



INTEGRATION JOINT BOARD

Date of Meeting	19 November 2019
Report Title	Local Survey
Report Number	HSCP.19.068
Lead Officer	Sandra Ross, Chief Officer
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Consultation Checklist Completed	Yes
Directions Required	No
Appendices	A. Local Survey Full Report B. Comparison of local and national survey results

1. Purpose of the Report

- 1.1. The purpose of this report is to present the Integration Joint Board with the results of the local survey undertaken in July/August 2019 and to compare the results with those from the national survey for National Indicators 1 through 9.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
- a) Note the results of the Local Survey.
 - b) Note the comparison between the local and national survey results in relation to national indicators 1 through 9.
 - c) Note that the independent company is commissioned to repeat the local survey in three years' time.



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- d) Instruct the Chief Officer to bring forward a report cross referencing the key findings of the local survey with existing areas of improvement activity and identifying any further initiatives required to the February meeting of the Audit and Performance Systems committee.
- e) Instruct the Chief Officer to bring forward a further report following publication of the results of the current national survey which are expected in April 2020 along with details of actions undertaken to address those areas of the survey which would benefit from improvement. This report will come to the June meeting of the IJB.

3. Summary of Key Information

- 3.1. The IJB's 3-year strategic plan sets out its ambitions for transforming health and social care in Aberdeen. The focus of the plan is on shifting the balance of care provision from hospital to community settings (where this is safe and practicably possible to do); adopting a preventative approach; enabling self-management of health; providing high quality, personalised health and social care services; and connecting people to their communities and providing opportunities to engage in community-based activities.
- 3.2. In order to demonstrate whether we are delivering on the Strategic Plan, a number of performance measures have been identified. Some of these are what is known as National Indicators (NIs). NI 1 through to NI 9 are reported from the outcome of a bi-annual national Health and Care Experience Survey. These are: -

NI 1 - % of Adults able to look after their health very well or quite well

NI 2 - % of Adults supported at home who agreed that they are supported to live as independently as possible.

NI 3 - % of Adults supported at home who agreed that they had a say in how their help, care, or support was provided.

NI 4 - % of Adults supported at home who agreed that their health and social care services seemed to be well coordinated.

NI 5 – Total % of Adults receiving any care or support who rated it as excellent or good

NI 6 - % of people with positive experience of the care provided by their GP practice.

NI 7 - % of Adults supported at home who agree that their service and support had an impact on improving or maintaining their quality of life.



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NI 8 – Total combined % carers who feel supported to continue in their caring role

NI 9 - % of Adults supported at home who agreed they felt safe

The survey is sent to a random sample of those registered with a GP in Scotland in October every other year for completion between November that year and January the following year.

- 3.3. The Health and Care Experience Survey was last undertaken in 2017/18 with the results published in April 2018. The survey is heavily weighted towards GP and health services in particular, with minimal references to social care services.
- 3.4. At the IJB meeting in December 2018, the Lead Strategy and Performance Manager was instructed to develop a local survey to provide robust and relevant feedback from those who use our services.
- 3.5. The purpose of the local survey was not only to ensure that the sample and therefore results were more representative of ACHSCP patients and clients but also to establish a baseline for measuring delivery of the refreshed Strategic Plan. An additional benefit is that this local survey provides us with an objective perspective on services and potentially areas to target for further improvement activity. The local survey will be repeated in 3-years' time (at the end of the strategic plan) to allow us to determine, at a strategic level, what impact we have made towards improving service delivery for health and social care in Aberdeen City.
- 3.6. A project team led by Susie Downie, Transformation Programme Manager and including Alison MacLeod, Lead Strategy and Performance Manager and Katherine Karacaoglu, Public Health Researcher from NHS Grampian, Health Intelligence was created. Work on developing a detailed specification of our requirements was undertaken between January and February 2019. A Quick Quote exercise was undertaken between February and March 2019 with an award being made to IBP Strategy and Research in April 2019.
- 3.7. The appointment of an independent organisation ensures consistency and fairness of process and objectivity from a client perspective. Interview-based questioning was agreed as the appropriate approach for the cohort of those chosen and also to mitigate the ongoing challenge of low response rates and provide more in-depth information.



