Aberdeen City Health and Social Care Partnership

Health and Social Care Service Users Survey 2019

Draft Report

15th October 2019

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Contents

Summary of Key Findings

Respondents' Health

Respondents indicated that they had a wide variety of health conditions including, most commonly, arthritis, high blood pressure, dementia, mental health issues or strokes. Overall, 44% considered their health to be good, 39% fair and 17% bad.

70% indicated satisfaction with their mental health and wellbeing albeit only 16% said they were "very satisfied". 15% indicated that they were very dissatisfied with this, with the balance giving a neutral "neither / nor" response. 22% of respondents indicated that they feel lonely "sometimes" and 16% "often or all of the time".

Looking After Own Health and Wellbeing

Most respondents (92%) agree that health and care support from professionals is there when they need it. They are also quite likely to express positive views about outdoor spaces and the ability of themselves, and family and friends, to contribute to looking after their health and wellbeing. However, only 63% agree that there are plenty organisations, clubs or groups in their community offering activities they can take part in, this figure being especially low amongst males (52%).

A significant proportion of respondents say that it can be hard for them to get motivated to do things to look after their own health and wellbeing and that they can sometimes feel a bit down, which makes it harder for them to look after their own health and wellbeing (68% in each case).

Health and Social Care Services

75% of respondents considered themselves to receive GP services. A significant proportion indicated that they receive other services, most particularly home care (47%), podiatry / chiropody (43%), community nurses (42%), technology-enabled care (38%) and residential care for older people (35%).

A high level of satisfaction was recorded for all services most commonly received, with this typically being greater than 90%. Overall satisfaction levels included 98% for community nurses, 97% for technology-enabled care, 96% for residential care for older people, 94% for podiatry / chiropody, 92% for GP services and 91% for home care.

HEALTH AND SOCIAL CARE SERVICES (CONTINUED)

A very high proportion of respondents indicated agreement that the health and social care services they receive help them to feel safe and secure 94%), that they help them to live as independently as possible (90%), that they help them to improve their quality of life (90%), that they help them to look after their own health and wellbeing (89%) and that they help them to reduce the health and wellbeing issues they are most concerned about.

In terms of perceptions as to **how** such services are delivered, perceptions are again broadly positive, with 94% agreeing that they have their dignity respected, 89% that where they receive treatment and support suits their needs, 88% that their health, support and care services seem to be well-coordinated, 81% that they can access the right services and support that best suits their needs, 80% that they can access the services and support at the time they need it and 76% that they can choose how their health, care or support is provided. Outright disagreement was greatest in relation to this latter point at 13%.

LOCAL SERVICES

Respondents tend to agree that community-based health and social care services are available to them (97%) and to a lesser extent that they are satisfied with transport links in their local community (73%) they are much less likely to consider that they can make a valuable contribution towards decisions in their local area about health and social care services (52% agree and 34% disagree, with the balance giving a neutral, "neither / nor" response.

When shown a list of community activities, over half (53%) indicated that they did not take part in any of these activities; this was particularly evident amongst people in the 60-69 age group (73% took part in no such activities) and in the most deprived SIMD quintile (62% took part in no such activities).

84% of respondents agreed with the overall proposition that their local community gets the support and information it needs to be a healthy place to be.

CARING RESPONSIBILITIES

Whilst only 6% of respondents indicated that they provided a caring role for another, when they do so this is most commonly for 50 hours or more per week (4% of the total sample), this generally being for a spouse or partner.

Whilst the number of individuals having such caring responsibilities is small (and so also the base number of respondents for the subsequent questions on this point) it is noted that a significant minority of this group disagree that they feel supported to continue in their caring role (21%) and that they have time for themselves outside of their caring role if so desired (28%). 38% of these respondents say that their caring role has had a negative impact on their own health and wellbeing.

OVERALL SATISFACTION

Overall, 86% of respondents express satisfaction with the health and social care they receive, with only 4% expressing outright dissatisfaction and 9% giving a neutral "neither / nor" rating. There are only modest variances by area, SIMD quintile and gender although it is noted that service users aged under 60 were somewhat less likely to express dissatisfaction (76% did so).

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 such as: 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); and, a variety of other comments relating to staff performance, service provision and costs. These comments provide further scope for analysis of potential improvement activity.

1.0 Background, Objectives and Methodology

Background

1.1 Aberdeen City Health and Social Care Partnership has a 3-year strategic plan covering the period from 2019 to 2021, which sets out the partnership's 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 practically possible to do.

1.2 A number of strategic aims / priorities have been identified; these focus on key issues such as: adopting a preventative approach; enabling self-management of health; providing opportunities to engage in community-based activities; and, providing high quality health and social care to citizens.

1.3 The partnership wished to commission a baseline survey to determine the extent to which it is delivering currently on these aims / priorities including in relation to a range of specific performance indicators. A version of the survey will then be repeated towards the end of the plan period; this latter survey will provide a picture of what has changed and contribute to the review of the strategic plan at that time.

1.4 IBP was commissioned to work alongside the Council to develop a survey method to address this requirement. Further details of the methodology adopted are summarised later in this section.

Objectives

1.5 A survey questionnaire was developed, which has been included as Appendix 1.[1] This addressed the following issues:

- A profile of respondents' use of health and care services and their perception of various issues related to their own health and wellbeing.
- Issues associated with respondents looking after their own health and wellbeing.
- Satisfaction with specific services received and how these are provided.
- Perception of a number of issues around local community-based health and social care services.
- Issues associated with caring responsibilities.

Specifically, respondents were asked about their overall satisfaction or dissatisfaction with health and social care services received, providing a headline

[1] Appendices are provided under separate cover.

"baseline" for this. In addition, basic profiling information (pertaining to gender, age, ethnicity and location) was gathered.

METHODOLOGY

1.6 The survey was conducted on a face-to-face basis over the period from July to September 2019. The initial sample was drawn from information provided by Aberdeen City Council detailing potential respondents with these being selected at random from records of clients receiving a care service of some form. A total of 3,000 potential interviewees identified this way. An introductory letter was then issued to these people, providing information on the survey but also providing the opportunity for the service user to opt out of the survey (or for an unpaid carer or family member to do so on their behalf). A total of 820 people opted out of the survey, leaving a remaining sample of 2,180 people.

1.7 IBP then made contact to organise appointments for interviewers to visit service users to conduct the interviews (either in their own homes or in residential care settings).[2] An attempt was made to arrange an interview with every contact on the database, although a significant proportion of the remaining contacts (or their carers) indicated that they did not feel it appropriate to take part at this stage. Where appointments could be made, these were confirmed in advance by letter although, again, there were some further opt-outs following receipt of these letters.

1.8 IBP were able to achieve a total of 452 completed face-to-face interviews through this process, with the profile of these being broadly reflective of the location profile within the database.[3] A random sample of 452 respondents provides data accurate to +/- 4.5% at a city-wide level, which we would suggest is appropriate for a survey of this nature.[4]

[2] In the latter instance, arrangements were made through local staff.
[3] A profile of respondents is set out in Section 8.
[4] Accuracy levels are based on a 50% estimate and 95% confidence interval.

1.9 There is an inherent limitation in surveys of this nature due to the relative vulnerability of some respondents and their ability to fully understand and answer the issues discussed as part of the interview. However, it was felt necessary to maximise the inclusiveness of the survey in order that as broad a spread of views from service users could be heard. The face-to-face approach allowed interviewers to explain the questions in as much detail as possible and interviewers were encouraged to note any additional comments on the interview content and process throughout (where appropriate, this has been incorporated in the appendices as described below). In addition, all survey material including invitations and confirmation letters gave respondents the opportunity to have a carer, family member or friend at the interview to assist them. This option was taken up in 68 cases (15 %) and has been noted within the underlying data set.

1.10 The survey findings are detailed in Sections 2 to 7 which follow and a profile of survey respondents is set out in Section 8. Detailed data tables that break down the responses by a variety respondent criteria are included as Appendix 2. This includes separate breakdowns by Locality[5], Scottish Index of Multiple Deprivation (SIMD) quintile and key demographics (gender and age). Where appropriate, we have commented in the main body of the text on any notable variations (or not) in relation to these issues.

The interview contained one substantive open-ended question and responses to this, along with any additional comments noted by IBP interviewers, have been included as Appendix 3.

[5] Separate Locality Reports are to be provided under separate cover.

2.0 Respondents' Health

2.1 To begin the survey, respondents were asked to disclose any health conditions that they wished to make known. The results of this are shown in Table 2.1 below.

Table 2.1: Health Conditions

Do you personally have any health conditions you would like to tell us about?

Service	Proportion of respondents
Arthritis	40%
High blood pressure	25%
Dementia	20%
Mental Health Condition	20%
Stroke	20%
Chronic Obstructive Pulmonary Disease (COPD)	15%
Asthma	14%
Cardiovascular Disease (CVD)	14%
Diabetes Type 2	13%
Cancer	10%
Sensory Impairment	10%
Learning Disability	6%
Diabetes Type 1	5%
Autism/Autistic Spectrum	2%
Hepatitis B/C	1%
Terminal Illness	1%
Other	37%
Base	442

As shown above, respondents have a wide range of health conditions. The most common health condition amongst service users is Arthritis (40%), followed to a lesser extent by high blood pressure (25%), dementia (20%), mental health (20%) or stroke (20%).

