REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD
7 DECEMBER 2022

DEESIDE STRATEGIC NEEDS ASSESMENT REPORT AND NEXT STEPS

1 Recommendation

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

1.1 Approve the Deeside Strategic Needs Assessment report (Appendix I);

1.2 Approve the Deeside Strategic Needs Assessment Summary report (Appendix II); and

1.3 Approve the next steps identified in the Strategic Needs Assessment report.

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 – the strategic needs assessment will focus on being cost neutral. The process will inform decisions about wider service delivery based on what is required and best value.

3.2 IJB Risk 3: Workforce capacity, recruitment, training, development, and staff empowerment – staff have been kept informed of the process via regular email briefing during staff engagement phase. Staff who live in Deeside were encouraged to take part in public engagement phase. There remains an underlying risk that the next phase of the project will not improve workforce capacity.

3.3 IJB Risk 5: Risk of not adequately involving and engaging with our patients/service users, the public, staff and partners – the project board includes representatives from Healthcare Improvement Scotland. Known community groups and community councils consulted on survey prior to publication. Members of the community consulted on focus group content. Staff and public will be involved in ongoing workstreams where possible. All public communications now refer to “Deeside and Upper Donside” to reflect the identity of all those in the geographical area covered by the SNA following community feedback. Paper copies of the survey were made available in community locations to allow those who were not able to access the online survey to take part. Additional focus groups were set up with groups who had not been represented in the survey and focus groups.

3.4 IJB Risk 6: Service/business alignment with current and future needs –All data from staff and public engagement, Health Intelligence and Finance will be considered and evaluated to inform sustainable service delivery 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 improvements planned as an output of this review will follow the correct standards of care.

4 Background

4.1 The Aberdeenshire Integration Joint Board (IJB) agreed in May 2021 to conduct a 'Strategic Needs Assessment' of health & social care provision and services along the Deeside corridor including Upper Donside. The process brings together health & social care service providers, third sector, and the Community to look at what service provision there is now and how it can be improved and adapted to meet the current and future needs of the area population.

4.2 A wide range of Health & Social Care services are currently provided in Deeside. By assessing Health & Social Care service needs, with a post-Covid lens, this has provided current information and evidence to base decisions about which services should be delivered and how in Deeside. There have been changes in how care and support has been delivered and how people want to receive their care, particularly in the last year, coupled with an increase in demand and complexity.

4.3 The staff working in the area as well as members of the community have been engaged with throughout. All stakeholders were kept informed and encouraged to participate about what is important to them.

4.4 This engagement process has identified areas for service improvement to ensure services are fit for purpose, sustainable, equitable, person centred and able to support better outcomes for people using services. The approach followed best practice guidance from Scottish Government on Planning with People Care services - planning with people: guidance - gov.scot (www.gov.scot).

4.5 This project is aligned to all the AHSCP Strategic delivery plan priorities, which will be reflected in recommendations:

- Prevention and Early Intervention
- Reshaping Care
- Engagement
- Effective Use of Resources
- Tacking Inequalities and Public Protection

4.6 Delivery of this project will ensure we are able to provide the best outcomes for people using health and social care services.

4.7 Any service developments aim to be cost neutral and continue to deliver safe, effective services implementing improvements identified.

4.8 The first stage in the process was staff engagement which took the form of a survey, attendance at team meetings, regular email briefing updates and online

focus groups. This took place between October 2021 – April 2022. There was an unanticipated delay of 6 weeks due to the project being paused to allow resources to be diverted to dealing with a Covid surge due to Omicron.

4.9 Public engagement commenced in May 2022 with a survey that ran until July. It was followed by a series of in-person and online focus groups which took place between 8th August – 9th September with a total of 23 sessions across a variety of locations, days and times in order to maximise accessibility for the public to attend.

4.10 Originally it was planned that a series of Options Building Workshops would follow prior to a 6-week public consultation period. However, following analysis of the data captured during the period of engagement it was found that there was no identified need for significant service redesign but rather consider how to implement service and delivery improvements that had been identified. Therefore, it would be unnecessary to proceed with the originally planned series of Options Building Workshops and a project delivery plan would be developed.

4.11 The SNA Report highlights a Project Board structure to oversee five workstreams to implement improvements to service delivery in Deeside and Upper Donside Health and Social Care Services. These themes are:

- Communication
- Staffing
- Transport
- Digital/Technology
- Service Provision

5 Summary

5.1 A full Strategic Needs Assessment report and a Summary Strategic Needs Assessment report have been prepared outlining the engagement, feedback, health intelligence information and suggested next steps.

5.2 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.

6 Equalities, Staffing and Financial Implications

6.1 An integrated impact assessment has been carried out as part of the development of the proposals set out above. It is included as Appendix III and no impact has been identified.

Janine Howie – Interim Partnership Manager (South)
Aberdeenshire Health and Social Care Partnership

Report prepared by Carina Ebdy – Interim Location Manager, Aboyne and Banchory
Date 08/11/2022

List of Appendices –

Appendix I – Deeside Strategic Needs Assessment Report

Appendix II - Deeside Strategic Needs Assessment Summary Report

Appendix III – Integrated Impact Assessment

Aberdeenshire
Health & Social Care
Partnership

APPENDIX I

Strategic Needs Assessment

Full Report

Deeside & Upper Donside

December 2022

1 Introduction 4
1.1 Foreword 4
1.2 Why do a Strategic Needs Assessment? 4
1.3 Emerging Themes 4
2 Summary 6
2.1 Overview of staff engagement 6
2.2 Overview of community engagement 7
2.3 Engagement in brief 8
2.4 Health Intelligence information 8
3 About Deeside and Upper Donside 9
3.1 Describing the place 9
3.2 Who lives here? 9
4 Understanding the Staff Opinion 12
4.1 Staff Survey Summary 12
4.1.1 Thematic Questions Feedback 12
4.1.2 What else is important to you about your job/role? 13
4.1.3 What are the challenges you face in delivering your service in Deeside? 14
4.1.4 What positives are there in delivering your service in Deeside? 14
4.1.5 What are the areas that you think can be developed to improve delivery of your service in Deeside? 15
4.1.6 Summary of key findings 15
4.1.7 Points for further Consideration 15
4.2 Staff Focus Group Summary 16
4.2.1 How would you recommend delivering services to meet changing demand and complexities of patients? 16
4.2.2 How would you address staff shortages and support ongoing Learning and Development? 17
4.2.3 What makes a supportive place of work? 20
4.2.4 What would a good service for Deeside look like in 10 years time? 21
4.2.5 Summary of key findings 21
4.2.6 Points for further consideration 22
5 Understanding Our Community 23
5.1 Public Survey Summary 23
5.1.1 Demographic responses 23
5.1.2 Thematic Questions Feedback 24
5.1.3 Comment on any other areas important to you in Health and Social Care 26

5.1.4 Challenges in service delivery 30
5.1.5 Developments 33
5.1.6 Summary of key findings 35
5.1.7 Points for further consideration 37
5.2 Public Focus Group Summary 38
5.2.1 Important Services exercise 40
5.2.2 How can Health and Social Care services meet the change in needs of the community? 42
5.2.3 How can staff shortages be addressed? 44
5.2.4 How can transport challenges be overcome? 47
5.2.5 What would a good service look like in 10 years? 48
5.2.6 Summary of Key Findings 50
5.2.7 Points for further consideration 52
5.3 Community Groups and Organisations Survey 53
5.3.1 Summary of Key Findings 55
6 Next steps 56
7 Acknowledgements 57
Appendix I 58
Appendix II 60
Appendix III 65

1 Introduction

1.1 Foreword

The Aberdeenshire Integration Joint Board (IJB) agreed in May 2021 to conduct a 'Strategic Needs Assessment' of health & social care provision and services along the Deeside corridor including Upper Donside.

A 'Strategic Needs Assessment' is a process which brings together health & social care service providers, third sector, and the Community to look at what service provision there is now and how it can be improved and adapted to meet the current and future needs of the area population.

Deeside & Upper Donside is changing - the sizes of various communities have changed significantly over the years, the health conditions that people live with for longer, healthcare and how people can now use digital technology - have all changed.

A wide range of health and social care services for adults are delivered across the Deeside & Upper Donside area by the Aberdeenshire Health & Social Care Partnership, NHS Grampian, GP Practices and third sector organisations.

The AHSCP Strategic Plan (2020 – 2025) sets out the agreed priorities the Partnership will focus on to ensure we meet the needs of our communities.

To carry out the assessment we gathered information from staff and residents of Deeside & Upper Donside about the services they have used, how they feel about them and what is important to them. The information provided will help us plan for the future by better understanding how people access the services we already provide, what services may be needed and how people would prefer us to deliver them. It is important to ensure the precious resources available are used in the best way: to provide the most effective, sustainable and 'fit for the future' health and social care services.

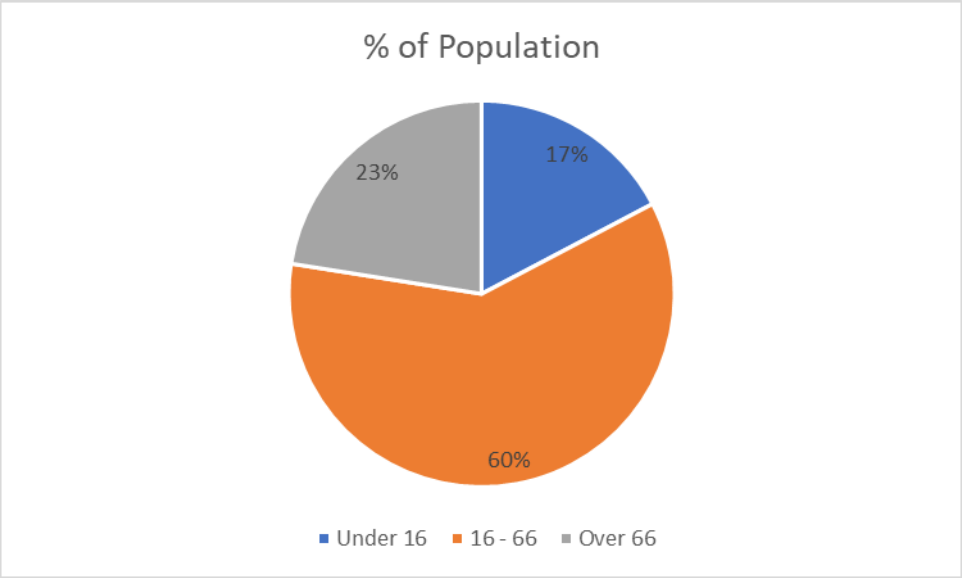
1.2 Why do a Strategic Needs Assessment?

The purpose of a Strategic Needs assessment is to examine the current and future needs of a population, the opinions of those delivering services and the opinions of those using the services to inform the future design and delivery of services.

Information was gathered from Health Intelligence, staff working in Health and Social Care Services in Deeside and Upper Donside and the residents (and carers of residents) in the area. All this information is collated and analysed to find emerging themes, trends in population and health, and demand for services. Ongoing engagement with staff and members of the community has been key to collating this information to allow a better understanding of the unique issues facing the delivery and access to health and social care services in the area.

1.3 Emerging Themes

The area included in this report includes all settlements from Crathes and Torphins in the East to Ballater and Braemar in the West and Strathdon and Glenkindie in the North. The population in this area is roughly equal male to female ratio.



22.5% of the population are over 66 years of age and 17.3% are under 16. The trends show an increase in the overall population, higher increases in the older age ranges and decreases in younger age groups meaning there will be an increasingly older population over the next 10 years.

Along with the overall aging of the population, there is an above average life expectancy for residents of Deeside and Upper Donside when compared to both Aberdeenshire as a whole and Scotland.

2 Summary

2.1 Overview of staff engagement

It was decided the key starting point for this project was to gather the views of the staff who deliver services in the Deeside and Upper Donside area. To oversee this part of the process, the Staff Engagement and Communication Group was convened in September 2021, bringing together team leads and manager representatives from all services that are delivered by Aberdeenshire Health and Social Care Partnership in this area. One of the early discussions was about the importance of communication with our staffing teams and it was agreed that a regular written briefing would be sent to all staff working in the area to provide them with direct information on all updates on the progress of the project. A total of 219 staff were included in the regular briefing emails.

The Staff Engagement and Communication Group developed a survey for staff that would be completed online with paper copies available for those who had limited or no access to a computer during their working hours. The survey was live for a total of 6 weeks between October and November 2021 and a total of 85 responses were received. Most responses were online with some paper copies also received. Staff were asked a series of questions about their thoughts in relation to the service they provide and the importance of their role, team and place of work. Responses in the majority were positive but identified some areas for improvement.

Staff were asked opinions on the challenges they face in delivering services, the positives and the areas they think could be developed to improve service delivery. Full details of the results are shared in section 4.1.1.

There were some delays in completion of the staff engagement part of the project. Firstly, in the survey, we asked staff how they would like to be kept informed by the project group and the overwhelmingly most popular method (62 out of 85 respondents) was for the project group representatives to attend team meetings and speak with staff. An additional step was added in for the project lead to attend team meetings during December and January (both virtually and in-person depending on individual team arrangements). A further delay occurred in January as the project had to be paused due to a rise in Covid-19 cases due to Omicron variant. The decision to pause the project was taken at a senior operational level to allow staff to focus time and resources on delivering services at a time of high demand and high absence due to Covid-19. On the recommencement of the project in March 2022, it was decided to commence as soon as possible with the Focus Groups part of the process rather than continue with attendance at team meetings. A Frequently Asked Questions Document had been compiled as part of the attendance at team meetings and this was subsequently shared with all staff so that everyone had the same information regarding the process. (included in Appendix I)

Focus groups were scheduled across 2 weeks in April 2022. There were 4 sessions conducted with attendance from 32 members of staff. The content of the focus groups was derived from the themes that emerged from the staff survey along with data that had been provided by Health Intelligence regarding the population and health needs of the residents of Deeside and Upper Donside. Questions included the following themes: increasing patient demand and complexities; rurality and large geographical area to cover; staffing shortages and challenges in care provision as well as identifying the effective communication within the multi-disciplinary teams. Full details of the outcomes from the staff focus groups are covered in section 4.1.2.

2.2 Overview of community engagement

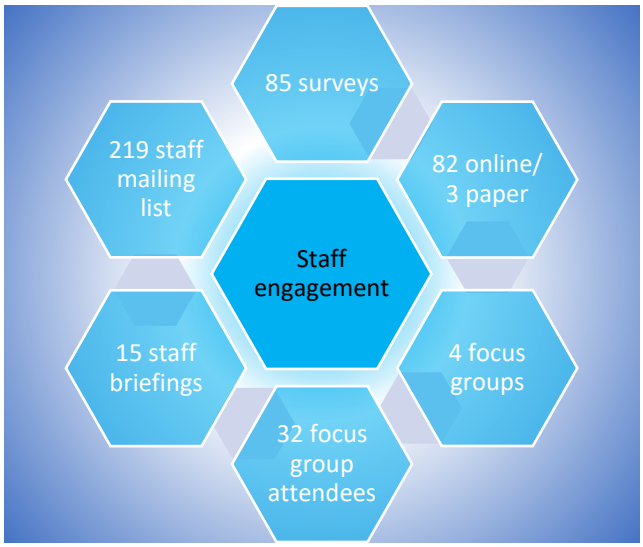
There were two stages to the community engagement part of the project. Firstly, a survey was open for 6 weeks and this was followed by a series of in-person and online focus groups. In addition, a separate survey was available for Community Groups and Organisations, and they were offered a follow-up discussion if they had been unable to attend a focus group session.

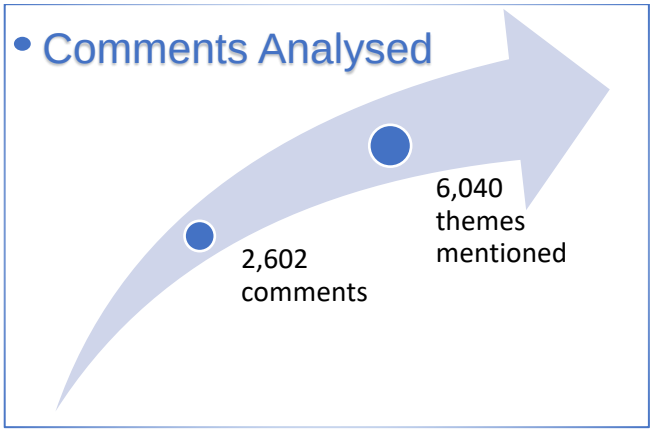
The survey was adapted from a previous SNA completed in Insch and was amended to take on board feedback that they had received following the completion of their survey as well as input from the Deeside and Upper Donside Project Group. A short life working group was set up to compile the public survey which included representatives from Healthcare Improvement Scotland (HIS) and Aberdeenshire Voluntary Action (AVA) as well as members of the project team. In addition, the survey was shared with some known community groups and representatives to provide feedback prior to the survey being published. The survey was subsequently amended to incorporate the feedback and was published on Engagement HQ on 27th May 2022 and was open for 6 weeks until 8th July 2022. In addition, 15 venues across the area agreed to provide paper copies of the survey as well as returns boxes and posters. Surveys were delivered to these venues on 1st June 2022. Finally, a series of drop-in events were held in various locations between 20-29th June to allow anyone who had any questions about the survey or who required support to complete it to be able to meet with a member of the project team. A total of 8 drop-ins took place and 15 people attended and discussed the survey. Paper copies were provided to 9 people with the remainder advising they would complete it online. Five drop-ins took place where there was a returns box, and the remainder were advised of local drop-off points to return the paper survey.

In the survey, respondents were asked whether they would like to attend either or both of an in-person or online focus group as well as their preferred location and time of day. A total of 231 people provided either an email or postal address to be notified of focus group arrangements. The responses with preferred locations and times were analysed and a series of 24 sessions were set up between the dates of 8th August – 9th September. These included a variety of locations and online and were matched as closely as possible to the preferred times for each location by survey response. Registration details were initially shared with those who had provided contact details via the survey and were subsequently uploaded onto the Engagement HQ page and advertised via the Aberdeenshire Health and Social Care Partnership's Facebook and Twitter pages. In addition, all venues that had previously provided paper copies of the survey were contacted and asked to display a poster with information on how to register for a focus group. A phone number was provided for those who may not have internet access or an email address and so were unable to register online.

The number of focus groups reduced to 20 due to some sessions having a low sign-up. It was decided early on to cancel some sessions to allow those who had already registered (0-2 people) to rebook on an alternative session. In addition, we received notification that the date scheduled for Braemar occurred on the same day as another public meeting, so the date was rescheduled, and higher registrations were received for the revised date. A total of 143 people registered to attend a session and 111 attended. All registrations were sent initial date, time and location information and a follow-up email closer to the scheduled date which included specific information about that session and venue. If someone did not attend on their scheduled date, they were contacted to ask if they would like to attend an alternative.

2.3 Engagement in brief





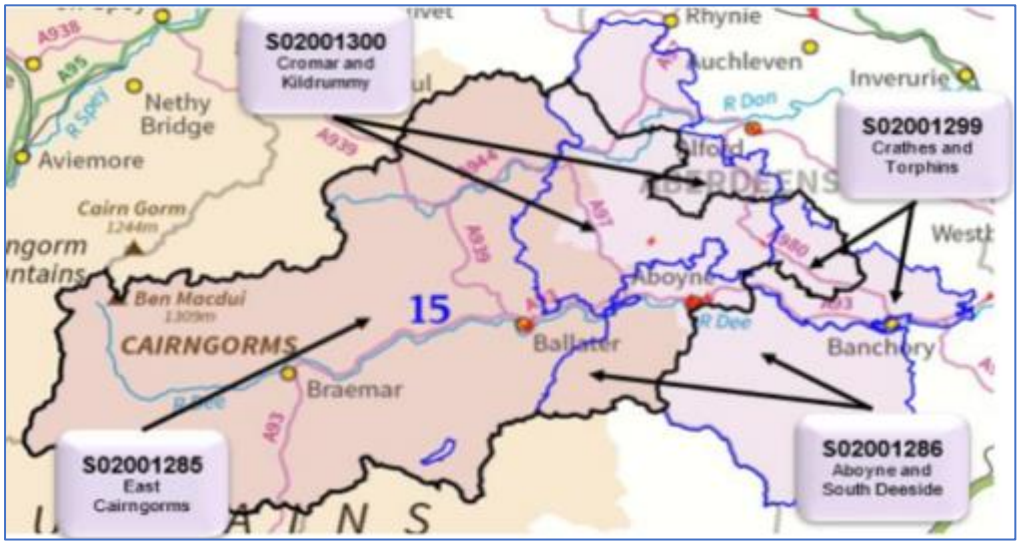
2.4 Health Intelligence information

Assessing health and social care needs of a population is complex with many factors affecting what services someone may need now, and in the future. To fully consider how the needs of the population may change in the future, the evidence included information provided by Health Intelligence on the following factors:

- Population changes – historic trends and predicted changes
- Population breakdown – age, gender, and life expectancy
- Hospital admissions – trends, reasons, and location for admissions
- Delayed Discharges
- Location for End-of-Life care

The Project group made up of representatives from different health and social care roles will consider all information in this report. The purpose of this report is to provide the evidence base for the Project group to consider, improve their understanding of health and social care current provision and future needs and consider how to improve health and social care services in Deeside and Upper Donside.

3 About Deeside and Upper Donside



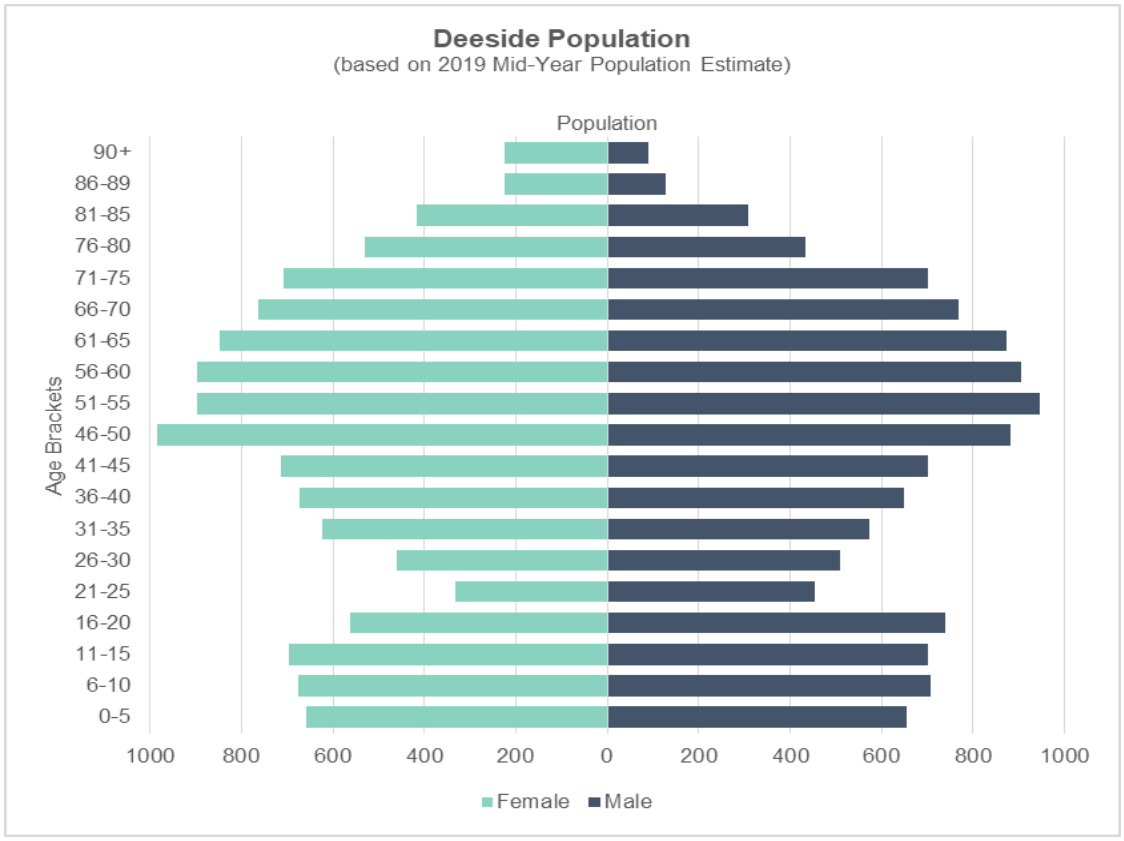
3.1 Describing the place

The Deeside and Upper Donside area covered by this Strategic Needs Assessment covers an area from East to West of 43 miles along the A93 from Crathes to Braemar and beyond into the Cairngorms National Park and northwards from Braemar to Strathdon and Glenkindie in Upper Donside. The total geographical area covered is approximately 774 square miles, the majority of which is extremely rural. The main settlements in the area include Banchory, Torphins, Aboyne, Tarland, Strathdon, Ballater and Braemar.

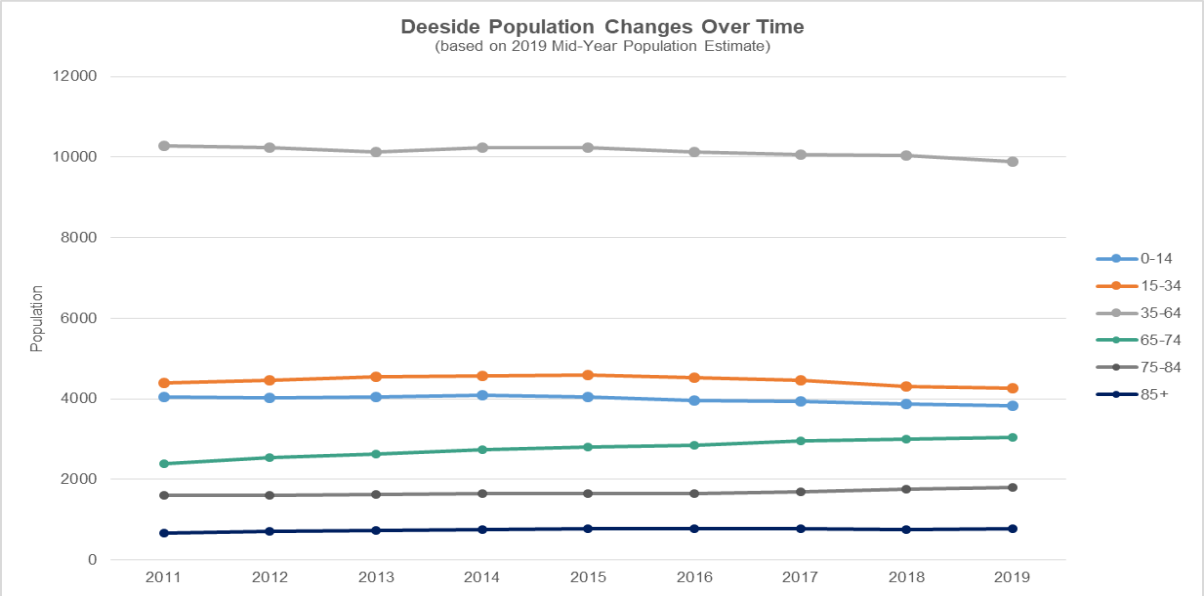
There are many health and social care services that are delivered in this area including 2 community hospitals (2 general admission wards, 1 dementia assessment unit), 7 GP practices, various pharmacies, 1 internal care home, 4 privately provided care homes, 1 very sheltered housing complex, various leisure centres, community campuses, primary and secondary schools, libraries, and day centres. There is also provision of care at home (both delivered by HSCP and private providers).

