

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 01 JUNE 2022

INSCH STRATEGIC NEEDS ASSESSMENT UPDATE

1 Recommendation

It is recommended that the Integration Joint Board (IJB):

- 1.1 Acknowledge the significant work and commitment given by all stakeholders in the process and the progress achieved to date as detailed in the report.
- 1.2 Consider the long list of options as scored by the stakeholder group at paragraph 6.5, and:
 - a) Note the highest scoring options involve a new build component for inpatient facilities and agree to the progression of further work and consultation on options 4, 5, 6 and 8 in order to produce a robust business case for submission to the Scottish Government to seek capital investment;
 - b) Approve further development and consultation on creating a 'wellbeing hub' and clinical space within Inch War Memorial Hospital and additional health and social care services in the community, which can be provided within existing financial resource;
 - c) Agree to discount options 1, 2 and 3 from further development; and
 - d) Instruct officers to work with stakeholders to make arrangements for alternative inpatient facilities for Inch patients that can be achieved within existing budget provision, until such time as any new build facility is available.
- 1.3 Following the completion of the work detailed in recommendation 1.2, to report back to the IJB with an update on progress.

2 Directions

- 2.1 No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

3 Risk

- 3.1 IJB Risk 1: Sufficiency and affordability of resource - Inch War Memorial Hospital does not comply with healthcare standards for inpatient accommodation

- 3.2 IJB Risk 3: Workforce capacity, recruitment, training development & staff empowerment – development of a delivery plan supports the right workforce to provide the required services safely
- 3.3 IJB Risk 5: Risk of not fully informing, involving and engaging with our patients/clients, the public, staff and partners – stakeholder involvement has been and will continue to be integral to the process
- 3.4 IJB Risk 6: Service/business alignment with current and future needs - requirement to plan, manage and deliver services that are fit for the future
- 3.5 IJB Risk 8: Risk of failure to deliver standards of care expected by the people of Aberdeenshire in the right place at the right time – the review will improve delivery of services based on the communities need

4 Background

- 4.1 In December 2019, staffing issues at Inch War Memorial Hospital led to a reduction in the number of inpatients that could be accommodated. A subsequent decision to mothball the hospital was taken in March 2020, at the onset of the Covid-19 pandemic to consolidate staff at other sites.
- 4.2 In May 2021, IJB instructed Officers to carry out a strategic review of service needs for residents of Inch and the surrounding area, to develop options for fit for the future health and social care services delivery models.

5 Strategic Needs Assessment

- 5.1 It was recognised from the outset that community engagement was essential to this exercise and Officers have worked with Healthcare Improvement Scotland throughout, taking advice and guidance on process and engagement.
- 5.2 Community engagement activities were designed using 'Planning with People' guidance from Scottish Government and COSLA and employing the good practice principles laid out in the National Standards for Community Engagement.
- 5.3 An awareness raising campaign began in June where the HSCP wrote to all the patients registered at Inch Medical Practice to inform them of the Strategic Needs Assessment and how they could participate. In addition, posters were displayed locally, and a news release issued along with a briefing to Councillors. People were invited to register their interest (or that of a community group they belong to) via Aberdeenshire Engage <https://engage.aberdeenshire.gov.uk/insch-strategic-needs-assessment>, where a project webpage was set up, or they could return a paper slip to various locations in Inch.

- 5.4 Communications went out from the HSCP or via the Council's Garioch Area Office to local groups, third sector organisations and/or service providers and the local community also spread the word via their networks and social media. As a result, 1365 people registered their interest.
- 5.5 Two surveys were developed, one for individual members of the public and another for local community groups or organisations. The former ran for 4 weeks in August and included questions about people's use of health and social care services as well as what was important to them about those services. The survey also asked respondents to comment on a number of statements relating to health and social care to gauge how the community felt. The survey was sent to all who registered interest via email or post, as well as being publicised locally and the medical practice made paper copies available for people visiting the surgery. 960 responses were received including over 3000 individual comments.
- 5.6 The survey for local organisations was live for 3 weeks until mid-September and was shared with all groups who registered their interest or were otherwise known to the HSCP, AVA or the Garioch Area Office. The survey asked what works well in respect of health and social care services in the area and what could be improved upon, as well as their priorities for health and social care. 8 local organisations responded to the survey.
- 5.7 Focus groups were set up in October to build on the themes from the survey responses and explore the future of health and social care services. 107 people attended a focus group, either online or face to face. A lot of comments in the survey responses were about Inch War Memorial Hospital and facilitators spent time exploring what the Hospital means to the local community as well as discussing some of the functional issues with the building as a healthcare facility before looking ahead at what health and social care services would support the community in the future.
- 5.8 In addition to the public engagement, health and social care information was gathered across a broad spectrum including social factors that have an impact on people's lives such as demographics and housing alongside the incidence of certain health conditions and demand for health and social care services.
- 5.9 All the data gathered was analysed and presented in the Strategic Needs Assessment (SNA) Report. The purpose of an SNA is to examine the current and future needs of a population, to inform and guide the planning and commissioning of services to ensure they are of the greatest benefit to the health and wellbeing of the population. The SNA would be used as an evidence base to inform the next stage of option appraisal.