A large minority (37%) noted "other" specific conditions which are listed in the appendices.

Arthritis is higher than average amongst females (44%) and those over the age of 70, while high blood pressure is higher than average amongst males (29%) and those ages between 60 and 69 (35%) and 70 and 79 (33%).

2.2 Table 2.2 details how the conditions or illnesses reported by respondents have affected them in relation to a range of ways.

Table 2.2: Health Condition Affects

Do any conditions or illnesses that you have affect you in any of the following areas?

Service	Proportion of Respondents
Mobility	80%
Dexterity	43%
Stamina or breathing or fatigue	41%
Memory	36%
Hearing	25%
Vision	25%
Mental Health	19%
Learning or understanding or concentrating	14%
Other	9%
None of the above	4%
Base	448

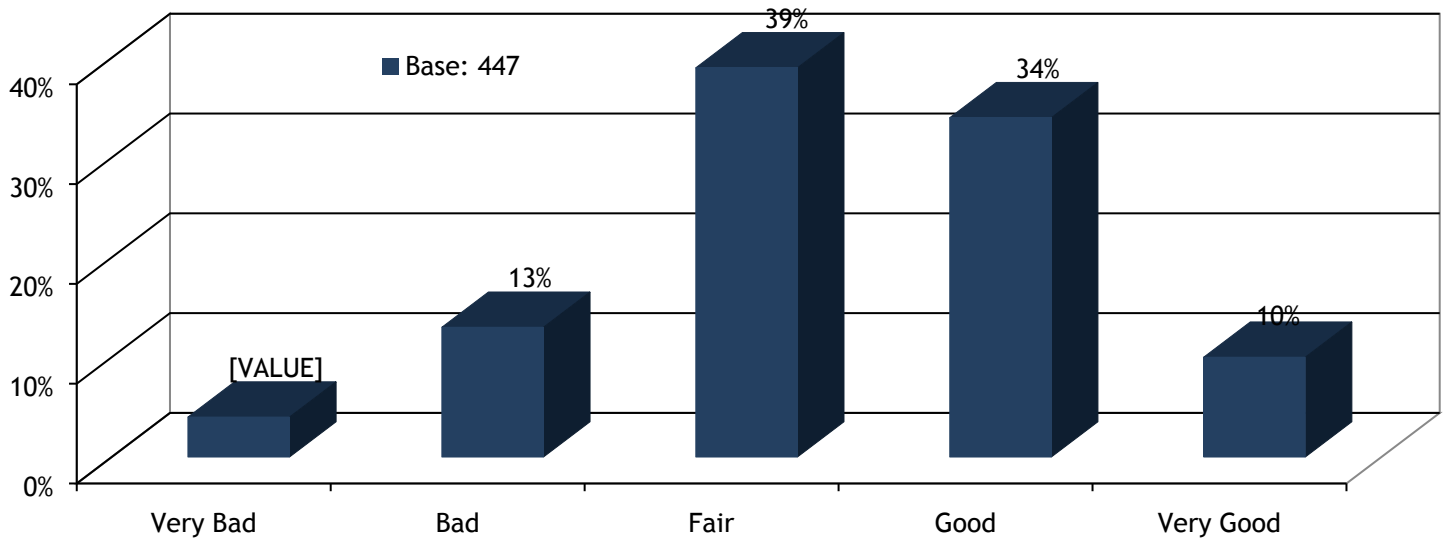
Respondents say that their health condition or illness mainly affects their mobility (80%), followed to a significantly lesser extent by dexterity (43%), stamina, breathing or fatigue (41%) and memory (36%).

Mobility is higher than average amongst those ages between 60 and 69 (91%), 70 and 79 (85%) and 90+ (86%).

2.3 Respondents' view of the state of their general health is illustrated in Figure 2.1.

Figure 2.1: General Health

How is your health in general? Would you say it is…?



Overall, a large minority of respondents feel that they are in good or very good health (44%) while a further 39% describe their health as fair. The remaining 17% feel they are in bad or very bad health.

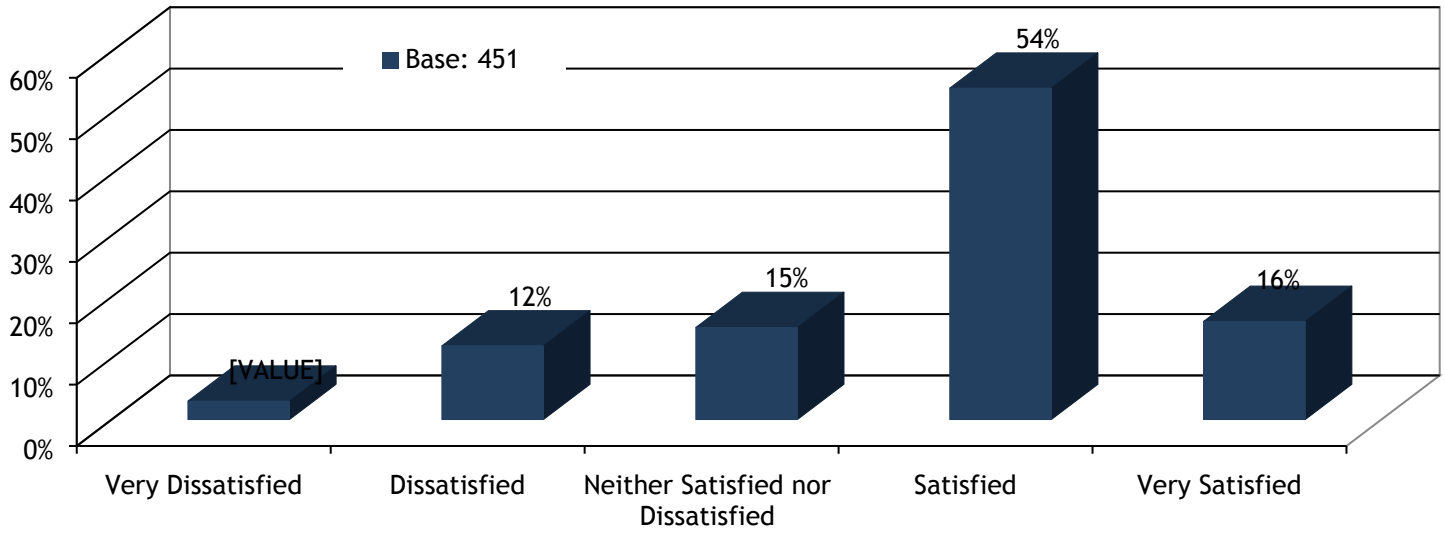
Those that feel they are in bad or very bad health are more likely than average to be male (21%, compared to 15% of females).

Perhaps paradoxically, those living in the most deprived SIMD quintile were less likely to rate their health in general as bad (11% did so compared to 17% in the sample as a whole) although those in the second most deprived quintile were much more likely to do so (24% compared to 17% of the sample as a whole.

2.4 Figure 2.2 illustrates how satisfied or dissatisfied respondents are with their mental health and wellbeing.

Figure 2.2: Satisfaction with Mental Health and Wellbeing

Thinking about your own life and personal circumstances, how satisfied are you with your mental health and wellbeing?



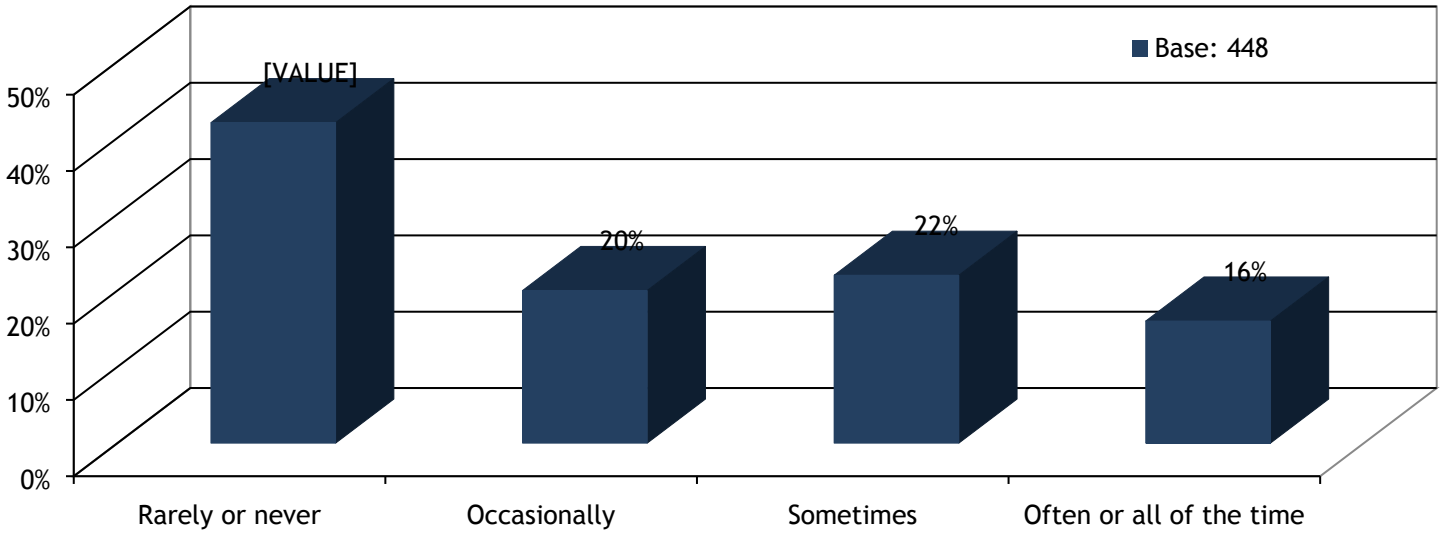
The majority of respondents (70%) are satisfied or very satisfied with their mental health and wellbeing while a further 15% are neither satisfied nor dissatisfied and the remaining 15% are dissatisfied or very dissatisfied.