3.2 Who lives here?

The total population of the area based on 2019 mid-year population estimates was 23,607 with 49.6% male and 50.4% female, 22.5% of the population are aged over 66years, 17.3% of the population are under 16 and 60.2% are 16-65.

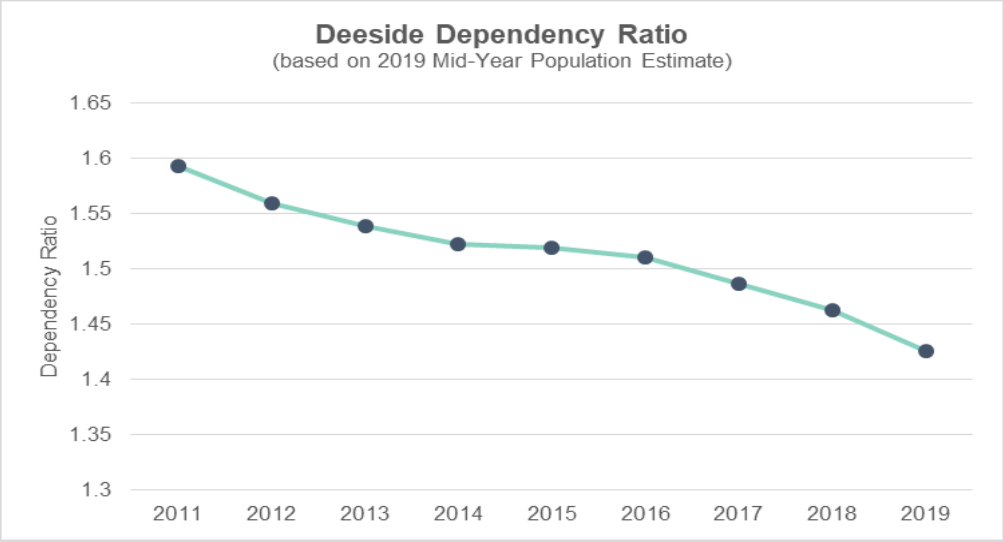


The overall Deeside population has increased just 1% from 2011 to 2019. The largest increase is seen in all ages over 65, however, there has been a decrease in all the younger age brackets.



The dependency ratio is the number of working age people (16-64) to older age people and children under 16. The dependency ratio in Deeside has been falling since 2011, due mainly to increases in the population of older age people. This is combined with a decrease in the number of working age people. This statistic is significant as it suggests that there are less

people of an age that can provide care and support to those who are more likely to need it. In addition, the population projection for the whole of Aberdeenshire (population projection for Aberdeenshire as a whole as it is less reliable for smaller populations) is expected to increase by 3% from 2019-2030 with an increase of 25% of those aged over 65.



4 Understanding the Staff Opinion

Understanding what the staff who deliver services in Deeside and Upper Donside think about those services and ensuring they remained informed about the process of the Strategic Needs Assessment was considered important from the outset. A survey was developed that had a mix of open-ended questions and some questions where they were asked to rate their agreement with a series of statements.

4.1 Staff Survey Summary

A total of 85 survey responses were completed by staff who work in the Deeside and Upper Donside area. 82 were completed online using a survey on Microsoft Forms with 3 paper copies completed and returned.

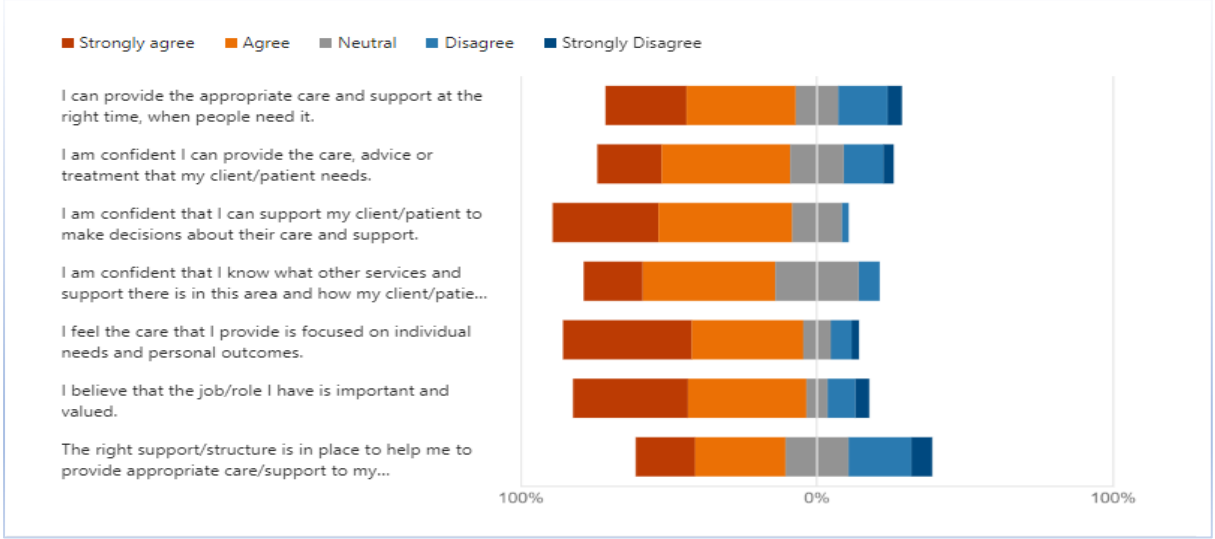
The majority of responses were from those who work within a GP practice (22) followed by Inpatient Care at a Community Hospital (17) and all Allied Health Professionals (15). Respondents were able to select all roles that applied to them and a total of 101 responses were selected. There were 6 “other” responses which included:

- Public Health (2),
- Pharmacotherapy/Cons Geriatric Medicine/GP/Phlebotomy (each 1).

There were no responses from Care Home or Home Care staff.

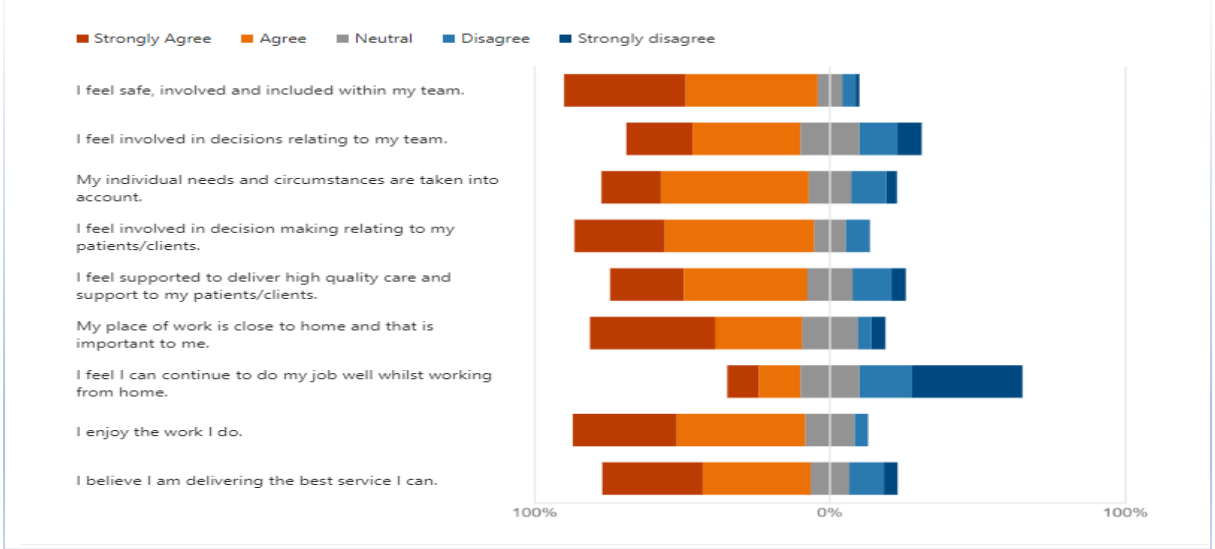
4.1.1 Thematic Questions Feedback

Staff were provided a series of statements and asked to rate their level of agreement in relation to aspects of the services they provide:



For all statements, most staff agreed or strongly agreed with the statement which illustrates that they are confident that they can provide the services that is needed to meet the needs of their client/patient. However, the last statement illustrates that they do not always feel that the right support/structure is in place for them as a member of staff.

The next question asked about statements in relation to what is important about the role/job, team and place of work:



Except for being able to conduct their job role from home, all staff again responded that the majority agreed with each statement in relation to what is important to them about their role and team. In particular, they feel safe, involved and included in their team and they enjoy the work they do as well as delivering the best service they can.

4.1.2 What else is important to you about your job/role?

Staff were then asked if there was anything else they would like to add in relation to the service they provide and their job/role. There were 59 people who responded to this question, and they provided 111 comments/themes.

The most frequently mentioned themes were:

- Increasing patient demand and complexities (16)
- Staff shortages (15)
- Resource shortages (13)
- Low morale (11)
- Lack of care provision (10)

Some of the additional comments in relation to the above include staff working extra hours, missing breaks, trying to meet additional patient demand with reduced staff levels, dealing with frustrations of patients who have to wait longer for an appointment, lack of understanding of the role, lack of understanding from managers, vacant roles not being filled, lack of onward services to refer people to, amount of paperwork required, support services (e.g. domestic/catering/porters/admin) not feeling connected and valued, impact of working from home has both positives and negatives, changing job location has negative impact on work/life balance as well as both physical and mental wellbeing, would like more

opportunity for training, lack of resources to meet patient needs, include team members in service development from the start, lack of opportunity for career progression, lack of harmonisation between NHS and Council elements of the partnership, don't feel opinions are listened to. A graph illustrating the themes from this question and all future staff engagement questions are included in Appendix II.

Despite all these challenges, a lot of responses highlighted the positive team working environment within their immediate team and the desire to deliver the best service possible for patients. There are mixed responses about support from team manager, location manager and senior manager level with some people feeling very supported and others feeling that their role is not understood out with their immediate team. The lack of resources, staff shortages and availability of further care provision all contribute to the low morale experienced by staff.

4.1.3 What are the challenges you face in delivering your service in Deeside?

74 staff answered the above question, and 198 themes were provided. The top 5 occurring themes were:

- Staff shortages (25)
- Resource shortages (19)
- Rurality and geographical area to cover (16)
- Low morale (12)
- Lack of care provision (11)

Staff shortages were mentioned the most frequently and a lot of similar themes emerged as from the previous question. In addition, the uncertainty over work base, particularly in relation to the closure of wards within community hospitals, were cited as contributing to low morale and poor communication between teams. There is also the added complexity of having to explain to patients and families about closures as the staff at the hospital are in frequent contact with them and so have the difficulty of managing expectations of the community around hospital provision.

4.1.4 What positives are there in delivering your service in Deeside?

71 staff answered the above question, and 116 themes were provided. The top 5 occurring themes were:

- Team members support each other (19)
- Local service for local community (13)
- Good communication within MDT/Integrated Care Teams (12)
- Patients/families benefit from small services (8)
- Countryside (8)

The responses were like previous questions, despite some of the challenges in delivering health and social care services in Deeside and Upper Donside, the positives arise from the teamwork, communication between teams and the geographical location. Many staff who work in this area also live there and so working close to home is both an important and a positive factor for some staff. The added benefit of staff living and working in the area is the level of knowledge they have about the area for those who are using the services and that they feel able to provide the service that patients/clients need. There are also benefits to the use of technology for virtual meetings to discuss the needs of patients when multi-disciplinary teams are not able to meet in person. Having pride in the work and recognising the community spirit are also positives that staff have highlighted.

4.1.5 What are the areas that you think can be developed to improve delivery of your service in Deeside?

69 staff answered the above question, and 157 themes were provided. The top 5 occurring themes were:

- More staff (21)
- New premises (15)
- Keep hospital open (15)
- More resources (12)
- Protected time for self-development and develop roles (9)

Having the staff and resources required to keep both Glen O'Dee and Aboyne hospitals open and running were high on the list of developments needed in the area. Most comments about new premises related to GP practices and particularly in Banchory but there is also some feeling that the hospital environment needs updating and there should be consideration of a Secondary Care Hub to provide more services. It was also highlighted about the importance of having health and social care services available locally to prevent patients/clients having to travel into Aberdeen. Finally, there were several comments about availability of training and providing opportunities for staff for professional development to be able to progress their skills and careers.

4.1.6 Summary of key findings

Overall, staff reported positive responses to statements about their place of work, the team the work in, the support they receive and the service they deliver. The needs of the individual are at the forefront of service delivery with staff often putting their own needs aside to meet the needs of people who are using their service.

The main challenges for staff are the shortage of resources to deliver services, including staffing due to absence and vacancies and having to deal with ever changing and increasingly more complex needs of the people they support. While staff go over and above, there are increasing feelings of frustration due to lack of understanding from managers and the lack of available onward services to refer people on to which makes it harder to meet individual needs and leads to low morale of staff.

There are positives within teams in that team members support each other, there is good service provision and communication between multi-disciplinary teams is good. The geography of the area covered is felt to be challenging but also provides a positive due to the countryside of Deeside and Upper Donside. The use of technology is a good substitute when teams are not able to meet in person to discuss the needs of patients.

Staff identified that staff and resources are required to keep both Aboyne and Glen O'Dee hospitals open and fully operational and this is a key area for development. Finally, opportunities for further training and professional development are important to staff to be able to build on skills and progress their career.

4.1.7 Points for further Consideration

1) Create working group to revive recruitment and retention of staff within Aboyne and Glen O'Dee hospitals
2) Support staff wellbeing and increase opportunities for integrated working
3) Share learning from SNA with current working groups in relation to learning and development and career progression opportunities

4.2 Staff Focus Group Summary

A subgroup of the Staff Engagement and Communication Group was set up to compile the content of the Focus groups. The findings from the staff survey were considered and a series of questions were compiled to gather further information on some of the key themes.

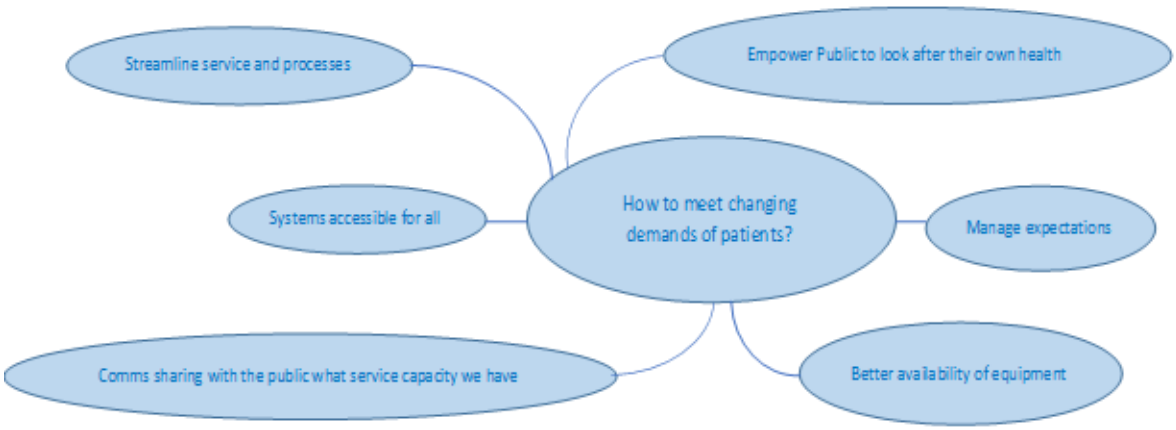
In particular, we wanted to know more about how staff could suggest changes to services to meet the increased patient demand and more complex health and social care needs, how to address staff shortages, what they feel makes a good team and what a good future service would look like.

There were 4 online focus group sessions arranged that were attended by 32 members of staff. Staff were also asked to complete a short evaluation at the end of the session to share their feedback on what they thought about the session. A summary of the feedback is included here:

- 84.6% of respondents felt informed about the process of the SNA
- 100% of respondents felt able to share their views (76.9% strongly agreed)
- 92.3% of respondents found the session was useful

I feel it was beneficial to air our thoughts and suggestions.
I am very hopeful that the level of transparency, honesty and communication continues at this level.
Well presented, everyone received a chance to speak and share their views.
I am hoping there is more variation of staff in the future sessions (not really something you can do anything about it)
Very useful helpful discussion
I think this is a great way of facilitating an open and honest discussion, and the session was relaxed and conducive to supporting this approach. Well done.
Reinforced our perception that smaller local teams that know each other and support each other and who have local knowledge work well
Ideally a little more warning for meetings would be good
Thanks again for organising

4.2.1 How would you recommend delivering services to meet changing demand and complexities of patients?



The first question we asked staff in the focus groups aimed at getting their views about how services can better meet the needs of the people that use them. The information gathered from the survey highlighted the more complex needs and health issues of patients as well as

data from Health Intelligence highlighting that people in Deeside and Upper Donside are living longer and remaining within the community to receive their care. This indicates that there is more demand and pressure on community-based services such as community nursing, care at home, care homes and GP practices. Suggestions include:

- Empower public to look after their own wellbeing including managing expectations of patients and family members
  - Use social media to promote alternative options to hospital
  - Implement hospital at home
  - Move resources to the community to look after people in their own homes and avoid lengthy hospital admissions
  - Upstream work looking at aging population
  - Focus services on early intervention, prevention, and self-care
  - Educate the public about the capabilities of what individual and combined services can offer
- Better conditions for staff
  - Upskill staff e.g., nurses educated in prescribing, pharmacists doing more minor prescribing
  - No fixed-term contracts for carers
  - Pay staff for all their time – not just patient contact time
  - Specialist training to allow care of more complex patients
  - Availability of equipment required for complex care
  - A mix of complex and routine cases to manage staff wellbeing
  - Have staffing provision for double-up care
- Improved systems and communication
  - Streamlined systems and eliminate duplication of recording
  - Know who is supporting a patient in community or hospital
  - Communication around complex discharge planning would help care provision
  - Better signposting to community groups and social prescribing
- Improved resources
  - More equipment available in the community for rehab enablement
  - Teach family members to undertake tasks – think outside the box
  - Focus interventions on early intervention and preventative self-care
  - Use care homes to provide palliative care

4.2.2 How would you address staff shortages and support ongoing Learning and Development?

We want to know more about what brings staff to work in Health and Social Care, what brings people to Deeside and Upper Donside and how we can retain staff for longer. Looking at addressing staff shortages, the common themes across focus groups were around making posts more viable (working patterns/career progression), targeting those leaving school to commence a career in health and social care, and having more availability of affordable housing for both permanent and rotational staff. There were also comments about improving

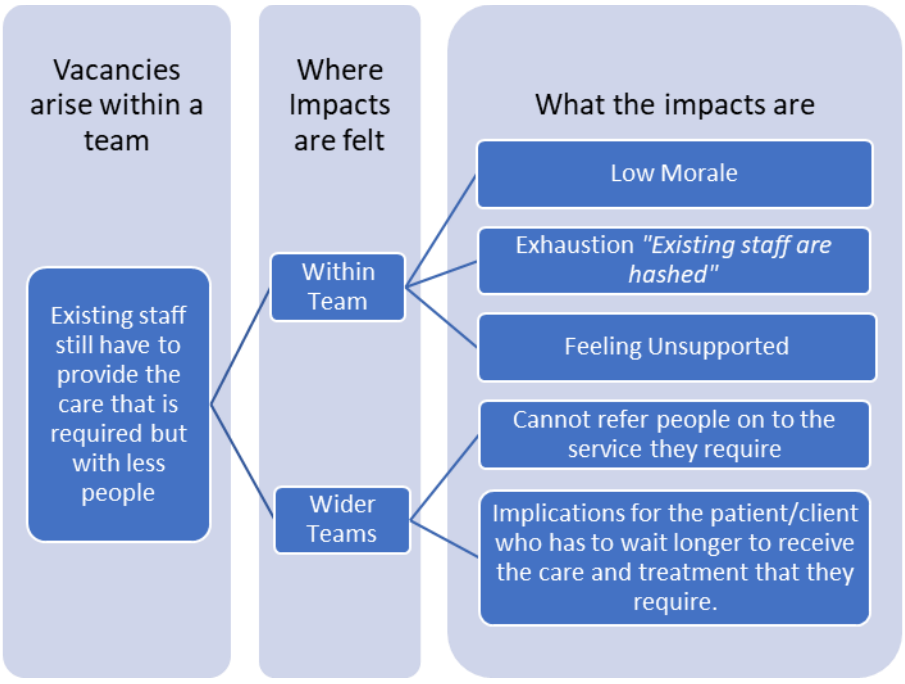
advertising and marketing for recruitment and opportunities for improved learning models including being able to shadow other roles.

There were comments about upskilling staff to take on additional roles, for example training GP reception staff to be phlebotomists and they can then split their role according to requirements. There would need to be additional pay to recognise the new skills gained and being used. Working location was also mentioned – staff can be moved between locations to cover shortages, but this has the impact of displaced staff not knowing the area or the team and there is a loss of continuity for patients/clients. It was instead suggested to have a small hub for staff teams and that this would improve team morale which in turn would retain staff. Furthermore, in particular related to nursing, it was suggested to have a rotation between practice nursing, community nursing and hospital nursing when someone first comes into post and then they can decide on where they would like to work. The options for career progression are also highlighted as being vital for both recruitment and retention of staff with the different requirements for Community versus Hospital nursing creating a barrier for some to want to work in the community.

Working patterns were highlighted as key to attracting staff into posts. Previous recruitment had allowed posts to be advertised for set working patterns e.g. to fit around school hours, weekend working, night shifts etc but now staff are expected to be flexible and work changeable shifts. The roles may be more attractive if fixed patterns could be chosen. Condensed working hours may also be a solution to reduce travel.

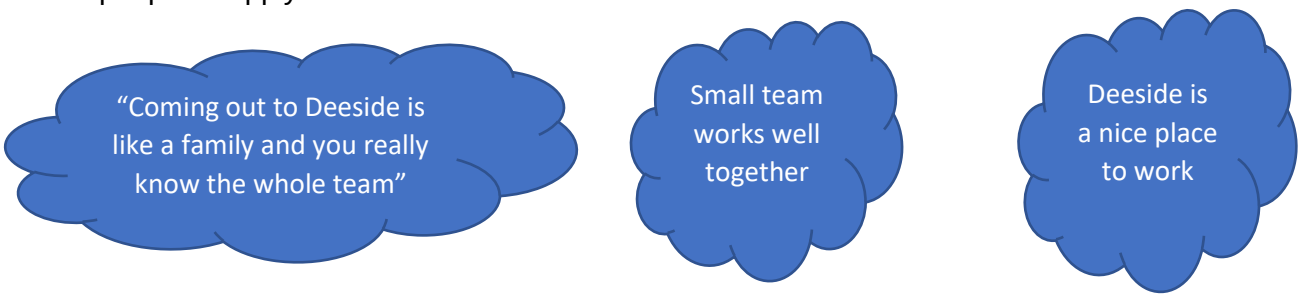
In reference to targeting school pupils, it was noted that at career fairs, school leavers very rarely attend the NHS stand, therefore, the partnership should be more pro-active and attend schools to share recruitment information rather than relying on pupils seeking out information on career opportunities. There is also the opportunity to engage with schools about modern apprenticeships and encourage recruitment that way.

There is a massive impact on current staff when there are vacancies within a team. The existing staff still must provide the care that is required but with less people.

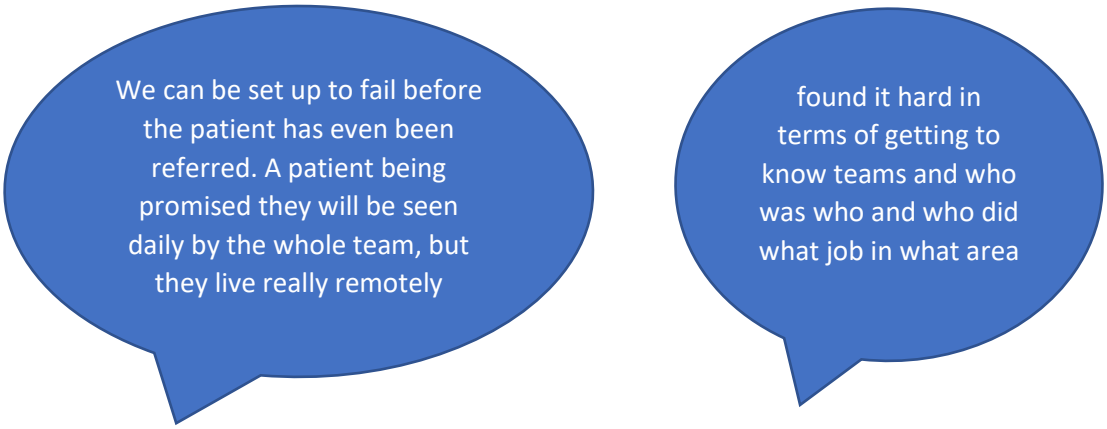


From a physiotherapy perspective, it was highlighted that having more support of students at undergraduate level would provide more of an insight into the nature of the work, taking on students within holiday periods will give them the experience of the role. This can be a challenge as a car would be required to work across Deeside and Upper Donside, but it then means that newly qualified staff are clear on the expectations of a community-based role.

Highlighting the positives of the location and the team should also be used to encourage people to apply for roles:



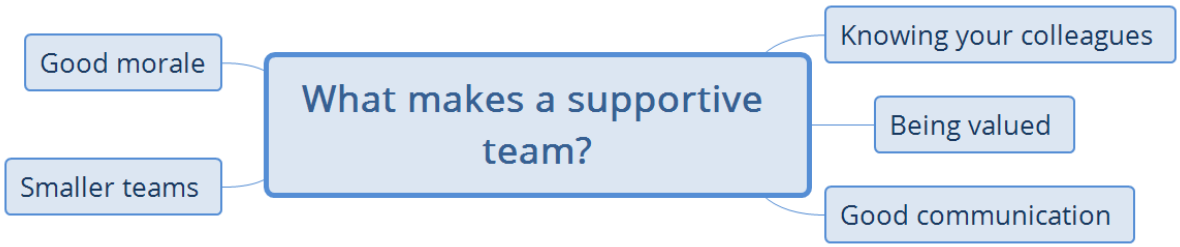
Training and development opportunities were frequently mentioned as ways to retain staff. There are a wide variety of roles and locations available across Deeside and Upper Donside so having the opportunity to shadow other roles not only gives a wider experience and skills base but can also promote a better understanding of the services that can be offered to patients/clients who need referral on to different services. The multi-disciplinary team would work better if there were better understanding of distinct roles and what is needed to be able to offer someone a service:



Protected time for learning is also important, especially when in a patient/client facing role as training cannot be done when the staff member may need to respond to the needs of people using the service. One of the benefits now is the availability of online training so travel and expense are not required. Ongoing learning and development staff needs to be both supported and recognised, staff should have equal access "*a minimum amount of time available for training*" and not feel guilty that they are training instead of seeing patients/clients. Training should not be sacrificed due to the pressures of the service.

