Health and social care integration
Aberdeenshire community engagement report
May 2015

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Aberdeenshire COUNCIL

NHS Grampian

What did we want to find out and why?

The Public Bodies (joint Working) (Scotland) Act 2014 provides the legal requirement for the integration of health and social care in Scotland. NHS Grampian and Aberdeenshire Council are working together to put this in place through the creation of an Integrated Joint Board (IJB). The aim of this board will be to develop and strengthen formally separate services into a joined up system to improve the health and wellbeing of the Aberdeenshire population.

We carried out a community engagement exercise with the main goal of consulting and involving local people on the future direction of health and social care services in Aberdeenshire, including the role of individuals and communities in improving health and wellbeing.

How did we get the information?

We conducted 12 workshops between 3rd and 30th March 2015. A total of 274 local residents participated, with an average attendance of 23 people. A full breakdown of attendance by workshop is illustrated in **Appendix 1**.

Although there was representation from the general public, the majority of participants were already linked to community groups and organisations. This included community volunteers from various third sector organisations (e.g Clan, Friends of Community Hospitals, Rotary and the Legion members, carers etc), community councillors, elected members, and staff from health and social care services. There was a fairly even gender mix and most of the participants were over 65 years. People under 40 years and those from ethnic minority backgrounds were not represented which is likely to have impacted on the range and diversity of views.

The roundtable discussions were split into four parts, with participants asked:

- To give their initial reaction to the health and social care integration presentation and short video they were shown
- What individuals and communities could do to improve their health and wellbeing as well as the resources their community had to support this
- To draw on their own experiences and outline what they believed to be the key components of high quality care

- Their views on how the IJB should work with communities to make decisions about local people.

What did we find from speaking to different communities?

There was a general feeling of worry about the increasing demands on health and social care services as the population ages, with only a handful of participants expressing that they were not concerned (their reasoning being that they did not believe the situation was as bad as was being portrayed). However, whilst there was broad agreement that integration of health and social care was a good idea, views were split on how this should be implemented. On the one hand, it was seen as a good opportunity for individuals and communities to take greater responsibility in their own health and wellbeing as well as have more influence in how services are delivered. On the other hand, it was believed that the practical application was very challenging and heavily reliant on volunteers who were already overstretched. The latter tended to question why the NHS could not get extra money to cover the financial and staff costs required.

Taking responsibility for individual and community health and wellbeing

There was an overwhelming belief that individuals needed to take more 'personal responsibility' for their own health and wellbeing. The solutions offered in how to achieve this were largely consistent across all 12 workshops. **Diagram 1** provides an illustration of the full range of suggestions for taking personal responsibility, which can be broadly categorised into: improving physical health; improving mental health; improving social networks, and; helping others. As can be seen from the diagram, regular exercise was the most popular answer, followed by having a good diet, socialising and volunteering. However, although an attempt is made to show how many times particular solutions were mentioned, there must be caution in how this information is interpreted because there was variation in how groups noted their responses. For example, some groups wrote their answers individually whilst others discussed them as a group and designated someone to write their group response.

Diagram 1: Suggestions for taking personal responsibility

The community was seen as playing a key role in helping individuals to take more personal responsibility. In particular, it was felt that it was the role of the community to:

