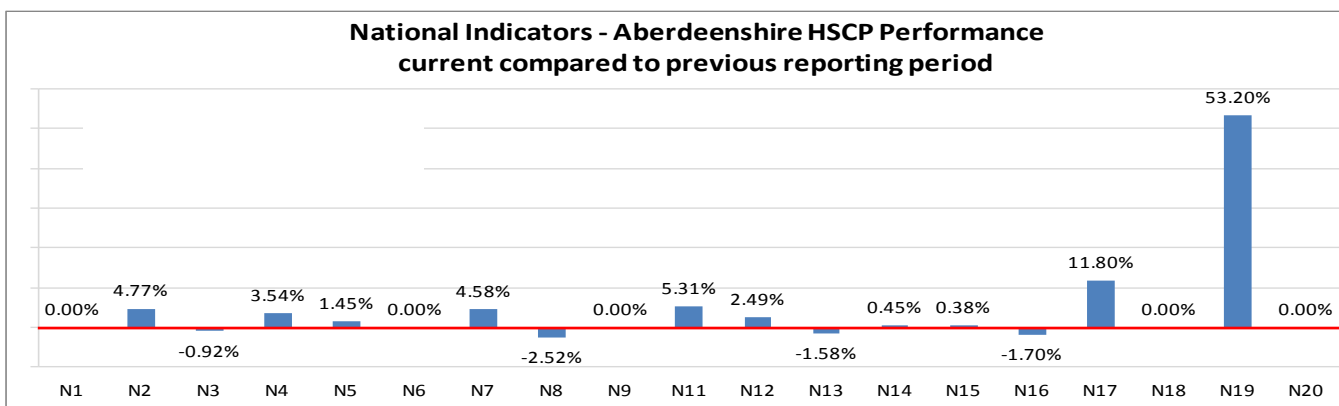
The red line shows the Scotland position and the bars show for each indicator the percentage Aberdeenshire HSCP's performance differs from Scotland's performance. Positive bars show where Aberdeenshire HSCP is performing better than Scotland and negative bars show where Aberdeenshire HSCP performance is worse than Scotland's.

For the current reporting period Aberdeenshire HSCP performed better than Scotland for 14 of the 19 national indicators, with 5 performing worse than Scotland. Note that of the 23 national indicators only 19 have data available for reporting.

Aberdeenshire HSCP's performance for each indicator ranked against all 32 HSCP's in Scotland is shown below. A lower number demonstrates a better position against the rest of Scotland. Aberdeenshire was in the top 50% for 14 of the 19 reported indicators for this reporting period.



The below chart shows Aberdeenshire HSCP's performance for the current reporting period compared to the previous reporting period. The red line demonstrates the previous reporting period and the bars indicate the change in performance to the current reporting period. 15 of the 19 reported indicators have improved, or stayed the same, since the previous reporting period. Of the 4 indicators that performed worse than the previous period all indicators were within 3% of the previous periods performance.



Note N19 shows a 53% improvement on the previous period however it should be noted that definitional changes were made to the recording of delayed discharge information from 1 July 2016 onward and no adjustment has been made to account for the definitional changes during the year 2016/17.

Appendix 2 - Aberdeenshire Health and Social Care Partnership: Performance at a Glance Quarter 2 (July - September 2017)

