



## INTEGRATION JOINT BOARD

<b>Date of Meeting</b>	24 September 2024
<b>Report Title</b>	ACHSCP Health and Care Experience Report 2023-2024
<b>Report Number</b>	HSCP.24.075
<b>Lead Officer</b>	Alison MacLeod, Lead for Strategy and Transformation
<b>Report Author Details</b>	Calum Leask Transformation Programme Manager <a href="mailto:CLEask@aberdeencity.gov.uk">CLEask@aberdeencity.gov.uk</a>
<b>Consultation Checklist Completed</b>	Yes
<b>Directions Required</b>	No
<b>Exempt</b>	No
<b>Appendices</b>	<i>a. Health and Care Experience Report</i>
<b>Terms of Reference</b>	5. Receive and scrutinise performance reports and receive assurance that actions in respect of emerging trends are proportionate to the IJB's Risk Appetite Statement.

### 1. Purpose of the Report

- 1.1. The purpose of this report is to inform the Integration Joint Board (IJB) of the findings from the Health and Care Experience survey for 2023-2024 (attached as Appendix A).

### 2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:
- Notes the information provided



## INTEGRATION JOINT BOARD

### 3. Strategic Plan Context

- 3.1. The Aberdeen City Health and Social Care Partnership's Strategic Plan 2022-2025 has 4 main aims: caring together; keeping people safe at home; preventing ill health; and achieving fulfilling, healthy lives.
- 3.2. Within the latter of these aims, a strategic priority is to "help people access support to overcome the impact of the wider determinants of health". As such, understanding the experience of people accessing integrated care services is a key mechanism towards ensuring that these fit the needs and preferences of people living in Aberdeen City.

### 4. Summary of Key Information

- 4.1. The Health and Care Experience (HACE) survey is a national survey that asks people about their experiences of accessing and using health and social care services in Scotland. The survey covers topics such as general practice, hospital care, social care, community health services, and carer support. The survey is conducted every two years and the latest results are based on responses from over 100,000 people across Scotland, including 3,190 from Aberdeen City, who completed the survey.
- 4.2. The report compares Aberdeen City's results with Scotland's and the previous survey's results, aiming to inform strategic planning to address challenges and anticipate future improvement.
- 4.3. The most positive results from respondents were: Experience of General Practice - I understood the information I was given (88% positive); Experience of General Practice - I was treated with dignity and respect (84% positive); Experience of General Practice - I was listened to (83% positive); Experience of General Practice - I was able to ask questions if I wanted to (83% positive); Experience of Out of Hours healthcare - I understood the information I was given (85% positive)
- 4.4. The report also outlines strategic plans to address challenges, including improving primary care stability, implementing the Carers Strategy, and enhancing community support.
- 4.5. It is anticipated that implementation of the above will help contribute towards improvements in the metrics cited moving forward.



## INTEGRATION JOINT BOARD

### 5. Implications for IJB

#### 5.1. Equalities, Fairer Scotland and Health Inequality

The report demonstrates performance across numerous services delivered to the population as a whole in addition to those more in need, for example unpaid carers. As the HACE report details performance over the previous two years, and does not require a decision on policy or strategy, or proposes any changes to service provision, an IIA is not required to be undertaken.

#### 5.2. Financial

There are no direct implications arising from this report.

#### 5.3. Workforce

The Partnership's response to the HACE findings describes emerging workforce roles that have been implemented to offer the population more direct access to care, for example Physiotherapy First Contact Practitioners now available in 26 General Practices across Aberdeen as part of the Primary Care Improvement Plan.

#### 5.4. Legal

There are no direct implications arising from this report.

#### 5.5. Unpaid Carers

The report discusses ongoing work with unpaid carers, and gives an overview of the Carers Strategy.

#### 5.6. Information Governance

There are no direct implications arising from this report.

#### 5.7. Environmental Impacts

There are no direct implications arising from this report.

#### 5.8. Sustainability



## INTEGRATION JOINT BOARD

There are no direct implications arising from this report.

### 5.9. Other

None.

## 6. Management of Risk

### 6.1. Identified risks(s)

Risk	Risk Dimension	Likelihood	Impact	Controls	Evaluation
There is a risk that we are not transparent and open about our performance	Risks to quality and innovation outcomes  Reputational risk	Low	High	Full version of report to be made available to publish once IJB approval in place.	If approved this risk can be closed. If the HACE Report is not approved there is a risk that the IJB, and the services that it directs and has operational oversight of, fails to continue to be comparable with national standards.



## INTEGRATION JOINT BOARD

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

This report links to Strategic Risk 6

Cause: Need to involve lived experience in service delivery and design as per Integration Principles

Event: IJB fails to maximise the opportunities created for engaging with our communities

Consequence: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims