

Appendix 8

Budget Engagement Responses - Public Survey

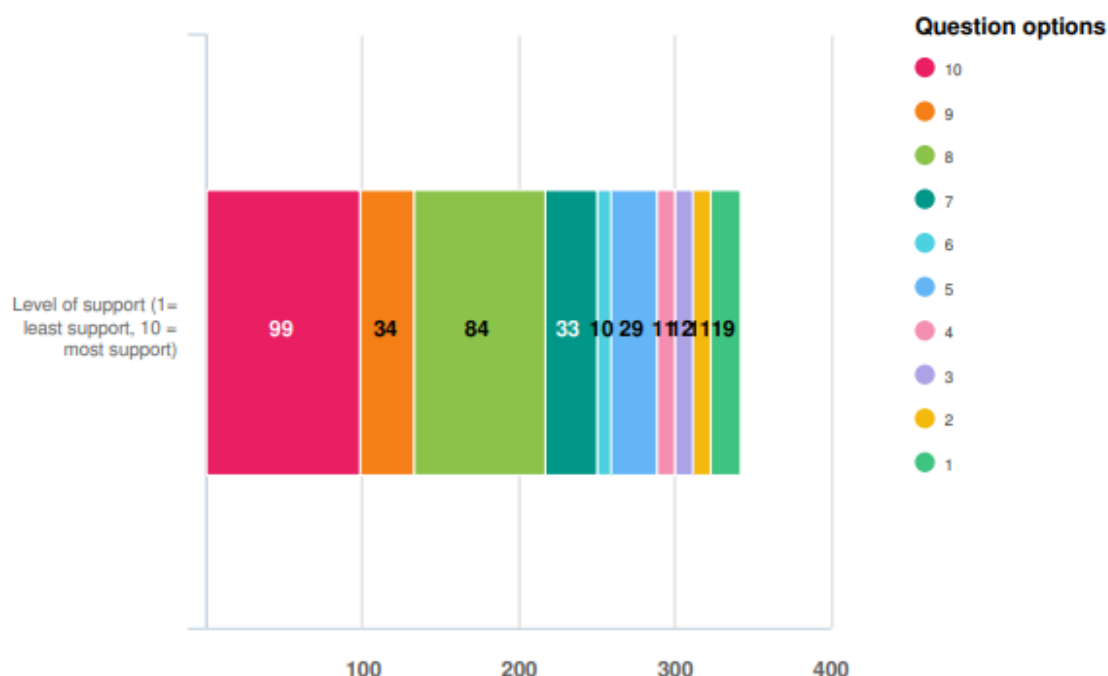
Aberdeenshire Health & Social Care Partnership (AHSCP) launched a budget engagement survey (for staff and members of the public) on the 29th January 2024 and it was open for responses until 26th February 2024. 345 respondents completed the survey. A summary of the feedback received is below:

Q1 – Across our health & social care services we have a number of older buildings that were never designed for the delivery of modern, efficient services and require significant investment to ensure they meet modern standards.

Would you agree that a priority for the AHSCP should be to consolidate where it delivers services, and where appropriate, to utilise buildings most suitable for modern care?

Please show your level of support by choosing between 1 and 10, where 1 is the least support and 10 is the most support.

Chart 1 – Consolidating buildings-based services



Optional question (342 response(s), 3 skipped)

Chart 1, above, shows that the majority of respondents (73%) indicated support to consolidate where it delivers services, and where appropriate to utilise buildings most suitable for modern care, giving a rating of between 7 and 10.

Q2. Thinking about the score you gave in relation to Q1 above, is there anything else you would like to tell us about how we deliver buildings-based services in the future?