KEY									
Performance Against Target	✓	Performance Against Previous Period		I	Improved on previous reporting period by more than 2%				
	⚠	S	W						
	✗					+/- 2% on previous reporting period	Worsened on previous reporting period by more than 2%		
Performance	Target	Previous Period	Against Last Period	Trend line	Trend Period	Current Period			
L01	Percentage of Adult Protection Cases screened within 24 hours of notification	Carefirst	83.0%	86.2%	W	5 Quarters	Jul-Sep 17		
L02	Percentage of Adult Protection enquiries that proceed to Investigation	Carefirst	51.1%	21.5%	I	5 Quarters	Jul-Sep 17		
L03	Rapid response service, Home Care Responders Referrals (median minutes between referral and visit)	Carefirst	20	20	S	5 Quarters	Jul-Sep 17		
L04	Percentage of all clients on SDS pathway	Carefirst	87.8%	85.7%	I	5 Quarters	Jul-Sep 17		
L05	OT Assessments completed within timescales	Carefirst	88.6%	85.9%	I	5 Quarters	Jul-Sep 17		
L06	Number of people receiving community alarm and/or telecare	Carefirst	2736	2764	S	5 Quarters	Jul-Sep 17		
L07	Rate of emergency occupied bed days for over 65s per 1000 population	NHS	2350	2325	S	5 Quarters	Jul-Sep 17		
L08	Emergency Admissions rate per 1000 population for over 65s	NHS - PMS	189	188	S	5 Quarters	Jul-Sep 17		
L09	Number of people over 65 years admitted as an emergency per 1000 population	NHS - PMS	124	124	S	5 Quarters	Jul-Sep 17		
L10	Number of Bed Days Occupied by Delayed Discharges per quarter (inc code 9) per 1000 18+ population	NHS - EDISON	17.7	19.1	I	5 Quarters	Jul-Sep 17		
L11	Number of delayed discharges inc code 9 (Census snapshot, monthly average for quarter)	NHS - EDISON	38	44	I	5 Quarters	Jul-Sep 17		

KEY					
Performance Against Target	✔	No concern. Meeting target	Performance Against Previous Period	I	Improved on previous reporting period by more than 2%
	!	On Review. Not meeting target but within tolerance		S	+/- 2% on previous reporting period
	✘	Of concern. Not meeting target, out-with tolerance. Included in exception report		W	Worsened on previous reporting period by more than 2%

ID.	Indicator Description	Source	Performance	Target	Previous Period	Against Last Period	Trend line	Trend Period	Current Period
L12	A&E Attendance rated per 1000 population (All Ages)	NHS	✘ <b>22.0</b>	19.3	22.3	S		5 Quarters	Jul-Sep 17
L13	A&E Percentage of people seen within 4 hours (Total Attendances) within community hospitals	NHS	✔ <b>99.8% (9207)</b>	98.0%	99.5% (9265)	S		5 Quarters	Jul-Sep 17
L14	Percentage of new dementia diagnoses who receive 1 year diagnostic support	ISD	<b>Data not available</b>						
L15	Smoking cessation in 40% most deprived after 12 weeks	NHS	No target <b>143</b>	-	83	I		5 quarters	Jan-Mar 17
L16	Percentage of clients receiving alcohol treatment within 3 weeks of referral	NHS	✔ <b>95.5%</b>	90%	87.1%	I		5 Quarters	Jul-Sep 17
L17	Percentage of clients receiving drug treatment within 3 weeks of referral	NHS	✘ <b>78.8%</b>	90%	87.8%	W		5 Quarters	Jul-Sep 17
L18	Number of Alcohol Brief Interventions being delivered	NHS	✘ <b>222</b>	688	268	W		5 Quarters	Jul-Sep 17
L19A	Number of complaints received and % responded to within 20 working days - NHS Aberdeenshire	NHS	No data available at the moment due to changes in data collection, this indicator should be available with the next update						
L19B	Number of complaints received and % responded to within 20 working days - Aberdeenshire Council H&SC	SW	✔ <b>88.9% (9)</b>	85%	88.8% (8)	S		5 Quarters	Jul-Sep 17
L20	NHS Sickness Absence % of Hours Lost	NHS	! <b>4.5%</b>	4.0%	5.1%	I		5 Quarters	Jul-Sep 17
L21	Council Sickness Absence (% of Calendar Days Lost)	SW	! <b>5.2%</b>	4.0%	4.6%	W		5 Quarters	Jul-Sep 17
L22	Percentage of unpaid carers who feel supported to continue in their caring role	IBP Survey	No target <b>43%</b>	No target	39%	I		2 Bi-Annual	2017
L23	Percentage of unpaid carers who are aware of short break/respite services available locally	IBP Survey	No target <b>51%</b>	No target	-	-	-	1 Bi-Annual	2017