The misconception of being less skilled if someone works outwith ARI needs to be challenged "*No matter what you have an interest in, you will come across it in the Shire and it would be good to let people know that*".

4.2.3 What makes a supportive place of work?



Perhaps unsurprisingly, the top responses to what makes a good team are:

- Knowing your colleagues
- Being valued
- Good communication

Some examples given by staff are below

Knowing your colleagues	Being valued	Good communication
•Great Rapport	•Being part of something	•Kindness
•Honesty, familiarity, empowerment	•Open, be able to cross boundaries	•Safe space/place
•Train together to bring people together	•Feeling like you're contributing	•Really helpful they have communal areas
•Close knit team improves efficiency	•To be a valued member	•Willingness to muck in and work together
•A mix of skills and abilities and a variety of people	•Going the extra mile	•Effective communication
	•People having a sense of ownership	
	•Important to take breaks and ensuring people go out, take a walk, get fresh air	

There are two comments that summarise what makes a good team versus what can have a negative impact on team cohesiveness.

What makes a good team:

Every staff member being recognised as being a crucial part of the team whatever their role is and without everyone, we are nothing. Everyone's voice is important and should be listened to and respected.

What prevents good team working:

A barrier to being a great team and a supportive working environment can be a lack of staffing and resources as it can make it harder to take time to communicate

4.2.4 What would a good service for Deeside look like in 10 years time?

The most common themes in relation to future service design focussed on integration and joint working. Continuing what was highlighted in earlier questions, communication within and between teams and with the public are key to achieving this. Services need to be flexible and fluid to be able to both adapt to the needs of patients/clients as well as being able to provide a continuity of care. This can be a hard balance to reach but some solutions include:

- More preventive care – be proactive about promoting better and self-managed wellbeing rather than reacting when someone becomes unwell, link with Live Life Aberdeenshire to provide upstream health promotions
- More community based (and local) care – hospital @ home to prevent admission to a ward, availability of local community hospitals to prevent admission to ARI
- Better integration of services – integration to be more than just in name, integrated records, purpose-built buildings, know everyone working in the area in all teams, integrating more services into hospitals, better links with communities, improved and accessible IT systems for all, better communication with third sector, voluntary organisations and communities to provide creative solutions
- Better communication and education of public – signposting to self-management, educating on use of services, monitor and review (e.g. 6-weekly) to reduce service dependence, build on self-management during covid, provide alternatives to medicalised care (e.g. fitness and exercise therapists for physio), improved working relationship with third sector

4.2.5 Summary of key findings

Several ideas were provided to enable services to meet the increasingly complex needs of patients. Empowering the public to look after their own wellbeing and managing expectations about capabilities of services, improving working conditions for staff, improving systems and communication and improved access to resources were all suggested by staff.

Addressing staff shortages could be overcome by considering more viable work patterns, targeting those leaving school for training and future careers in health and social care, having affordable housing available for staff and improving overall recruitment campaigns. Upskilling staff to undertake additional duties for additional pay, where appropriate, was suggested to make better use of existing workforce in terms of skills mix and workforce flexibility for covering when services are short-staffed.

Creating staff hubs would allow multi-disciplinary teams to work together and continually refresh skills and knowledge of different roles. A rotation between practice nursing, community nursing and hospital nursing when first starting in post to allow experience of all areas.

School pupils very rarely attend NHS stands at careers fairs, so a more proactive approach is required to share information on recruitment and career opportunities.

Protected time for training and development was identified and key in the retention of current staff. This is especially important for patient/client facing roles when staff may need to respond to the needs of service users.

The most important aspects of a supportive team are knowing your colleagues, being valued and having effective communication. When every member of the team is recognised for the contribution they bring to the team and everyone is listened to and respected it promotes a positive working environment, however, lack of staffing and resources can make communicating within a team more difficult.

A good service for the future would include more preventive care, more community based and local care, better integration of services and better communication and education of the public.

4.2.6 Points for further consideration

4) Review service and self-management information available to the public
   a) On Aberdeenshire Health and Social Care Partnership website
   b) On AHSCP social media
   c) At points of service delivery
5) Share learning from SNA with work groups currently addressing recruitment and retention of staff.

5 Understanding Our Community

Maintaining consistency throughout the process of the Strategic Needs Assessment was important so the public engagement followed a similar process to what had already been completed with members of staff. The survey was adapted from a previous SNA completed in Insch and was amended to take on board feedback that they had received following the completion of their survey as well as input from the Deeside and Upper Donside Project Group. The survey was further developed to incorporate questions that had already been asked of staff and amended to be suited to members of the community and again included a combination of open-ended questions as well as questions where respondents were asked to rate their agreement or the level of importance of a series of statements.

Prior to the survey being distributed, a number of community groups, organisations and community councils were contacted and asked to provide feedback on the format and content of the survey. Responses received were considered and changes were made to the survey following feedback received. The survey went live online on 27th May 2022 and the following week, feedback was received that the survey was not inclusive of residents of Upper Donside as it only stated Deeside as an option for the first question. Due to responses having already been received, it was not possible to amend the options for the first question but all references to “Deeside” throughout the survey and on the Engagement HQ page were changed to “Deeside and Upper Donside.” Furthermore, those who had made contact to highlight the issue received a response to confirm that the SNA includes the whole of Deeside and Upper Donside.

5.1 Public Survey Summary

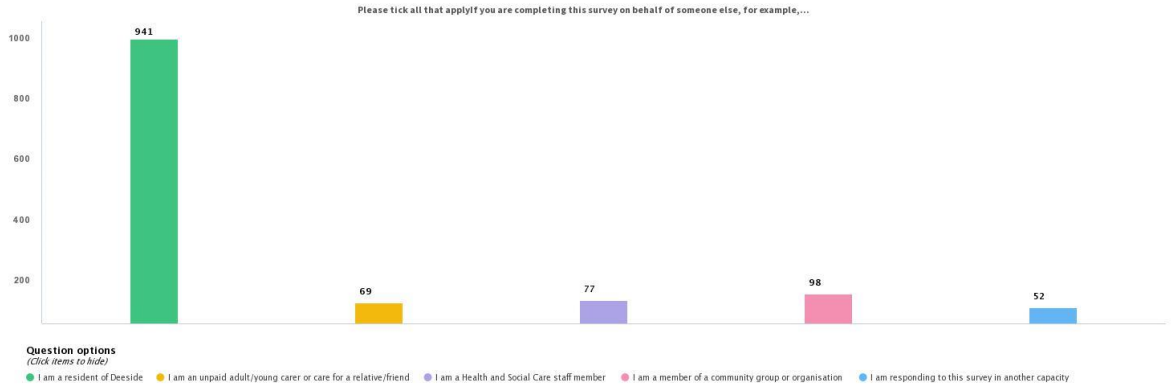
A total of 992 survey responses were received. The majority were completed online using the platform Engagement HQ where interested members of the public could also access information relevant to the SNA process and download a printable version of the survey if they did not want to or were unable to complete it online. A total of 118 paper copies were returned either via post or to a returns point within the community. There were 15 locations across Deeside and Upper Donside that received paper copies, displayed posters, and had a box to collect completed surveys. Paper copies and boxes were distributed on 1st June 2022 to the first 10 venues with the remaining 5 having copies available from 21st June 2022. All paper surveys were collected on 11th July and responses were input into the online system on Engagement HQ by the project team.

5.1.1 Demographic responses

Most responses were from people who stated they are a resident of Deeside (941) with responses also received from unpaid adult/young carers, Health and Social Care staff, members of a community group or organisation or in another capacity (including those who are resident of Upper Donside – 16 out of 52 responses).

Further response for the “responding in another capacity” option include:

- Left blank/inappropriate response – 19
- Carer – 3
- Responding as an individual – 10
- Family member receiving long-term care – 4



Those who responded as part of a community group included the following (some responses had multiple groups):

- Girlguiding/Scouts – 5
- Probus – 4
- Men's shed – 3
- Craft club – 4
- Church/choir group – 7
- Physical activity group – 5
- Community Council – 15
- Community Group – 44
- 3rd Sector organisation – 10
- Other – 11

Respondents were asked which health and social care services they had used in the last 3 years. There were 980 responses to this question with the top used services:

- GP consultation (891 people – 90.9% of responses)
- Local Pharmacy (778 people – 79.4%)
- Leisure Centre (343 people – 35%)
- Outpatient Clinic (314 people – 32%)
- Physiotherapy (283 people – 28.9%)
- Exercise groups/classes (237 people – 24.2%)
- Minor Injury Service (198 people – 20.2%)
- District/Community Nursing (136 people – 13.9%)

5.1.2 Thematic Questions Feedback

The next series of questions asked people to rate their agreement or level of importance of a series of statements. The below scale was provided:

The first question of this type listed all Health and Social Care services that are available across Deeside and Upper Donside and asked how important each service is. Most services (24 out of 28) rated on average between Important to Very Important out of the 990 responses to the question. The top 5 services are:

1) GP Consultation
2) Local Pharmacy
3) District/Community Nursing

4) Minor Injury Service
5) Home Care

The full graph of responses is available in Appendix III.

The information received from this question is useful as it illustrates that all current services are especially important to the community, but it does not allow a distinction between services or provide the reasons why each service is important.

An additional question in the survey asked for anything else that is important in relation to Health and Social Care. Full breakdown of that question will be provided but it is useful to note that several responses indicated that there are differences in which services are important to them as an individual and which are important to friends/family/the wider community. Therefore, an exercise was created for the focus group sessions to provide more information on which services are the most important as well as the reasons why these services are important.

A series of statements were provided to find out what is important to people about how they access Health and Social Care services. There were 988 responses to this question and 4 people did not answer. Some people did not answer every statement provided.

The most important aspects about accessing services are:

1) Being able to access the appropriate health care professional in a timely manner.
2) Receiving the care, treatment and advice needed in a timely manner.
3) Accessing services close to where people live.

For all statements provided, most responses indicated that they were either “Important” or “Very Important” to the individual. The statements that included the most “Unimportant” responses from the scale were:

1) Accessing support and advice services in role as unpaid adult/young carer.
2) Transportation being easily accessible for medical appointments when needed.
3) Being able to link to health care professional from home without the need to travel.

It should be noted that there was not a “Not applicable” option provided for each answer, but participants could skip a statement if they chose to do so. The statement relating to unpaid adult/young carers had the least number of responses (787 people answered the statement).

The final question in this format asked respondents to agree or disagree with a series of statements about the care and support that they receive. There were 978 responses to this question. Again most respondents “Agreed” with the statements but not as strongly as previous questions.

The top 3 statements that people agreed with the most were:

1) I have the information needed to take responsibility for my own wellbeing.
2) I am supported to live independently.
3) I feel safe, involved and included in my community.

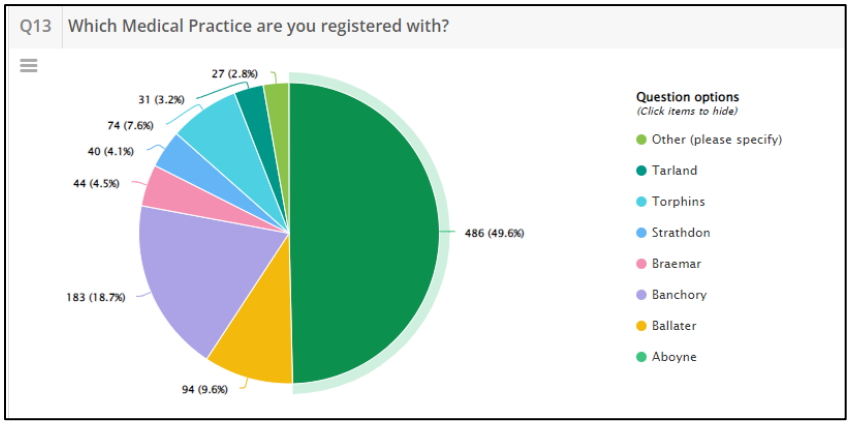
Finally, the statements that included the most “Disagree” responses were:

1) I feel involved in decisions relating to my care and my individual circumstances are taken into account.
2) The people who care for me feel supported in their role.

3) I am able to travel in order to receive specialist advice and care.

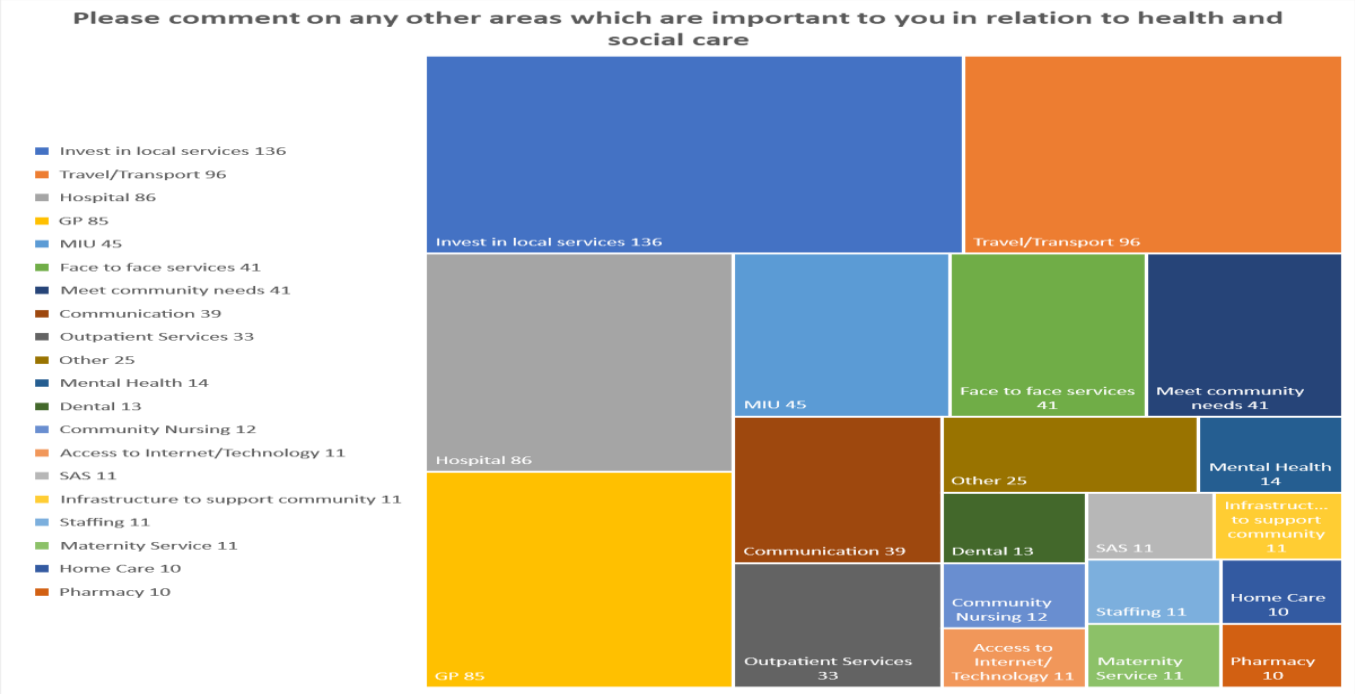
5.1.3 Comment on any other areas important to you in Health and Social Care

For the questions in this section, the responses were also broken down by geographical location. This was possible because respondents to the survey were asked with which GP practice they are registered. Results of this question are in the graph below:



It should be noted that the level of response to the survey was not representative of the population in terms of geographical location. For example, responses from Aboyne account for almost 50% of all survey responses but only accounts for 20% of the population. Conversely, responses from Banchory accounted for almost 19% of survey responses but accounts for almost 50% of the population. For this reason, it was considered important to look at the geographical variation in responses as well as to account for the different services that are available in each area and the different challenges that may exist for different populations.

The first open-ended question was for people to comment on anything else that is important to them in relation to health and social care. All responses were analysed and themes were allocated to each comment. Every comment could have more than one theme. There were 366 responses to this question and 817 themes generated. The most frequently occurring themes are illustrated in the graph below:



The variation in top 5 themes by geographical location are listed below:

Overall	Aboyne	Ballater	Banchory	Braemar	Strathdon	Tarland	Torphins
Invest in local services	Invest in local services	Invest in local services	Invest in local services	Invest in local services	Invest in local services	Invest in local services	GP
Travel/ Transport	Hospital	Travel/ Transport	GP	GP	Travel/ Transport	MIU	Invest in local services
Hospital	Travel/ Transport	GP	Communication	Travel/Transport	Hospital	Travel/ Transport	Travel/ Transport
GP	GP	Face to face services	Hospital	Hospital	Meet community need	Hospital	Maternity Service
MIU	MIU	Outpatient services	Face to face services	Meet community needs	GP	GP	Face to face services

Other themes that occurred less frequently include Palliative Care, Out of Hours services, Carer, Child health, Social Work services and Care Homes.

Investing in local services focussed mainly on community hospital provision and ensuring this continues at the current level. There were additional comments about keeping health care in the community where people live, local access to mental health care, Minor Injuries provision, care homes and care at home. Comments about travel focussed on the challenges for not only patients but also their family/friends/carers and the importance of having services available locally. For much of rural Deeside and Upper Donside, Aboyne hospital is central, easily accessible and highly praised. The challenges of having to travel further, often into Aberdeen based hospitals, impact on the patient due to time taken and challenges with public transport but also to those who support the patient or go to visit during an inpatient stay. The physical and mental wellbeing impact was highlighted by several people.

It is very important that services work together to support the individual

Efficient and quick access to health services without the need to travel.

Easy local access to services, frees up ARI!

Local community led health services are the lifeblood of the area and need development not reduction

Most comments were highlighting good practice and vital services in the area, including Aboyne Hospital, various GP practices, Pharmacy services, Minor Injuries service. Some also highlighted areas for development such as better wages to improve staff recruitment, improving access for people who cannot use a phone, more and reasonably priced exercise classes, appropriate use of technology but being able to see someone face-to-face when wanted.

The comments about access to GP's varied but a recurring theme was around access to GP appointments and in particular access to face-to-face appointments with a GP. Data from one GP practice shows more patients can receive on the day appointments than pre-Covid, f2f appointments on the day have increased, also large increase in telephone appointments both on the day and routine appointments, total number of appointments by all methods (f2f, telephone, e-consult and video) have increased since pre-Covid and since last year.

Type of GP consultation	**April 2019**		**April 2022**	
	No. of consults	% of overall consults	No. of consults	% of overall consults
f2f appointments				
routine f2f	1987	56.05%	495	11.85%
On the day - f2f	454	12.81%	756	18.09%
Total - f2f	2441	68.86%	1251	29.94%
Telephone				
routine telephone	344	9.70%	1104	26.42%
On the day telephone	760	21.44%	1131	27.07%
Total telephone	1104	31.14%	2235	53.49%
Other				
eConsult - on the day	N/A	N/A	680	16.27%
Near Me - video	N/A	N/A	12	0.29%
Total - other	N/A	N/A	692	16.56%
Total consultations overall	3545		4178	

In addition, there has been a substantial increase in the admin work the Clinicians do (referrals, medication reviews, issuing medication) and this has risen from around 2500 in April 2019 to 3165 in April 2022. The GP practice that originally provided the data above provided additional data on the number of appointments taking place in September 2022.

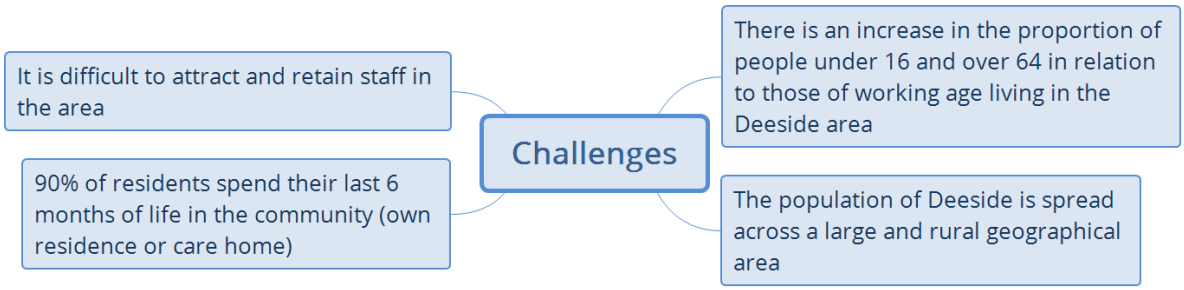
The figures provided does not include specialist GP clinics that have restarted which included minor surgery, coil clinics, contraceptive implant clinics and joint injection clinics. In total they made up a further 104 face-to-face appointments undertaken by GPs in September 2022.

Type of GP consultation	September 2022	
	No. of consults	% of overall consults
f2f appointments		
routine f2f	485	11.24%
On the day - f2f	749	17.37%
Total - f2f	1234	28.61%
Telephone		
routine telephone	909	21.08%
On the day telephone	1338	31.02%
Total telephone	2247	52.10%
Other		
eConsult - on the day	817	18.94%
Near Me - video	13	0.30%
Total - other	830	19.24%
Total consultations overall	4313	

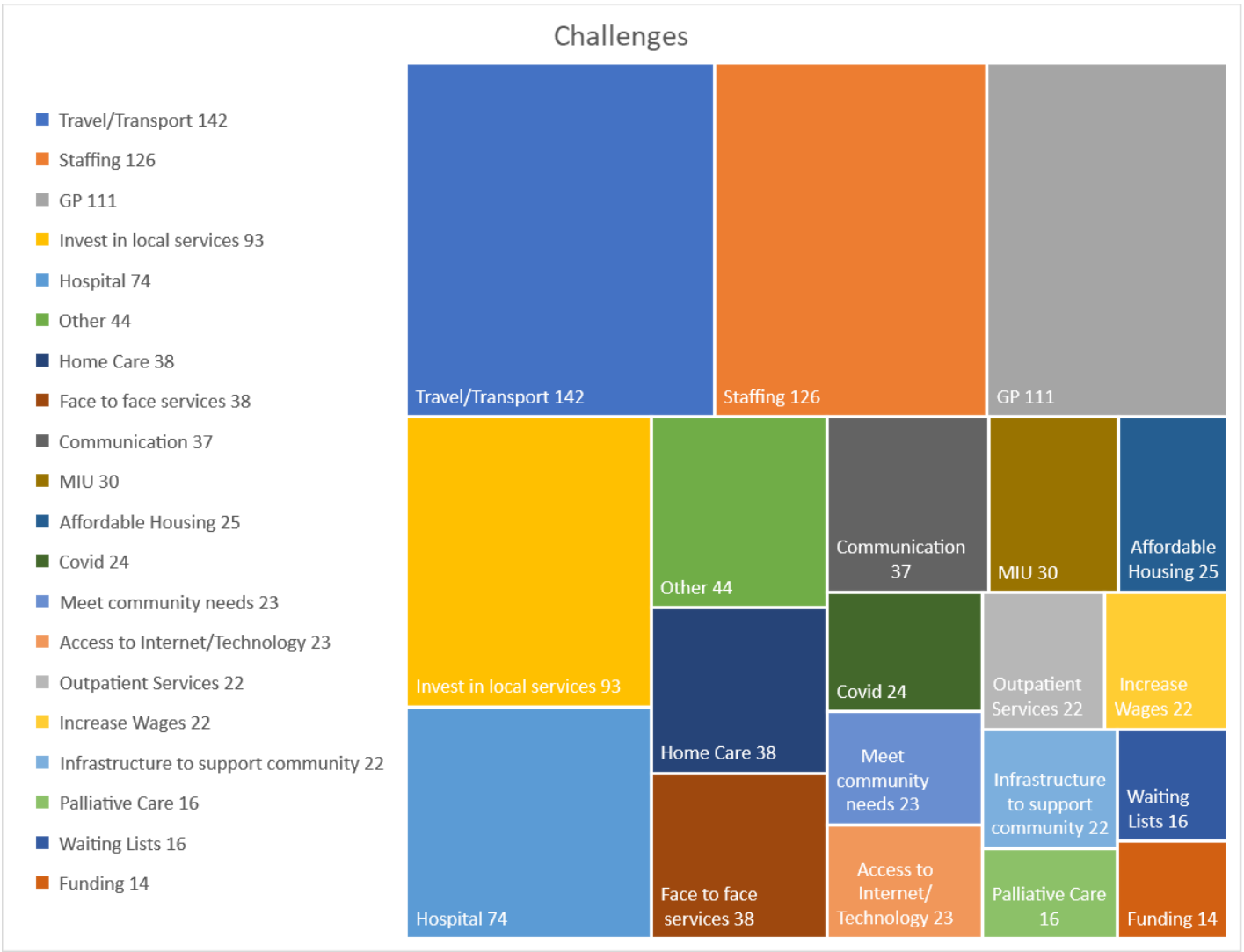
There were several responses that highlighted the change to the ear waxing service no longer being available at GP practices and instead being private and often only available in Aberdeen. It was fed back at the focus group sessions that this is a Scotland wide arrangement and so does not fall under the scope of this Strategic Needs Assessment. Furthermore, there were comments that indicated that some people are unaware of the differences between a Minor Injury Service and Accident & Emergency. It was explained in the focus groups that someone would be advised to attend a Minor Injury Unit for cuts and minor burns, sprains or if they may have a broken bone whereas the would be directed to A&E for a suspected Stroke or Heart Attack or other serious illness or injury.