194 individuals responded to this question. After theming the comments within responses, the top five themes were as follows:

Theme	Number of mentions within comments
Ensuring access to services	50
Requirement for services to be accessible from a public transport route	32
People expect services delivered locally.	27
Concern for those accessing services in rural areas	26
Agreement that buildings need to be fit for purpose	20

“Take into account the remote rural communities. Not everyone is able to travel many miles to centralised services”

Ensuring access to services

Comments emphasised the need for appropriate access to services. Concerns were about those in rural areas having to travel further, the ageing population being able to access services, ensuring that travel distances to access services are considered as well as considering the cost of public transport and fuel. Some comments stated that services should be located where there is most need.

Requirement for services to be accessible from a public transport route

The comments on this theme emphasised the need to understand the available public transport routes to locations. There was concern about rural areas where there can be poor accessibility to public transport. Other repeating comments were: not to assume that all elderly or vulnerable people are able to travel, not all households have access to a car, and to ensure adequate public transport routes to buildings-based services.

People expect services delivered locally

There is support for care and services staying within the local area. Those who gave reasons stated: they did not want people having to travel too far, concern about those in rural areas and keeping services close to those in need.

Concern for those accessing services in rural areas

As mentioned in the themes above, there is concern that it will become more difficult for people living in rural and remote areas to access services due to consolidation of buildings.

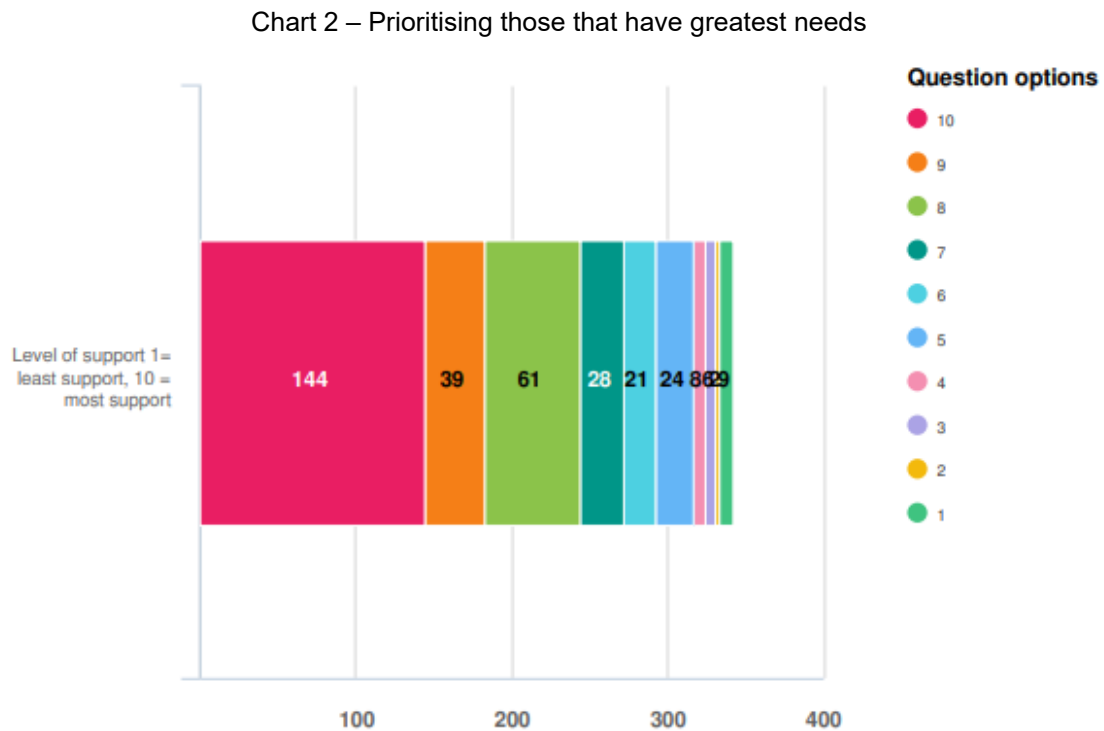
Agreement that buildings need to be fit for purpose

There is concern that currently some buildings are not fit-for-purpose, often in rural areas, due to being old buildings. Respondents wish to see buildings at an appropriate standard with appropriate facilities, fit-for-use and for delivery of services in a safe manner.