Those that dissatisfied or very dissatisfied are more likely than average to be male (19%) and aged under 60, 60 to 69 or 90+ (21%, 22% and 29%, respectively).

2.5 The frequency with which respondents say they feel lonely is illustrated in Figure 2.3.

Figure 2.3: Frequency of Loneliness

How often do you feel lonely?



A small minority of respondents say that they feel lonely often or all of the time (16%) while a further 22% say that they sometimes feel lonely and 20% say that they occasionally feel lonely. However, most commonly respondents say that they rarely or never feel lonely (42%).

Those that say they feel lonely often or all of the time are more likely than average to be under the age of 60 (24%) or aged 80 to 89 (21%).

Respondents indicated that they had a wide variety of health conditions including, most commonly, arthritis, high blood pressure, dementia, mental health issues or strokes. Overall, 44% considered their health to be good, 39% fair and 17% bad.

70% indicated satisfaction with their mental health and wellbeing albeit only 16% said they were “very satisfied”. 15% indicated that they were very dissatisfied with this, with the balance giving a neutral “neither / nor” response. 22% of respondents indicated that they feel lonely “sometimes” and 16% “often or all of the time”.

3.0 Looking After Own Health and Wellbeing

3.1 Respondents were shown a list of statements in relation to looking after their own health and wellbeing and asked their extent of agreement or disagreement with each. Table 3.1 below shows the full results for each statement.

Table 3.1: Agreement with Statements about Looking After Own Health and Wellbeing

To what extent do you agree or disagree with the following statements to do with looking after your own health and wellbeing?

Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total Agreement	Base
You know that health and care support from professionals is there when you need it	1%	4%	3%	41%	51%	92%	441
There are good outdoor spaces around for you	3%	5%	7%	54%	30%	84%	442
You know how to look after your own health and wellbeing	3%	9%	6%	48%	34%	82%	444
Your family and friends encourage you to do things to look after your own health and wellbeing	2%	10%	6%	49%	32%	81%	443
It can be hard to get motivated sometimes to do things to look after your own health and wellbeing	6%	20%	7%	45%	23%	68%	447
You can sometimes feel a bit down and this makes it harder for you to look after your own health and wellbeing	9%	17%	6%	44%	24%	68%	449
There are plenty organisations, clubs or groups in your community offering activities that you can take part in	13%	15%	10%	39%	24%	63%	391

3.2 There is clearly a very substantial majority of service users that agree that health and care support from professionals is available when they need it (92% agreement). A clear majority of respondents also agreed that there are good outdoor spaces around them (84%), that they know how to look after their own health and wellbeing (82%) and that family and friends encourage them to look after their own health and wellbeing (81%).

Significantly fewer respondents (but still a majority of 63%) agree that there are plenty organisations, clubs or groups in their community offering activities they can take part in. Males were less likely than females to consider that this was the case (52% compared to 67%).

3.3 It is noted that a significant proportion of respondents (68%) considered that it can be hard for them to get motivated to do things to look after their own health and wellbeing (this figure was particularly high amongst 60 to 69 year olds at 78%).

The same proportion (68%) indicated that they can sometimes feel a bit down, which makes it harder for them to look after their own health and wellbeing.

KEY POINTS

Most respondents (92%) agree that health and care support from professionals is there when they need it. They are also quite likely to express positive views about outdoor spaces and the ability of themselves, and family and friends, to contribute to looking after their health and wellbeing. However, only 63% agree that there are plenty organisations, clubs or groups in their community offering activities they can take part in, this figure being especially low amongst males (52%).

A significant proportion of respondents say that it can be hard for them to get motivated to do things to look after their own health and wellbeing and that they can sometimes feel a bit down, which makes it harder for them to look after their own health and wellbeing (68% in each case).

4.0 Health and Social Care Services

4.1 Table 4.1 details the health and social care services that respondents receive.

Table 4.1: Health and Social Care Services Received

I am now going to show you a list of health and social care services that you may or may not receive. For each of these, I am going to ask you if you receive that service.

Service	Proportion of respondents
GP services	75%
Home care	47%
Podiatry/chiropody	43%
Community nurses	42%
Technology-Enabled Care	38%
Residential care for older people	35%
Social Work	22%
Occupational Therapy	18%
Physiotherapy service	17%
Adult Day Services	15%
Supported living	14%
Psychological or other mental health service	9%
Short break/respite care	9%
Acute Care at Home	7%
Link Practitioner Service	4%
Old age psychiatry/dementia services	4%
Residential care for learning disabilities	2%
Substance misuse services	2%
Other	3%
Base	452

4.2 Whilst the 75% recorded here for GP services is the highest figure recorded, it is perhaps surprising that this figure is not higher (and, effectively, it could be argued that it should be at or around 100%). It seems likely that some respondents have not indicated that they receive GP services when they have not had any recent experience of such services.

4.3 A significant proportion indicated that they receive other services, most particularly home care (47%), podiatry / chiropody (43%), community nurses (42%), technology-enabled care (38%) and residential care for older people (35%). A range of other services were also identified as shown in Table 4.1 and a full profile of services received is contained within Appendix 2.

4.4 For those health and social care services that respondents used they were then asked to say how satisfied or dissatisfied they were with each service. These results are detailed in Table 4.2. These services are ordered in declining order of overall satisfaction and it should be noted that the base number of responses varies in each case and can sometimes be relatively small.

Table 4.2: Satisfaction with Health and Social Care Services Received

And how satisfied or dissatisfied are you with these services that you receive?

Service	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	Total Satisfied	Base
Old age psychiatry/dementia services	-	-	-	55%	45%	100%	20
Adult Day Services	-	-	2%	58%	41%	99%	66
Community nurses	-	1%	2%	48%	50%	98%	191
Occupational Therapy	1%	-	1%	45%	53%	98%	83
Technology-Enabled Care	-	1%	1%	49%	48%	97%	168
Residential care for older people	-	-	4%	59%	37%	96%	156
Link Practitioner Service	6%	-	-	39%	56%	95%	18
Podiatry/chiropody	1%	1%	4%	46%	48%	94%	190
Physiotherapy service	3%	-	4%	57%	36%	93%	77
Supported living	-	-	6%	45%	48%	93%	64
GP services	1%	2%	4%	47%	45%	92%	338
Home care	1%	2%	5%	29%	62%	91%	209
Acute Care at Home	-	-	13%	25%	63%	88%	32
Psychological or other mental health service	2%	2%	7%	45%	43%	88%	42
Residential care for learning disabilities	-	-	14%	29%	57%	86%	7
Social Work	3%	3%	9%	37%	48%	85%	98
Short break/respite care	3%	6%	8%	33%	50%	83%	36
Substance misuse services	14%	-	14%	43%	29%	72%	7
Other	7%	7%	13%	27%	47%	74%	15

4.5 It is noted that a high level of satisfaction is achieved for almost all of these services, with this typically being greater than 90%. For those services used by a particularly substantial group of people, overall satisfaction levels included 98% for community nurses, 97% for technology-enabled care, 96% for residential care for older people, 94% for podiatry / chiropody, 92% for GP services and 91% for home care.

4.6 A list of ways in which respondents may or may not have benefitted from the services they receive were shown to respondents and they were asked to indicate their level of agreement with each.

Table 4.3: Agreement with Benefits of Services Received

I am now going to show you a list of ways in which you may and may not have benefitted from the health and social care services that you receive. Please tell me if you agree or disagree with these statements or if you are not sure.

Benefit	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total Agreement	Base
Help you feel safe and secure	0%	1%	4%	34%	60%	94%	439
Help you to live as independently as possible	1%	3%	6%	38%	52%	90%	441
Help you to improve or maintain your quality of life	1%	3%	5%	42%	48%	90%	442
Help you to look after your own health and wellbeing	1%	3%	6%	40%	49%	89%	436
Help you to reduce the health and wellbeing issues you are most concerned about	2%	4%	6%	41%	46%	87%	435
Help you to engage and participate in your community if you so desire	9%	6%	13%	33%	38%	71%	421

4.7 It is notable that a very high proportion of respondents indicated agreement that the health and social care services they receive help them to feel safe and secure 94%), that they help them to live as independently as possible (90%), that they help them to improve their quality of life (90%), that they help them to look after their own health and wellbeing (89%) and that they help them to reduce the health and wellbeing issues they are most concerned about.

4.8 Fewer respondents (though still a majority of 71%) agreed that the health and social care services that they receive helped them to engage and participate in their community should they so desire.

4.9 Table 4.4 details the extent to which respondents agreed or disagreed with a number of statements about how the people providing health and social care support engage with them.

Table 4.4: Agreement with Statements about People Providing Support

Thinking about how you feel the people providing health and social care support engage with you, please tell me if you agree or disagree with these statements.