6 Health and Social Care Service Delivery Options

- 6.1 Advice and guidance was taken from Health Improvement Scotland on the option appraisal process and following publication of the SNA report, a stakeholder group was formed with members representing the community, clinical leadership and management.

- 6.2 The group attended 4 workshops during March to consider the SNA and develop high level options for health and social care services for Inch and the surrounding area. The exercise was to consider the benefits of the options without consideration of the financial costs as there would be a separate financial assessment as part of the process which would follow afterwards. It was however made clear to the stakeholder group from the outset that options would require to be deliverable within existing financial resources of the IJB, and any options which required capital investment would need to be taken forward through a separate process of application of a business case to the Scottish Government by NHS Grampian.

The stakeholder group agreed criteria to score the options against and ranked them in order of importance, to provide each one with a weighting.

- 6.3 The stakeholder group developed a longlist of 10 options:
1. Do Minimum – pre-pandemic status quo – open Inch Hospital to inpatients as per the pre-covid position;
 2. Do nothing – de facto status quo – Inch hospital remains closed to inpatients and patients are admitted to other community hospitals in Aberdeenshire or Aberdeen Royal Infirmary;
 3. Inpatient beds in a refurbished Inch War Memorial Hospital plus additional Health & Social Care services in the community;
 4. Inpatient beds in a new build hospital or extension on the Inch War Memorial Hospital site, retain original building to provide a clinical space and wellbeing hub plus additional Health & Social Care services in the community;
 5. Inpatient beds in a new build (in place of existing Inch War Memorial Hospital) including clinical services plus additional Health & Social Care services in the community;
 6. Inpatient beds in a new build (in place of existing Inch War Memorial Hospital) including clinical services and wellbeing hub plus additional Health & Social Care services in the community;
 7. Palliative and rehabilitation and enablement beds are provided elsewhere:
 - a. In an alternative care setting in Inch;
 - b. In an independent care home in the wider area;
 - c. In other community hospitals in Aberdeenshire;
- retain existing hospital building to provide a clinical space and wellbeing hub plus additional Health & Social Care services in the community;
8. Increase inpatient capacity at Inverurie Hospital with new build or extension, retain existing hospital building at Inch to provide a clinical space and wellbeing hub plus developing additional Health & Social Care services in the community.
- 6.4 Each stakeholder group member scored the 10 options against 12 criteria.

	Criteria	Weighting %
1	Enable people to see the right practitioner at the right time	11
2	Provide local access to services	8
3	Meet the current and future health and social care needs of the community	12
4	Promote prevention and early intervention	9
5	Support services to be person-centred	11
6	Maximise the impact of available resources	6
7	Maximise the use of technology	2
8	Encourage collaboration with existing and new partners to co-produce services	6
9	Further the principles of H&SC integration	6
10	Promote a sustainable workforce	13
11	Focus on health promotion	3
12	Minimise the risk of an adverse outcome for people	13

6.5 Results of stakeholder group option appraisal:

Ranking	Option No	Weighted Benefit Score	Is capital investment from Scottish Government required to deliver option?	Does the option comply with 'CEL 27'?
1	6	67.28	Yes	Yes
2	4	63.77	Yes	Yes
3	5	62.98	Yes	Yes
4	3	54.08	Yes	No
5	8	50.54	Yes	Yes
6	7c	47.51	No	Yes
7	7a	45.89	No	N/A
8	7b	45.34	No	N/A
9	1	41.23	No	No
10	2	25.65	No	N/A

6.6 As can be seen from the table above, the top 5 highest scoring options all require capital investment to deliver in full. It is proposed that work continue to progress on the longer-term inpatient solutions that these options would offer, through further engagement and development of a business case for submission to the Scottish Government for capital funding.

6.7 From the options which do not require capital investment, options 1 and 2 were lowest scoring. These are the current status quo (Insch War Memorial Hospital mothballed) and the pre-pandemic status quo (Insch War Memorial Hospital open to in-patients pre-Covid). It is proposed that these two options are ruled out and not progressed further due to their low scores.

- 6.8 It is proposed that option 3 also be ruled out given its lack of compliance with Chief Executive Letter (CEL) 27 (2010) relating to the provision of single room accommodation and bed spacing, even with capital investment. Neither does option 3 alleviate fire evacuation concerns. Similarly, option 1 does not comply with CEL 27.
- 6.9 Several options, including 4, 6, 7 and 8 propose to use the existing Inch War Memorial Hospital to provide a clinical space and wellbeing hub. This could be achieved within existing financial resources and it is therefore proposed that this is taken forward for further development and consultation.
- 6.10 In terms of offering clinical space, ideas from the stakeholder group included outpatient clinics, day cases, minor injury services, video conferencing to link with secondary care (i.e consultants at ARI), primary care improvement plan activity such as Community Treatment and Care (CTAC), assessment unit, diagnostics.
- 6.11 In terms of a Wellbeing hub, discussion during the stakeholder group included a focus on health promotion and prevention and early intervention including gentle exercise classes or cardiac rehabilitation. A hub could also target social isolation and mental health and provide a resource for the whole community including children/young people and their families and promote partnership working with third and voluntary sector organisations.
- 6.12 Alongside this, work on additional health and social care services in the community could be progressed (being part of options 4, 5, 6, 7 and 8). Ideas from the stakeholder group included the expansion of the Virtual Community Ward & Hospital at Home to provide a more responsive service to people's needs and closer joint working between primary care, health and social care. Elements could include crisis intervention, rehabilitation and enablement and palliative/end of life care.
- 6.13 It is proposed that these options progress to consultation, alongside progression of the business case as detailed above.
- 6.14 It is recognised that the preferred 'long term' solution for modern, fit for purpose inpatient facilities would require to be funded by Scottish Government capital, which requires to follow the normal investment process for such a bid, with determination by the Scottish Government. Subject to approval of the IJB, the Health and Social Care Partnership is committed to producing a robust business case to evidence the need for investment, however it is recognised that we would require to compete against other capital projects throughout Scotland, and that this process may take some time to complete. Whilst this work is underway, there will still be an immediate need for inpatient facilities to be provided for Inch patients. In the short term, options for provision of inpatient beds will be worked on with the Friends of Inch Hospital, with a recognition that there is a clear preference in the community for these to be provided locally but

that any solution needs to be deliverable within existing financial provisions, within suitable accommodation and be staffed safely.

- 6.15 Integrated impact assessments were completed for all longlist options to account for the positive and negative impacts of pursuing one option over another along with any mitigations that could be implemented where a negative impact was identified.

7 Conclusions

- 7.1 Having considered all the information and that the short to medium term option must be deliverable within existing financial resources, further development and public consultation is proposed on establishing clinical space and a wellbeing hub within the Inch War Memorial Hospital as well as additional health and social care services in the community.
- 7.2 This proposal utilises the existing hospital building at Inch for daytime services which could include day cases and a range of primary and secondary care outpatient clinics as well as facilitating its use as a wellbeing hub: working with partners to use the space available for social/group activities that benefit people's health and wellbeing and contribute to social cohesion.
- 7.3 At this stage, all options are high level and further work is required to identify the breadth of outpatient/daytime services that could be delivered at Inch Hospital and in the community.
- 7.4 These proposals could be implemented without significant capital investment as the hospital would not have to meet the standards for inpatient accommodation although there is a requirement for back log maintenance to take place.
- 7.5 Expanding services for outpatients from Inch Hospital would be an opportunity to work closer with Inverurie Hospital and provide services to patients across Garioch. Staffing challenges and resilience could be improved by one team working across both sites and community, rotating between areas to maintain skills and competencies and provide variety. Engagement would occur with the staff group and staff side to explore this.
- 7.6 The Friends of Inch Hospital and Community and Bennachie Community Council have been engaged in the process throughout and represented the community on the stakeholder group. The Friends are keen to remain involved to co-design delivery models with the Health & Social Care Partnership.
- 7.7 Appraisal of the process is ongoing and an evaluation has been completed by stakeholder group members on their involvement in the option appraisal so that lessons can be learnt and shared across the HSCP.
- 7.8 It was evident throughout the public engagement that the community in Inch and surrounding area are passionate about access to local inpatient

beds and there is concern about the impact of travel, if required, for inpatient services or to visit inpatients, and this has been captured in the impact assessments.

- 7.9 The Strategic Needs Assessment highlighted that there will be increased demand for health and social care services, particularly for older people in the coming years. Most people wish to be cared for in their own home: a sustainable model of health and social care, with advantages in terms of recovery and satisfaction, but there remains a need for some people to be admitted to hospital.
- 7.10 When considering the outcome of the option appraisal scoring exercise alone, the highest scoring options all included an element of new build or refurbishment for inpatient beds, either at Inch or Inverurie. Whilst demand for services is increasing, there has been a net loss in the number of community hospital beds across Garioch and Aberdeenshire since the beginning of the Covid-19 pandemic. It is recommended that work progress concurrently on building a business case for capital investment from Scottish Government. The work completed to date for the Inch Strategic Needs Assessment means this work is well advanced.
- 7.11 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

8 Equalities, Staffing and Financial Implications

- 8.1 An Integrated Impact Assessment (IIA) has been carried out as part of the development of the proposals set out above. Appendix 1 contains the overarching IIA for the service review process followed.
- 8.2 In addition to an overarching IIA, individual IIAs have been completed on all the high-level options and the examination of impacts will continue on the options progressed.
- 8.3 Staff from Inch Hospital have been deployed since the hospital temporarily closed to inpatients in 2020. The staffing group have been represented in the stakeholder group which developed and scored the options and have been able to contribute to the work whilst being kept informed. Staffside representatives have also been involved in the process with an open invitation to attend the stakeholder meetings and officers will continue to work with them as the project progresses.

Geraldine Fraser, Partnership Manager (Central)
Aberdeenshire Health and Social Care Partnership

Report prepared by Philippa Jensen, Health & Social Care Manager
Date 19 May 2022

Aberdeenshire Council

Integrated Impact Assessment

Insch and Surrounding Area Health and Social Care Service Development Plan (Overarching)

Assessment ID	IIA-000529
Lead Author	Wendy Probert
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Subject Matter Experts	Susan Forbes, Claudia Cowie, Kakuen Mo, Christine McLennan
Approved By	Pamela Milliken
Approved On	Monday May 09, 2022
Publication Date	Tuesday May 10, 2022

1. Overview

This document has been generated from information entered into the Integrated Impact Assessment system.

The project aim is to develop a service plan which will deliver sustainable Health and Social Care services to meet the needs of residents in Inch and the surrounding area.

To achieve this, an assessment of Health & Social Care service needs in Inch and the surrounding area will be undertaken. The assessment will provide an evidence base to allow options to be designed and developed with stakeholders for innovative, fit for the future, service delivery models.

Public engagement will run throughout the process to inform the assessment and develop Service Plan options.

The Strategic Needs Assessment will be compiled, followed by the development of options/option appraisal and further public consultation.

This is a high level IIA on the work being undertaken to develop a service plan, and individual IIA's will be carried out for the different delivery models identified from the Option Appraisal.

During screening 6 of 10 questions indicated that detailed assessments were required, the screening questions and their answers are listed in the next section. This led to 4 out of 5 detailed impact assessments being completed. The assessments required are:

- Childrens' Rights and Wellbeing
- Equalities and Fairer Scotland Duty
- Health Inequalities
- Sustainability and Climate Change

In total there are 4 positive impacts as part of this activity. There are 4 negative impacts, of these negative impacts, 0 have been mitigated and 4 cannot be mitigated satisfactorily. The impact on 11 groups is not known, information is provided in the detailed sections of this document.

A detailed action plan with 1 points has been provided.

This assessment has been approved by pamela.milliken@aberdeenshire.gov.uk.

The remainder of this document sets out the details of all completed impact assessments.