Q3 - Social Care services are usually provided to people following an assessment of need.

Would you agree that the AHSCP should prioritise those that have the greatest need?

Please show your level of support by choosing between 1 and 10, where 1 is the least support and 10 is the most support.



Optional question (342 response(s), 3 skipped)

As shown in Chart 2 above, the majority of respondents (80%) indicated support, with a rating between 7 and 10, that we should prioritise those who have the greatest need.

Q4 - Thinking about the score you gave in relation to Q3 above, is there anything else you would like to tell us about how we prioritise our services?

190 individuals responded to this question. After theming the comments within responses, the top four themes were as follows:

Theme	Number of comments
Prevention / early intervention	45
How will need be calculated?	45
Everyone assessed with a need should receive care	29
Agreement with prioritisation of greatest need	14

“Early intervention could prevent greater needs developing later”

Prevention / early intervention

Comments reflected that investing resource to care for people when their needs are at a lower level, can result in them avoiding reaching a crisis point later and can potentially save on cost.

How will need be calculated?

Respondents questioned the definition of greatest need, who would make the decision on a definition and how people would be assessed.

Everyone assessed with a need should receive care

Comments reflected that everyone was entitled to some level of care, even if they were not assessed as being of greatest need.

Agreement with the prioritisation of greatest need

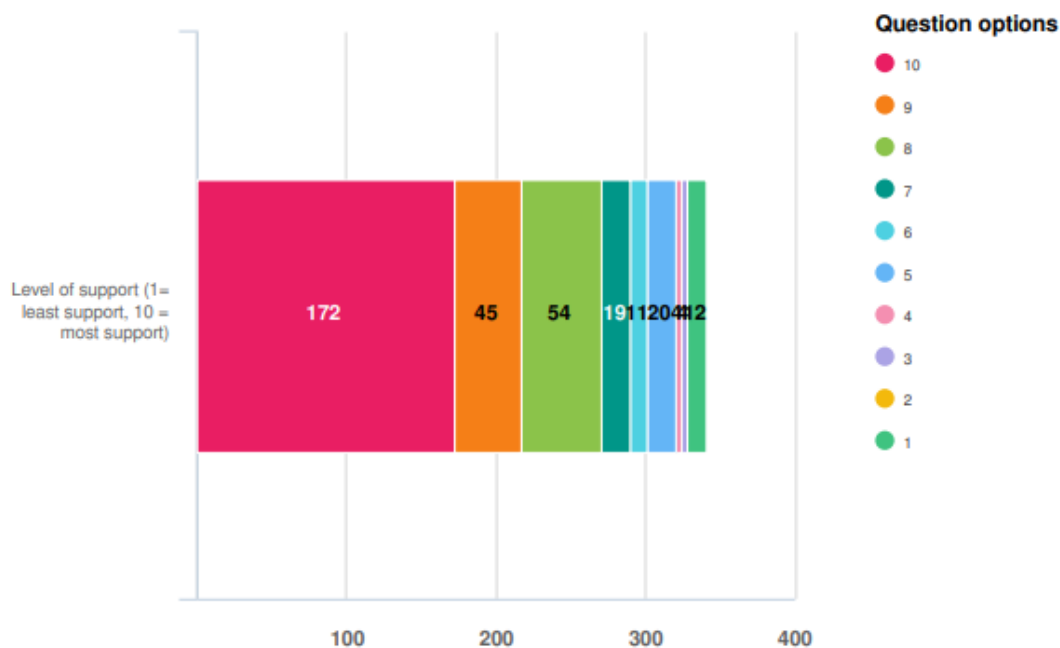
In these comments, respondents stated that they agreed that those with greatest need should be prioritised.

Q5 - Over the next 5 to 10 years there will be significantly more people over the age of retirement in Aberdeenshire. This means that we will continue to see ever greater demand for health and social care services

Do you agree that the AHSCP should ensure that we support services to make changes now to take account of the potential future increase in demand?

Please show your level of support by choosing between 1 and 10, where 1 is the least support and 10 is the most support.

Chart 3 – Supporting services to make changes now to take account of future demand



Optional question (341 response(s), 4 skipped)

As shown in Chart 3 above, the majority of respondents (85%) supported ensuring that we support services to make changes now to take account of the potential future increase in demand, with a rating of between 7 and 10.

Q6 - Thinking about the score you gave in relation to Q5 above, is there anything else you would like to tell us about prioritising spend?

159 individuals responded to this question. After theming the comments within responses, the top four themes were as follows:

Theme	Number of comments
Agree with making changes now and future planning	32
Prevention / early intervention	26
Other priority groups to consider, not just the ageing population	16
Not at the expense of current services	15

“Advance preparation when demographic is known seems sensible”

Agree with making changes now / future planning

Comments agreed the importance of prioritising, planning and making changes for future demand. Respondents felt this was sensible or necessary or in some cases an obvious approach to take.

Prevention / early intervention

Comments under this theme highlighted the need to invest in prevention, supporting all ages to improve their lifestyle and take care of their wellbeing. Some comments focussed on keeping older people fitter and healthier for longer and enabling them to age well. There were also a number of comments advising earlier intervention for people’s health issues and taking a more proactive, rather than reactive approach.

Other priority groups to consider, not just ageing population

A number of respondents highlighted that other groups of people should be considered a priority as well as the increasing ageing population. Individual comments highlighted a range of specific groups of people, but there was not one particular group that received more comments than another.

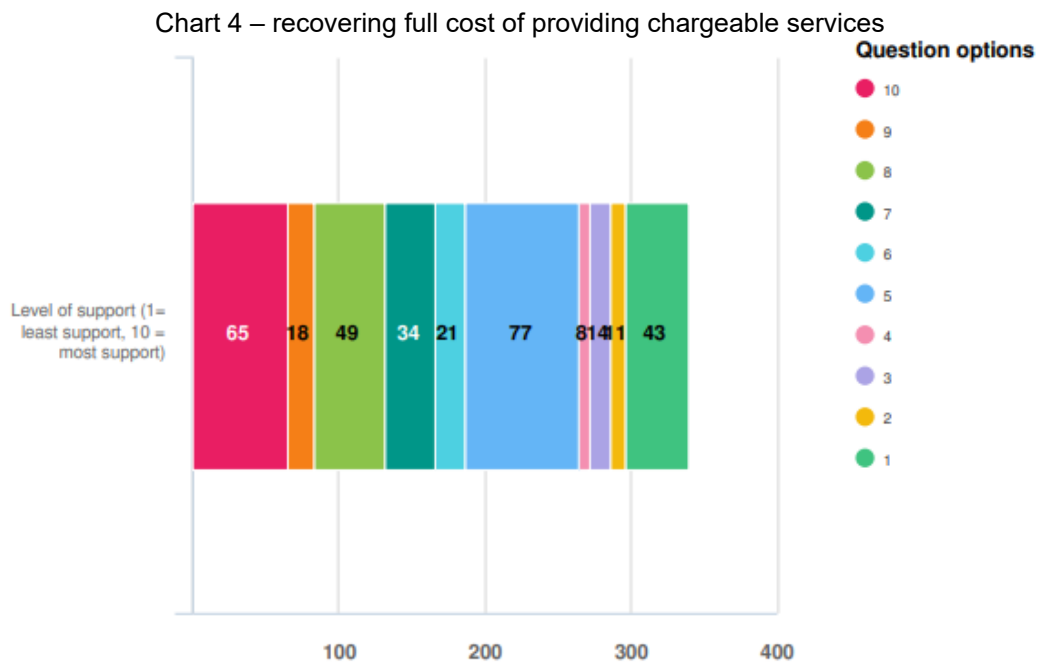
Not at expense of current services

These comments reflected the concern that support from some respondents for making changes to prepare for future demand, was only if there was to be no negative impact to current services provided.