5.1.4 Challenges in service delivery

The survey highlighted various challenges that the Health and Social Care Partnership have identified in relation to delivery of services as illustrated in the picture below:



There were 463 responses to this question which generated 1098 themes. The top themes are contained in the graph below:



In this question we were again able to break down the responses to look at geographic variation with the top 5 themes for each are as below:

Overall	Aboyne	Ballater	Banchory	Braemar	Strathdon	Tarland	Torphins
Travel/ Transport	Travel/ Transport	Travel/ Transport	GP	GP	Travel/ Transport	Staffing	Travel/ transport
Staffing	Staffing	Invest in local services	Staffing	Travel/ Transport	Other	Travel/ Transport	GP
GP	Invest in local services	Staffing	Travel/ Transport	Invest in local services	Staffing	GP	Staffing
Invest in local services	GP	Affordable Housing	Communication	SAS	GP	Hospital	Invest in local services
Hospital	Hospital	GP	Invest in local services	Hospital	Hospital (Invest in local services)	Invest in local services	face to face services

The most frequently occurring theme regarding challenges is travel and transport. Many responses highlighted the challenges of travelling into Aberdeen for health and social care appointments. Issues arise both from public transport as well as car journeys. Public transport does not go direct to Aberdeen Royal Infirmary, is expensive, unreliable, takes a long time and is “exhausting travel for anyone who is elderly, with mobility challenges or unwell.” The public transport does not provide links to allow people to attend appointments therefore family, friends and volunteer drivers need to be relied upon. For residents of Braemar and Ballater – Aboyne was highlighted as a more central location rather than Banchory for many services including Community Hospital, Minor Injury Service and Vaccinations. Many responses highlighted that access to services are manageable as a car driver, but they have concerns for getting older and being unable to drive. The transport connections between the villages and Aboyne/Banchory/Aberdeen are virtually non-existent. Even for those who do have a car and travel to Aberdeen for appointments, then face difficulty with parking at the hospital due to lack of access to wheelchairs and/or parking spaces close to the entrance of the hospital.

Potential solutions to transport issues provided by respondents include:

- Mobile clinics
- Affordable housing for staff
- Services based in Aboyne rather than Banchory or Aberdeen
- Competitive salary for staff/ Invest in Sponsorship Certificate to recruit from overseas
- Provide vehicle or fuel cards for carers
- Hospital to serve as healthcare hub
- Offer tax breaks for workers to remain in post rather than a relocation incentive
- Increase funding for dial-a-bus and community transport schemes
- Community hospitals equipped to deal with Minor Injuries to prevent having to travel to Aberdeen or Huntly and reduce pressure on Ambulance Service
- Replicate Braemar Care Initiative in smaller communities

if we think differently and make advanced practice posts in more professions then we may attract staff to the area as we are creating career paths that do not exist elsewhere in Scotland.

The Braemar care package reduces travel time meaning skilled aid is maximised.

The cost of living at the current time was highlighted as a barrier to attracting staff, if carers and people starting in the nursing career cannot afford a car, the lack of public transport limits the area they can work in. Lack of affordable housing means it is less likely that those in a lower paid role can live within Deeside and Upper Donside and rather will live (and work) in Aberdeen. Several people commented that it is a positive that residents in Deeside and Upper Donside spend the last 6 months of their life in the community and that this should be promoted more with more emphasis on Community Nursing.

Lack of reliable and affordable transport and infrequent transport means that accessing health and social care services for many is difficult.

It's great that dying people spend their last days at home.

More importance and resources should be placed on supporting those in need in our community.

There were varying views on the issue of housing. The lack of affordable housing is seen as a barrier to attract staff to work in the area if they cannot afford to live there as well, however, there are some people who feel building more housing will address the issue whereas others feel that too many new houses are putting excessive pressure on an already overwhelmed service.

Also, there are mixed views on the use of technology for accessing health and social care services. Some people think that it is especially useful and makes services more efficient due to cutting down the need for travel. However, there needs to be consideration for people who are not as able to use technology such as smart phones and video calling as well as for those who are particularly rural and so have poor internet access, whether that is broadband or mobile internet.

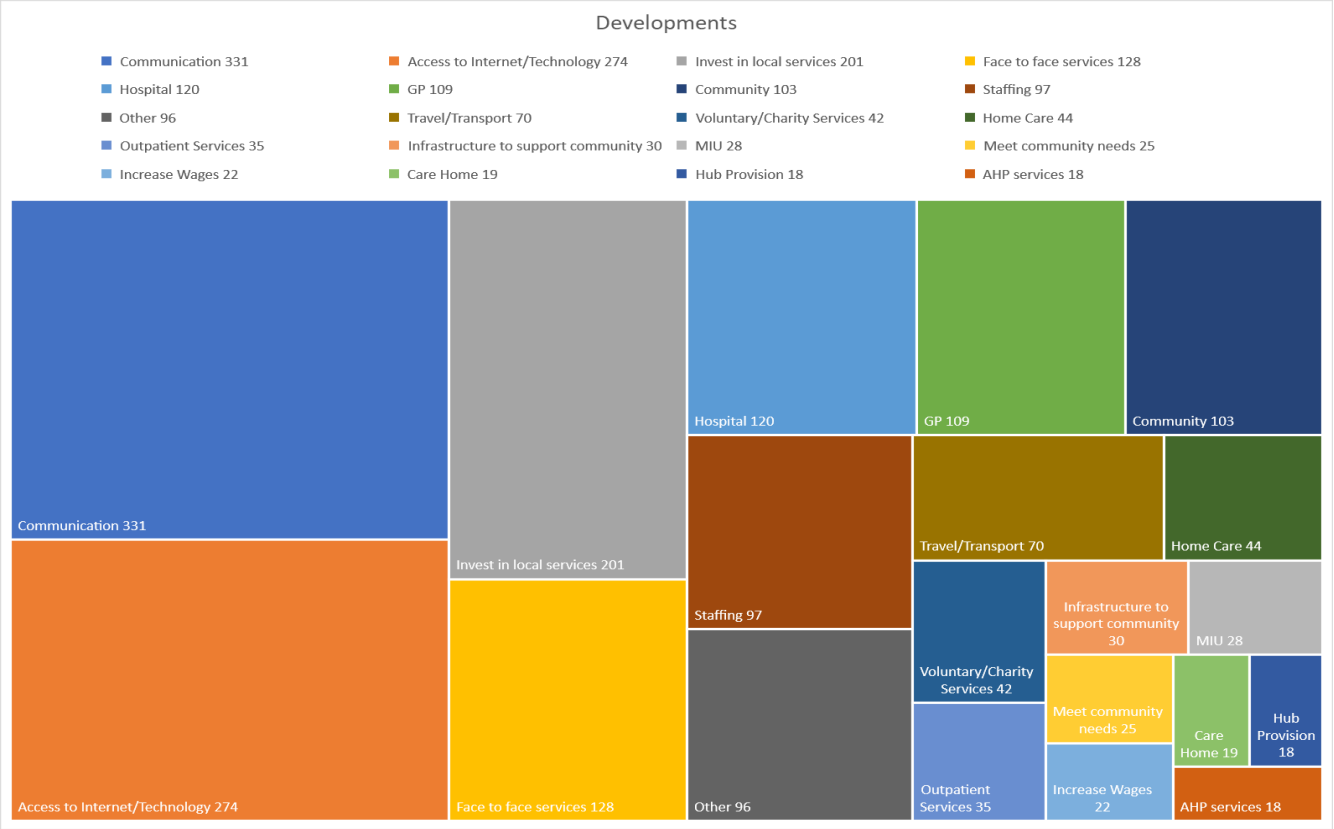
People also shared positive experiences of accessing Health and Social Care services such as knowing their care was under their local GP being a relief, receiving home visits and issues being resolved quickly. Many people commented on the professional, warm and caring attitudes of staff who deliver the care, especially given the amount of pressure services are under and being short-staffed so higher workloads on those who are working.

The staff involved are always pleasant and helpful even if they cannot get me the information/appointment when I call, they always return my call.

5.1.5 Developments

Aberdeenshire HSCP shared areas that have been developed in the delivery of services over the past few years and asked the community members what suggestions they have. The developments shared are in the illustration below:

There were 429 responses to this question which generated 2051 themes.



The top five themes by geographic location are as follows:

Overall	Aboyne	Ballater	Banchory	Braemar	Strathdon	Tarland	Torphins
Communication	Communication	Communication	Communication	Face to face services;	Other	Communication	Communication
Access to internet/ technology	Access to internet/ technology	Invest in local services	Access to internet/ technology	Communication	Access to internet/ technology	Access to internet/ technology	Access to internet/ technology
Invest in local services	Invest in local services	Travel/ Transport	Invest in local services	Access to internet/ technology	Communication	Face to face services	invest in local services
Face to face services	Hospital	Access to internet/ technology	GP	Invest in local services	meet community needs	invest in local community	Hospital
Hospital	Face to face services	Face to face services	Other	GP	Staffing	Maternity services	Preventative Care

Communication was mentioned the most when looking at how services can be developed. There is a general feeling that those who make decisions about Health and Social Care services in Deeside and Upper Donside do not understand the area or the needs of the community. It was suggested several times that frontline staff and practitioners should be involved in making decisions about care as they "…are better placed to know what is required."

There were many comments relating to GP call back times. There is variation between receiving a 1-hour timeslot for a GP call up to 3 or 4 hours in some cases. The longer timeslots are deemed too long as if someone has commitments or is working, they cannot guarantee to be available for a full 4-hour period. Furthermore, receiving a call from a withheld or "No caller ID" number may mean the call is not successful due to call screening to prevent spam callers. A suggested solution is to have caller ID for incoming calls from a GP practice, communicating a smaller window for contact and utilising video calls (such as WhatsApp). Further comments relating to GP practices include many people who wish to see a GP face-to-face rather than a phone appointment or an appointment with another professional. Some people like the phone appointments as it means you can access a GP quicker but also feel that it should be possible to book a face-to-face appointment straight away if that is the preference of the patient. In addition, people also said that video calls would be better than telephone calls as this reduces the feeling of isolation and being an "item on a list."

Digital technology is considered valuable when used at an appropriate time. Many people feel that contact with a GP over the phone is not sufficient as there is a lot that a GP can understand about a patient from their appearance, body language, overall presentation that cannot be captured over a telephone call. In some instances, technology can save a lengthy journey into Aberdeen to receive information in a 10-minute appointment. For some people, the increasing use of digital technology can be "…very stressful and off-putting…" A lot of people highlighted the difficulty for those who are not IT literate due to age, hearing issues, sight issues and mental capability. The key point is that people should be able to choose how to access services according to individual need and preference. A potential solution that was suggested is to provide support for those who are less able to use digital technology as well as having an alternative method of contact for those unable to use digital platforms to access health and social care services.

Communication between the Health and Social Care Partnership and the community was highlighted for several reasons. Some people feel the reliance on social media to share information is not inclusive due to many people not having internet or digital access or who may choose not to use social media platforms. Others feel that there needs to be ongoing communication and consultation with the local communities and service providers. When engagement takes place and the opinions of the community are received, the feedback needs to be acted upon otherwise it becomes a "…futile information gathering session." Improving communication about the pressures that services are experiencing was suggested to help the community understand the reasons for delayed access to services. Finally, it is not clear who someone should contact to find out about access to care services, a more transparent and clear system of access should be made available.

Communication between services is seen as an area for improvement. One suggestion is that individuals should have handheld access to their own records, GP's, ARI and the 'hubs' all being on the same computer system. There is a perception that there are too many "middlemen," and this presents a barrier between a patient and a doctor. Services should be

more streamlined and easier to access with appropriate signposting and explanations when someone needs to be referred to a different service.

Some people were concerned that the intention to capitalise on community spirit indicates that this would be relied upon to deliver services and volunteers would replace trained (and paid) professionals. There are concerns about existing volunteer services, for example patient transport services in Upper Donside, that are already heavily reliant on the goodwill of the people who run the service. If anyone is no longer able to implement these services, they will be lost and will leave a large gap in the community they serve. The support from the Health and Social Care Partnership to maintain and develop volunteer services is considered essential by the community.

A few people suggested the practice of “Health MOTs.” The idea being that preventative medicine is a better option than treatment once someone becomes unwell. Additionally, there are many people who do not currently access any services for many reasons but a suggested 3-yearly check with a health professional would mean that people who may be vulnerable are seen by someone.

As with the previous question, there were many comments about the issues presented by travel/transport with potential solutions being to use the community hospitals better as hubs for clinicians to visit rather than patients travelling into Aberdeen. The use of digital technology is also considered to be appropriate to reduce the need to travel.

The importance of local community hospitals was highlighted frequently as was the recognition of the staff. Increasing wages of nursing staff and carers to make the careers more attractive, letting staff know they are valued, providing the support that they need and providing opportunities for career progression were all suggested to attract more staff to work in health and social care in Deeside and Upper Donside. Creating apprenticeships and better links to schools to educate pupils about career options were also suggested.

5.1.6 Summary of key findings

Members of the community in Deeside and Upper Donside highlighted that all Health and Social Care services are very important. The most important aspects about access to services are being able to access the right service in a timely manner, receiving the right care and treatment in a timely manner and having services close to where people live. In terms of the care that is being received, people feel most strongly that they have the information needed to take responsibility for their own wellbeing, they are supported to live independently and they feel safe, involved and included in their community.

When asked about what else is important in relation to health and social care services, the top five themes were:

- Invest in local services – 136
- Travel and transport – 96
- Hospital – 86
- GP – 85
- Minor Injury Unit – 45

Survey responses were not representative of geographic location of the population with a significantly higher response from Aboyne and a significantly lower response from Banchory so geographic variations were analysed.

Ballater – Face to face services and Outpatient services higher priority than Hospital and MIU
Banchory – Communication and Face to face services higher priority than Travel and MIU
Braemar and Strathdon – Meet community needs higher priority than MIU
Torphins – Maternity service and face to face services higher priority than Hospital and MIU

Community hospital provision was the main driver for investing in local services due to the benefit to patients as well as family/friends/carers of having a local service. Aboyne hospital is considered a central location for most of Deeside and Upper Donside and the community hospital service was highly praised.

Comments about GP practices focussed on the accessibility of face-to-face appointments and being replaced with telephone appointments. Data provided by one GP practice shows an overall decrease of almost half the number of appointments being conducted face-to-face in April 2022 compared to April 2019. The reduction is largely due to the decrease in face-to-face routine appointments whereas on the day face to face appointments have gone up by 66.5%. There has been a substantial increase in telephone appointments (+102%) and total number of consultations by all methods (+17.8%). There has been a further increase in the total number of appointments carried out in September 2022 (total 4313 by all methods). Furthermore, the GP practice providing the data has restarted specialist GP clinics between April 2022 and September 2022 which accounts for a further 104 face-to-face appointments.

Challenges relating to the delivery of health and social care services were illustrated in the survey with additional contributions from responses outlining the following top five themes:

- Travel/transport – 142
- Staffing – 126
- GP – 111
- Invest in Local Services – 93
- Hospital – 74

Geographic variations as follows:

Ballater – Affordable housing higher priority than hospital
Banchory – Communication higher priority than hospital
Braemar – Scottish Ambulance services higher priority than Staffing
Torphins – Face to face services higher priority than hospital

Travel to Aberdeen to access any health and social care services was universally considered problematic due to the length of journey and unreliability of public transport. Several solutions to the travel issue were suggested including locally based services, provision of vehicles or fuel cards for carers, creation of healthcare hubs, investment in community transport schemes and replication of Braemar Care Initiative.

The use of digital technology had mixed views with some considering it to be beneficial in making services more efficient but others feeling it excludes members of the community who are not able to use the technology or who have poor internet connection due to the rural nature of the area.

Areas of development over the recent years were shared and respondents were asked to respond. The top five themes were:

- Communication – 331
- Access to internet/technology – 274
- Invest in local services – 201
- Face to face services – 128
- Hospital – 120

Geographic variations were:
Ballater – Travel/transport higher priority than Hospital
Banchory - GP and Other higher priority than face-to-face services and hospital
Braemar – GP higher priority than hospital
Strathdon – other, meet community needs and staffing higher priority than Invest in local services, face to face services and hospital
Tarland – maternity services higher priority than hospital
Torphins – Preventative care higher priority than face-to-face services

It is considered that frontline staff should be involved in decisions about care as they know better what is required. GP telephone appointments could be improved by reducing the length of time for a call-back and having a known number rather than withheld or no ID. The choice of whether to have a telephone or face to face appointment should lie with the patient.

Digital technology again received mixed response with general feeling that it is better utilised for ongoing health or care needs rather than diagnostic appointments. There are times that telephone or video calls are a better option than travelling to receive information from a professional.

Communication between the Health and Social Care Partnership and the community requires improvement. Services should be more streamlined with information available between services on the same system to facilitate easier referral and access to services.

Further investment and support for voluntary organisations is required to make them more sustainable, particularly those offering patient transport options.

5.1.7 Points for further consideration

6) Review communication with the community regarding service provision (including alternatives to digital provision of information)
7) Consider available transport options and how this is communicated to the public
8) Share opinions on digital service provision with project groups currently evaluating the use of digital technology
9) Review support for voluntary organisations that enhance health and social care activity

5.2 Public Focus Group Summary

A subgroup of the Programme Board was set up to consider the feedback from the public survey and compile the content for the focus groups. The previous content for the staff focus groups was considered, and questions were adapted to fit with the key themes from the public survey. Once the content of the focus groups was finalised, a selection of people from the community who had provided feedback on the survey were contact to ask if they could provide feedback on the focus group questions. Following conversations, some amendments were made to the wording of the questions to ensure they would be understandable to the public.

The focus group sessions were introduced with a PowerPoint presentation outlining the key information from the survey and from health intelligence to provide the background for the questions to be asked. The questions were framed to allow further discussion on how members of the community would suggest addressing issues around meeting the changing needs of those accessing health and social care services, staffing, transport and what a good future service would look like. An additional exercise was included in the public focus groups to gain further insight into what services are most important to members of the community and the reasons why.

The number and location of sessions were planned according to responses from the survey. There were 210 people who indicated that they would like to attend an in person focus group and 195 who would like to attend an online focus group. Some people chose both options which resulted in 231 people providing either an email or a postal contact address to be provided with information about focus group sessions taking place. A total of 24 sessions were planned to take place over 5 weeks from 8th August 2022 – 9th September 2022. Once registrations were live, it was apparent that some sessions were less popular, so a decision was taken early on to cancel four of the session to allow the 1 or 2 people who had initially signed up to choose an alternative. Furthermore, the session that was arranged for Braemar had incredibly low registrations and the project group was made aware that there was another public meeting on the evening of the planned session. The date of the session was changed and subsequently there were 11 members of the community attended the session.

To comply with capacity of venues and available facilitators, each in-person session had a capacity of 10 people and each online session was 20 people. The registration and attendance of each session is listed below:

Date	Time	Location	Registered	Number in attendance
Tuesday 9th August	10am-12pm	Aboyne Library	10	10
Wednesday 10th August	10am-12pm	Banchory Library	CANCELLED	
Wednesday 10th August	6-8pm	Tarland, MacRobert Hall	7	4
Thursday 11th August	1-3pm	Online	8	2
Monday 15th August	6-8pm	Torphins, Learney Hall	4	3
Tuesday 16th August	10am-12pm	Online	5	4
Wednesday 17th August	1-3pm	Ballater Library	3	2
Thursday 18th August	1-3pm	Aboyne Library	8	8
Friday 19th August	1-3pm	Banchory Library	7	5
Monday 22nd August	6-8pm	Online	10	4
Tuesday 23rd August	1-3pm	Braemar Village Hall	CANCELLED	
Wednesday 24th August	1-3pm	Banchory Library	5	5
Wednesday 24th August	4-6pm	Aboyne Library	7	7
Thursday 25th August	1-3pm	Tarland, MacRobert Hall	3	2
Tuesday 30th August	4-6pm	Banchory Library	7	5
Wednesday 31st August	1-3pm	Church Hall, Ballater	5	5

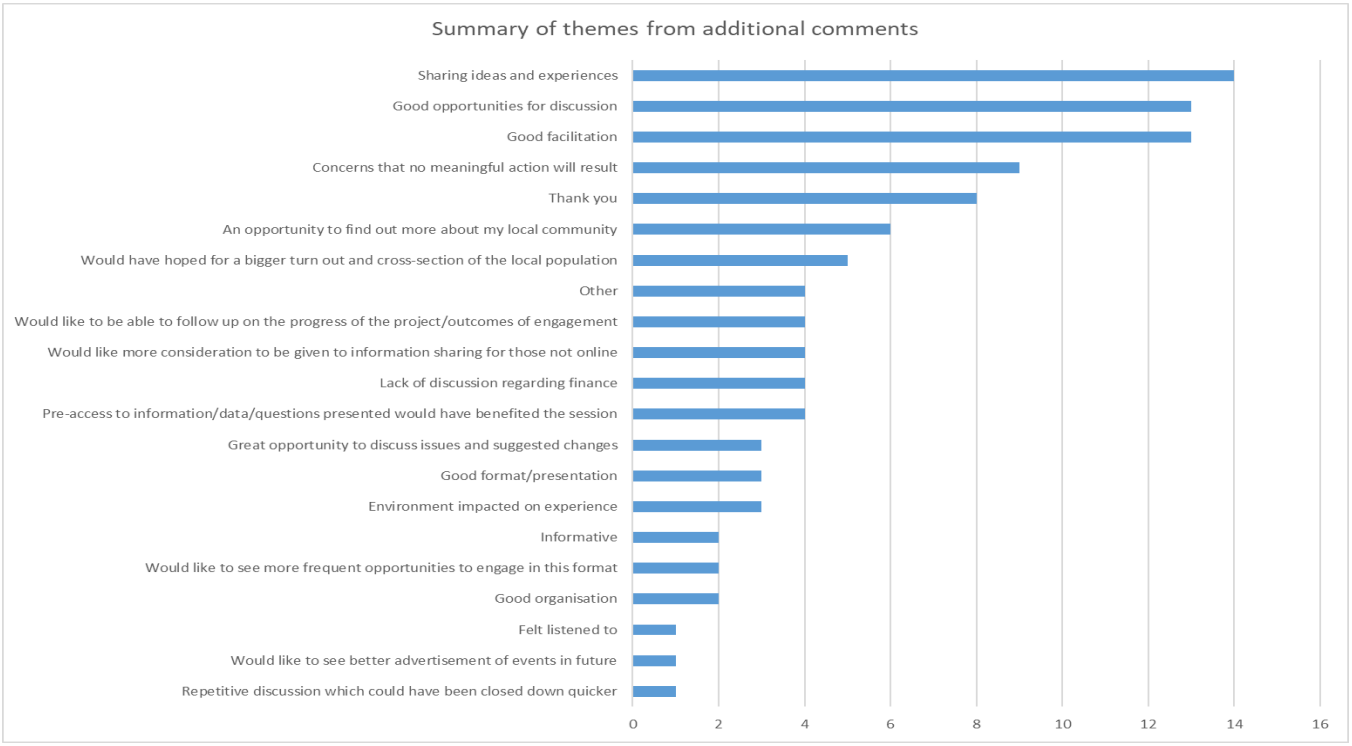
Wednesday 31st August	6-8pm	Online	10	7
Thursday 1st September	1-3pm	Torphins, Learney Hall	4	2
Friday 2nd September	6-8pm	Aboyne Library	10	8
Monday 5th September	6-8pm	Aboyne Library	CANCELLED	
Tuesday 06th September	12-2pm	Braemar Village Hall	9	11
Wednesday 7th September	6-8pm	Strathdon Lonach Hall	11	11
Thursday 8th September	1-3pm	Online	8	6
Friday 9th September	10am-12pm	Banchory Library	CANCELLED	
		Total	**141**	**111**

Following completion of the above focus groups, it was recognised that there had been low survey response and attendance at focus groups by people who stated that they had a learning disability as well as those under 18. Additional sessions were arranged at Kraftworks Day Service, Aboyne with five service users and 1 staff member present as well as a session at Aboyne Academy with 10 pupils present. Contact had been made with Banchory Academy and Alford Academy, but it was not possible to arrange sessions with pupils at these schools.

All attendees were given the opportunity to complete an evaluation following each session. Paper copies were handed out at the in-person sessions and handed back in. A link to an online form was provided following the online sessions. A total of 99 evaluation forms were completed:

- 91.9% of respondents felt informed about the process of the SNA
- 97% of respondents felt they were able to share their views
- 92.9% found the session useful

Most respondents also provided comments regarding the sessions which have been summarised below:



5.2.1 Important Services exercise

Attendees at each focus group were asked to complete an exercise at the start of the session to identify what are their top three health and social care services. As people had indicated in the survey that there may be different services that are important to them as an individual, to their family members and friends and to the wider community, the exercise allowed them to share these differences. Everyone was guided as below:

Using the sticky notes provided rank the top 3 services for each of the following statements:
Services which are:

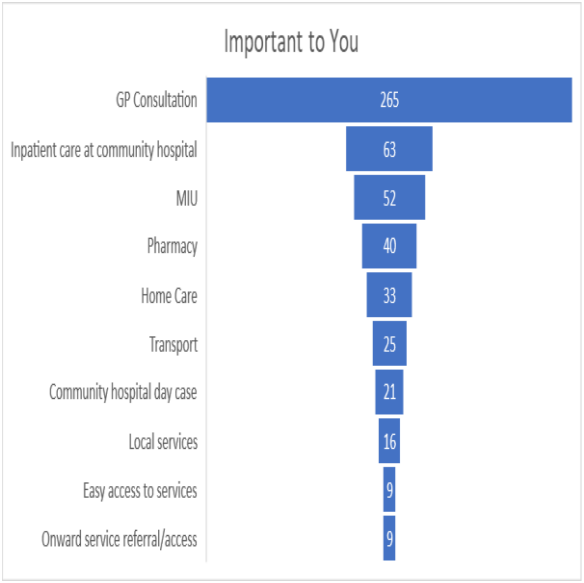
- **important to you**
- **important to your community**
- **important to Deeside/Upper Donside**

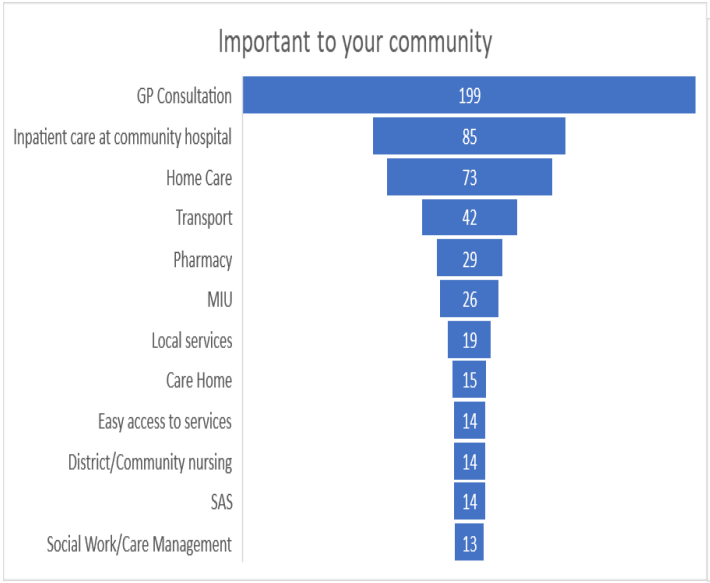
Flipchart paper was provided with each of the headings and everyone was asked to write their top three services under each heading, number them in order of importance and stick them to the relevant flipchart. For the online session, Google Jamboard was used. Some attendees had difficulty access the Jamboard, so they were guided to write their choices in the chat or say them aloud and a facilitator added their choices to the Jamboard. This exercise was completed at all sessions except Kraftworks and Aboyne Academy. At the very first session in Aboyne, attendees were provided with a list of 28 health and social care services as used in the survey to assist with the exercise, however, it was found that this made the exercise take a lot longer. For the remaining sessions, attendees were asked to write whatever they wanted. This resulted in many people writing something at some point that was not a health and social care service. All results were then collated and a weighting given to each response as follows:

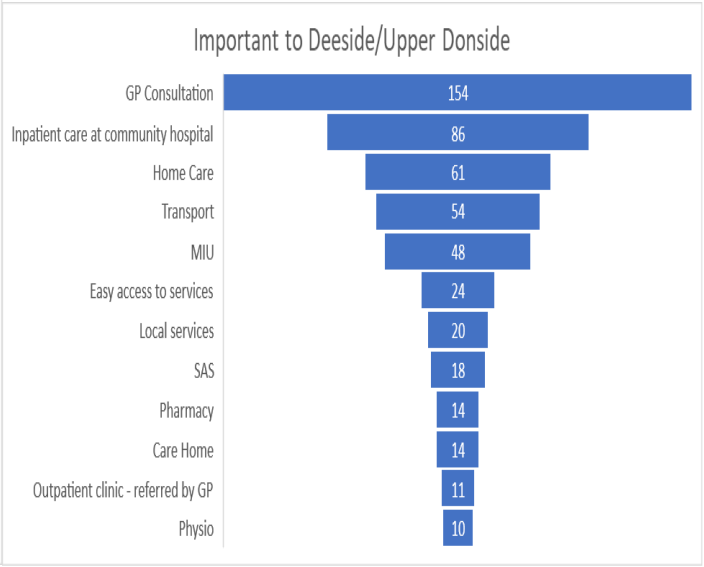
1st service = 3 points; 2nd service = 2 points; 3rd service = 1 point

When a response was not a health and social care service, a heading was added so that all results could be included. It was decided to include the responses that are not directly a service because it demonstrates what is important to the community about services. Sometimes it is not about the service itself but the whole experience of accessing health and social care services.