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- 3.8.** The survey was developed using a combination of previously distributed and validated questionnaires (e.g. that used for the national Health and Social Care Experience Survey) together with consideration to our own needs. The survey questionnaire was designed in collaboration with the commissioned organisation between April and July 2019 along with work to identify a relevant sample of respondents. Interviews took place from July to September 2019. A copy of the full report which depicts the results obtained from each of the questions was received on 15th October 2019 and is attached at Appendix A. Further analysis of the results is available by Gender and Age, by Locality, and by SIMD Quintile which staff will use to develop relevant and targeted service delivery.
- 3.9.** The focus of the survey was on a specific sample of Aberdeen City residents that use both health and social care services. The target sample was provided by Aberdeen City Health and Social Care Partnership from databases used to manage service caseloads. There was an attempt to spread the target sample across services and geographical location which was felt would be a robust and credible sample size and profile, providing an accurate representation of views within the city as a whole. The results at locality level will provide useful data for the new locality plans.
- 3.10.** The surveys were undertaken face to face. At the end of the survey respondents were asked if they were willing to provide a Vox pop – a short, informal recording of their opinion. The Vox pop sessions are scheduled to take place at the end of October, and we hope to be able to play a montage of these at the IJB meeting in November.
- 3.11.** The aim of the local survey was to record results in relation to: -
- Profiling of usage of a range of health and social care services.
 - Satisfaction with such services and identification of reasons for any dissatisfaction.
 - Identification of the outcomes achieved through the delivery of health and social care services.
 - Satisfaction with experience of service delivery in relation to health and social care services and identification of reasons for any dissatisfaction.
 - Identifying a baseline position in relation to the strategic priorities of prevention, self-management, communities, resilience and connections
- 3.12.** A total of 452 interviews were completed which equates to a response rate of 21%. The profile of respondents is as follows with a comparison where available of the total Aberdeen City Population: -



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	Survey Respondents	Aberdeen City
Gender	66% female, 34% male	50.2% female, 49.8% male
Age*	44% over 60, 7% under 60	26% (of adult population) over 60
Ethnicity	2% indicated an ethnicity other than White Scottish/British/Other	8% non-white
Occupation	64% were retired and 20% indicated long term sick/disability	
Locality	25% were from the central locality, 38% north, and 37% south	32% central, 32% north ,36% south
SIMD	32% came from the least deprived areas and 15% from the most	7.9% of City population living in most deprived SIMD data zones

*NB: 48% of respondents preferred not to give their age.

Lessons have been learned from the profile of respondents for this version of the survey which we will try to address when selecting the target sample for the follow-up survey although it should be noted that we have no control over who chooses to respond, we can only do our best in relation to increasing the probability of respondents across the profile categories.

- 3.13.** Overall, 86% of respondents express satisfaction with the health and social care they receive. The following table provides a summary of the Key Findings. Respondents were invited to make further comment about the issues raised in the survey and, whilst many such comments were positive in nature, others highlighted perceived weaknesses or areas for improvement in relation to themes which are also noted at the bottom of the table below. The detail of these comments have been made available to the Leadership Team and provide further scope for more detailed and specific analysis of potential improvement activity.

State of general health	Good 44%, Fair 39%, Bad17%
Satisfaction with Mental Health and Wellbeing	70% satisfied
Frequency of loneliness	16% often or all of the time
Looking after health and wellbeing	92% know that support from professionals is there when they need it
	63% agree there are plenty organisations, clubs or groups in their community offering activities they can take part in. NB: only 52% of males
	68% advise it can be hard for them to get motivated to do things to look after their own health and wellbeing (68% in each case).