Q7 - There are some services which we provide that people, who can afford it, need to pay for.

Do you agree that the AHSCP should recover the full cost of providing those services?

Please show your level of support by choosing between 1 and 10, where 1 is the least support and 10 is the most support.



Optional question (340 response(s), 5 skipped)

As shown in Chart 4 above, just under half of respondents (49%) supported recovering full costs of some services that are paid for by those that can afford to, with a rating of between 7 and 10.

Almost a third of respondents (29%) chose a rating of 5 or 6 – a neutral level of support. It should be noted that 13% indicated the lowest level support.

Q8 - Thinking about the score you gave in relation to Q7 above, is there anything else you would like to tell us about how we recoup costs?

196 individuals responded to this question. After theming the comments within responses, the top four themes were as follows:

Theme	Number of comments
Means testing may be required	44
Agreement on recouping costs	29
Concern that those who have prepared financially for old age are penalised	17
More information is required for consideration	16

“The question is the ability to afford!”

Means testing may be required

Most comments specifically mentioned that means testing would be required to establish those who could afford to pay full cost of some services. Some respondents highlighted that this would need to be a sensitive and fair process. Others were concerned that the possible cost of the process itself to recoup costs would outweigh the financial benefits.

Agreement on recouping costs

Under this theme, respondents indicated they agreed that full costs could be recouped from those who could afford it, with an emphasis on the latter.

Concern that those who have prepared financially for old age are penalised

Comments reflected that these respondents felt it was unfair that those who could afford to were required to pay, as it was often these people who had worked hard throughout life and had prepared well for older age.

More information required

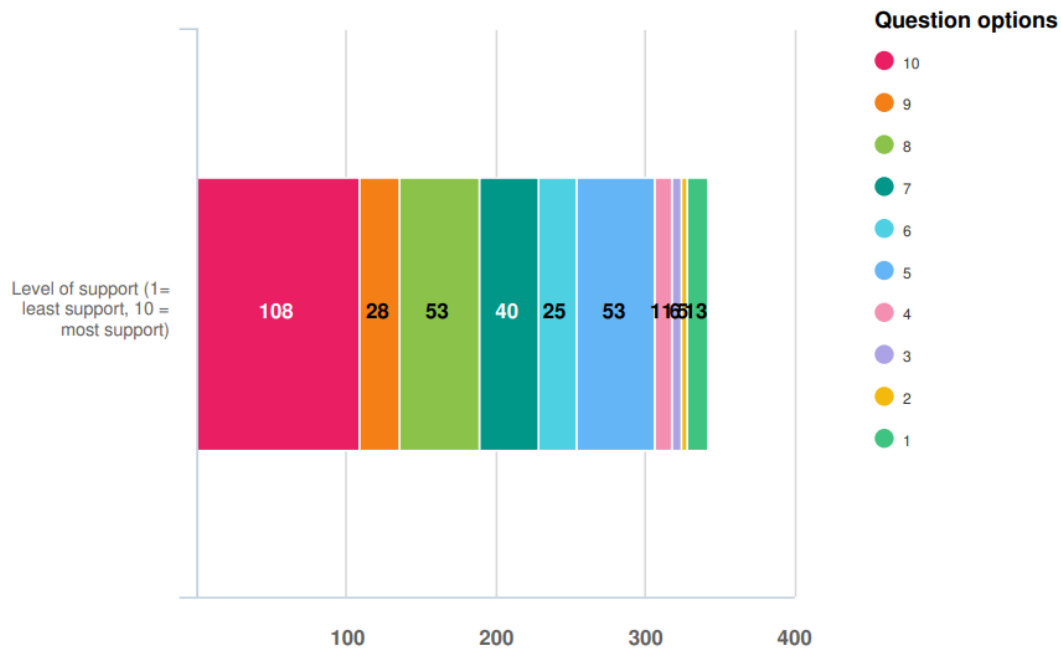
These comments stated that more information is required on definitions and particularly which services are referred to that people need to pay for. Respondents questioned who would be assessing people's ability to afford to pay.