KEY					
Performance Against Target		No concern. Meeting target	Performance Against Previous Period	<b>I</b>	Improved on previous reporting period by more than 2%
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		Of concern. Not meeting target, out-with tolerance. Included in exception report		<b>W</b>	Worsened on previous reporting period by more than 2%

ID.	Indicator Description	Source	Performance	Target	Previous Period	Against Last Period	Trend line	Trend Period	Current Period
L24	Percentage of unpaid carers who state they have PoA or other AWI Measures in place	IBP Survey	No target <b>59%</b>	No target	-	-	-	1 Bi-Annual	2017
L25	Percentage of unpaid carers who have a say in the services that are provided for the person they care for	IBP Survey	No target <b>65%</b>	No target	-	-	-	1 Bi-Annual	2017
L26	Percentage of unpaid carers satisfied with the quality of services provided for the person they care for	IBP Survey	No target <b>47%</b>	No target	-	-	-	1 Bi-Annual	2017
L27	Percentage of unpaid carers who feel well informed about the services provided to the person they care for	IBP Survey	No target <b>46%</b>	No target	-	-	-	1 Bi-Annual	2017
L28	Percentage of service users who are satisfied overall with the social care services they receive	IBP Survey	 <b>85%</b>	85.0%	84%	<b>S</b>		2 Bi-Annual	2017
L29	Percentage of service users who are satisfied overall with their involvement in the design of their care	IBP Survey	 <b>82%</b>	85.0%	84%	<b>W</b>		2 Bi-Annual	2017
L30	Percentage of service users who are satisfied with the health services that they receive	IBP Survey	 <b>86%</b>	85.0%	85%	<b>S</b>		2 Bi-Annual	2017
L31	Percentage of service users who feel they are treated with respect	IBP Survey	 <b>98%</b>	95.0%	99%	<b>S</b>		2 Bi-Annual	2017
L32	Percentage of service users who feel that people doing the assessment listened to what you had to say	IBP Survey	 <b>91%</b>	95.0%	94%	<b>W</b>		2 Bi-Annual	2017
L33	Percentage of service users who are satisfied with the knowledge of people doing the assessment	IBP Survey	 <b>91%</b>	95.0%	95%	<b>W</b>		2 Bi-Annual	2017
L34	Percentage of service users who have an Anticipatory Care Plan in place	IBP Survey	No target <b>37%</b>	No target	-	-	-	2 Bi-Annual	2017
L35	Percentage of service users who have an Emergency Care Plan in place	IBP Survey	No target <b>41%</b>	No target	-	-	-	2 Bi-Annual	2017
L36	Percentage of service users who had been asked about desired personal outcomes	IBP Survey	No target <b>89%</b>	No target	-	-	-	2 Bi-Annual	2017

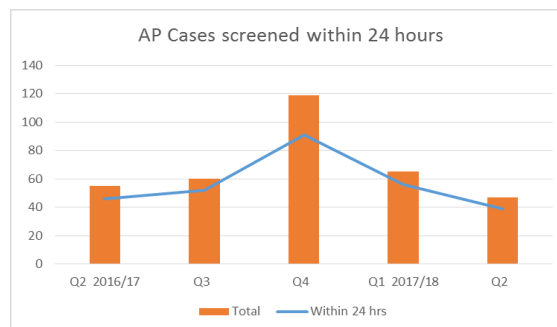
KEY					
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		On Review. Not meeting target but within tolerance		<b>S</b>	+/- 2% on previous reporting period
		Of concern. Not meeting target, out-with tolerance. Included in exception report		<b>W</b>	Worsened on previous reporting period by more than 2%

ID.	Indicator Description	Source	Performance	Target	Previous Period	Against Last Period	Trend line	Trend Period	Current Period
L37	Percentage of service users who are aware that they can grant PoA	IBP Survey	No target <b>91%</b>	No target	-	-	-	2 Bi-Annual	2017
L38	Percentage of service users who have a PoA in place	IBP Survey	No target <b>70%</b>	No target	-	-	-	2 Bi-Annual	2017
L39	Percentage of service users who feel that people who identified my social care needs worked together as a team	IBP Survey	 <b>88%</b>	90.0%	91%	<b>W</b>		2 Bi-Annual	2017
L40	Percentage of service users who feel health and care services are well co-ordinated	IBP Survey	No target <b>86%</b>	No target	-	-	-	2 Bi-Annual	2017