The results are illustrated in the graphs below.







Results presented above are for all areas across Deeside and Upper Donside. When looking at different geographic locations, there was some variation for the following locations:

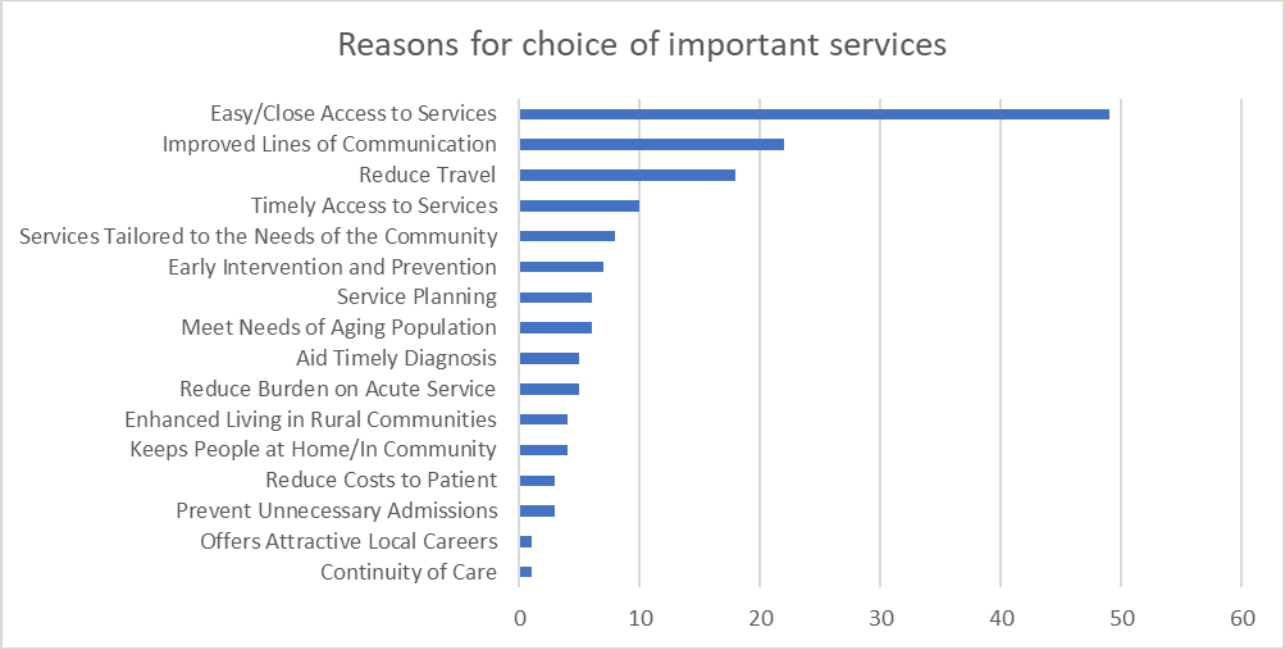
Strathdon

- Important to you – 1) GP Consultation, 2) Home Care, 3) Pharmacy
- Important to Community – 1) GP Consultation, 2) Home Care 3) Pharmacy and District/Community Nursing
- Important to Deeside/ Upper Donside – 1) GP Consultation 2) Home Care 3) Transport

Tarland

- Important to Deeside/Upper Donside – 1) End of Life/Palliative Care and GP Consultation, 3) Transport

At the end of the session the question was revisited and participants were asked if they would like to change their order of services. The majority did not want to change and so they were asked to provide the reasons why they made their choices. A summary of reasons given are included below:



5.2.2 How can Health and Social Care services meet the change in needs of the community?

Following on from responses provided in the survey, we wanted to know more about how community members think services can adapt to meet the changing health needs of the population. The same question was used from the staff focus groups which highlighted a difference in approach.

The most frequently occurring theme was communication with this being mentioned 68 times. Very often, communication was mentioned alongside provision of information in that people wanted better information about services that are available and how to access them. This includes better clarity on what is offered by different services. There is a general feeling that messaging needs to be clearer and open about expectations and what can be delivered. For example, it was felt that recent messaging about not attending Accident and Emergency departments was delivered successfully because the reasons for the message was made clear. Messages should be disseminated through a variety of sources including social media, radio, local newspapers and should be tailored to local areas.

There was recognition that as the needs of the population changes, members of the public must have a better understanding that services need to react and change to the best of their ability to meet those needs. Communication between services was highlighted as an area for improvement with examples shared about information not being easily available between hospitals and GP practices when patients are referred or discharged.

There were issues shared specifically in relation to vaccination appointments where appointments were issued from Central Scotland with no recognition of geographical location so were not for the nearest vaccination centre. Furthermore, the distance that people from Braemar and Strathdon must travel for vaccinations was highlighted as not acceptable and worked far better when the local GP was administering vaccines. It was felt to be a cost decision to have centralised vaccination centres, but this did not meet the needs of the population who had to travel.

Having services available locally was a common theme and expanded upon reasons given in the survey:

- Reduce the need for lengthy travel
- Meeting the needs of an aging population
- Accessible and in-home services are a priority
- Reduce pollution
- Lack of thought from ARI when timing appointments – too early or too short notice for transport
- Improve wellbeing of patients who can receive visitors more easily in community hospitals compared to ARI

There were suggestions about how to localise services including:

- Multi-disciplinary hubs for whole community use
- Travelling consultants to provide clinics in community hospitals
- Local support available following hospital discharge
- Having services delivered to a group rather than individually where appropriate

As with survey responses – there was mixed feeling about the use of digital technology with some feeling that it is a positive development and improves access to services while others feel that it cuts of the most vulnerable due to IT skills and availability of internet. A potential solution that was suggested was to support those who needed it to access online services at their local library, however, most libraries are only open part-time. Some systems are time-consuming and “clunky” to use so an upgrade of current systems was felt to be beneficial. The use of technology to support care at home may be an option to alleviate the difficulty in recruitment of carers.

Many solutions to meet the needs of the community focussed around promoting self-management and community resilience. Suggestions include:

- Replicate model of Braemar Care to include community at grass roots level
- Providing support and information sharing services to enable people to help themselves
- Services designed to meet the needs of the community – including staff who deliver services in the design
- Better integration of Nursing Homes and the community so that everyone feels included
- Better support and advocacy for carers, young people and families
- Holistic support
- More flexible service hours rather than 9-5
- Increase routine health checks (e.g. asthma check-ups have reportedly been conducted over telephone)
- Replicate Health and Social Care hub models with specialist practitioners attached to GP practices
- Appropriate training for those triaging patients for GP practices

5.2.3 How can staff shortages be addressed?

There were lots of suggestions about how to address staff shortages which can be grouped under the following stages:

- ➔ Recruitment
- ➔ Remuneration
- ➔ Flexibility
- ➔ Wellbeing
- ➔ Career development and progression

Recruitment

There were two suggestions focussed on recruitment to vacant posts – Recruitment from Abroad and Recruiting pre-retiral. The options for recruiting from abroad accounting for Visa requirements were suggested as well as considering what qualifications are recognised from outside the UK. There were further suggestions regarding recruitment of those who are recently retired or approaching retirement – ensuring that details are retained on those who are leaving the workforce to keep them informed of potential short-term or flexible contracts would be essential for this to work. It was suggested to offer training opportunities to staff from out with the area to promote the sharing and exchanging of ideas.

Attendees were asked how they would sell the area to people to encourage them to live and work in Deeside and Upper Donside. There were many advantages provided such as the amount of green space that can be used for active lifestyles, the proximity to Aberdeen City, the higher quality of services available, promoting the change after the slowdown of the oil industry (becoming less costly to live), appealing to those who wish to have a settled family life who are perhaps a bit further on in their career.

Remuneration

Increased wages were suggested for a variety of reasons, including recognition of the value of the work undertaken, making roles more attractive, ensuring people can afford to live in the area and continue in a health and social care role. A review of mileage rates for staff – particularly community carers – was also suggested. There were a variety of further financial incentives:

- Lower tax for specific roles
- Financial support for those who are carers to remain in their roles
- Packages to retain those who are trained in specific roles
- Travel subsidies

Flexibility

Allowing flexible, family-friendly posts was seen as a way to improve both recruitment and retention of staff. Posts that can be either during school hours or out of hours but not a combination of both could potentially be seen as more attractive to fit around childcare requirements. Shorter shifts to fit around childcare is another option along with job-sharing due to the lack of options for wrap-around childcare. Rotational posts during training and beyond could provide newly qualified professionals the experience of working in the community and encourage them to seek a longer-term career in the area following the experience. A 3-month training rotation within a community setting and/or a commitment to spend a fixed amount of time after training within the area will also increase the available staff pool.

Wellbeing

The importance of staff wellbeing was discussed in most focus group sessions. There was a lot of awareness of the impact of staff shortages on existing members of staff and it was suggested that to break the cycle of people leaving and increasing pressure, staff need to feel valued and be recognised for the fantastic job they are doing. By promoting a happy and healthy workplace, it may be easier to attract more people into the team. A lot of people may be put off applying for jobs in health and social care because they know the amount of pressure that is involved in the role. There are many ways to improve staff wellbeing including job security, being paid appropriately for the work undertaken and being paid for all hours worked, involving staff in decision making about their service, ensuring recognition of work undertaken and having a supportive team. One way to assess why people are leaving is to review exit interviews to better understand the reasons for leaving.

Another aspect contributing to staff wellbeing is the availability of affordable housing. Many people commented on the cost of housing and reflecting on the current cost of living crisis and rising energy bills, it was felt that staff would not be able to live and work in Deeside and Upper Donside. Furthermore, due to the cost of fuel, if staff live out with the area, they may not be able to afford the time and cost to travel greater distances to and from work. Some potential solutions to this issue are:

- Encouraging residents to open their homes to Health and Social Care workers in the same way they have to political refugees
- Social housing being made available
- Dedicated health and social care housing for staff
- Supported funding for housing
- Staff accommodation at care homes

Career Development and Progression

There were many suggestions on advertising career progression, training opportunities and development to both encourage people to start a career in health and social care as well and retaining staff and promoting wellbeing. “On the job” training would be an option to bring in, for example, nurses during their training at university so that they can sample the environment and hopefully be more likely to apply for posts following qualification. It also provides additional resource while in training. A pre-recruitment emphasis on career progression and ongoing professional development was seen as positive aspects to encourage people to apply for jobs. Fast-track training for carers to widen the staff pool would also have a benefit to hospitals as patients can be discharged sooner with an appropriate care package in place.

Promoting health and social care careers in schools is an option to increase awareness of career opportunities at an early stage so pupils can sign up for apprenticeships or seek appropriate training/qualifications after school. Having training available locally, ideally within the Deeside and Upper Donside area, was considered important as once people must leave the area to access training, they may not return. The Braemar Care Initiative is an example of the success of providing training in the local area where people would ultimately work.

Training and development for existing staff is seen as an important aspect to upskill and retain the workforce. Staff could also be trained as trainers to reach out to young people and those who are considering a career change and provide them with the skills needed to start their career – this is especially useful for carer and personal assistant roles. Like suggested

service delivery models, a hub and spoke model for training could provide an insight into different roles and promote a better understanding of what each service/profession does and in turn enhances transition between services for service users.

5.2.4 How can transport challenges be overcome?

There was a lot of discussion about the challenges faced with transport and accessing Health and Social Care Services across Deeside and Upper Donside. The suggested solutions are:

Community Based Solutions

- Uber Style taxi service
- Use of ambulance for patient transport when not being used for emergency service.
- Shuttle buses around local areas
- The "Postie Bus" - people get a lift on the postal workers route
- On demand bus services rather than large set services
- Fire service to become first responders
- Prescription delivery service
- GP practices to arrange transport for thier patients
- Village Hopper - sponsored by Coop to take people to shop from villages - can similar be funded for appointments?

Voluntary and Third Sector Services

- Wider access to Dial-A-Bus and Deeside Hopper
- make volunteering an easier process
- Train more first responders
- Provide support for volunteer transport services
- Better publicity of dial-a-bus service
- Streamline process for claiming back costs for volunteer drivers
- Allow blue badge for volunteer driver groups to facilitate parking at hospitals

Subsidised/funded transport services

- taxi firms offer specific medical rates
- Address the expense of public transport
- redeploy local taxis for H&SC transport
- Provide taxi vouchers for appointments

Understanding of local area

- Public transport journeys take up to 3 hours
- Have more direct routes available
- Reroute 201 bus to enter Aberdeen via ARI rather than Great Western Road
- Consider location and journey time when sending appointments
- Link appointment times to bus times at hospitals
- Allow short toilet stops during journey to make use of public toilets
- Increase disabled parking at ARI

Method and location of service access

- Services provided in Deeside rather than Aberdeen
- Digital appointment for test results rather than travel to Aberdeen
- Provide home visits
- Blood tests to be done at same time as GP appointment to prevent further journey
- Mobile pharmacy to outlying areas
- Provide group appointments
- Have hub services within Deeside and Upper Donside
- Vaccination appointments for households at the same time
- Rotation of clinics to Community hospitals

Some final comments on transport challenges regard the impact on the environment of having to make long journeys by car due to the inadequate and unreliable public transport, the fact that elderly or unwell people may cancel appointments if they cannot face the journey by bus and do not have any other options and the fact that a lot of people who do not drive need to rely upon the goodwill of others (whether family/friends/volunteers) in order to be able to attend appointments.

5.2.5 What would a good service look like in 10 years?

In keeping with the findings from earlier questions and the survey, keeping services local is by far the most important thing to the communities of Deeside and Upper Donside. There were many discussions about what local means to different communities and for most people who took part, Aboyne was seen as the local point. There are several health and social care services in Banchory that the community there wish to be maintained but for Aboyne and the outlying areas, Aboyne was cited as more accessible than Banchory. This came through particularly strongly when people spoke about their experiences receiving vaccination appointments with it proving challenging for a lot of people to travel to Banchory for this purpose. The reasons for local service provision were the same in this question as in previous questions, in summary:

- Reduce the need for lengthy travel
- Meeting the needs of an aging population
- Accessible and in-home services are a priority
- Reduce pollution
- Lack of thought from ARI when timing appointments – too early or too short notice for transport
- Improve wellbeing of patients who can receive visitors more easily in community hospitals compared to ARI

A good service for the community is linked with effective communication. To improve communication there are two key issues, one around connectivity and one around information provision from the Health and Social Care Partnership. To expand upon previous suggestions relating to digital technology:

- Possible trade-off for younger patients to use online consultations to free up face-to-face appointments for those less able to use technology
- Choice in use of technology and traditional services
- Build on digital technology and get away from sending letters through the post
- Further roll-out of 24-hour pharmacy dispensing machines
- Use of online services could lead to a pool of doctors rather than only at designated practice to speed up access to services
- Use of technology to allow people to remain at home e.g. fall alarms

Communication:

- Range of services more widely known to the community
- Improved sharing of information between services
- Better joined up working
- More collaboration with charities
- Review triage process to reduce multiple contacts for same issue

A review of service delivery and looking at innovative practices are required for future delivery of services within a cost-neutral budget. Some ideas proposed include more focus

on preventative approaches, for example, regular general health screening, education on self-care, a proactive approach to looking after people and enhanced wellbeing programmes. In terms of building capacity, working with the armed forces to provide local support in the community, training to upskill the workforce and offering short-term contracts to those recently retired were all suggested. A hub model of service provision is considered to be efficient as you can have many different workers in the same place and able to work collaboratively as well as them being able to travel out to smaller communities to deliver services.

In relation to care homes, the model currently used in Holland with care homes housing both those in need of care as well as younger people who receive cheaper accommodation in return for doing some work within the home was suggested. This model would go towards resolving the issue of lack of staffing, lack of affordable housing for staff and low wages. It is also beneficial for the whole community as those within the care home may feel more integrated within their community. Care home provision needs to be reviewed as with an aging population, if there is not an increase in care places available, more elderly members of the community may end up within a hospital because they cannot receive the required care at home or within a residential setting. This is turn will put further pressure on hospital settings. Furthermore, there should be care homes within each community so that for those that do need to transition to a care home, they can maintain local connections with peers who can visit.

Care within the community is regarded as essential to prevent unnecessary admission to hospital. Sheltered housing is useful as a transition to a care home as individuals still have their own home but also have options for communal activities with other residents which helps to reduce isolation and loneliness.

The model used by Braemar Care is regarded as innovative and a good starting point for other communities such as Ballater, Tarland, Torphins and Aboyne. The model can be explored further to evaluate whether it would meet the needs of these communities.

Community hospitals are valuable assets to the community. There is strong feeling to retain the community hospital provision within Deeside and Upper Donside as well as suggestion to expand on services delivered to alleviate pressures not only at ARI but also within care home and community services. Community hospitals were often regarded as a good environment for recuperation following an inpatient stay and sometimes helped recovery due to the accessibility for visitors to promote the wellbeing of the patient. Palliative care within a community hospital is also preferable to having to go to ARI. Many people wish to see the return of the minor injury unit at Aboyne.

Mental health services are considered a priority as any illness can also cause stress and anxiety. Easily accessible social activities are regarded as an effective way to promote wellbeing, improve community inclusion and reduce isolation. There was an idea that care homes could provide additional lunches for elderly people within the surrounding community who could go to the home and eat lunch alongside residents. Social activities within community settings for all ages would further integrate members of a community.

Services that were highlighted as requiring more provision are NHS Dental services and Optician services as they are difficult to access or not available at all in some communities. In addition, it was highlighted that there is a lack of support for unpaid carers and quite often the role and contribution of unpaid carers goes unrecognised. Many groups feel that more ambulances are required, especially in the areas further from Aberdeen as there have been

occasions of an ambulance being sent from, for example, Stonehaven to areas in Deeside and Upper Donside if the designated ambulance is on another callout.

5.2.6 Summary of Key Findings

There were 20 focus group session that took place over 5 weeks between September to August 2022. An additional two sessions took place at Kraftworks Learning Disability Day Service and Aboyne Academy with a total of 127 attendees.

The first exercise asked participants to list the top three services that are important to them as individuals, to their local community and to Deeside/Upper Donside as a whole. The top services for

Individuals: GP consultation; Inpatient care at a community hospital; Minor Injury Unit
Local community: GP consultation; Inpatient care at a community hospital; Home Care
Deeside/Upper Donside: GP Consultation; Inpatient care at a community hospital; Home Care

There was little geographic variation except for:

Strathdon
Individuals – 1) as above 2) Home Care, 3) Pharmacy
Local Community – 1) as above 2) Home Care 3) Pharmacy & District/Community Nursing
Deeside/ Upper Donside – 1) as above 2) Home Care 3) Transport

Tarland
Deeside/Upper Donside – 1) End of Life/Palliative Care and GP Consultation 3) Transport

Participants were asked to provide the reasons for their choices at the end of the session with the main reasons being: Easy/Close access to services; Improved lines of communication; reduce travel; timely access to services and services tailored to the needs of the community.

Attendees were asked how they think services can meet the changing needs of the population. Communication was the main theme with people wanting clearer information about what services are available and how to access them. It is also important to be open about what services can deliver when the public are aware of pressures on all services but are unsure on how this impacts on them.

Locally available services are important to meet the changing needs of the population. When appointments must take place in Aberdeen, consideration should be given to how far someone has to travel and by what means when an appointment is arranged. A better understanding of travel is needed by those making appointments. Multi-disciplinary hubs were considered a good model to keep services local and to have travelling consultants if possible. The option of group appointments was also suggested.

Similar opinions of the use of digital technology were shared with further suggestions on utilising technology to support care at home to alleviate the difficulty in the recruitment of carers.

Meeting the needs of the community focussed on self-management including provision of information on self-support tools, better integration of community and nursing homes, better

support for carers, young people and families, flexible service hours and increasing routine health checks.

The next question was about addressing staff shortages. Suggestions to resolve this issue were to have more proactive recruitment and consider recruiting from wider afield including out with the UK, armed forces, recent or upcoming retirees and school pupils.

Increased wages were suggested to attract people to work in health and social care as well as lower tax incentives, financial support so people can remain in roles and appropriate travel subsidies for staff.

Flexible and family friendly working hours was suggested to allow people to work around childcare or other carer commitments. Rotational posts and on-the-job training while someone is getting their professional qualifications would boost staffing resource and encourage people to apply for jobs in the area following qualification. Career progression was seen as a positive way to attract people to the service as well as opportunities for ongoing learning and development.

Staff wellbeing was discussed in most sessions. The impact of staff shortages on the existing staff was acknowledged and agreed that staff need to feel valued and recognised for the wonderful job they are doing to promote a happy workplace and attract more people to join the team.

The lack of affordable housing is considered to have a negative effect on attracting staff to work in the area. The rising cost of living and fuel costs makes it undesirable to live further away and travel into the area to work. Different forms of supported or part-funded accommodation options for staff were suggested to overcome this issue.

Transport challenges were discussed in the next question with a variety of solutions suggested:

- Local shuttle buses/postie buses/on demand services
- Train more first responders
- Prescription delivery service
- Support for volunteer transport services
- Blue badge provision for volunteer driver services
- Provide transport vouchers for appointments
- Local services
- Digital appointments

Finally, everyone was asked what a good service for the area would look like in 10 years' time. Keeping local services, community hospitals being open and operational, improved communication, improved/hybrid use of digital technology and integrated services were all considered very important. Several communities wish to consider whether they can implement a similar model of care to Braemar Care Initiative.

There were services that would potentially require an increase including NHS Dental services, opticians, support for unpaid carers, ambulance provision and sheltered housing or care homes. Mental health services are seen as important and needing to be easier to access.

5.2.7 Points for further consideration

10) Share learning from SNA with colleagues in Human Resources in relation to recruitment, retention, post structure and training opportunities
11) Review secondary care provision to identify gaps
12) Consider housing options for staff
13) Review options for replication of Braemar Care Initiative
14) Review future need for provision of
    a) Care homes
    b) Sheltered housing

5.3 Community Groups and Organisations Survey

A total of 16 responses were received to the Community Groups and Organisation Survey. Included were responses from Health and Social Care service providers, Wellbeing Groups, Community Groups, School/Nursery, Community Council, Social Club and Voluntary groups. Many of the groups covered a range of locations across Deeside and Upper Donside with all locations across the area being covered by at least 2 of the groups.

Some of the responses were unable to state how many people they support but the majority offer a service to between 30-1500 people with some of the community councils covering larger areas of 4500-7500 residents.