Q9 - There have been significant advances in technological and digital innovation, particularly in Health Care.

Would you agree that, where appropriate, digital technology should play a role in how we deliver services in future?

Please show your level of support by choosing between 1 and 10, where 1 is the least support and 10 is the most support.

Chart 5 – Digital technology playing a role in how we deliver services in future



Optional question (342 response(s), 3 skipped)

As shown in Chart 5 above, the majority of respondents (67%) indicated support for digital technology playing a role in how we deliver services in the future, with a rating of between 7 and 10. Almost a quarter of respondents (22%) chose a rating of 5 or 6 – a neutral level of support.

Q10 - Thinking about the score you gave in relation to Q9 above, is there anything you would like to tell us about the use of digital innovations?

205 individuals responded to this question. After theming the comments within responses, the top five themes were as follows:

Themes	Number of comments
Concern about digital exclusion	43
Face to face care is still important	38
A role for digital technology where appropriate	36
Digital innovations should be a priority in the future	18
Concern about elderly people and digital innovations	17

“Using digital technology works when the recipients of the service are fully able to participate”

Concerns about digital exclusion

Comments highlighted concerns that not everyone could be expected to engage with digital technology. This was due to poorer broadband access in some areas, lack of skills, confidence and understanding in using technology/digital tools, and the difficulty for some to afford equipment and internet access.

Face to face care is still important

Comments stated the importance of continuing to have face to face care as an option. This was felt to be particularly important for those at higher risk or more vulnerable and for those digitally excluded. The human interaction element was felt to be important by some for wellbeing and to avoid social isolation.

A role for digital technology where appropriate

Comments were in support of the use of digital technology if there were benefits for the service and the service users. The caveat is that this will not be appropriate or suitable for every service or every user.

Digital innovations a priority in the future

Responses under this theme agreed that use of digital technology was a priority going forward. Future service users are likely to be users of technology and may see the use of technology as the norm at that point. Benefits and improvements to services are likely to continue with technological advances.

Concern about elderly people and digital innovations

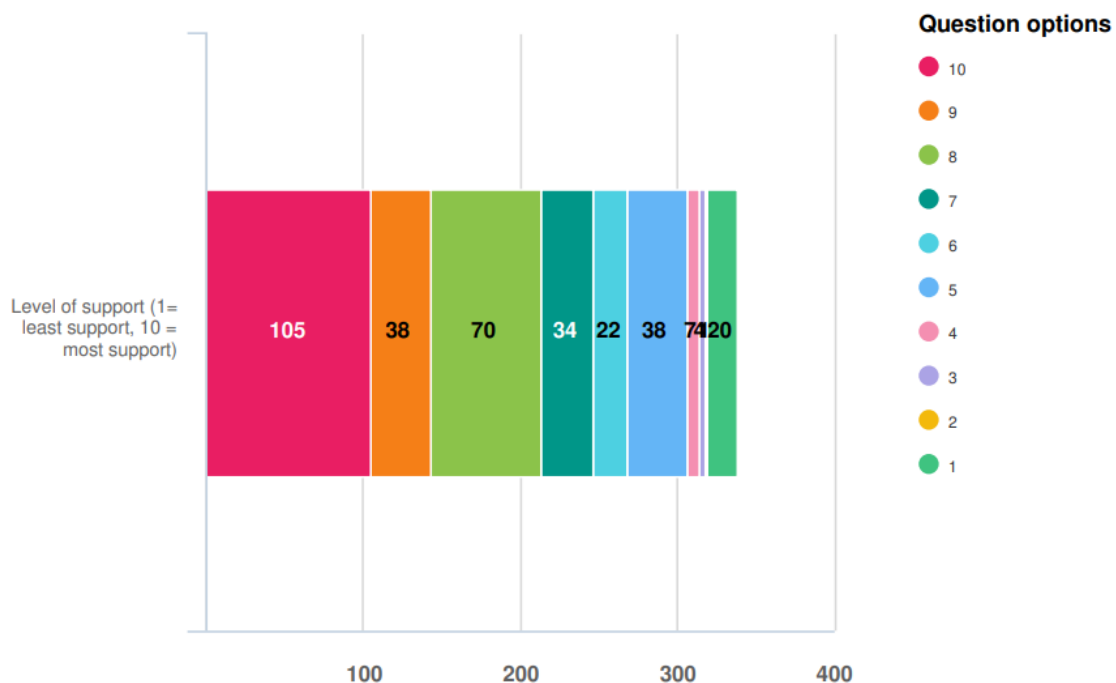
These comments reflected that many elderly people do not have access to or confidence to use digital technology and may see it as a barrier to care and support.