**Appendix 3**  
**Aberdeenshire Health and Social Care Partnership**  
**Exception Report - Q2 July to September 2017**

**L01 - Percentage of Adult Protection Cases screened within 24 hours of Notification**

Year	Within 24 hrs	Total	%
Q2 2016/17	46	55	83.64%
Q3	52	60	86.67%
Q4	91	119	76.47%
Q1 2017/18	56	65	86.15%
Q2	39	47	82.98%



**Key Points**

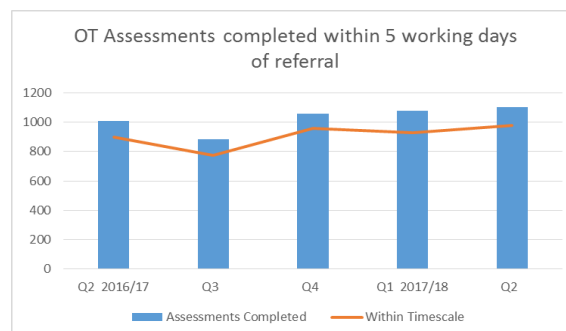
The reduction in the number of referrals screened within 24 hours in periods Q4 and Q2 relate to periods when changes of staffing occurred within the adult protection network. It should be noted that all referrals are read by practitioners, and prioritised, as part of the screening process. However they are not considered "screened" until a decision is recorded on Carefirst. During period 4 there was both an increase in referrals and changes in staffing which reduced the level of effective and timeous recording of screening outcomes. However, referrals continued to be read and then formally screened based on assessment of risk.

**Improvement Actions**

Work has been undertaken by the Adult Support and Protection Network, with support from the Service Improvement Team, to improve induction of new staff and recording practices.

**L05 - OT Assessments completed within timescales**

Year	Assessments Completed	Within Timescale	%
Q2 2016/17	1006	897	89.17%
Q3	882	776	87.98%
Q4	1056	957	90.63%
Q1 2017/18	1079	927	85.91%
Q2	1103	977	88.58%



**Key Points**

To manage the complexity and volume of referrals, desk-based assessments have been introduced to provide initial assessment more efficiently. There are presently staffing vacancies across Aberdeenshire, including in hard to fill areas, however even in those areas which are fully staffed we are experiencing difficulties achieving this target and this emphasis on target detracts from ongoing case work.

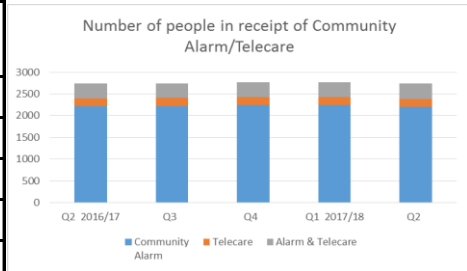
**Improvement Actions**

Evaluation of the data and consideration of the target, alongside the current service specification, a service improvement workshop has been organised and will look at what is measured and what is the most effective way to measure.

Appendix 3  
Aberdeenshire Health and Social Care Partnership  
Exception Report - Q2 July to September 2017

**L07 - Number of People Receiving Community Alarm and/or Telecare**

Year	Community Alarm	Telecare	Alarm & Telecare	Overall Total
Q2 2016/17	2217	179	337	2733
Q3	2218	190	335	2743
Q4	2238	189	333	2760
Q1 2017/18	2241	187	336	2764
Q2	2205	183	348	2736



**Key Points**

The number of people receiving community alarm and/or telecare remains stable.