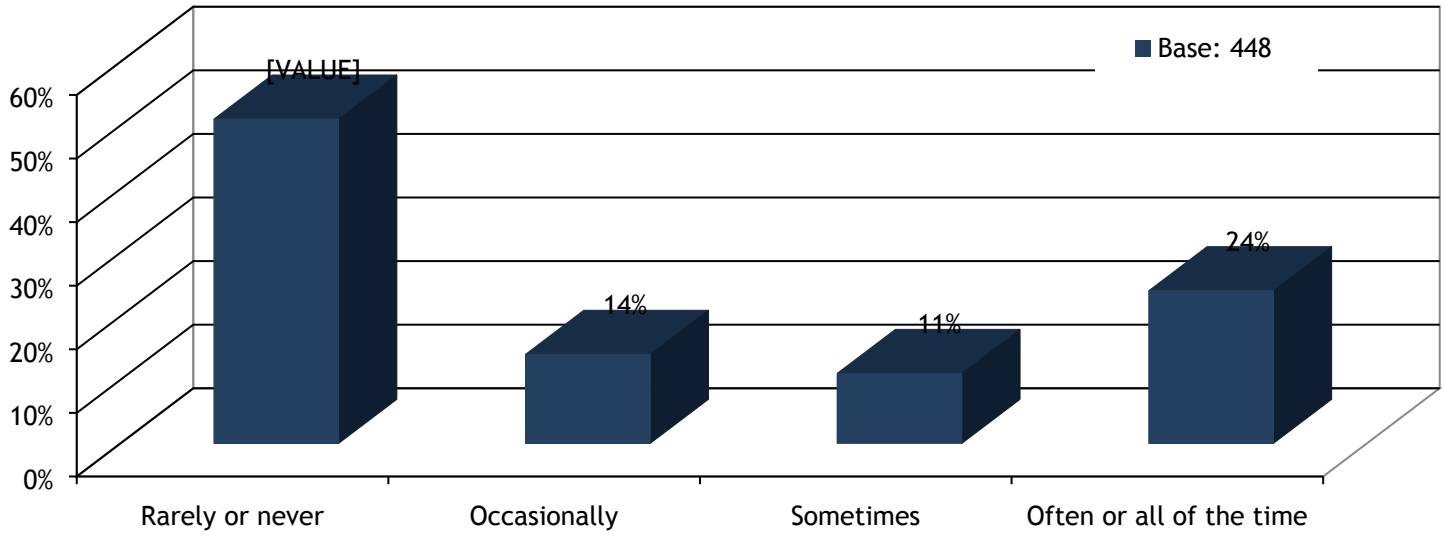
Statement	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total Agreement	Base
I have my dignity respected	0%	2%	4%	41%	53%	94%	443
Where I receive my treatment and support suits my needs	1%	3%	6%	49%	40%	89%	432
My health, support and care services seemed to be well co-ordinated	3%	5%	5%	43%	45%	88%	436
I can access the right services and support that best suits my needs	2%	6%	11%	45%	36%	81%	427
I can access the services and support at the time I need it	3%	7%	11%	46%	34%	80%	431
I get to choose how my help, care or support is provided	2%	11%	10%	43%	33%	76%	420

4.10 Again, there is a generally high level of agreement with each of these statements, with 94% agreeing that they have their dignity respected, 89% that where they receive treatment and support suits their needs, 88% that their health, support and care services seem to be well-coordinated, 81% that they can access the right services and support that best suits their needs, 80% that they can access the services and support at the time they need it and 76% that they can choose how their health, care or support is provided. Outright disagreement was greatest in relation to this latter point at 13%.

4.11 The frequency with which respondents say they need to have someone help them read instructions, pamphlets or other written material from their doctor or pharmacy is illustrated in Figure 4.1.

Figure 4.1: Frequency of Requiring Assistance with Reading Medical Material

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?



There is a mixed picture here, whereby over half of respondents indicated that they never needed such support whereas a substantial minority of respondents indicated that they needed this support often or all of the time. This latter figure was highest amongst those under 60, although this most probably reflects the nature of these individuals' care needs rather than age per se.

KEY POINTS

75% of respondents considered themselves to receive GP services. A significant proportion indicated that they receive other services, most particularly home care (47%), podiatry / chiropody (43%), community nurses (42%), technology-enabled care (38%) and residential care for older people (35%).

A high level of satisfaction was recorded for all services most commonly received, with this typically being greater than 90%. Overall satisfaction levels included 98% for community nurses, 97% for technology-enabled care, 96% for residential care for older people, 94% for podiatry / chiropody, 92% for GP services and 91% for home care.

A very high proportion of respondents indicated agreement that the health and social care services they receive help them to feel safe and secure 94%), that they help them to live as independently as possible (90%), that they help them to improve their quality of life (90%), that they help them to look after their own health and wellbeing (89%) and that they help them to reduce the health and wellbeing issues they are most concerned about.

In terms of perceptions as to **how** such services are delivered, perceptions are again broadly positive, with 94% agreeing that they have their dignity respected, 89% that where they receive treatment and support suits their needs, 88% that their health, support and care services seem to be well-coordinated, 81% that they can access the right services and support that best suits their needs, 80% that they can access the services and support at the time they need it and 76% that they can choose how their health, care or support is provided. Outright disagreement was greatest in relation to this latter point at 13%.

5.0 Local Services

5.1 Table 5.1 details the extent to which respondents agree or disagree with statements about the services available in their local area.

Table 5.1: Agreement with Statements about Local Services

Thinking about the services available in your area, please tell me if you agree or disagree with the following statements.

Benefit	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total positive	Base
Community-based health and social care services are available to me	2%	5%	6%	44%	43%	87%	403
I am satisfied with the transport links in my community (for example, services are safe and easy to access)	5%	8%	15%	39%	34%	73%	384
I feel I can make a valuable contribution towards decisions in my local area about health and social care services	19%	15%	14%	30%	22%	52%	388

5.2 There was significant majority agreement amongst respondents that community-based health and social care services were available to them (87%) and, albeit to a somewhat lesser degree, that people were satisfied with the transport links in their community (73%).

A significantly lower proportion of respondents felt that they could make a valuable contribution towards decisions in their local area about health and social care services (52% agreed that this was the case but 34% disagreed, with the balance of respondents giving a neutral response).

It is worth noting that there were only very modest variations in these responses according to location or SIMD quintile.

5.3 Respondents' claimed participation in services and activities in their local community is detailed in Table 5.2.

Table 5.2: Participation in Local Services and Activities

Do you regularly participate in any of the following types of services or activities in your local community?

Service / Activity	Proportion of respondents
Faith-based activities	22%
Interest groups (e.g. art groups, music groups or evening classes)	21%
Physical activity groups (e.g. sports club, gym or exercise classes)	10%
Social clubs (e.g. rotary club, women's institute, working men's clubs etc.)	9%
Volunteering (where you give up time to help an organisation, club or group)	6%
No, I do not participate in any group activities	53%
Something else	6%
Base	447

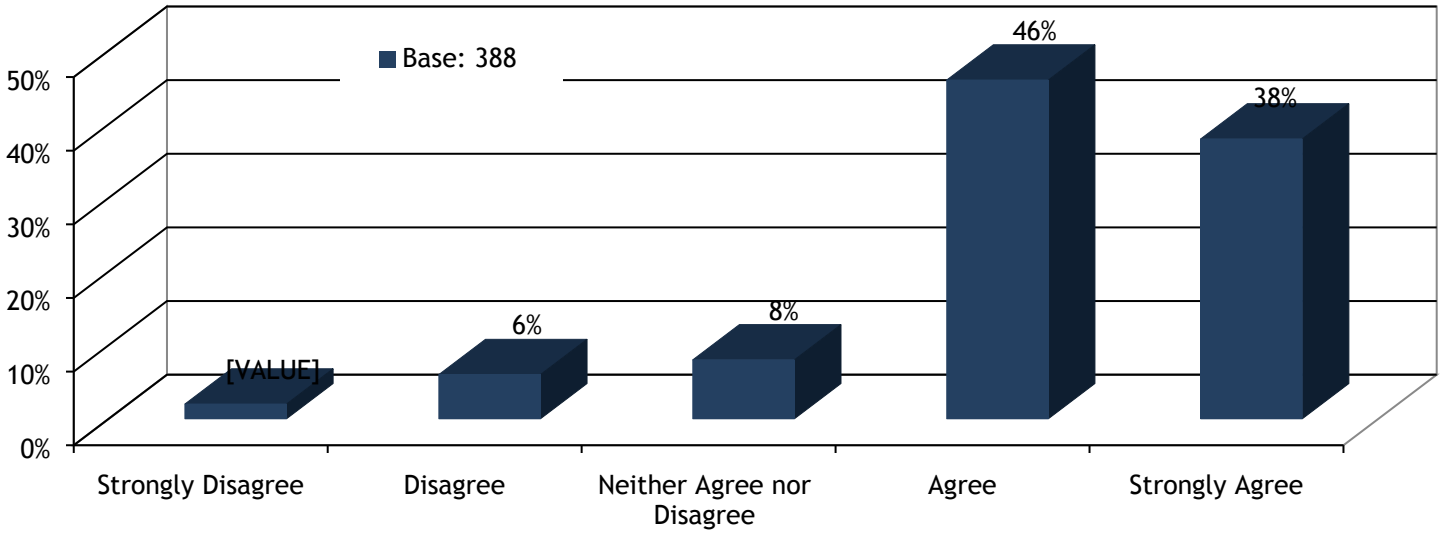
5.4 It is notable that over half of respondents (53%) indicated that they did **not** take part in any such activities. This figure was particularly high amongst 60 to 69 year olds (73%) and in the most deprived SIMD quintile (62%).