Q11 - The AHSCP delivers a wide range of residential services, including some delivered on our behalf by other organisations. Examples include care homes for older people and supported living accommodation for adults with learning disabilities and complex needs.

Would you agree that the AHSCP should provide residential services based on best value and focus on those with greatest need?

Please show your level of support by choosing between 1 and 10, where 1 is the least support and 10 is the most support.

Chart 6 – Providing residential services based on best value and focus on those with greatest needs



Optional question (339 response(s), 6 skipped)

As shown in the chart above, the majority of respondents (73%) indicated support for providing residential services based on best value and focus on those with greatest needs, with a rating of between 7 and 10.

Q12 - Thinking about the score you gave in relation to Q11 above, is there anything else you would like to tell us about the delivery of residential services?

150 individuals responded to this question. After theming the comments within responses, the top four themes were as follows:

Theme	Number of mentions
"Best value" is more than just money	31
Definitions of some terms are required	11
Who will decide on the criteria for "greatest need"?	9
Agreement on providing residential services based on best value and focus on greatest needs	7

"Best Value and best care must go hand in hand"

"Best value" is more than just money

Comments reflected concern that best value would mean the cheapest cost. Respondents emphasised that quality of care and support also needed to be part of best value.

Definitions of some terms required

Respondents stated that they would need clearer definitions of best value and greatest need to be able to consider their answer more fully.

Who will decide on the criteria for "greatest need"?

Respondents questioned who was going to be making decisions around what "greatest need" was and which service users would fit that criteria.

Agreement on providing residential services based on best value and focus on greatest needs

Comments under this theme were in agreement that provision of residential services should be based on best value and focus on greatest needs.

Information about the respondents

Of the 341 participants that provided information about themselves, 269 were female and 71 were male.

For respondents who provided first four digits of their Aberdeenshire postcode, the split across the 6 local authority areas was as follows:

Area	Respondents
Banff & Buchan	31
Buchan	18
Formartine	68
Garioch	79
K&M	86
Marr	53

The majority of respondents (274 of 342 respondents) were over 45 years of age (93 were 45-54 yrs; 102 were 55-64 yrs; 79 were 65 and over).

The majority of respondents were employed full-time (154 respondents), wholly retired from work (72 responses); or employed part-time (66 responses).

When asked if day-to-day activities were limited because of a health problem or disability which has lasted or is expected to last 12 months or more, 57 respondents said yes, limited a little and 19 said yes, limited a lot. 267 respondents said no.

146 respondents said that they provide unpaid care, with 183 respondents indicating they didn't, and 15 respondents preferring not to say.