Respondents were asked how well they think each health and social care service works with a lot of responses being neutral. The best performing services are:

1) Pharmacy – 11 positive responses
2) End of Life/Palliative Care – 9 positive responses
3) District/Community Nursing and Community Groups – 8 positive responses
4) GP Consultation – 7 positive responses

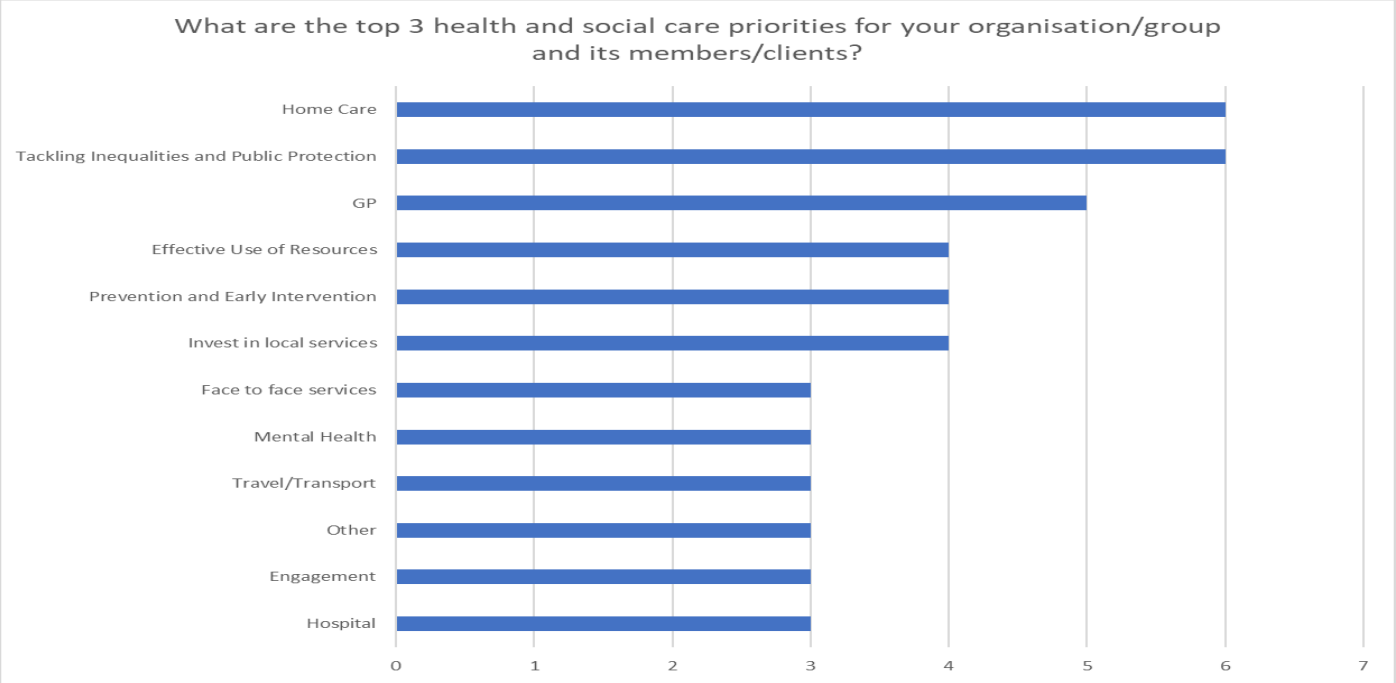
The services receiving the most negative responses are:

1) Physiotherapy – 6 negative responses
2) Podiatry/Learning Disability Community Team/ Leisure Centres/ Networks of Wellbeing – 5 negative responses each

All respondents were asked what could be better and why for services they identified as not working well. There were 14 written comments which generated 52 themes, each comment could have more than one theme. The top themes were:

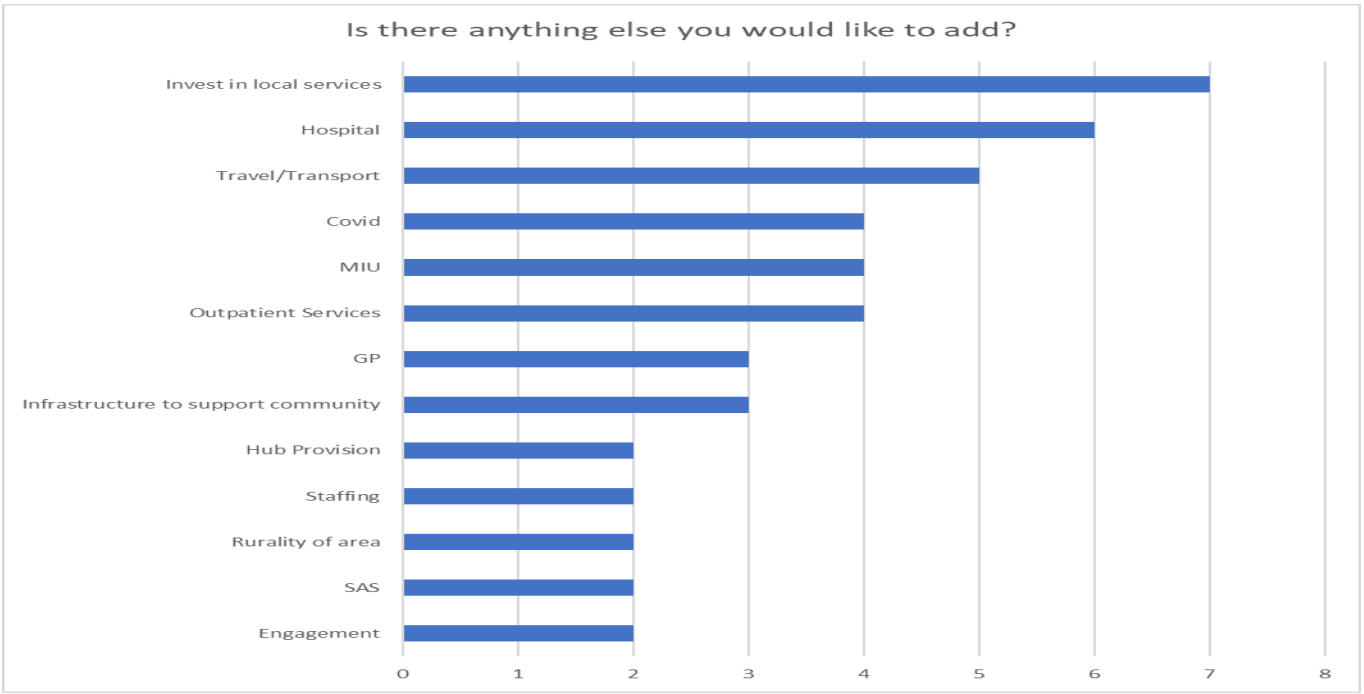
These correspond to the public survey.

The next question asked to identify the top 3 health and social care priorities for their organisation and its members.



The question had outlined the 5 Strategic Priorities of Aberdeenshire Health and Social Care Partnership Strategic Plan 2020-25, however, respondents added in additional comments which generated additional themes. The most frequently mentioned of the 5 strategic priorities was “Tackling Inequalities and Public Protection” (6 responses) followed by “Effective Use of Resources” and Prevention and Early Intervention” (5 responses each).

Finally we asked if there was anything else they would like to add. The top themes here were:



Most of the themes also correspond to the public survey with similar comments. References to Covid highlighted the change in service delivery during the period of Covid regulations and the general feeling that Covid is now being used as an excuse for services not returning to previous methods of delivery and access. There was also good practice highlighted as a result of Covid lockdowns in smaller communities where people came together to support each other and set up voluntary programmes for transport and telephone helplines.

Following from completion of the Community Groups and Organisational survey, those who had provided contact details were asked whether they would like to arrange a 1-1 conversation with a member of the project team to expand further on the information they had shared in the survey. None of the groups took up this offer but it should be noted that representatives from some groups attended the public focus group sessions and shared with the group which organisation or community council they were there to represent.

5.3.1 Summary of Key Findings

There were 16 responses to the Community Groups and Organisations survey representing a cross-section of types of groups and geographical location covered across Deeside and Upper Donside.

The best performing services are:

1. Pharmacy – 11 positive responses
2. End of Life/Palliative Care – 9 positive responses
3. District/Community Nursing and Community Groups – 8 positive responses
4. GP Consultation – 7 positive responses

And the services receiving the most negative responses are:

1. Physiotherapy – 6 negative responses
2. Podiatry/Learning Disability Community Team/ Leisure Centres/ Networks of Wellbeing – 5 negative responses each

Respondents were asked what they think could be better and why with the top themes being like the public survey:

1. Invest in local services (5 responses)
2. Communication (5 responses)
3. Travel/Transport (4 responses)
4. Access to Internet/Technology (4 responses)

When asked what the top Strategic Priorities are for their group, the most frequently mentioned of the 5 strategic priorities was “Tackling Inequalities and Public Protection” (6 responses) followed by “Effective Use of Resources” and Prevention and Early Intervention” (5 responses each).

For any other comments, Investing in local services (7 responses), Hospital (6 responses), Travel/Transport (5 responses), Covid/MIU/Outpatient Services (4 responses each), were the top themes which is again in line with the public survey.

6 Next steps

All points for further consideration fall under the following key themes:

- Communication
- Staffing
- Transport
- Digital/Technology
- Service Provision

Some of the considerations fall under the responsibility of existing teams and working groups within the Health and Social Care Partnership. For example, there is already a project group with a focus on digital technology. The following considerations can be shared with this project:

- Share opinions on digital service provision with project groups currently evaluating the use of digital technology

There is an existing Grampian-wide group considering transport options for both staff and the community. The following consideration has been shared at a workshop that took place on 10/11/2022:

- Consider available transport options and how this is communicated to the public

The project lead will attend a follow-up working group to review the actions from the workshop discussions.

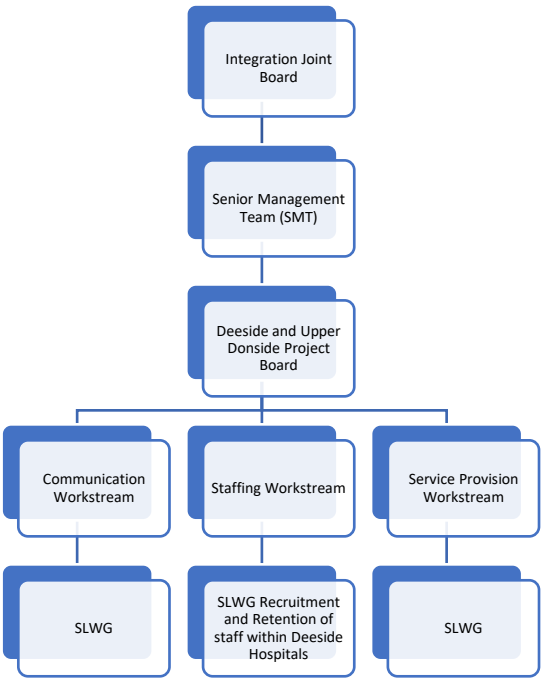
The considerations relating to some aspects of staffing can also be shared with existing teams/projects:

- Share learning from SNA with work groups currently addressing recruitment and retention of staff.
- Share learning from SNA with colleagues in Human Resources in relation to recruitment, retention, post structure and training opportunities

The proposed structure to address the remaining considerations is to create a Project Board for Deeside and Upper Donside and have three workstreams reporting into the Project Board that will each have responsibility for one of the remaining themes.

Deeside & Upper Donside Project Board	Communication	Review service and self-management information available to the public
		Review communication with the community regarding service provision (including alternatives to digital provision of information)
	Staffing	Create working group to revive recruitment and retention of staff within Deeside Hospitals
		Support staff wellbeing and increase opportunities for integrated working
		Consider housing options for staff
	Service Provision	Support staff wellbeing and increase opportunities for integrated working
		Review support for voluntary organisations that enhance health and social care activity
		Review options for replication of Braemar Care Initiative
		Review future need for provision of Care homes and Sheltered Housing

The Project Board will report to the Senior Management Team (SMT) which in turn reports to the Integration Joint Board (IJB).



The Project Board and each of the identified workstreams will include appropriate membership and representatives of staff and members of the community where possible. Staff representatives will include frontline staff as well as professional leads.

7 Acknowledgements

Thanks go to everyone who has contributed to the Strategic Needs Assessment and provided information for the content of this report. The project groups recognise the personal time given by staff and members of the community to provide their responses and attend focus groups to share their views, without whom, this project would not have been possible.

Community engagement throughout this work has been extremely valuable and we will seek to build on this in the next phase.

Appendix I

Deeside Strategic Needs Assessment
Staff Engagement Process – FAQ's

What are we doing?
The Aberdeenshire Health and Social Care Partnership are carrying out a strategic review of service needs for staff and residents of Deeside to develop options for fit for the future health and social care services delivery models.

How will we do it?
Staff and community engagement are central to this process. The Partnership set up a Staff Engagement and Communication Group as part of the overall Programme Board for the project and commenced with a staff survey. Following initial feedback from the survey, a decision was made to attend team meetings to discuss the process with staff and answer any questions they have in relation to the Strategic Needs Assessment prior to conduction staff Focus Groups.

Once the staff engagement process is complete, a survey will be developed to begin a conversation with the community about what is important about health and social care services and how they are delivered. Community Focus groups will then be held to develop themes coming from the survey. Staff who live in the area will also be able to take part in the community engagement part of the process as a community member.

Throughout the entire process, the Partnership will gather information about what health and social care needs there are in Deeside now, and what we expect in the next 5-10 years. Information will be gathered from records held by NHS Grampian and Aberdeenshire Council and will include information about the most prevalent conditions, population data and house building. This information, along with the views gathered from staff and the community will form the Strategic Needs Assessment.

Once we know what the health and social care needs are, proposals will be developed for locally delivered services to meet those needs for the years to come. The whole community will be consulted on the proposals and invited to recommend their preferred option.

Why do it?
Much change has occurred over the years including the size of the community, the health conditions that people live with, healthcare and the use of digital technology. It is important to ensure the precious resources available are used in the best way: to provide the most effective, sustainable and 'fit for the future' health and social care services.

How can I be involved?
Staff have already had the opportunity to take part in the survey and will be given information to attend focus groups following the attendance at team meetings. Any staff who also live in Deeside will be invited to take part in the community engagement when it takes place.

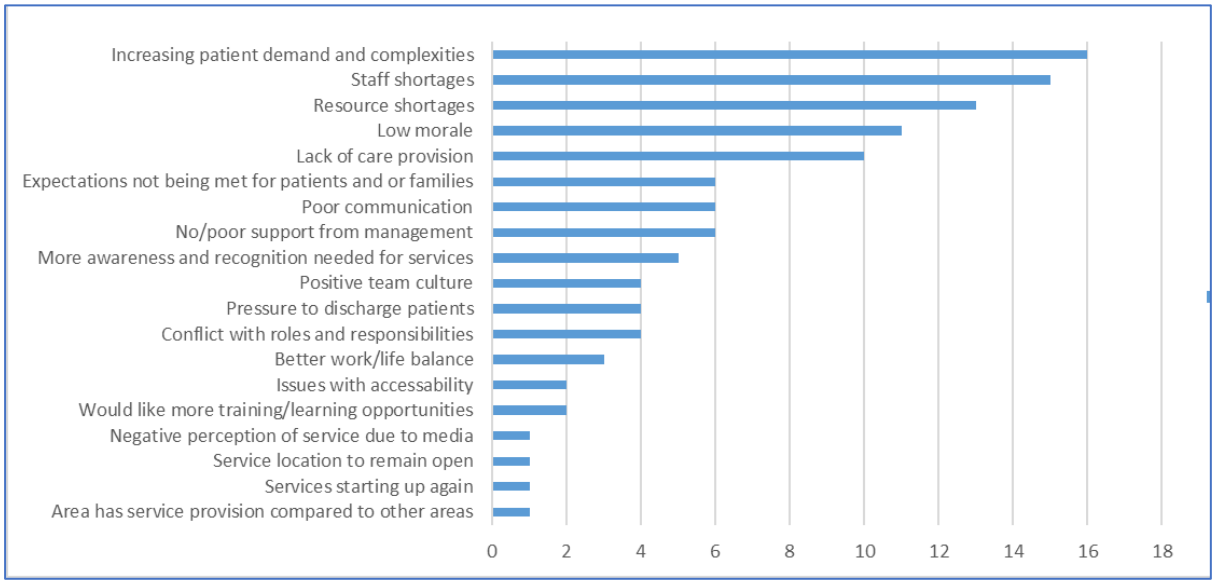
How will I receive information?
During the initial phase, the Staff Engagement and Communication Group are sending a briefing update following a meeting or a change in information which is emailed direct to all staff in the area. We asked how staff would like to be kept informed during the staff survey and we will use the feedback provided to keep staff informed in a variety of ways to meet the needs of as many staff group/individual needs as we can.

What do I do if I have any further questions?
You can initially ask your line manager if you have any questions if this is appropriate for you.

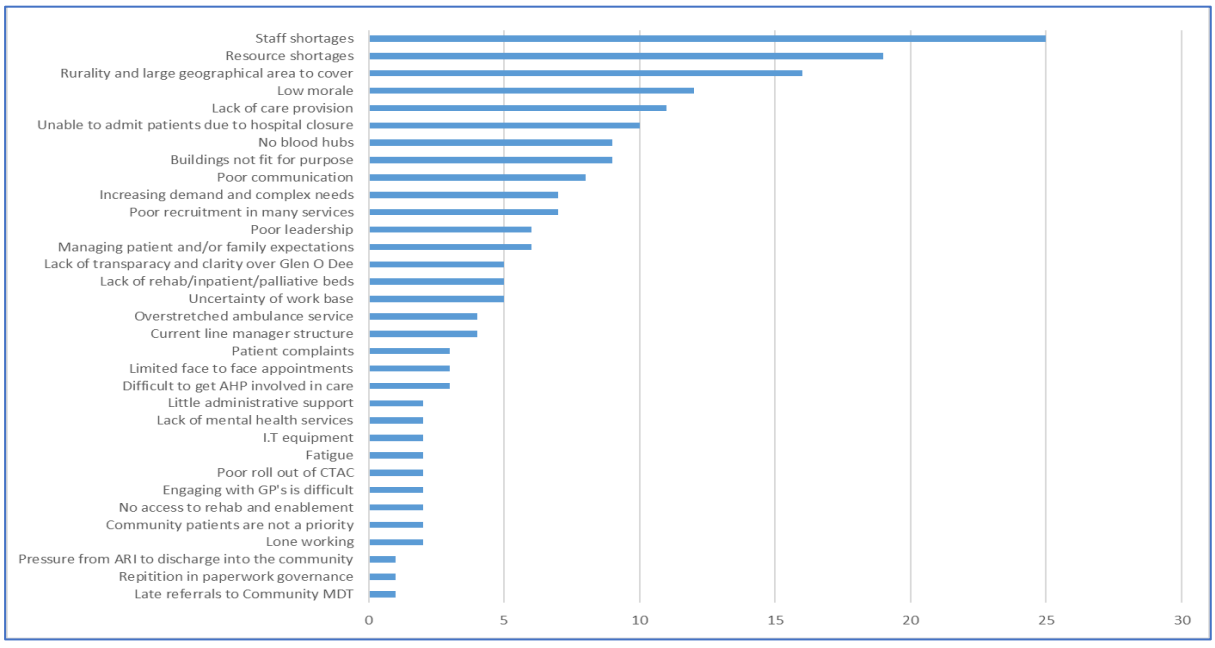
Appendix II

Graphs of themes – Staff Engagement

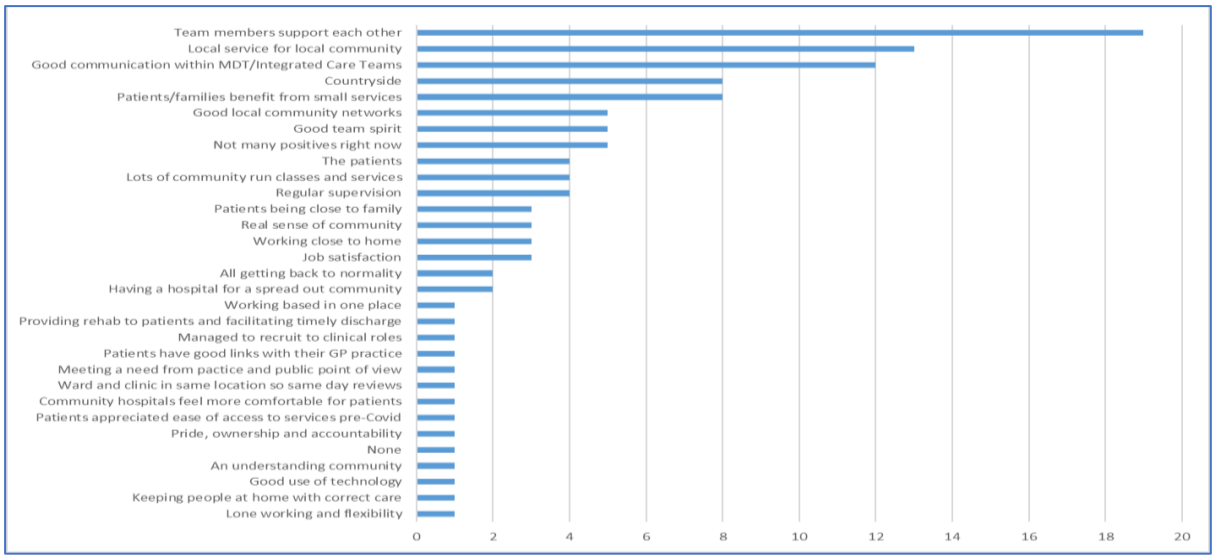
2. Staff Survey – What else is important to you about your job/role?



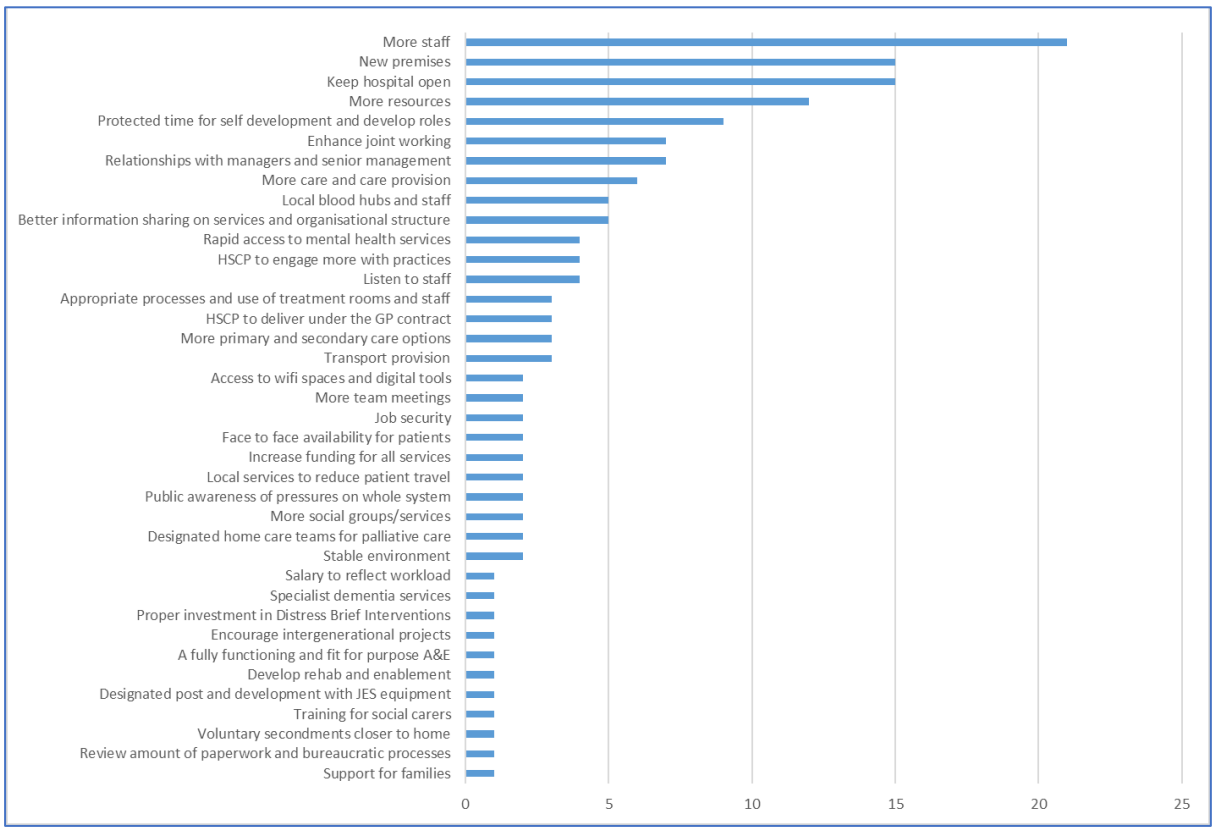
3. Staff Survey – What are the challenges you face in delivering your service?



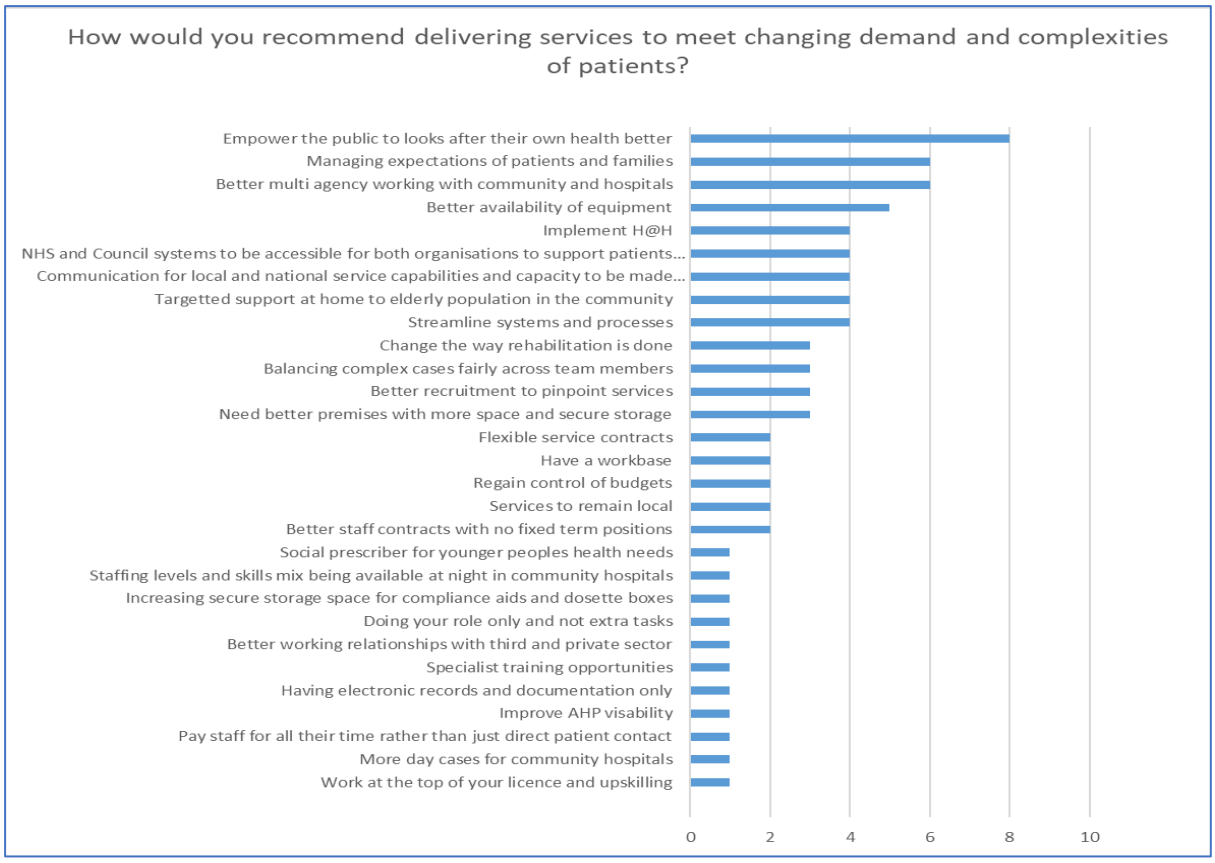
4. Staff Survey – What positives are there in delivering your service?