Most commonly, respondents indicated that they took part in faith-based activities (22%, with this being higher amongst females at 25%) or particular interest groups (21%, with this being higher amongst males at 24% and amongst under 60s at 44%).

5.5 Figure 5.1 over the page illustrates the extent to which respondents agreed or disagreed that their local community gets the support and information it needs to be a safe and healthy place to be.

Figure 5.1: Agreement That Local Community Gets Support It Needs to be Safe and Healthy Place

Do you agree or disagree your local community gets the support and information it needs to be a safe and healthy place to be?

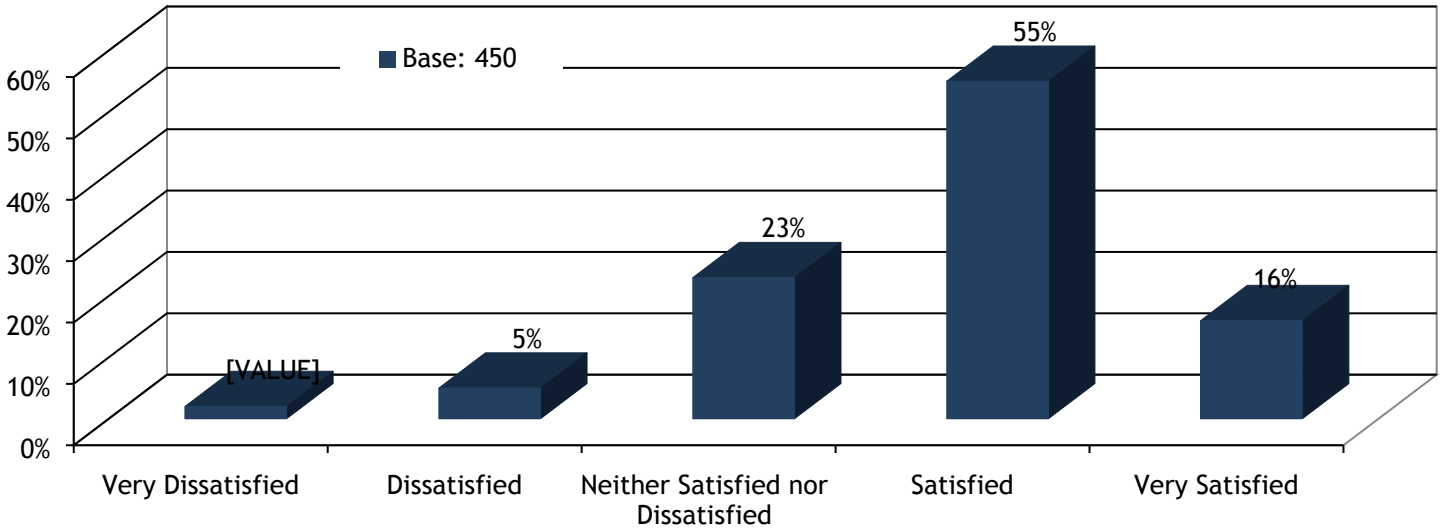


84% of respondents overall agreed that their local community gets the support and information it needs to be a safe and healthy place to be. There were only modest variations by location or SIMD quintile in relation to these findings (as detailed in full in the appendices).

5.6 Respondents' overall level of satisfaction with the wider services and activities that are available in their local area is illustrated in Figure 5.2 over the page.

Figure 5.2: Satisfaction with Wider Services and Activities Available Locally

Overall, are you satisfied or dissatisfied with the wider services and activities that are available to you in your local area, which could impact on your health and wellbeing?



5.7 71% of respondents expressed satisfaction with the wider services and activities that are available to them in the local area, which could impact on their health and wellbeing, compared to only 7% that expressly disagreed with this. However, it is noted that comparatively few respondents indicated that they were "very" satisfied, with the most common response being that people were "satisfied" (55%) and a significant proportion of 23% giving a neither / nor response; these points suggest that many respondents did not feel strongly about this issue.

5.8 Satisfaction with this was notably lower than average in the most deprived SIMD quintile (at 58% compared to 71% for the sample as a whole). It was also somewhat lower than average in the North locality (at 63%).

Respondents tend to agree that community-based health and social care services are available to them (97%) and to a lesser extent that they are satisfied with transport links in their local community (73%) they are much less likely to consider that they can make a valuable contribution towards decisions in their local area about health and social care services (52% agree and 34% disagree, with the balance giving a neutral, "neither / nor" response.

When shown a list of community activities, over half (53%) indicated that they did not take part in any of these activities; this was particularly evident amongst people in the 60-69 age group (73% took part in no such activities) and in the most deprived SIMD quintile (62% took part in no such activities).

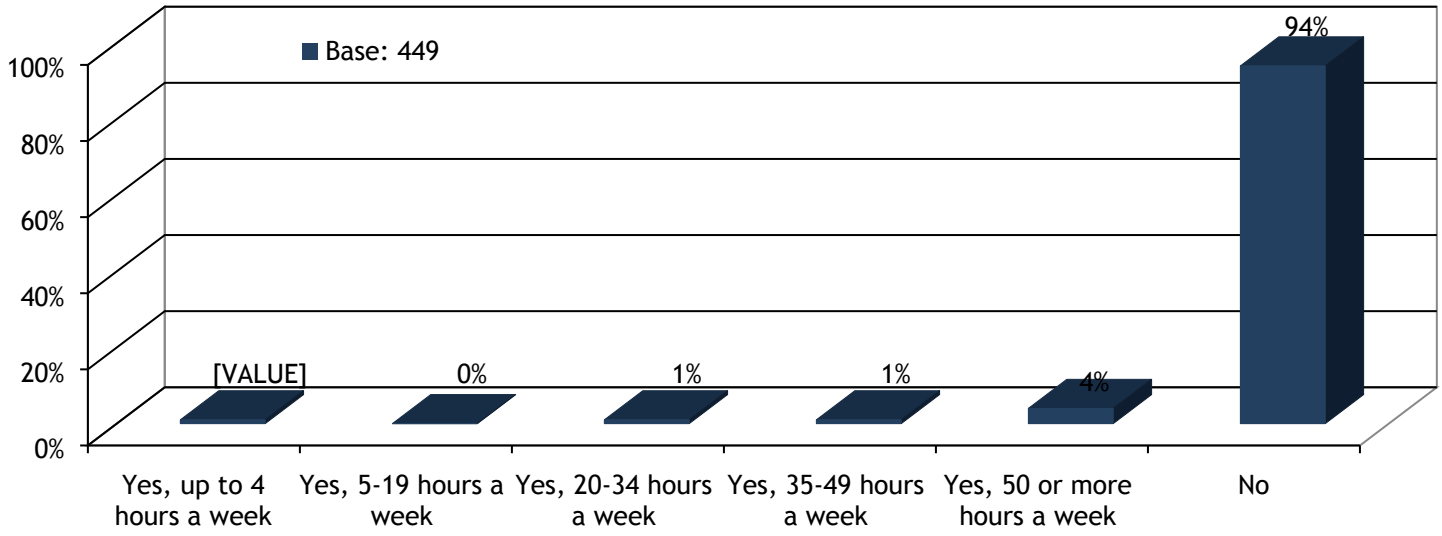
84% of respondents agreed with the overall proposition that their local community gets the support and information it needs to be a healthy place to be.

6.0 CARING RESPONSIBILITIES

6.1 Figure 6.1 illustrates the amount of help or support that respondents provide to family members, friends, neighbours or others because of either long-term physical, mental, disability or problems.

Figure 6.1: Amount of Support Provided to Others

Do you look after, or give any regular help or support, to family members, friends, neighbours or others (over 18) because of either long-term physical / mental / disability or problems?

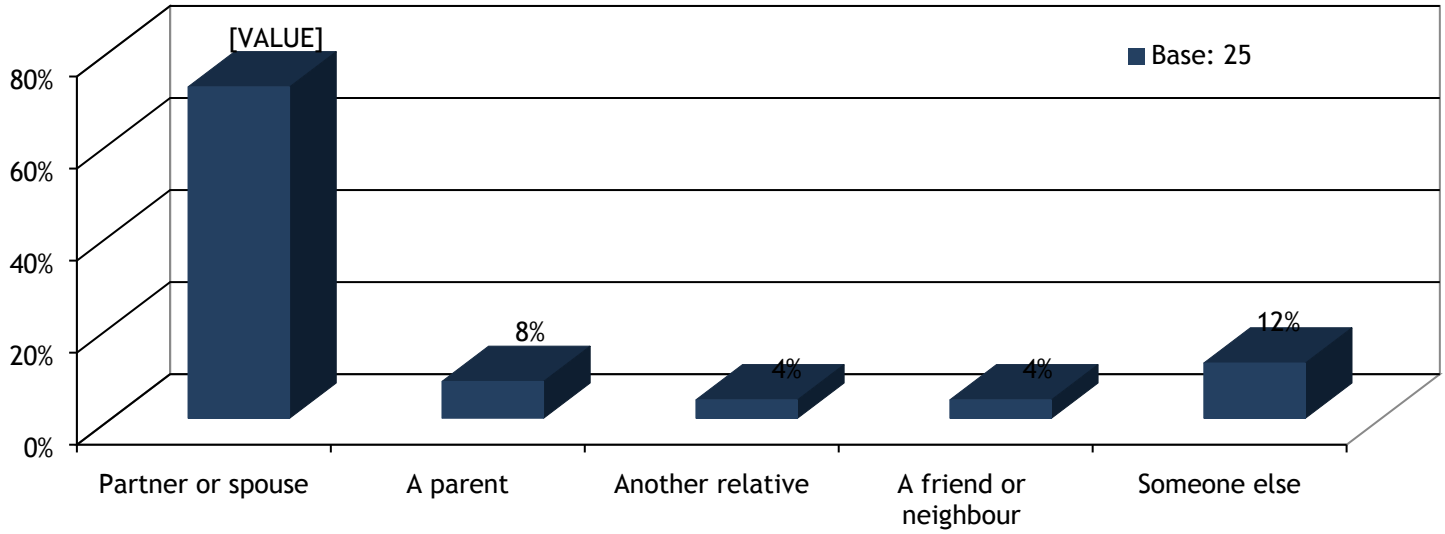


It is noted that only a small proportion of respondents indicated that they had any such caring responsibilities. However, amongst those that do, these are most commonly for 50 hours or more per week (4% of the total sample), this typically being indicative of a close familial relationship.