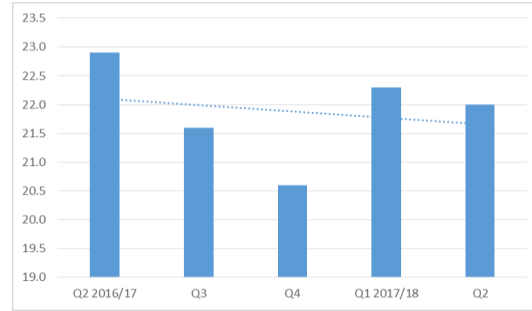
**Improvement Actions**

It should be noted that the above figures represent only the dispersed community and do not include people in sheltered housing and very sheltered housing who receive a community alarm service as part of their tenancy. It is envisaged that this indicator will be reviewed to include everyone who benefits from this service, thereby providing a more accurate picture.

**Appendix 3**  
**Aberdeenshire Health and Social Care Partnership**  
**Exception Report - Q2 July to September 2017**

**L12 - A&E Attendance rated per 1000 Population (all ages)**

Year	Count	Rate
Q2 2016/17	6002	22.9
Q3	5668	21.6
Q4	5391	20.6
Q1 2017/18	5855	22.3
Q2	5762	22.0



**Key Points**

The significant opportunity offered by the ongoing National 6 Essential Action Improvement Programme for Unscheduled Care provides opportunities to shape improvement activity, with sufficient flexibility to allow local interpretation and prioritisation.

The Integrated Planning Programme Board has agreed that the 6 Essential Actions for Improvement of Unscheduled Care programme is the appropriate framework to deliver improvement work locally and across Grampian. The programme has been developed to support local communities adopt a system-wide approach to change, engaging partners throughout acute, primary and community care and the voluntary sector, to redesign unscheduled care processes and systems across the total patient journey allowing people to be treated closer to home without the unnecessary attendance and wait at acute hospitals.

**Improvement Actions**

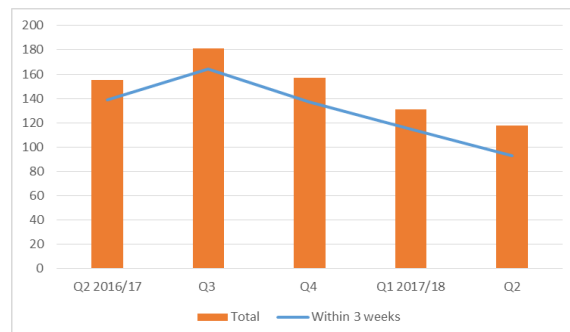
Several initiatives look to address A&E attendances and through this integrated approach we have been able to test a number of key developments such as the Ambulatory Care Acute Medical and Emergency Surgical services, providing access to medical and surgical assessment and clinical investigations. This streamlined pathway of care has led to a reduction in A&E attendances and admissions to Aberdeen Royal Infirmary and Dr Gray's Hospital.

Redirection has been a feature of hospital operations for a number of years; however lessons learned from previous years indicate the value of clinical conversations taking place face to face with patients at the front door of the hospital. As a result this practice is now well established in both acute hospitals utilising the availability of GP's with Special Interest undertaking sessions in the Emergency Departments and conducting face to face clinical conversations with patients about the most appropriate Health Care Service for their specific needs.

**Appendix 3**  
**Aberdeenshire Health and Social Care Partnership**  
**Exception Report - Q2 July to September 2017**

**L17 - Percentage of clients receiving drug treatment within 3 weeks of referral**

Year	Within 3 weeks	Total	%
Q2 2016/17	139	155	89.7%
Q3	164	181	90.6%
Q4	137	157	87.3%
Q1 2017/18	115	131	87.8%
Q2	93	118	78.8%



**Key Points**

The Scottish Government Quality Standards for Drug and Alcohol Services require that 90% of people referred for specialist drug or alcohol treatment are seen within 3 weeks of referral. Aberdeenshire Substance Misuse Services have experienced difficulty in consistently meeting this target. Key factors include demand outstripping the capacity of the current system, real terms reductions in the workforce resulting in limited or no resilience in the system to cope with periods of unplanned leave or sickness amongst staff. The challenges are greatest within North Aberdeenshire where lack of alternative providers able to provide methadone and other drug replacement therapies further reduces the capacity of the available community psychiatric nurses, having to keep stable clients within the specialist service rather than handing them over to primary care. A further threat fundamentally resolving these challenges is the lack of senior clinical nurse management provision.