2. Screening

Could your activity / proposal / policy cause an impact in one (or more) of the identified town centres?	No
Would this activity / proposal / policy have consequences for the health and wellbeing of the population in the affected communities?	Yes
Does the activity / proposal / policy have the potential to affect greenhouse gas emissions (CO2e) in the Council or community and / or the procurement, use or disposal of physical resources?	Yes
Does the activity / proposal / policy have the potential to affect the resilience to extreme weather events and/or a changing climate of Aberdeenshire Council or community?	No
Does the activity / proposal / policy have the potential to affect the environment, wildlife or biodiversity?	No
Does the activity / proposal / policy have an impact on people and / or groups with protected characteristics?	Yes
Is this activity / proposal / policy of strategic importance for the council?	Yes
Does this activity / proposal / policy reduce inequality of outcome?	Yes
Does this activity / proposal / policy have an impact on children / young people's rights?	Yes
Does this activity / proposal / policy have an impact on children / young people's wellbeing?	NotSure

3. Impact Assessments

Children's Rights and Wellbeing	No Negative Impacts Identified
Climate Change and Sustainability	No Negative Impacts Identified
Equalities and Fairer Scotland Duty	Only Some Negative Impacts Can Be Mitigated
Health Inequalities	No Negative Impacts Identified
Town Centre's First	Not Required

4. Childrens' Rights and Wellbeing Impact Assessment

4.1. Wellbeing Indicators

Indicator	Positive	Neutral	Negative	Unknown
Safe		Yes		
Healthy				Yes
	Will find out by: At this point in the process the delivery model has not been decided therefore we are not in a position to say if this has a negative or positive impact on the healthy well-being indicator.			
Achieving		Yes		
Nurtured		Yes		
Active		Yes		
Respected		Yes		
Responsible		Yes		
Included		Yes		

4.2. Rights Indicators

UNCRC Indicators upheld by this activity / proposal / policy	Article 24 - Health and health services
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4.3. Evidence

Type	Source	It says?	It Means?
Other Evidence	Individual IIA's for each option	That an individual IIA will be required for each option and any negative impacts assessed at that point.	10 individual IIA's supporting each of the options are required to identify and assess impacts specific to each model.

4.4. Information Gaps

This is a high level IIA and individual more detailed IIAs are being developed for each of the options.

4.5. Measures to fill Information Gaps

Measure	Timescale
Development of individual IIA's	Prior to public consultation

4.6. Accounting for the Views of Children and Young People

In June 2021 a letter was sent to all households living in the area registered to the Insch Medical Practice advising them of the Strategic Needs Assessment process. The letter included information on how people could be involved and share their views.

A survey and focus groups were then carried out which were open to all to capture information and views from the people living in the community. Focus groups were held in person (morning & afternoon) and on-line (morning, afternoon and evening).

4.7. Promoting the Wellbeing of Children and Young People

The engagement to date and the planned public consultation on the preferred option/s provide the opportunity for families to share their views on the provision of health and social care services for the community they live in.

4.8. Upholding Children and Young People's Rights

The engagement to date and the planned public consultation on the preferred option/s provide the opportunity for families to share their views.

4.9. Overall Outcome

No Negative Impacts Identified.

Work is going on to develop a service plan to meet the Health and Social Care needs of people in Inch and the surrounding area. At this point in the process the delivery model has not been decided but there are a number of options being explored. Each option has potential for positive and negative impacts and these will each be explored in individual IIAs.

5. Equalities and Fairer Scotland Duty Impact Assessment

5.1. Protected Groups

Indicator	Positive	Neutral	Negative	Unknown
Age (Younger)		Yes	Yes	
Age (Older)	Yes	Yes	Yes	
Disability	Yes	Yes	Yes	
Race		Yes		
Religion or Belief		Yes		
Sex	Yes	Yes	Yes	
Pregnancy and Maternity		Yes		
Sexual Orientation		Yes		
Gender Reassignment		Yes		
Marriage or Civil Partnership		Yes		

5.2. Socio-economic Groups

Indicator	Positive	Neutral	Negative	Unknown
Low income				Yes
	Will find out by: At this point in the process the delivery model has not been decided therefore we are not in a position to say if this has a negative or positive impact on people with a low income.			
Low wealth				Yes
	Will find out by: At this point in the process the delivery model has not been decided therefore we are not in a position to say if this has a negative or positive impact on people with low wealth.			
Material deprivation		Yes		
Area deprivation		Yes		
Socioeconomic background		Yes		