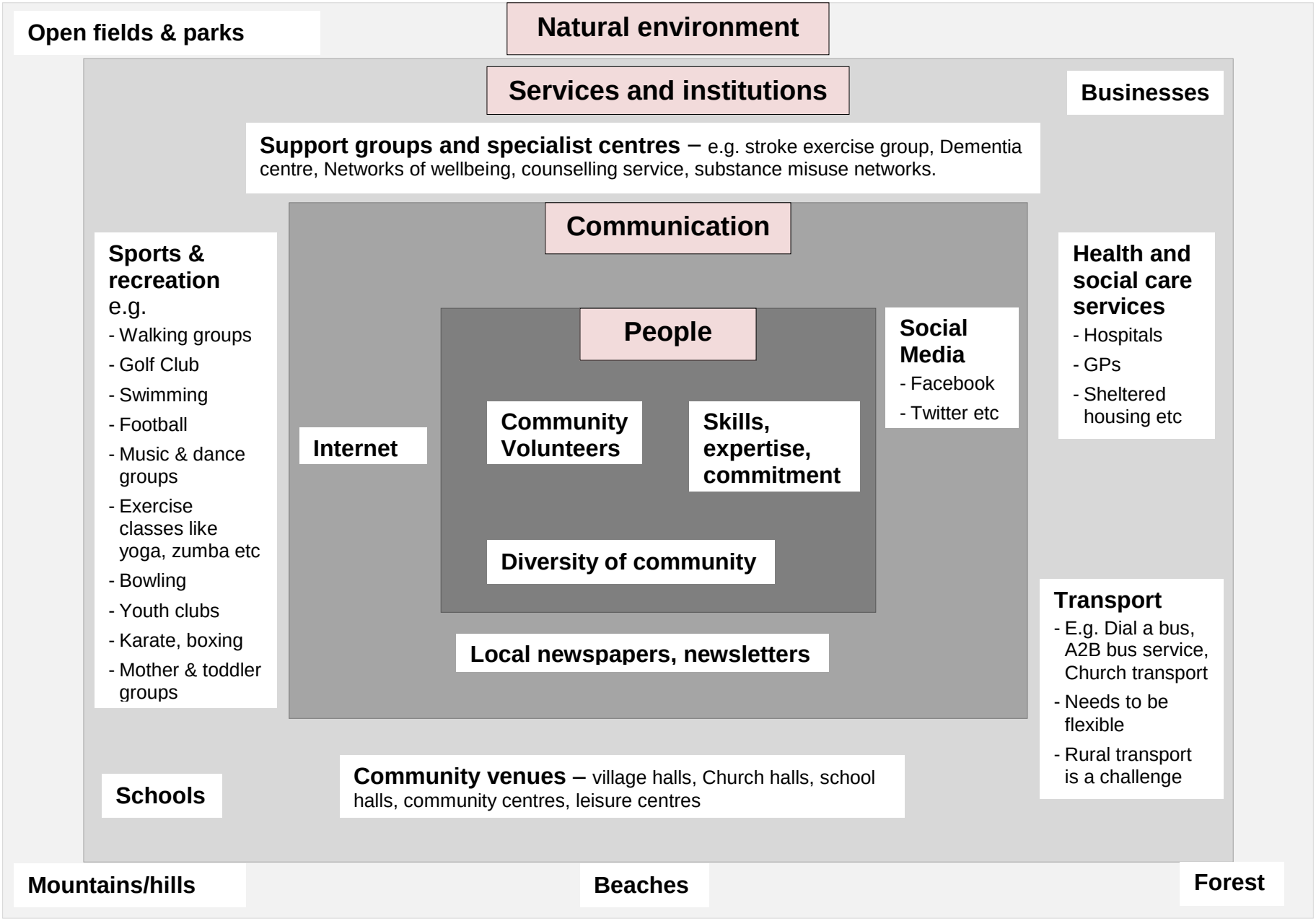
- Raise awareness and promote the full variety of events and activities that take part in the locality
- Improve mental and physical wellbeing by organising free/affordable activities and events
- Make places safer and cleaner
- Lobby for more effective services and funding
- Help facilitate integration of different types of people (e.g. age, disability and ethnicity). Age in particular came through strongly with suggestions that there should be more events that promote young people and the elderly to mix

Surprisingly, the subject of disability rarely featured, with Mintlaw being the notable workshop where it came through as a recurring theme with participants stating that there was a need to go back to regular visits for disabled people and the over 70s. Indeed, there was relatively little discussion in relation to supporting people with independent living. Huntly and Inverurie were the notable workshops were this idea was mentioned explicitly: the former stating that "the biggest positive [of integration] is people being supported to be more independent in their community" whilst the latter focused on the home setting in their belief that it would "promote self care and independent living".

Availability and accessibility of assets and resources

In the main, there was a dominant view that communities had a vast number of resources to support the health and wellbeing of its population (see illustration of resource map below in **Diagram 2**). The challenges were more in relation to resources being underused (e.g. sports fields being empty), overused (e.g. volunteers being over stretched), costs of activities being a barrier, and transport being inadequate in rural areas.