6.2 Where a caring role is provided, the nature of the relationship is illustrated in Figure 6.2 (reflecting the above point about caring responsibilities most commonly being for a partner or spouse).[6]

Figure 6.2: Nature of Caring Role

Who do you provide this caring role for?



6.3 Table 6.1 over the page details the extent to which respondents agreed or disagreed with statements about their caring role, where this was applicable.

[6] The relatively low base for the remaining questions in relation to caring responsibilities should be noted.

Table 6.1: Agreement with Statements about Caring Role

Please tell me to what extent you agree or disagree with these statements regarding your caring role?

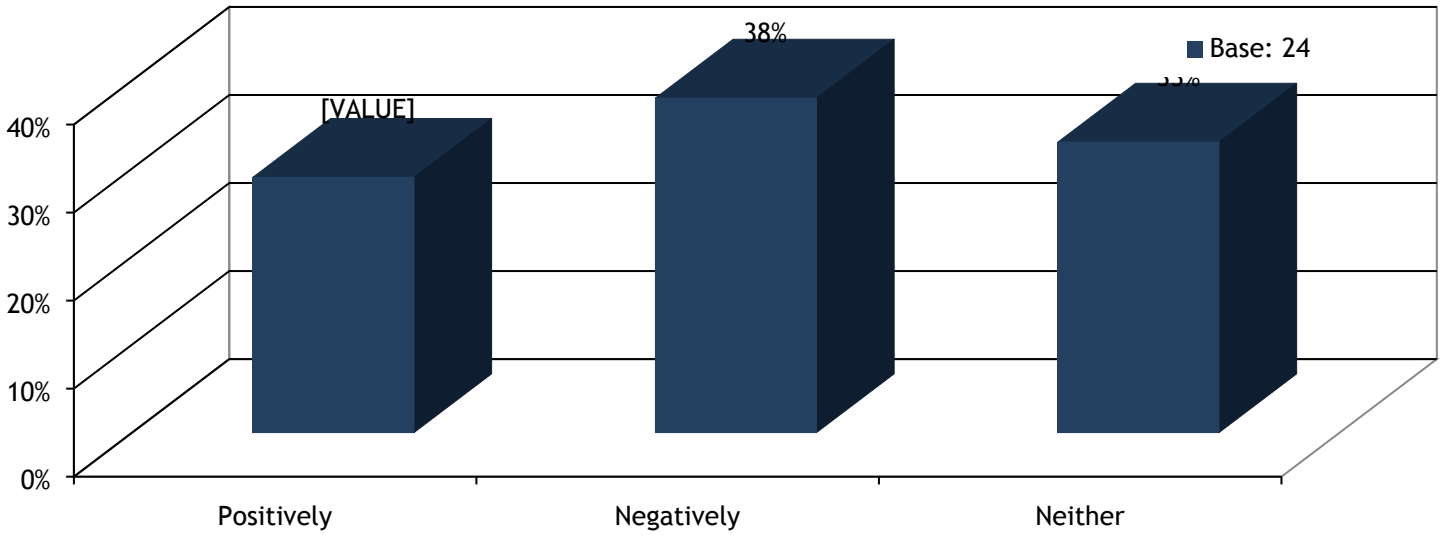
Benefit	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total positive	Base
I have a say in the services provided for the person(s) I look after	3%	3%	14%	34%	45%	79%	29
I am able to look after my own health and wellbeing outside my caring role	10%	-	14%	41%	34%	75%	29
I feel supported to continue in my caring role	7%	14%	21%	34%	24%	58%	29
I have time for myself outside of my caring role if so desired (e.g. I have time for hobbies, relaxation or social contact with friends/family)	7%	21%	17%	24%	31%	55%	29

Whilst there is majority agreement with each of these statements (in relation to having a say in services provided, being able to look after own health and wellbeing outside caring role, feeling supported to continue in caring role and having time for self outside of caring role) the extent of this agreement is relatively limited for some elements. In particular, 21% of these respondents **disagree** that they feel supported to continue in their caring role and 28% disagree that they have time for themselves outside of their caring role if so desired.

6.4 Respondents were then asked about the impact that having a caring role has had on their own health and wellbeing and the results of this are illustrated in Figure 6.3.

Figure 6.3: Impact of Caring Role on Health and Wellbeing

How has caring for someone else impacted on your health and wellbeing?



Respondents were broadly evenly divided in terms of identifying a positive, negative or neutral impact of their caring responsibilities on their own health and wellbeing, but it is certainly of note that 38% of these respondents considered there to be a negative impact in this regard.

KEY POINTS

Whilst only 6% of respondents indicated that they provided a caring role for another, when they do so this is most commonly for 50 hours or more per week (4% of the total sample), this generally being for a spouse or partner.

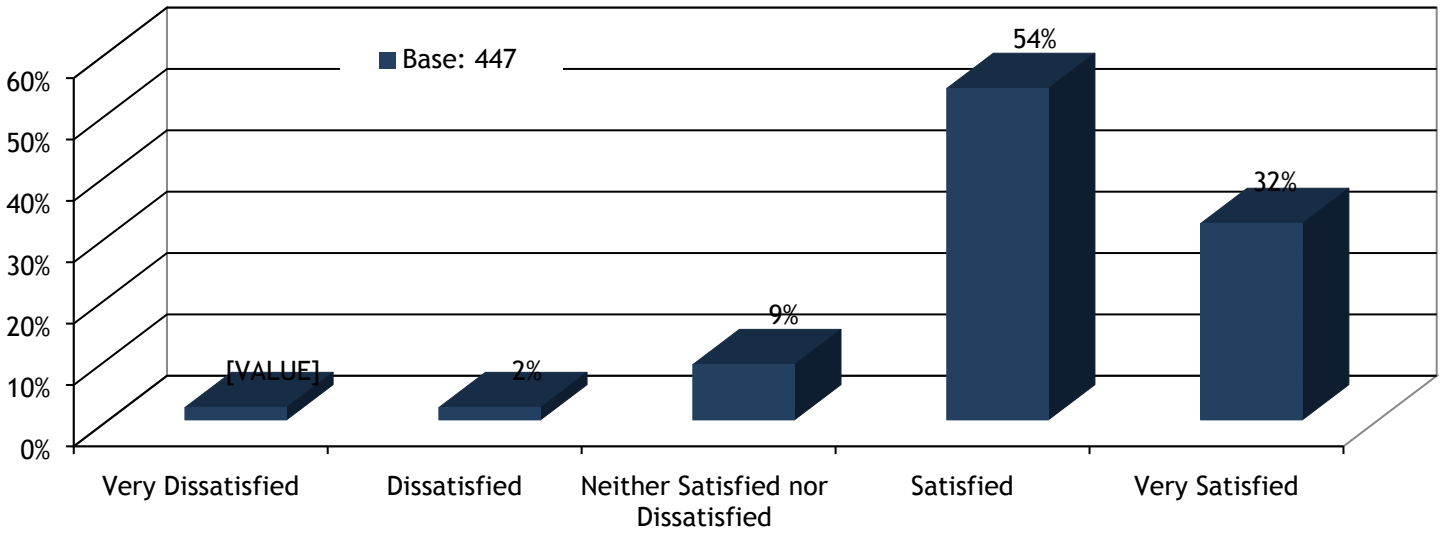
Whilst the number of individuals having such caring responsibilities is small (and so also the base number of respondents for the subsequent questions on this point) it is noted that a significant minority of this group disagree that they feel supported to continue in their caring role (21%) and that they have time for themselves outside of their caring role if so desired (28%). 38% of these respondents say that their caring role has had a negative impact on their own health and wellbeing.

7.0 Overall Satisfaction

7.1 Respondents' overall level of satisfaction with the health and social care services that they receive is illustrated in Figure 7.1.

Figure 7.1: Overall Satisfaction with Health and Social Care Services

Overall, would you say that you are satisfied or dissatisfied with the health and social care services that you receive?