5.3. Positive Impacts

Impact Area	Impact
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Impact Area	Impact
Age (Older)	<p>Work is going on to develop a service plan to meet the Health and Social Care needs of people in Inch and the surrounding area. At this point in the process the delivery model has not been decided but there are a number of options being explored. Changes to services could include an expansion in the number of health and social care services available locally such as day cases, outpatient clinics and inpatient beds as well as increased support to people in their own homes to prevent a hospital admission and/or provide end of life care. These would all have a positive impact on the health, care and wellbeing of older people.</p>
Disability	<p>Work is going on to develop a service plan to meet the Health and Social Care needs of people in Inch and the surrounding area. At this point in the process the delivery model has not been decided but there are a number of options being explored. Changes to services could include an expansion in the number of health and social care services available locally such as day cases, outpatient clinics and inpatient beds as well as increased support to people in their own homes to prevent a hospital admission and/or provide end of life care. These would all have a positive impact on the health, care and wellbeing of people with a disability.</p>
Sex	<p>Work is going on to develop a service plan to meet the Health and Social Care needs of people in Inch and the surrounding area. At this point in the process the delivery model has not been decided but there are a number of options being explored. Changes to services could include an expansion in the number of health and social care services available locally such as day cases, outpatient clinics and inpatient beds as well as increased support to people in their own homes to prevent a hospital admission and/or provide end of life care. These would all have a positive impact on the health, care and wellbeing of women who take on a high proportion of the caring responsibilities for the older and younger population.</p>

5.4. Negative Impacts and Mitigations

Impact Area	Details and Mitigation
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Impact Area	Details and Mitigation
<p>Age (Older)</p>	<p>Work is going on to develop a service plan to meet the Health and Social Care needs of people in Inch and the surrounding area. At this point in the process the delivery model has not been decided but there are a number of options being explored. Changes could include a reduction of some local services resulting in people who use those services, and their local visitors, having to travel to another facility/resource.</p> <p>Can be mitigated No</p> <p>Justification At this point in the process the option of the delivery model has not been decided therefore we are not in a position to say if this will have a negative impact on the older population. An individual IIA will be carried out on each of the options and any negative impacts will be assessed at this point.</p>
<p>Age (Younger)</p>	<p>The development of a new service plan is been carried out in order to meet the Health and Social Care needs of Inch and the surrounding area. At this point in the process the option of the delivery model has not been decided therefore we are not in a position to say if this will have a negative impact on the younger population.</p> <p>It will only have a negative impact if the new service plan does not include a Minor Injury Unit, then all people (including young people) would need to travel further to receive these services.</p> <p>Can be mitigated No</p> <p>Justification At this point in the process the option of the delivery model has not been decided therefore we are not in a position to say if this will have a negative impact on younger people. An individual IIA will be carried out on each of the options and any negative impacts will be assessed at this point.</p>
<p>Disability</p>	<p>Work is going on to develop a service plan to meet the Health and Social Care needs of people in Inch and the surrounding area. At this point in the process the delivery model has not been decided but there are a number of options being explored. Changes could include a reduction of some local services resulting in people who use those services, and their local visitors, having to travel to another facility/resource.</p> <p>Can be mitigated No</p> <p>Justification At this point in the process the option of the delivery model has not been decided therefore we are not in a position to say if this will have a negative impact on the people living with a disability. An individual IIA will be carried out on each of the options and any negative impacts will be assessed at this point.</p>

Impact Area	Details and Mitigation
Sex	<p>Work is going on to develop a service plan to meet the Health and Social Care needs of people in Inch and the surrounding area. At this point in the process the delivery model has not been decided but there are a number of options being explored. Changes could include a reduction of some local services resulting in people who use those services, and their local visitors, having to travel to another facility/resource.</p> <p>Can be mitigated No</p> <p>Justification At this point in the process the option of the delivery model has not been decided therefore we are not in a position to say if this will have a negative impact on the older population An individual IIA will be carried out on each of the options and any negative impacts will be assessed at this point.</p>

5.5. Evidence

Type	Source	It says?	It Means?
Other Evidence	Individual IIA's for each option	That an individual IIA will be required for each option and any negative impacts assessed at that point.	10 individual IIA's supporting each of the options are required to identify and assess impacts specific to each model.

5.6. Information Gaps

This is a high level IIA and individual more detailed IIAs are being developed for each of the options.

5.7. Measures to fill Information Gaps

Measure	Timescale
Development of individual IIA's	Prior to public consultation

5.8. Engagement with affected groups

In June 2021 a letter was sent to all households living in the area registered to the Inch Medical Practice advising them of the Strategic Needs Assessment process. The letter included information on how people could be involved and share their views.

Posters advising of the engagement were also displayed in Inch (shops, church notice boards, leisure center and chemist).

A survey was then carried out to capture information and views from the people.