5. Staff Survey – What areas could be developed to improve service delivery?



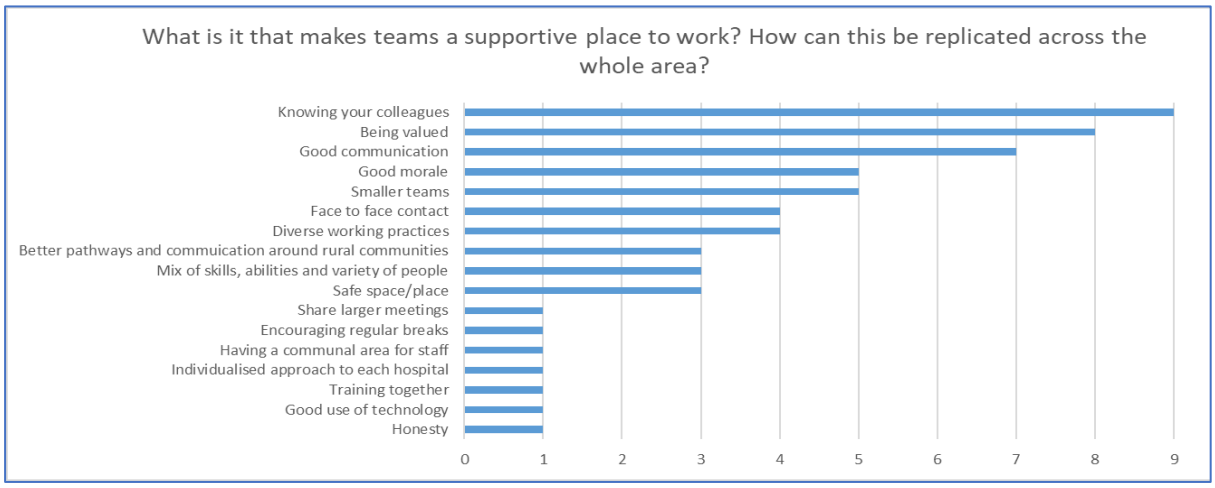
6. Staff Focus Group



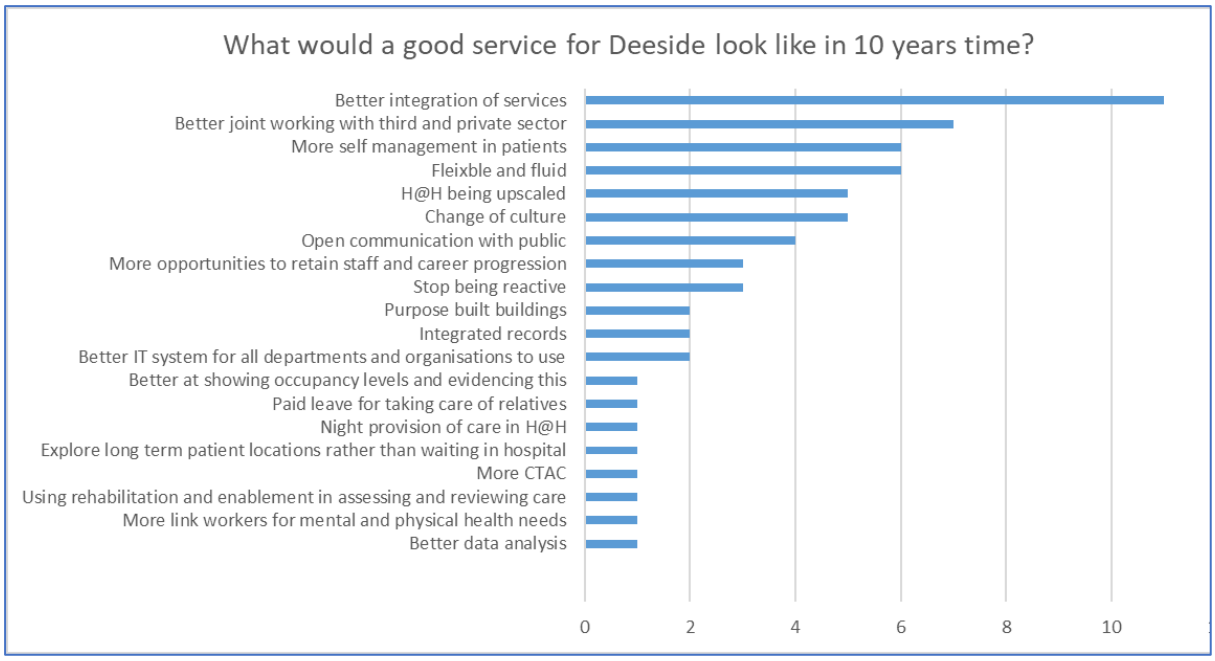
7. Staff Focus Group

8. Staff Focus Group

9. Staff Focus Group



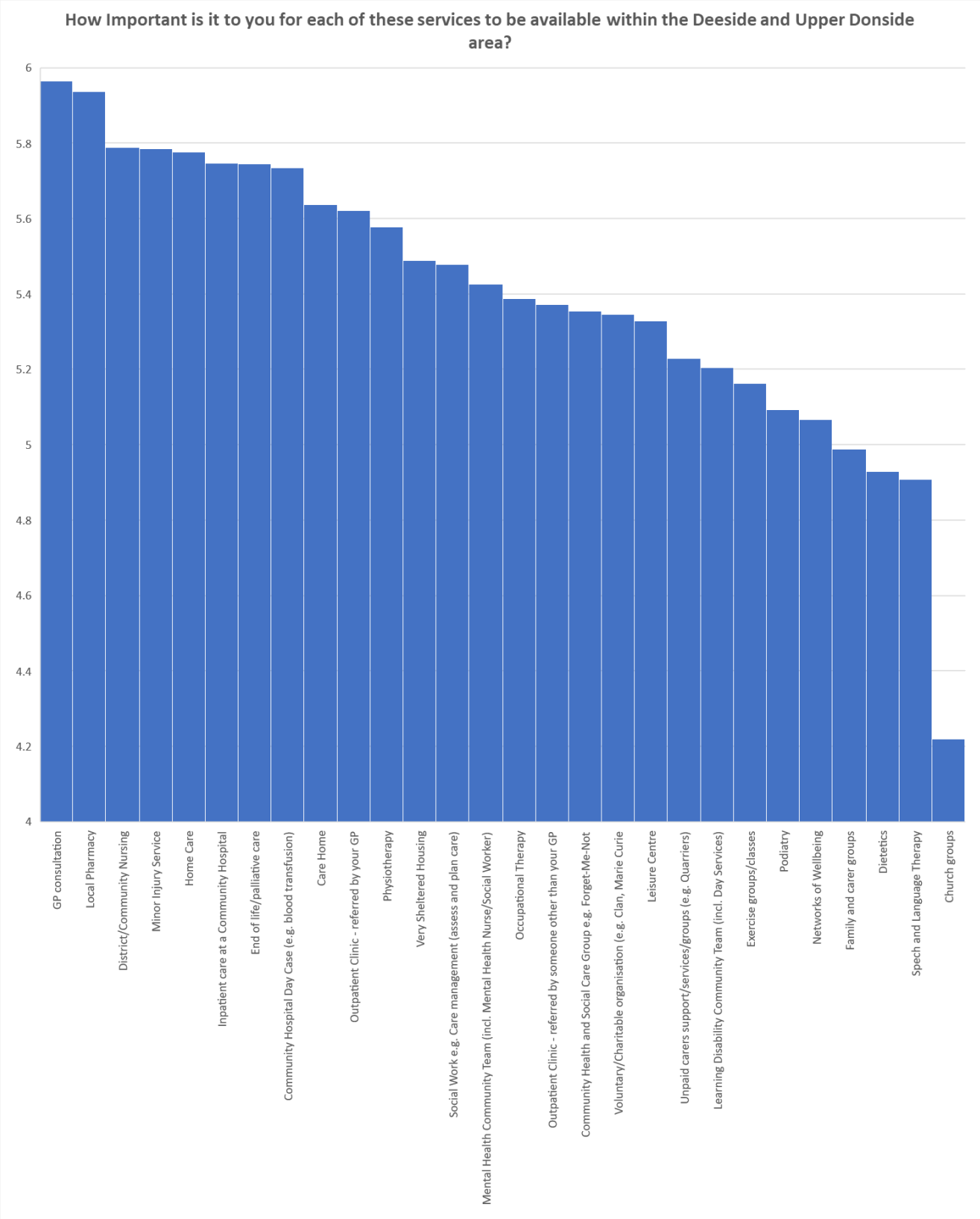
10. Staff Focus Group



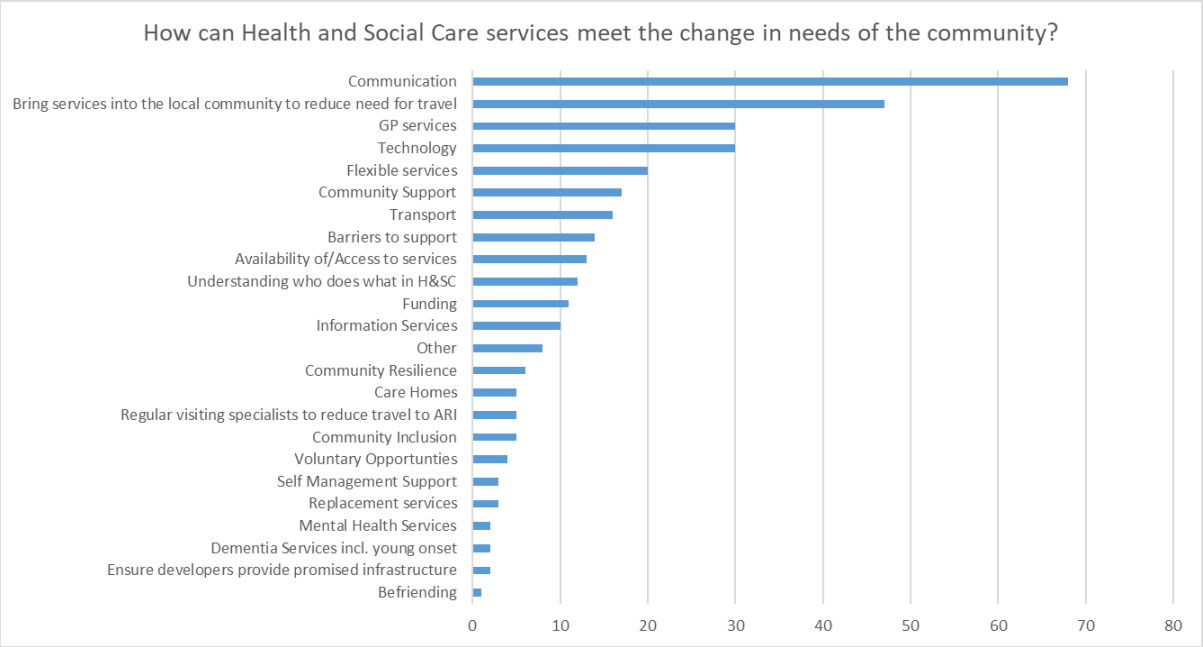
Appendix III

Graphs of themes – Public Engagement

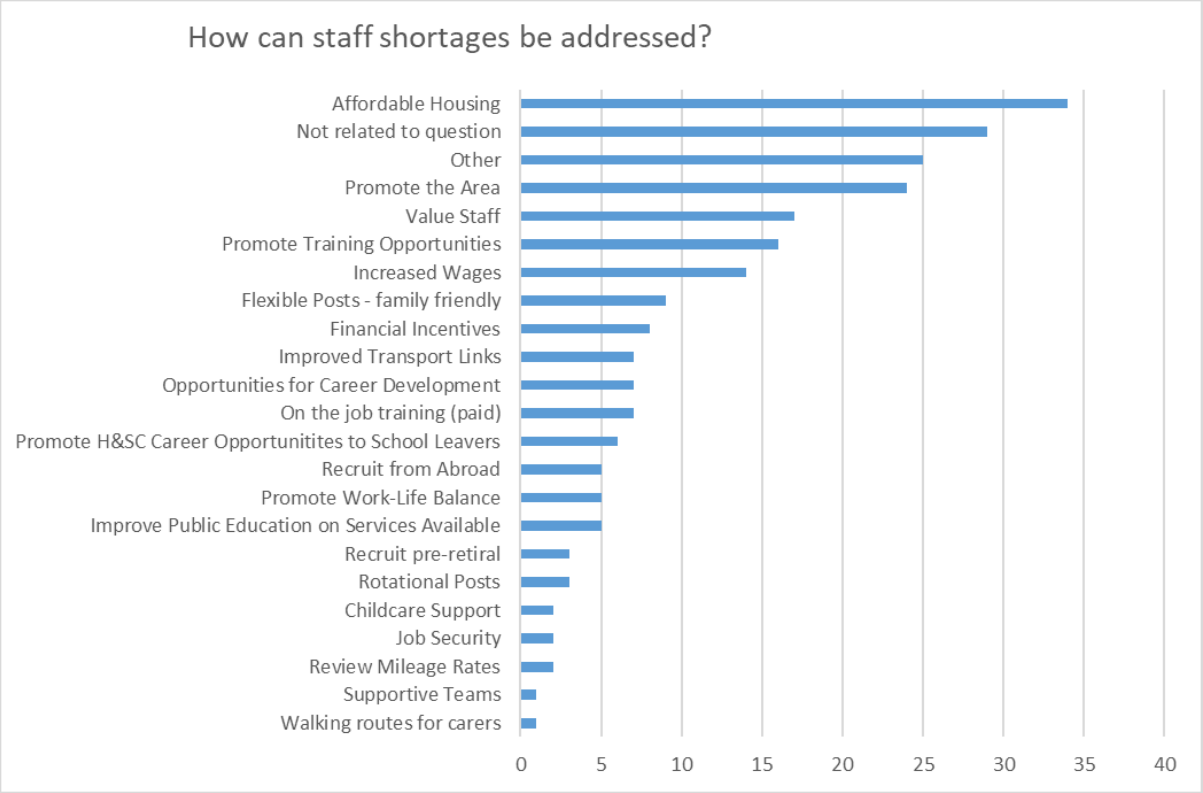
1. Public Survey



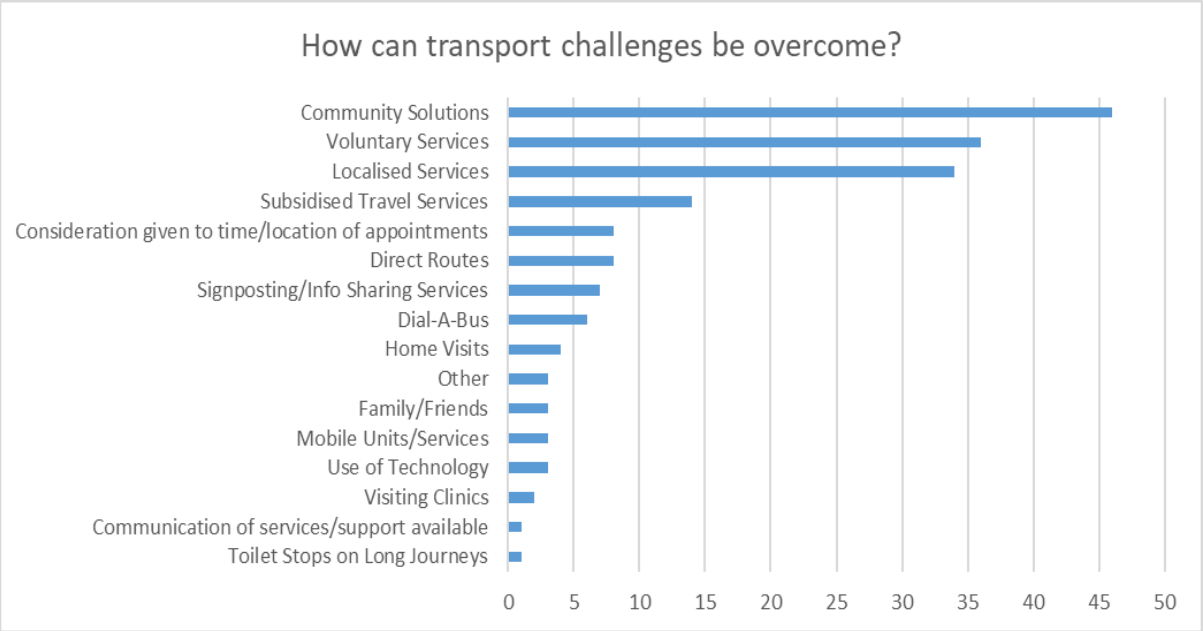
2. Public Focus Group



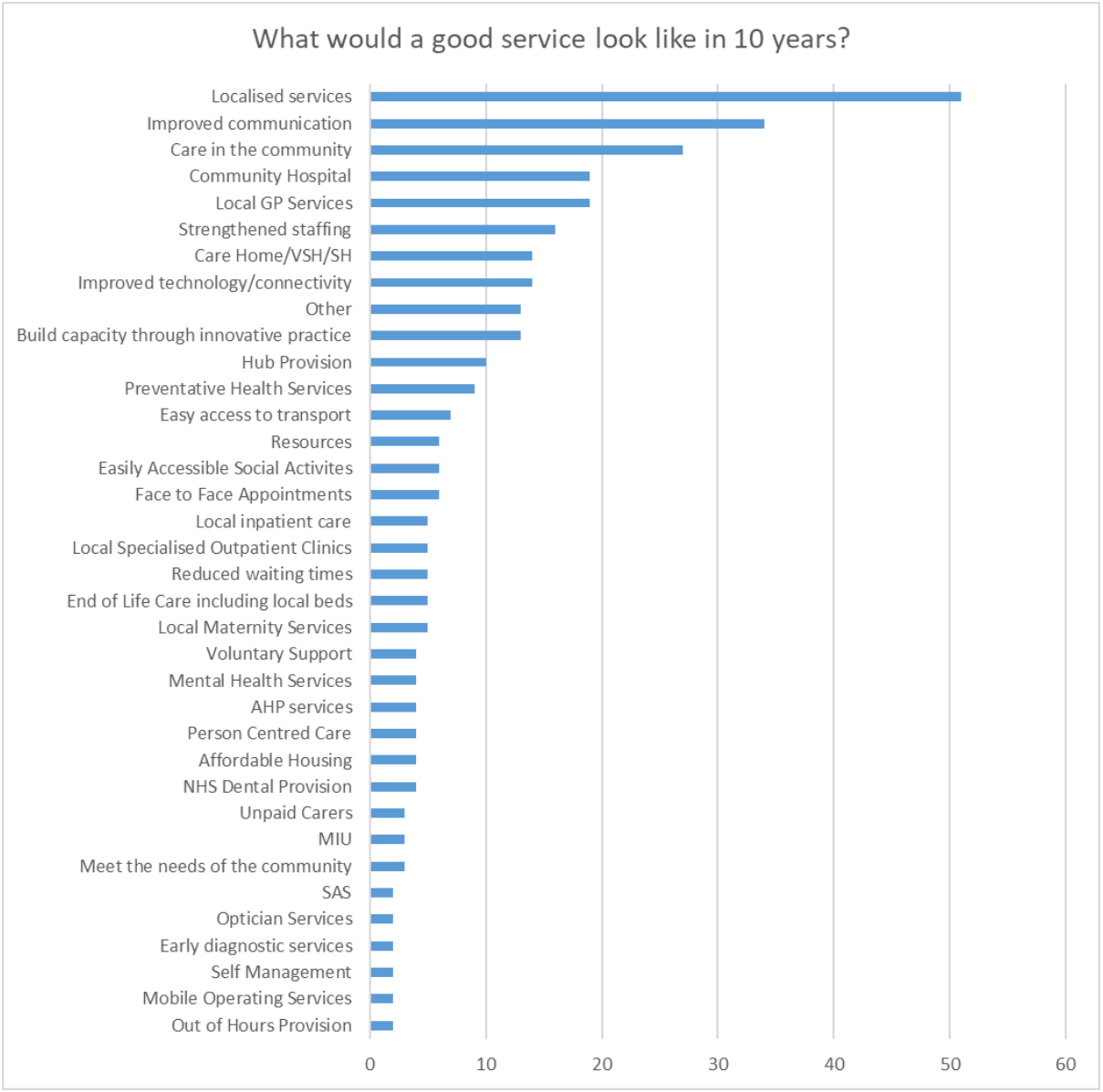
3. Public Focus Group



4. Public Focus Group



5. Public Focus Group



Aberdeenshire
Health & Social Care
Partnership

APPENDIX II

Strategic Needs Assessment

Summary Report

Deeside & Upper Donside

December 2022

1 Introduction 3
1.1 Foreword 3
1.2 Why do a Strategic Needs Assessment? 3
1.2 Engagement in brief 4
2 About Deeside and Upper Donside 5
2.1 Describing the place 5
2.2 Who lives here? 5
3 Understanding the Staff Opinion 6
3.1 Summary of key findings – Staff Survey 6
3.2 Points for further Consideration 6
3.3 Summary of key findings – Staff Focus Groups 7
3.4 Points for further Consideration 7
4 Understanding Our Community 8
4.1 Summary of key findings – Public Survey 8
4.2 Points for further Consideration 10
4.3 Key Findings – Public Focus Groups 10
4.4 Points for further Consideration 12
4.5 Community Groups and Organisations Survey 13
5 Next steps 14
6 Acknowledgements 15

1 Introduction

1.1 Foreword

The Aberdeenshire Integration Joint Board (IJB) agreed in May 2021 to conduct a 'Strategic Needs Assessment' of health & social care provision and services along the Deeside corridor including Upper Donside.

A 'Strategic Needs Assessment' is a process which brings together health & social care service providers, third sector, and the Community to look at what service provision there is now and how it can be improved and adapted to meet the current and future needs of the area population.

Deeside & Upper Donside is changing - the sizes of various communities have changed significantly over the years, the health conditions that people live with for longer, healthcare and how people can now use digital technology - have all changed.

A wide range of health and social care services for adults are delivered across the Deeside & Upper Donside area by the Aberdeenshire Health & Social Care Partnership, NHS Grampian, GP Practices and third sector organisations.

The AHSCP Strategic Plan (2020 – 2025) sets out the agreed priorities the Partnership will focus on to ensure we meet the needs of our communities.

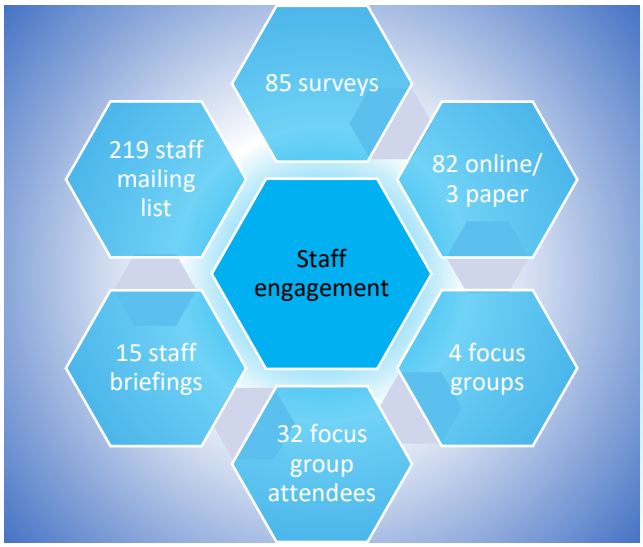
To carry out the assessment we gathered information from staff and residents of Deeside & Upper Donside about the services they have used, how they feel about them and what is important to them. The information provided will help us plan for the future by better understanding how people access the services we already provide, what services may be needed and how people would prefer us to deliver them. It is important to ensure the precious resources available are used in the best way: to provide the most effective, sustainable and 'fit for the future' health and social care services.

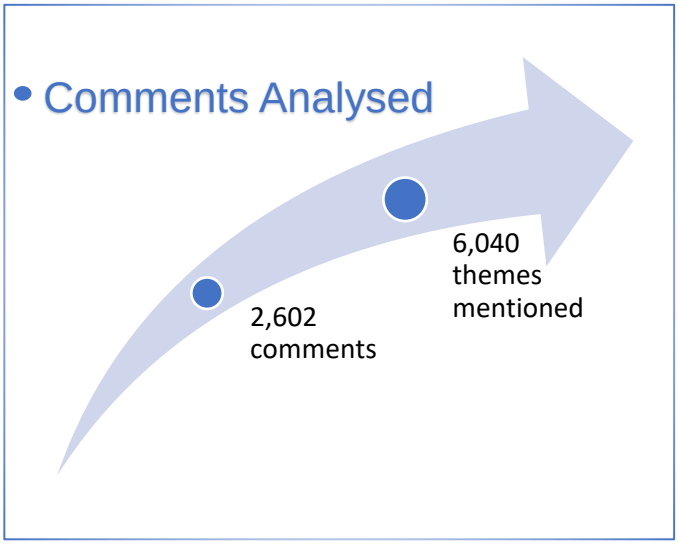
1.2 Why do a Strategic Needs Assessment?

The purpose of a Strategic Needs assessment is to examine the current and future needs of a population, the opinions of those delivering services and the opinions of those using the services to inform the future design and delivery of services.

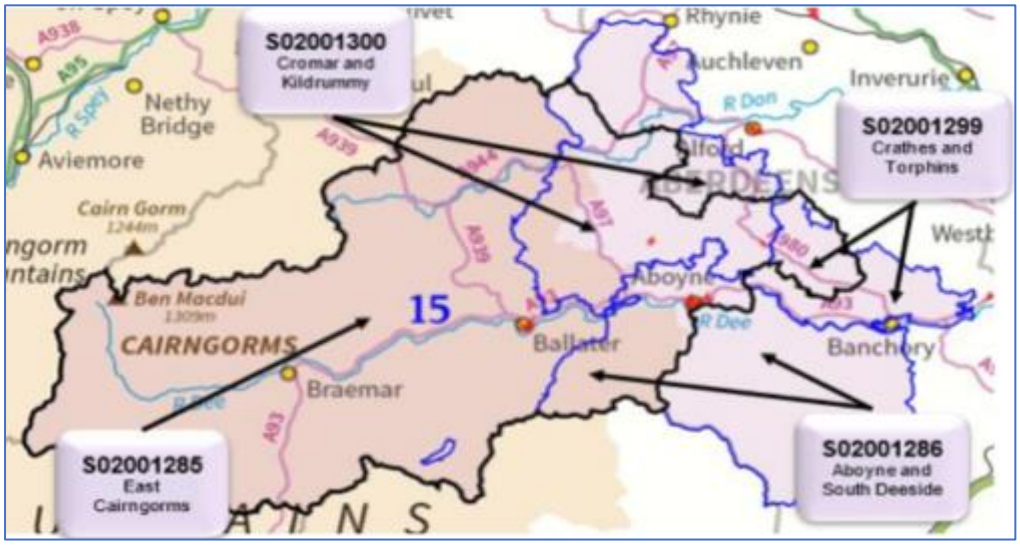
Information was gathered from Health Intelligence, staff working in Health and Social Care Services in Deeside and Upper Donside and the residents (and carers of residents) in the area. All this information is collated and analysed to find emerging themes, trends in population and health, and demand for services. Ongoing engagement with staff and members of the community has been key to collating this information to allow a better understanding of the unique issues facing the delivery and access to health and social care services in the area.

1.2 Engagement in brief





2 About Deeside and Upper Donside



2.1 Describing the place

The Deeside and Upper Donside area covered by this Strategic Needs Assessment covers an area from East to West of 43 miles along the A93 from Crathes to Braemar and beyond into the Cairngorms National Park and northwards from Braemar to Strathdon and Glenkindie in Upper Donside. The total geographical area covered is approximately 774 square miles, the majority of which is extremely rural. The main settlements in the area include Banchory, Torphins, Aboyne, Tarland, Strathdon, Ballater and Braemar.

There are many health and social care services that are delivered in this area including 2 community hospitals (2 general admission wards, 1 dementia assessment unit), 7 GP practices, various pharmacies, 1 internal care home, 4 privately provided care homes, 1 very sheltered housing complex, various leisure centres, community campuses, primary and secondary schools, libraries, and day centres. There is also provision of care at home (both delivered by HSCP and private providers).