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	68% say that they can sometimes feel a bit down, which makes it harder for them to look after their own health and wellbeing
Satisfaction with services commonly received	Typically, greater than 90%
What support do health and social care services provide for people	94% said that services help them to feel safe and secure
	90% said they help them to live as independently as possible
	90% said they help them to improve their quality of life
	89% said that they help them to look after their own health and wellbeing
	87% said that they help them to reduce the health and wellbeing issues they are most concerned about
Perceptions as to how services are delivered	94% agree that they have their dignity respected,
	89% agree that where they receive treatment and support suits their needs,
	88% agree that their health, support and care services seem to be well-coordinated,
	81% agree that they can access the right services and support that best suits their needs,
	80% agree that they can access the services and support at the time they need it
	76% agree that they can choose how their health, care or support is provided, however 13% disagreed with this statement
Local services	97% agreed that community-based health and social care services are available to them
	73% agreed that they are satisfied with transport links in their local community
	52% agreed that they can make a valuable contribution towards decisions in their local area about health and social care services however 34% disagree with this statement
	53% indicated that they did not take part in any of the list of activities shown to them, this was particularly evident amongst people in the 60-69 age group (73% took part in no such activities)



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	and in the most deprived SIMD quintile (62% took part in no such activities).
	84% of respondents agreed with the overall statement that their local community gets the support and information it needs to be a healthy place to be.
Caring Responsibilities	The caring role is most commonly for 50 hours or more per week
	21% disagree that they feel supported to continue in their caring role
	28% say that they have time for themselves outside of their caring role if so desired
	38% say that their caring role has had a negative impact on their own health and wellbeing.
Further comment themes	Staff shortages
	Inconsistencies and changes in terms of staffing
	A desire for additional support or services (including, in particular a desire to get “out and about” more);
	Staff performance
	Service provision
	Costs

- 3.14.** The results of the local survey have provided much food for thought for the Leadership Team. Although the main purpose of the survey was to provide a baseline for delivery of the Strategic Plan, we will, nonetheless use the results to cross reference the appropriateness of existing improvement activity already underway and identify new areas. It is proposed that the Chief Officer brings forward a more detailed report on this
- 3.15.** Some of the indicators in the local survey translate to national Indicators 1 to 9. A comparison table is available at Appendix B although it should be noted that the national results were collated November 2017 to January 2018 and the local survey results were collated July to September 2019.
- 3.16.** The 2019/20 national Health and Care Experience Survey is currently being delivered to the selected random sample participants and the results of this are expected in April 2020. The results of this national survey will be of interest, particularly in relation to patient experience of GP services. It is proposed that the IJB instructs the Chief Officer to bring forward a report on



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the findings of this survey and compare those relevant results with the corresponding results in the local survey. Both the national and the local results will have been collated in a close timeframe – Jul/Sep 2019 for the local survey and Nov 19/Jan 20 for the national survey.

4. Implications for the Integration Joint Board

- 4.1. Equalities – the face to face nature of the survey ensured equality of access to participation. Lessons have been learned from the profile of respondents for this version of the survey which we will try to address when selecting the target sample for the follow-up survey although it should be noted that we have no control over who chooses to respond, we can only do our best in relation to increasing the probability of respondents across the profile categories.
- 4.2. Fairer Scotland Duty – this report has no direct implications in relation to the Fairer Scotland Duty.
- 4.3. Financial – there are no direct financial implications arising from the recommendations of this report. Approval for the cost of the repeat survey has already been given. Any additional improvement activity which is required as a result of the local survey and which would incur a cost will be noted in the follow up report.
- 4.4. Workforce – there are no direct workforce implications arising from the recommendations of this report. Any additional improvement activity which is required as a result of the local survey which may have workforce implications will be noted in the follow up report
- 4.5. Legal – there are no direct legal implications arising from the recommendations in this report.
- 4.6. Other – none.

5. Links to ACHSCP Strategic Plan

- 5.1. The results of the local survey demonstrates progress made against the five Strategic Aims within the Strategic Plan.

6. Management of Risk

6.1. Identified risks(s)



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If we do not monitor and report on our performance, there is a risk that the services we are delivering are not of the best quality and that we miss opportunities to improve.

6.2. Link to risks on strategic or operational risk register:

This report links to strategic risk 5. - *There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally determined performance standards as set by the board itself. This may result in harm or risk of harm to people.*

6.3. How might the content of this report impact or mitigate these risks:

The report gives assurance on the areas where we are performing well and highlights areas where performance could be improved allowing remedial activity to be employed where required.