Focus groups were then held in person (morning & afternoon) and on-line (morning, afternoon and evening).

Actions were taken to contact seldom heard groups in the area this includes; Gypsy Travellers, New Scots, Young Farmers, tenant association, LBGT Community, Veterans, Mens Shed, unpaid carers.

5.9. Ensuring engagement with protected groups

Through targeted promotion with seldom heard groups, and the development of engagement activities allowing people to participate in different ways.

Initially population data on the area stated the 20.6% of those registered with Insch medical practice were over 65 years old, highlighting that a sizable proportion of people who may be affected have a protected characteristic of age (older). To support older people who may not be familiar or want to use technology we ensured that all engagement activities could be accessed without the need for technology.

People registering their interest could complete a paper slip provided and either post it back or put it in one of the 3 designated drop off points: local chemist, GP surgery or Gordon House. Paper copies of the survey were then sent to those who requested and could be returned using the same method. The Friends of Insch Hospital and Community also held drop in sessions to support people in completing the survey should they require it.

As part of the survey we asked how people would like to contribute in the next stage of engagement – focus groups. Feedback confirmed some people wanted to have face to face events (Covid guidance was followed). We held face to face focus groups in Insch in the morning and afternoon for those who wished attend.

Members of the public who took part in the engagement activities were offered the opportunity to be a member of the stakeholder group who developed the options. Five community representatives were appointed to the stakeholder group and they acted as a conduit to the community sharing information and gaining the views of others which they used to direct and shape their input in the option appraisal process.

Consultation will take place on the short listed options allowing further opportunity for people to share their views, and the design and promotion of the consultation will support people with protected characteristics to be involved.

5.10. Evidence of engagement

As explained in the response to the previous question the promotion and design of the engagement supported people with protected characteristics to be involved.

All the information gathered from the survey and focus groups was analysed and presented in the Strategic Needs Assessment (SNA) along with health and social care data. The SNA was published and shared with all those who requested to be kept informed, and was then used to inform discussions with the stakeholder group when developing the options.

Equalities monitoring questions are not mandatory but of those who completed the survey and provided information approximately 29% were over 65 years old.

5.11. Overall Outcome

Only Some Negative Impacts Can Be Mitigated.

Work is going on to develop a service plan to meet the Health and Social Care needs of people in Insch and the surrounding area. At this point in the process the delivery model has not been decided but there are a number of options being explored. Each option has potential for positive and negative impacts and these will each be explored in individual IIAs.

Individual IIAs will be completed for each of the options to explore the potential negative and positive impacts and mitigations.

5.12. Improving Relations

As previously described the community engagement was designed and promoted to provide the opportunity for as many people as possible to be involved and have their views heard. As part of the engagement we facilitated focus groups to bring people together both in person and on-line to allow discussions and the sharing of views. Additionally stakeholders including representatives from the community, clinical staff and HSCP management have worked together to develop the high level options for health and social care services for Inch and the surrounding area.

5.13. Opportunities of Equality

The involvement of people in this ongoing work has been informed by Scottish Government's 'Planning for People' guidance and Health Improvement Scotland's (HIS) community engagement 'Guidance involving patients, carers and public in option appraisal for care service changes'.

We have used the VOiCE tool to support the design and delivery of effective community engagement, and carried out an ongoing evaluation in order seek the views of people involved so we can improve our activities as we go allowing the opportunity for as many people as possible to be involved.

6. Health Inequalities Impact Assessment

6.1. Health Behaviours

Indicator	Positive	Neutral	Negative	Unknown
Healthy eating		Yes		
Exercise and physical activity		Yes		
Substance use – tobacco		Yes		
Substance use – alcohol		Yes		
Substance use – drugs		Yes		
Mental health	Yes			

6.2. Positive Impacts

Impact Area	Impact
Mental health	<p>The engagement to date was developed to allow as many people from different backgrounds to participate, we used different methods for people to provide views and promoted through many different networks.</p> <p>Different methods to provide views: i.e online survey, paper survey, on-line focus groups, face to face focus groups, and dedicated email address for direct contact with the project group.</p> <p>Promotion methods i.e Facebook, Twitter, on-line platform on the H&SCP website, posters in the village, through Community planning & housing colleagues, via the HSCP staff from the teams in the areas, via providers of services in the area, through third sector groups and organisations, and through our very active community representatives.</p> <p>Support was also given to people in the community by the Friends of Insch Hospital group with completion of the survey.</p> <p>Five community representatives were appointed to the stakeholder group and they acted as a conduit to the community sharing information and gaining the views of others which they used to direct and shape their input in the option appraisal process.</p>