2.2 Who lives here?

The total population of the area based on 2019 mid-year population estimates was 23,607 with 49.6% male and 50.4% female, 22.5% of the population are aged over 66years, 17.3% of the population are under 16 and 60.2% are 16-65.

The overall Deeside population has increased just 1% from 2011 to 2019. The largest increase is seen in all ages over 65, however, there has been a decrease in all the younger age brackets.

The dependency ratio is the number of working age people (16-64) to older age people and children under 16. The dependency ratio in Deeside has been falling since 2011, due mainly to increases in the population of older age people. This is combined with a decrease in the number of working age people. This statistic is significant as it suggests that there are less people of an age that can provide care and support to those who are more likely to need it. In addition, the population projection for the whole of Aberdeenshire (population projection for Aberdeenshire as a whole as it is less reliable for smaller populations) is expected to increase by 3% from 2019-2030 with an increase of 25% of those aged over 65.

3 Understanding the Staff Opinion

Understanding what the staff who deliver services in Deeside and Upper Donside think about those services and ensuring they remained informed about the process of the Strategic Needs Assessment was considered important from the outset. A survey was developed that had a mix of open-ended questions and some questions where they were asked to rate their agreement with a series of statements.

3.1 Summary of key findings – Staff Survey

Overall, staff reported positive responses to statements about their place of work, the team the work in, the support they receive and the service they deliver. The needs of the individual are at the forefront of service delivery with staff often putting their own needs aside to meet the needs of people who are using their service.

The main challenges for staff are the shortage of resources to deliver services, including staffing due to absence and vacancies and having to deal with ever changing and increasingly more complex needs of the people they support. While staff go over and above, there are increasing feelings of frustration due to lack of understanding from managers and the lack of available onward services to refer people on to which makes it harder to meet individual needs and leads to low morale of staff.

There are positives within teams in that team members support each other, there is good service provision and communication between multi-disciplinary teams is good. The geography of the area covered is felt to be challenging but also provides a positive due to the countryside of Deeside and Upper Donside. The use of technology is a good substitute when teams are not able to meet in person to discuss the needs of patients.

Staff identified that staff and resources are required to keep both Aboyne and Glen O'Dee hospitals open and fully operational and this is a key area for development. Finally, opportunities for further training and professional development are important to staff to be able to build on skills and progress their career.

3.2 Points for further Consideration

1) Create working group to revive recruitment and retention of staff within Aboyne and Glen O'Dee hospitals
2) Support staff wellbeing and increase opportunities for integrated working
3) Share learning from SNA with current working groups in relation to learning and development and career progression opportunities

3.3 Summary of key findings – Staff Focus Groups

Several ideas were provided to enable services to meet the increasingly complex needs of patients. Empowering the public to look after their own wellbeing and managing expectations about capabilities of services, improving working conditions for staff, improving systems and communication and improved access to resources were all suggested by staff.

Addressing staff shortages could be overcome by considering more viable work patterns, targeting those leaving school for training and future careers in health and social care, having affordable housing available for staff and improving overall recruitment campaigns. Upskilling staff to undertake additional duties for additional pay, where appropriate, was suggested to make better use of existing workforce in terms of skills mix and workforce flexibility for covering when services are short-staffed.

Creating staff hubs would allow multi-disciplinary teams to work together and continually refresh skills and knowledge of different roles. A rotation between practice nursing, community nursing and hospital nursing when first starting in post to allow experience of all areas.

School pupils very rarely attend NHS stands at careers fairs, so a more proactive approach is required to share information on recruitment and career opportunities.

Protected time for training and development was identified and key in the retention of current staff. This is especially important for patient/client facing roles when staff may need to respond to the needs of service users.

The most important aspects of a supportive team are knowing your colleagues, being valued and having effective communication. When every member of the team is recognised for the contribution they bring to the team and everyone is listened to and respected it promotes a positive working environment, however, lack of staffing and resources can make communicating within a team more difficult.

A good service for the future would include more preventive care, more community based and local care, better integration of services and better communication and education of the public.

3.4 Points for further Consideration

4) Review service and self-management information available to the public
   a) On Aberdeenshire Health and Social Care Partnership website
   b) On AHSCP social media
   c) At points of service delivery
5) Share learning from SNA with work groups currently addressing recruitment and retention of staff.

4 Understanding Our Community

Maintaining consistency throughout the process of the Strategic Needs Assessment was important so the public engagement followed a similar process to what had already been completed with members of staff. The survey was adapted from a previous SNA completed in Insch and was amended to take on board feedback that they had received following the completion of their survey as well as input from the Deeside and Upper Donside Project Group. The survey was further developed to incorporate questions that had already been asked of staff and amended to be suited to members of the community and again included a combination of open-ended questions as well as questions where respondents were asked to rate their agreement or the level of importance of a series of statements.

Prior to the survey being distributed, a number of community groups, organisations and community councils were contacted and asked to provide feedback on the format and content of the survey. Responses received were considered and changes were made to the survey following feedback received. The survey went live online on 27th May 2022 and the following week, feedback was received that the survey was not inclusive of residents of Upper Donside as it only stated Deeside as an option for the first question. Due to responses having already been received, it was not possible to amend the options for the first question but all references to “Deeside” throughout the survey and on the Engagement HQ page were changed to “Deeside and Upper Donside.” Furthermore, those who had made contact to highlight the issue received a response to confirm that the SNA includes the whole of Deeside and Upper Donside.

4.1 Summary of key findings – Public Survey

Members of the community in Deeside and Upper Donside highlighted that all Health and Social Care services are very important. The most important aspects about access to services are being able to access the right service in a timely manner, receiving the right care and treatment in a timely manner and having services close to where people live. In terms of the care that is being received, people feel most strongly that they have the information needed to take responsibility for their own wellbeing, they are supported to live independently and they feel safe, involved and included in their community.

When asked about what else is important in relation to health and social care services, the top five themes were:

- Invest in local services – 136
- Travel and transport – 96
- Hospital – 86
- GP – 85
- Minor Injury Unit – 45

Survey responses were not representative of geographic location of the population with a significantly higher response from Aboyne and a significantly lower response from Banchory so geographic variations were analysed.

Ballater – Face to face services and Outpatient services higher priority than Hospital and MIU
Banchory – Communication and Face to face services higher priority than Travel and MIU
Braemar and Strathdon – Meet community needs higher priority than MIU
Torphins – Maternity service and face to face services higher priority than Hospital and MIU

Community hospital provision was the main driver for investing in local services due to the benefit to patients as well as family/friends/carers of having a local service. Aboyne hospital is considered a central location for most of Deeside and Upper Donside and the community hospital service was highly praised.

Comments about GP practices focussed on the accessibility of face-to-face appointments and being replaced with telephone appointments. Data provided by one GP practice shows an overall decrease of almost half the number of appointments being conducted face-to-face in April 2022 compared to April 2019. The reduction is largely due to the decrease in face-to-face routine appointments whereas on the day face to face appointments have gone up by 66.5%. There has been a substantial increase in telephone appointments (+102%) and total number of consultations by all methods (+17.8%). There has been a further increase in the total number of appointments carried out in September 2022 (total 4313 by all methods). Furthermore, the GP practice providing the data has restarted specialist GP clinics between April 2022 and September 2022 which accounts for a further 104 face-to-face appointments.

Challenges relating to the delivery of health and social care services were illustrated in the survey with additional contributions from responses outlining the following top five themes:

- Travel/transport – 142
- Staffing – 126
- GP – 111
- Invest in Local Services – 93
- Hospital – 74

Geographic variations as follows:

Ballater – Affordable housing higher priority than hospital
Banchory – Communication higher priority than hospital
Braemar – Scottish Ambulance services higher priority than Staffing
Torphins – Face to face services higher priority than hospital

Travel to Aberdeen to access any health and social care services was universally considered problematic due to the length of journey and unreliability of public transport. Several solutions to the travel issue were suggested including locally based services, provision of vehicles or fuel cards for carers, creation of healthcare hubs, investment in community transport schemes and replication of Braemar Care Initiative.

The use of digital technology had mixed views with some considering it to be beneficial in making services more efficient but others feeling it excludes members of the community who are not able to use the technology or who have poor internet connection due to the rural nature of the area.

Areas of development over the recent years were shared and respondents were asked to respond. The top five themes were:

- Communication – 331
- Access to internet/technology – 274
- Invest in local services – 201
- Face to face services – 128

- Hospital – 120

Geographic variations were:
Ballater – Travel/transport higher priority than Hospital
Banchory - GP and Other higher priority than face-to-face services and hospital
Braemar – GP higher priority than hospital
Strathdon – other, meet community needs and staffing higher priority than Invest in local services, face to face services and hospital
Tarland – maternity services higher priority than hospital
Torphins – Preventative care higher priority than face-to-face services

It is considered that frontline staff should be involved in decisions about care as they know better what is required. GP telephone appointments could be improved by reducing the length of time for a call-back and having a known number rather than withheld or no ID. The choice of whether to have a telephone or face to face appointment should lie with the patient.

Digital technology again received mixed response with general feeling that it is better utilised for ongoing health or care needs rather than diagnostic appointments. There are times that telephone or video calls are a better option than travelling to receive information from a professional.

Communication between the Health and Social Care Partnership and the community requires improvement. Services should be more streamlined with information available between services on the same system to facilitate easier referral and access to services.

Further investment and support for voluntary organisations is required to make them more sustainable, particularly those offering patient transport options.

4.2 Points for further Consideration

6) Review communication with the community regarding service provision (including alternatives to digital provision of information)
7) Consider available transport options and how this is communicated to the public
8) Share opinions on digital service provision with project groups currently evaluating the use of digital technology
9) Review support for voluntary organisations that enhance health and social care activity

4.3 Key Findings – Public Focus Groups

There were 20 focus group session that took place over 5 weeks between September to August 2022. An additional two sessions took place at Kraftworks Learning Disability Day Service and Aboyne Academy with a total of 127 attendees.

The first exercise asked participants to list the top three services that are important to them as individuals, to their local community and to Deeside/Upper Donside as a whole. The top services for

Individuals: GP consultation; Inpatient care at a community hospital; Minor Injury Unit
Local community: GP consultation; Inpatient care at a community hospital; Home Care
Deeside/Upper Donside: GP Consultation; Inpatient care at a community hospital; Home Care

There was little geographic variation except for:

Strathdon
Individuals – 1) as above 2) Home Care, 3) Pharmacy
Local Community – 1) as above 2) Home Care 3) Pharmacy & District/Community Nursing
Deeside/ Upper Donside – 1) as above 2) Home Care 3) Transport

Tarland
Deeside/Upper Donside – 1) End of Life/Palliative Care and GP Consultation 3) Transport

Participants were asked to provide the reasons for their choices at the end of the session with the main reasons being: Easy/Close access to services; Improved lines of communication; reduce travel; timely access to services and services tailored to the needs of the community.

Attendees were asked how they think services can meet the changing needs of the population. Communication was the main theme with people wanting clearer information about what services are available and how to access them. It is also important to be open about what services can deliver when the public are aware of pressures on all services but are unsure on how this impacts on them.

Locally available services are important to meet the changing needs of the population. When appointments must take place in Aberdeen, consideration should be given to how far someone has to travel and by what means when an appointment is arranged. A better understanding of travel is needed by those making appointments. Multi-disciplinary hubs were considered a good model to keep services local and to have travelling consultants if possible. The option of group appointments was also suggested.

Similar opinions of the use of digital technology were shared with further suggestions on utilising technology to support care at home to alleviate the difficulty in the recruitment of carers.

Meeting the needs of the community focussed on self-management including provision of information on self-support tools, better integration of community and nursing homes, better support for carers, young people and families, flexible service hours and increasing routine health checks.

The next question was about addressing staff shortages. Suggestions to resolve this issue were to have more proactive recruitment and consider recruiting from wider afield including out with the UK, armed forces, recent or upcoming retirees and school pupils.

Increased wages were suggested to attract people to work in health and social care as well as lower tax incentives, financial support so people can remain in roles and appropriate travel subsidies for staff.

Flexible and family friendly working hours was suggested to allow people to work around childcare or other carer commitments. Rotational posts and on-the-job training while someone is getting their professional qualifications would boost staffing resource and encourage people to apply for jobs in the area following qualification. Career progression

was seen as a positive way to attract people to the service as well as opportunities for ongoing learning and development.

Staff wellbeing was discussed in most sessions. The impact of staff shortages on the existing staff was acknowledged and agreed that staff need to feel valued and recognised for the wonderful job they are doing to promote a happy workplace and attract more people to join the team.

The lack of affordable housing is considered to have a negative effect on attracting staff to work in the area. The rising cost of living and fuel costs makes it undesirable to live further away and travel into the area to work. Different forms of supported or part-funded accommodation options for staff were suggested to overcome this issue.

Transport challenges were discussed in the next question with a variety of solutions suggested:

- Local shuttle buses/postie buses/on demand services
- Train more first responders
- Prescription delivery service
- Support for volunteer transport services
- Blue badge provision for volunteer driver services
- Provide transport vouchers for appointments
- Local services
- Digital appointments

Finally, everyone was asked what a good service for the area would look like in 10 years' time. Keeping local services, community hospitals being open and operational, improved communication, improved/hybrid use of digital technology and integrated services were all considered very important. Several communities wish to consider whether they can implement a similar model of care to Braemar Care Initiative.

There were services that would potentially require an increase including NHS Dental services, opticians, support for unpaid carers, ambulance provision and sheltered housing or care homes. Mental health services are seen as important and needing to be easier to access.

4.4 Points for further Consideration

10) Share learning from SNA with colleagues in Human Resources in relation to recruitment, retention, post structure and training opportunities
11) Review secondary care provision to identify gaps
12) Consider housing options for staff
13) Review options for replication of Braemar Care Initiative
14) Review future need for provision of
    a) Care homes
    b) Sheltered housing

4.5 Community Groups and Organisations Survey

There were 16 responses to the Community Groups and Organisations survey representing a cross-section of types of groups and geographical location covered across Deeside and Upper Donside.

The best performing services are considered to be:

1. Pharmacy – 11 positive responses
2. End of Life/Palliative Care – 9 positive responses
3. District/Community Nursing and Community Groups – 8 positive responses
4. GP Consultation – 7 positive responses

And the services receiving the most negative responses are:

1. Physiotherapy – 6 negative responses
2. Podiatry/Learning Disability Community Team/ Leisure Centres/ Networks of Wellbeing – 5 negative responses each

Respondents were asked what they think could be better and why with the top themes being similar to the public survey:

1. Invest in local services (5 responses)
2. Communication (5 responses)
3. Travel/Transport (4 responses)
4. Access to Internet/Technology (4 responses)

When asked what the top Strategic Priorities are for their group, the most frequently mentioned of the 5 strategic priorities was “Tackling Inequalities and Public Protection” (6 responses) followed by “Effective Use of Resources” and Prevention and Early Intervention” (5 responses each).

For any other comments, Investing in local services (7 responses), Hospital (6 responses), Travel/Transport (5 responses), Covid/MIU/Outpatient Services (4 responses each), were the top themes which is again in line with the public survey.

5 Next steps

All points for further consideration fall under the following key themes:

- Communication
- Staffing
- Transport
- Digital/Technology
- Service Provision

Some of the considerations fall under the responsibility of existing teams and working groups within the Health and Social Care Partnership. For example, there is already a project group with a focus on digital technology. The following considerations can be shared with this project:

- Share opinions on digital service provision with project groups currently evaluating the use of digital technology

There is an existing Grampian-wide group considering transport options for both staff and the community. The following consideration has been shared at a workshop that took place on 10/11/2022:

- Consider available transport options and how this is communicated to the public

The project lead will attend a follow-up working group to review the actions from the workshop discussions.

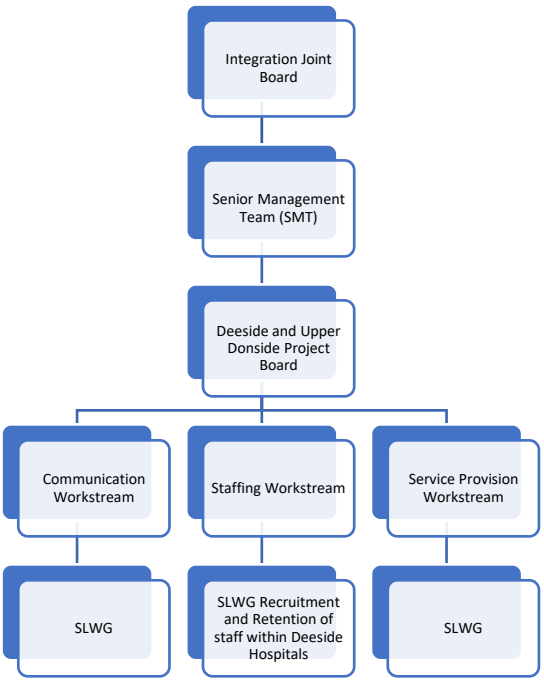
The considerations relating to some aspects of staffing can also be shared with existing teams/projects:

- Share learning from SNA with work groups currently addressing recruitment and retention of staff.
- Share learning from SNA with colleagues in Human Resources in relation to recruitment, retention, post structure and training opportunities

The proposed structure to address the remaining considerations is to create a Project Board for Deeside and Upper Donside and have three workstreams reporting into the Project Board that will each have responsibility for one of the remaining themes.

Deeside & Upper Donside Project Board	Communication	Review service and self-management information available to the public
		Review communication with the community regarding service provision (including alternatives to digital provision of information)
	Staffing	Create working group to revive recruitment and retention of staff within Deeside Hospitals
		Support staff wellbeing and increase opportunities for integrated working
		Consider housing options for staff
	Service Provision	Support staff wellbeing and increase opportunities for integrated working
		Review support for voluntary organisations that enhance health and social care activity
		Review options for replication of Braemar Care Initiative
		Review future need for provision of Care homes and Sheltered Housing

The Project Board will report to the Senior Management Team (SMT) which in turn reports to the Integration Joint Board (IJB).



The Project Board and each of the identified workstreams will include appropriate membership and representatives of staff and members of the community where possible. Staff representatives will include frontline staff as well as professional leads.

6 Acknowledgements

Thanks go to everyone who has contributed to the Strategic Needs Assessment and provided information for the content of this report. The project groups recognise the personal time given by staff and members of the community to provide their responses and attend focus groups to share their views, without whom, this project would not have been possible.

Community engagement throughout this work has been extremely valuable and we will seek to build on this in the next phase.

APPENDIX III

Aberdeenshire Council

Integrated Impact Assessment

Deeside Strategic Needs Assessment

Assessment ID	IIA-000641
Lead Author	Carina Ebdy
Additional Authors	Linda Bonner, Marnie Murray
Service Reviewers	Janine Howie
Subject Matter Experts	Susan Forbes, Claudia Cowie, Kakuen Mo, Christine McLennan
Approved By	Janine Howie
Approved On	Friday November 25, 2022
Publication Date	Friday November 25, 2022

1. Overview

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

Deeside Strategic Needs Assessment

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 15 positive impacts as part of this activity. There are 0 negative impacts, all impacts have been mitigated.

A detailed action plan with 1 points has been provided.

This assessment has been approved by janine.howie@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 impact on inequality of outcome?	Yes
Does this activity / proposal / policy have an impact on children / young people's rights?	No
Does this activity / proposal / policy have an impact on children / young people's wellbeing?	Yes

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	No Negative Impacts Identified
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			
Achieving		Yes		
Nurtured	Yes			
Active	Yes			
Respected	Yes			
Responsible	Yes			
Included	Yes			

4.2. Positive Impacts

Impact Area	Impact
Active	We will support people to live healthy lifestyles. We will ensure that people can access the right support when they need it. We will work to keep vulnerable people safe. We will work to make sure that everybody is able to access the service or treatment that they might need. We will work to remove barriers to accessing services.
Healthy	We will support people to live healthy lifestyles. We will ensure that people can access the right support when they need it. We will work to keep vulnerable people safe. We will work to make sure that everybody is able to access the service or treatment that they might need. We will work to remove barriers to accessing services.
Included	We will support people to live healthy lifestyles. We will ensure that people can access the right support when they need it. We will work to keep vulnerable people safe. We will work to make sure that everybody is able to access the service or treatment that they might need. We will work to remove barriers to accessing services.
Nurtured	We will support people to live healthy lifestyles. We will ensure that people can access the right support when they need it. We will work to keep vulnerable people safe. We will work to make sure that everybody is able to access the service or treatment that they might need. We will work to remove barriers to accessing services.
Responsible	We will support people to live healthy lifestyles. We will ensure that people can access the right support when they need it. We will work to keep vulnerable people safe. We will work to make sure that everybody is able to access the service or treatment that they might need. We will work to remove barriers to accessing services.

Impact Area	Impact
Respected	We will support people to live healthy lifestyles. We will ensure that people can access the right support when they need it. We will work to keep vulnerable people safe. We will work to make sure that everybody is able to access the service or treatment that they might need. We will work to remove barriers to accessing services.

4.3. Evidence

Type	Source	It says?	It Means?
External Consultation	Survey and focus groups	Full information in project report	Full information in project report

4.4. Accounting for the Views of Children and Young People

The public survey was open for response from people within the community of all ages, including children and young people. There was a very low response from people under the age of 18. An additional focus group session was arranged at Aboyne Academy to allow young people to share their views.

4.5. Promoting the Wellbeing of Children and Young People

This project is considering all Health and Social Care Services and what is required to meet the needs of the population now and in the future. This includes Health Visiting and School Nursing teams, GP Practices, Community Hospitals and Pharmacy teams who are currently working with children and young people as well as the adult services that they will move into in the future.

4.6. Overall Outcome

No Negative Impacts Identified.

There has not been an identified need to reduce the provision of any services, therefore, any changes will have a positive benefit to the community.

5. Equalities and Fairer Scotland Duty Impact Assessment

5.1. Protected Groups

Indicator	Positive	Neutral	Negative	Unknown
Age (Younger)	Yes			
Age (Older)	Yes			
Disability	Yes			
Race		Yes		
Religion or Belief		Yes		
Sex		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		
Low wealth		Yes		
Material deprivation		Yes		
Area deprivation	Yes			
Socioeconomic background		Yes		

5.3. Positive Impacts

Impact Area	Impact
Age (Older)	We will support people to live healthy lifestyles. We will ensure that people can access the right support when they need it. We will work to keep vulnerable people safe. We will work to make sure that everybody is able to access the service or treatment that they might need. We will work to remove barriers to accessing services.
Age (Younger)	We will support people to live healthy lifestyles. We will ensure that people can access the right support when they need it. We will work to keep vulnerable people safe. We will work to make sure that everybody is able to access the service or treatment that they might need. We will work to remove barriers to accessing services.

Impact Area	Impact
Disability	We will support people to live healthy lifestyles. We will ensure that people can access the right support when they need it. We will work to keep vulnerable people safe. We will work to make sure that everybody is able to access the service or treatment that they might need. We will work to remove barriers to accessing services.
Area deprivation	We will support people to live healthy lifestyles. We will ensure that people can access the right support when they need it. We will work to keep vulnerable people safe. We will work to make sure that everybody is able to access the service or treatment that they might need. We will work to remove barriers to accessing services.

5.4. Evidence

Type	Source	It says?	It Means?
External Consultation	Survey and focus groups	Full information in project report	Full information in public report

5.5. Engagement with affected groups

A public survey was available online and in paper copy across Deeside and Upper Donside and was followed by a series of 20 focus groups. An additional focus group was arranged at a Learning Disability Day service as it had been identified that people with a Learning Disability may not have been able to complete the survey.

5.6. Ensuring engagement with protected groups

An additional focus group session was set up within a Learning Disability Day service. Focus groups were arranged within local communities to reduce the requirement to travel and were also available online. paper copies of the survey were made available at 15 venues across Deeside and Upper Donside.

5.7. Evidence of engagement

All feedback provided via the survey and focus groups was collated and evaluated to identify key themes of issues to address.

5.8. Overall Outcome

No Negative Impacts Identified.

There has not been an identified need to reduce the provision of any services, therefore, any changes will have a positive benefit to the community.

5.9. Improving Relations

There was a significant amount of public engagement and participation throughout the project. Interested members of the community had the opportunity to provide contact details if they wish to be kept informed and to hear about further opportunities to engage with the Health and Social Care Partnership. A page was set up on Engagement HQ to keep the public informed of progress throughout the engagement period.

5.10. Opportunities of Equality

We will look at how we can continue communication and receive feedback from members of the community to ensure representation over a cross-section of the population.

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
Exercise and physical activity	We will support people to live healthy lifestyles. We will ensure that people can access the right support when they need it. We will work to keep vulnerable people safe. We will work to make sure that everybody is able to access the service or treatment that they might need. We will work to remove barriers to accessing services.
Healthy eating	We will support people to live healthy lifestyles. We will ensure that people can access the right support when they need it. We will work to keep vulnerable people safe. We will work to make sure that everybody is able to access the service or treatment that they might need. We will work to remove barriers to accessing services.
Mental health	We will support people to live healthy lifestyles. We will ensure that people can access the right support when they need it. We will work to keep vulnerable people safe. We will work to make sure that everybody is able to access the service or treatment that they might need. We will work to remove barriers to accessing services.

6.3. Evidence

Type	Source	It says?	It Means?
External Consultation	Members of the community	Information included in project report	Information included in project report

6.4. Overall Outcome

No Negative Impacts Identified.

There has not been an identified need to reduce the provision of any services, therefore, any changes will have a positive benefit to the community.

7. Sustainability and Climate Change Impact Assessment

7.1. Emissions and Resources

Indicator	Positive	Neutral	Negative	Unknown
Consumption of energy	Yes			
Energy efficiency	Yes			
Energy source		Yes		
Low carbon transition		Yes		
Consumption of physical resources		Yes		
Waste and circularity		Yes		
Circular economy transition		Yes		
Economic and social transition		Yes		

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. Positive Impacts

Impact Area	Impact
Consumption of energy	We are considering the information provision on availability of public transport options to reduce the need to travel for health and social care appointments via taxi or car.
Energy efficiency	By reducing the need to travel to health and social care appointments through improved use of digital technology it is making energy use more efficient.

7.4. Evidence

Type	Source	It says?	It Means?
External Consultation	Survey and Focus Groups	Full information in project report	Full information in project report

7.5. Overall Outcome

No Negative Impacts Identified.

Information gathered during public consultation indicated that public transport availability is not well known and/or is unavailable therefore requiring the use of cars or taxis to attend

appointments. By increasing bus use and use of digital technology, the need to travel can be made more efficient or eliminated completely.

8. Action Plan

Planned Action	Details	
Project Board to be set up to take forward identified actions from the project report.	**Lead Officer**	Carina Ebdy
	Repeating Activity	No
	Planned Start	Monday January 02, 2023
	Planned Finish	Friday June 30, 2023
	Expected Outcome	Actions for identified service improvements will be implemented.
	Resource Implications	Not known at this time