7.2 Overall, 86% of respondents indicated that they were satisfied with the health and social care services that they received. This varied only marginally by area (82% in North, 88% in Central and 89% in South). There was no particular correlation with SIMD quintile (for example, overall satisfaction in the most deprived quintile) was 90% and in the least deprived quintile was 86%).

7.3 Similarly, there was little difference by gender (females 86% satisfied, males 85% satisfied).

7.4 One point worthy of note, however, is that satisfaction amongst those aged under 60 was somewhat lower (76% satisfaction, base: 32 respondents).

7.5 At this point, respondents were asked if there was anything else that they would like to say about the health and social care services that they receive. These comments are listed in full in Appendix 3.

7.6 A significant proportion of these comments were of a positive nature:

"If you need help you can ask the people who come in and they do help."

"Everything is brilliant for me."

"All very kind and the carers and nurses are very good"

Staff are lovely and always there to help you."

7.7 However, this question gave people an opportunity to comment on areas where they felt service was deficient or where they felt things could be improved and it is worth noting examples of the sorts of comments that arose. These included:

A perception of staff shortages, commonly ascribed to "cut backs" and this relating to both care and health services:

"Just they don't have enough staff"

"They are short of money as there is so many of us."

"My husband also needs care but so hard to get it."

"Waiting times are too long for hospital appointments and operations."

A need or desire for additional support or services:

"They leave me to my own devices but I feel they could offer help or visit more often."

"I need a podiatrist very urgently, my toes are turning black. I have tried to contact them with no success."

"I need to see a dentist."

"Make the home take residents on more activities."

The desire to get out and about more was quite common, especially amongst people living in residential facilities.

7.8 A number of the comments of a negative nature were related to a perceived inconsistency of staff delivering the service:

"I would like regular, known carers."

"They put other people in and sometimes they don't turn up."

"There needs to be continuity."

"Visiting carers don't have the right information."

7.9 Only occasionally, were there were comments about staff attitudes or understanding:

"One member of staff was not so nice."

"*For disabled people they don't have enough understanding."*

"I like the permanent carers but not the ones who come in on odd days."

7.10 In residential facilities in particular there were occasional comments about the quality and variety of food:

"Not so fond of the food, a lot of spaghetti-type dishes."

7.11 There were also occasional issues raised about aspects of service costs:

"You pay a lot for the care."

"My community alarm now costs me £300 rather than £70."

7.12 Further detailed analysis of the responses to this open-ended question is recommended.

KEY POINTS

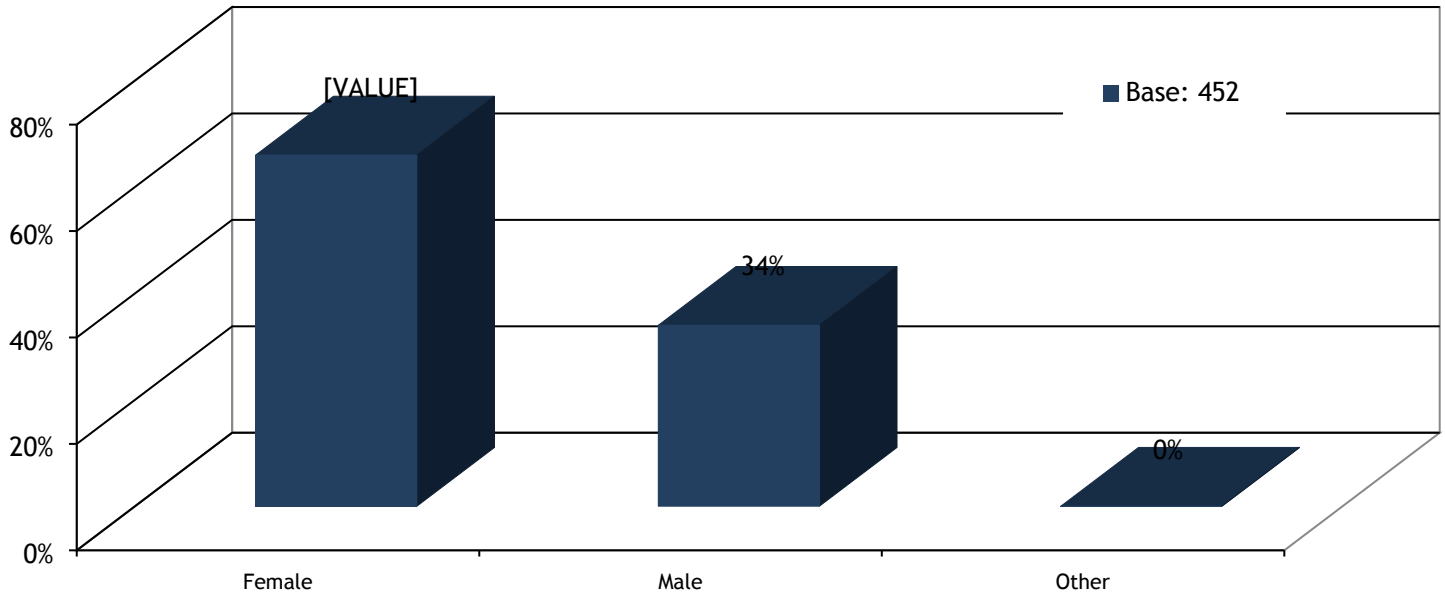
Overall, 86% of respondents express satisfaction with the health and social care they receive, with only 4% expressing outright dissatisfaction and 9% giving a neutral "neither / nor" rating. There are only modest variances by area, SIMD quintile and gender although it is noted that service users aged under 60 were somewhat less likely to express dissatisfaction (76% did so).

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 such as: 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); and, a variety of other comments relating to staff performance, service provision and costs. These comments provide further scope for analysis of potential improvement activity.

8.0 RESPONDENT PROFILE

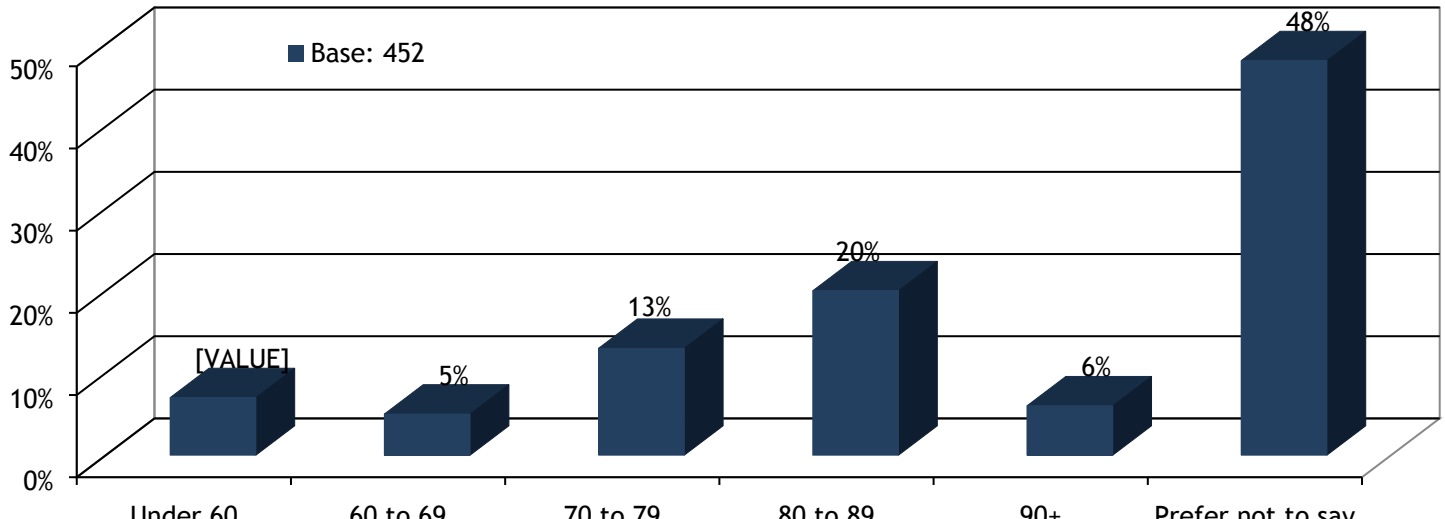
8.1 The profile of respondents' gender is shown in Figure 8.1. Most commonly, respondents were female, which is typical in surveys of this nature.