6.3. Evidence

Type	Source	It says?	It Means?
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Type	Source	It says?	It Means?
Other Evidence	Engagement Plan & Engagement resources	The engagement plan records the details and reach of the promotional work carried out to advise people of the opportunity to be included in the engagement (i.e Register your interest), and the promotion of the survey and focus group activities. Engagement resources - in addition to all households been contacted by letter and promotion on posters in the village of Insch, all surveys and documentation was posted on the dedicated engagement page open to the public. https://engage.aberdeenshire.gov.uk/insch-strategic-needs-assessment	People were able to contribute and share their views and choose a method of engagement which suited them.

6.4. Overall Outcome

No Negative Impacts Identified.

The engagement activities and promotion were wide ranging to allow as many people as possible to have an opportunity to share their views.

7. Sustainability and Climate Change Impact Assessment

7.1. Emissions and Resources

Indicator	Positive	Neutral	Negative	Unknown
Consumption of energy				Yes
	Will find out by: At this point in the process the option of the delivery model has not been decided therefore we are not in a position to say if this has a negative or positive impact on sustainability and climate change.			
Energy efficiency				Yes
	Will find out by: At this point in the process the option of the delivery model has not been decided therefore we are not in a position to say if this has a negative or positive impact on sustainability and climate change.			
Energy source				Yes
	Will find out by: At this point in the process the option of the delivery model has not been decided therefore we are not in a position to say if this has a negative or positive impact on sustainability and climate change.			
Low carbon transition				Yes
	Will find out by: At this point in the process the option of the delivery model has not been decided therefore we are not in a position to say if this has a negative or positive impact on sustainability and climate change.			
Consumption of physical resources				Yes
	Will find out by: At this point in the process the option of the delivery model has not been decided therefore we are not in a position to say if this has a negative or positive impact on sustainability and climate change.			
Waste and circularity				Yes
	Will find out by: At this point in the process the option of the delivery model has not been decided therefore we are not in a position to say if this has a negative or positive impact on sustainability and climate change.			

Indicator	Positive	Neutral	Negative	Unknown
Circular economy transition				Yes
	Will find out by: At this point in the process the option of the delivery model has not been decided therefore we are not in a position to say if this has a negative or positive impact on sustainability and climate change.			
Economic and social transition				Yes
	Will find out by: At this point in the process the option of the delivery model has not been decided therefore we are not in a position to say if this has a negative or positive impact on sustainability and climate change.			

7.2. Biodiversity and Resilience

Indicator	Positive	Neutral	Negative	Unknown
Quality of environment		Yes		
Quantity of environment		Yes		
Wildlife and biodiversity		Yes		
Infrastructure resilience		Yes		
Council resilience		Yes		
Community resilience		Yes		
Adaptation		Yes		

7.3. Evidence

Type	Source	It says?	It Means?
Other Evidence	Individual IIA for each option taken to public consultation	An individual IIA will only be carried out on each of the short listed options which go out for public consultation, at this point any negative impacts will be assessed.	Further consideration and scrutiny will be given to any negative impacts prior to public consultation.

7.4. Information Gaps

This is a high level IIA and individual more detailed IIAs are being developed for each of the options.

7.5. Measures to fill Information Gaps

Measure	Timescale
Development of individual IIAs	Prior to public consultation

7.6. Overall Outcome

No Negative Impacts Identified.

A new service plan is being developed to meet the future Health and Social Care needs of Insch and the surrounding area. At this point in the process the preferred delivery model has not been decided upon therefore we are not in a position to say if this will have a negative impact on the population.

An individual IIA will be carried out on each of the short listed options which go out for public consultation, at this point any negative impacts will be assessed.

8. Action Plan

Planned Action	Details
<p>An individual IIA will be carried out for each of the long listed options which will assess any negative impacts linked to that model.</p>	<p>Lead Officer Philippa Jensen</p> <p>Repeating Activity No</p> <p>Planned Start Thursday June 02, 2022</p> <p>Planned Finish Tuesday August 23, 2022</p> <p>Expected Outcome Any negative impacts will be highlighted in the IIA for each option and mitigation considered and applied where appropriate, evidence will be provided for any outstanding areas of negative impact which cannot be mitigated for.</p> <p>Resource Implications Unknown until choose deliver option is agreed.</p>