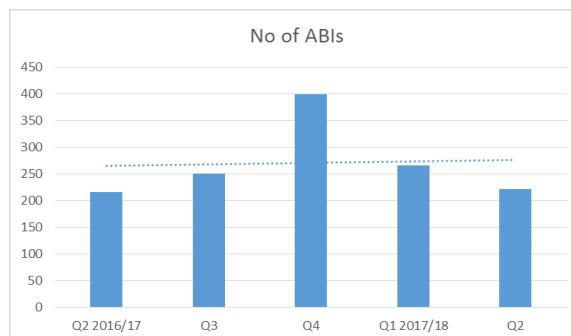
**Improvement Actions**

Aberdeenshire ADP and the HSCP are in the process of commissioning drug and alcohol services. The specification has been reviewed and a new service, complementing statutory provision and providing options for stable clients to move out of service is sought. A harm reduction clinic is now in operation in North Aberdeenshire where stable clients can access help, advice and treatment, further freeing up the capacity of the existing Community Psychiatric Nurse workforce to review new referrals in a timely manner. Whilst these options will assist, to a small degree and help ensure that the service provided is safe, it may be some months before any difference is noted in performance. An ongoing threat to improvement is workforce turnover with two senior staff planning to retire in 2018.

**Appendix 3**  
**Aberdeenshire Health and Social Care Partnership**  
**Exception Report - Q2 July to September 2017**

**L18 - Number of Alcohol Brief Interventions being offered**

Year	No of ABIs
Q2 2016/17	216
Q3	251
Q4	399
Q1 2017/18	266
Q2	222



**Key Points**

Alcohol Brief interventions (ABI) are an effective evidence based intervention that can reduce levels of alcohol consumption in people whose health or wellbeing are compromised due to their alcohol use. An ABI is a short conversation where a person's ability and motivation to change their drinking behaviour are discussed and a practical plan made together with the person to reduce consumption. Delivery of ABIs are an LDP standard for NHS Grampian and Aberdeenshire HSCP. To meet the Aberdeenshire target, a minimum of 687 ABIs must be delivered each quarter of which 550 must be in the priority settings of primary care, accident and emergency and maternity services. The data presented indicates the number of ABIs delivered in primary care and in OOH GMED services in Aberdeenshire. Numbers of ABIs delivered within primary care settings has decreased in Aberdeenshire since 2014 and this quarter reveals a further decline in like for like delivery against the previous quarter.

**Improvement Actions**

Work continues to align alcohol screening and ABI delivery to the self care self management agenda. Guidance on alcohol and the self management of diabetes has been produced. Work is ongoing to raise awareness of the links between alcohol and the self management of other chronic long term conditions. There will be a training event for practice nurses in February on raising the issue of alcohol and incorporating a brief intervention into a patient centered self management consultation. Improvement in performance is likely to be small scale and over a long period of time. We are in the process of writing to primary care to remind them of the terms of the enhanced service contract (any trained health care worker can deliver an ABI, it is not limited to medical or nursing staff). We have also provided information to simplify the process of recording an ABI on Vision and Emis systems. This may generate a small improvement in performance in the short term. In antenatal care, we have started to produce reports feeding back to midwifery team leads on the numbers of alcohol screenings and ABIs delivered. We are concurrently working with them to identify their training needs which we hope to respond to with bespoke training in early 2018. We will need to review our data collection and collation processes for ABIs delivered in the ARI to Aberdeenshire patients to ensure that these are being reported. This will be done before Q3 data is released in the next performance report. In wider settings, community safety and housing teams have been trained in ABI delivery and we would anticipate that this will initially contribute small numbers to overall delivery during this financial year, requiring some time for the teams to embed screening and delivery into their everyday practice.

Red 6  
Amber 3  
Green 9  
No Target/ 3  
21