Figure 8.1: Gender



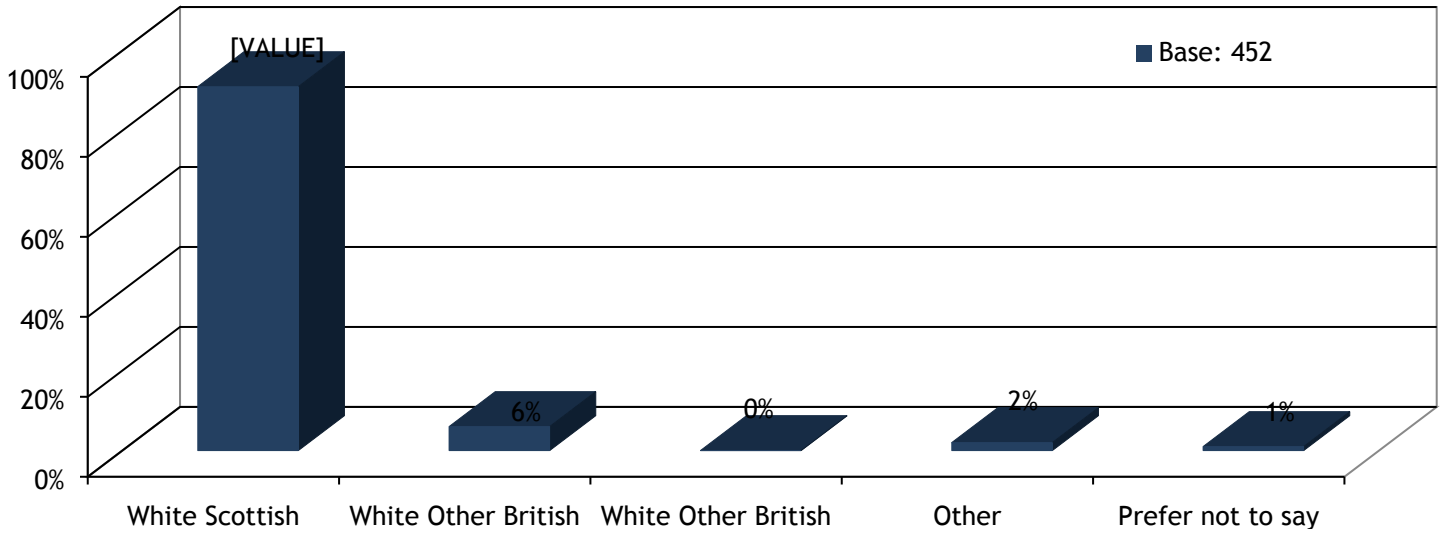
8.2 Figure 8.2 illustrates the age profile of respondents. As should be noted, this is based on respondents' providing their date of birth and 48% either were not able to provide this or preferred not to say.

Figure 8.2: Age Band



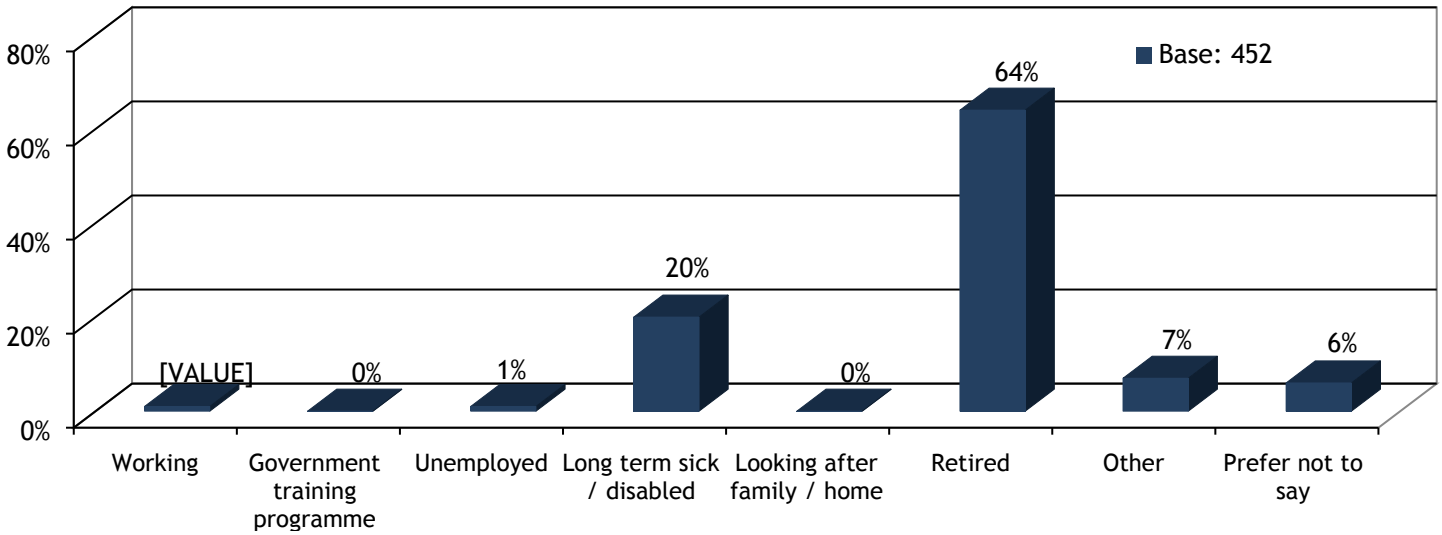
8.3 The ethnicity (based on broad ethnic group) of respondents is illustrated in Figure 8.3.

Figure 8.3: Ethnic Group



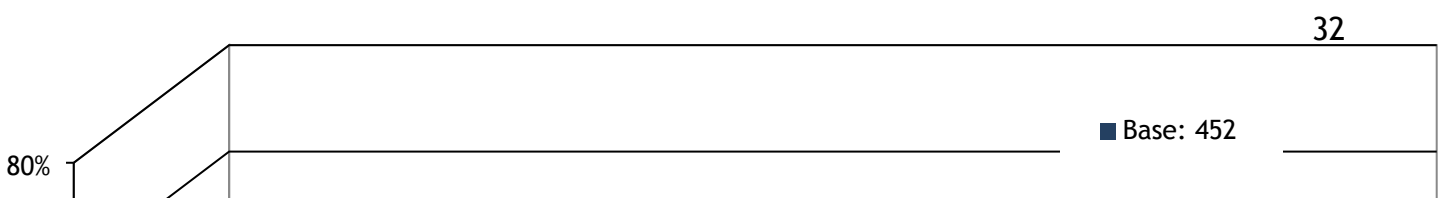
8.4 Figure 8.4 illustrates respondents' occupation. The "other" category almost exclusively related to people that indicated that they lived in a care home and so can be considered alongside the "retired" category.

Figure 8.4: Occupation



8.5 Analysis of postcode information for interviewees allows for a breakdown of responses by locality area. This is set out in Figure 8.5 below.

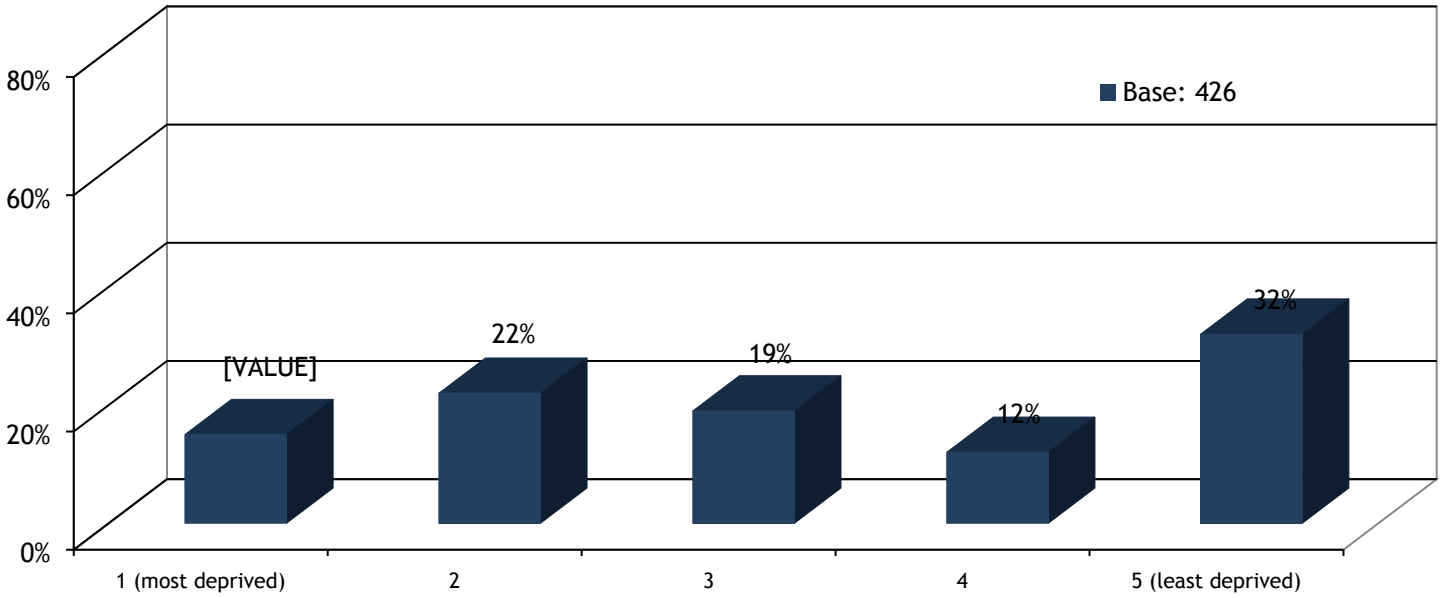
Figure 8.5: Locality Breakdown



There is strong representation across each of these areas. The level of response from Central is slightly below its overall proportion of cases in the database (25% compared to 27% of identifiable cases) and this is also so for cases in the South (37% compared to 40% of identifiable cases). Conversely, the North is slightly over-represented (38% of cases compared to 33% of identifiable cases in the database). These distinctions do not have a material impact on the overall results.

8.6 Analysis of postcode information also allows (in most cases) for a breakdown of results by SIMD quintile. This is set out in Figure 8.6 over the page, with 1 representing the most deprived quintile in Scotland and 5 the least deprived.

Figure 8.5: SIMD Breakdown by Quintile



Locations were spread across these quintiles as might reasonably be expected.