Diagram 2: Participants views of resources in their communities



High quality care

There was great consistency across all 12 workshops regarding what they believed to be key components of high quality care (see **Diagram 3**). The only notable differences were in people's personal experiences (see **Diagram 4**), although these were individual rather than representative of the respective workshops.

Diagram 3: Views on components of high quality care

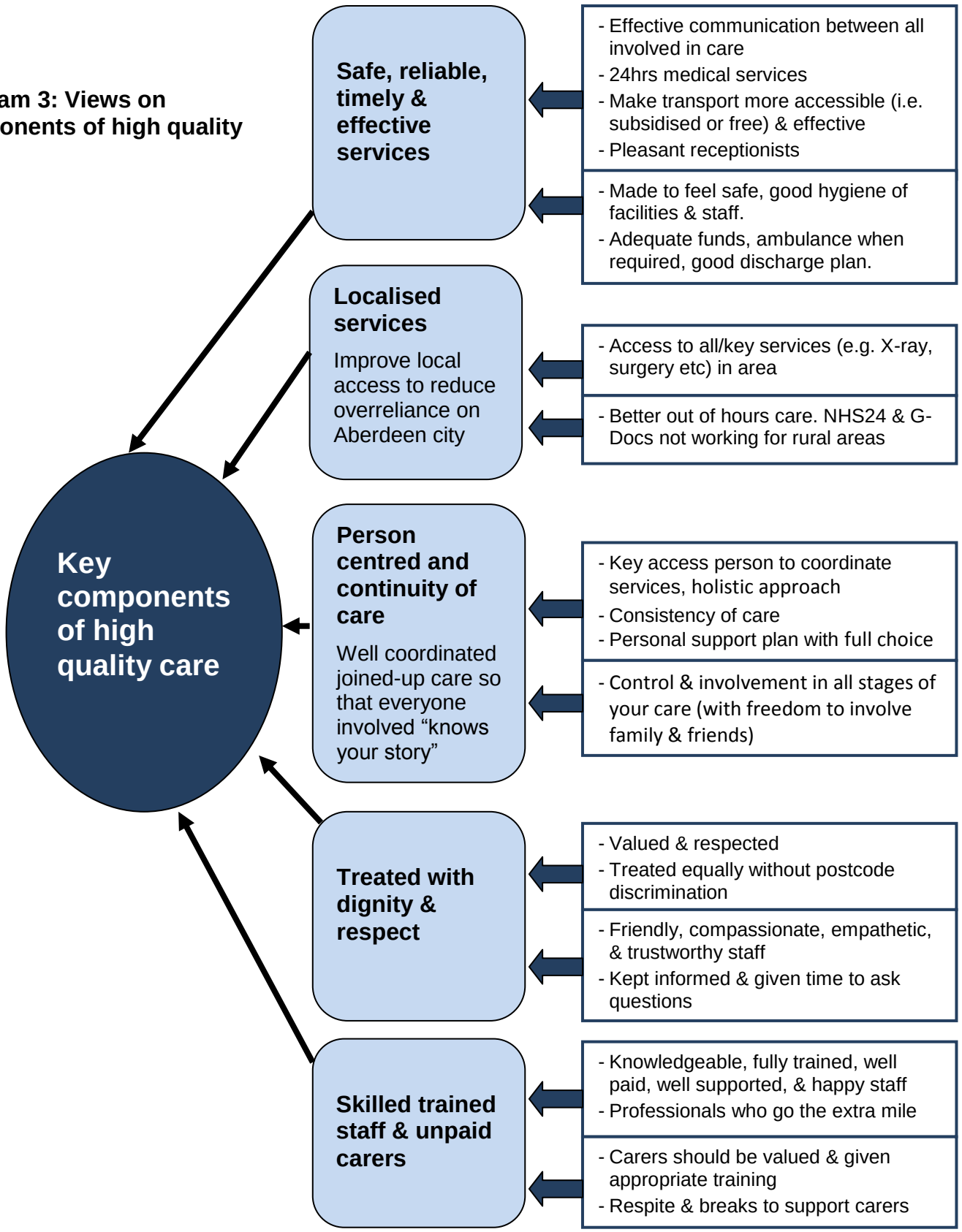
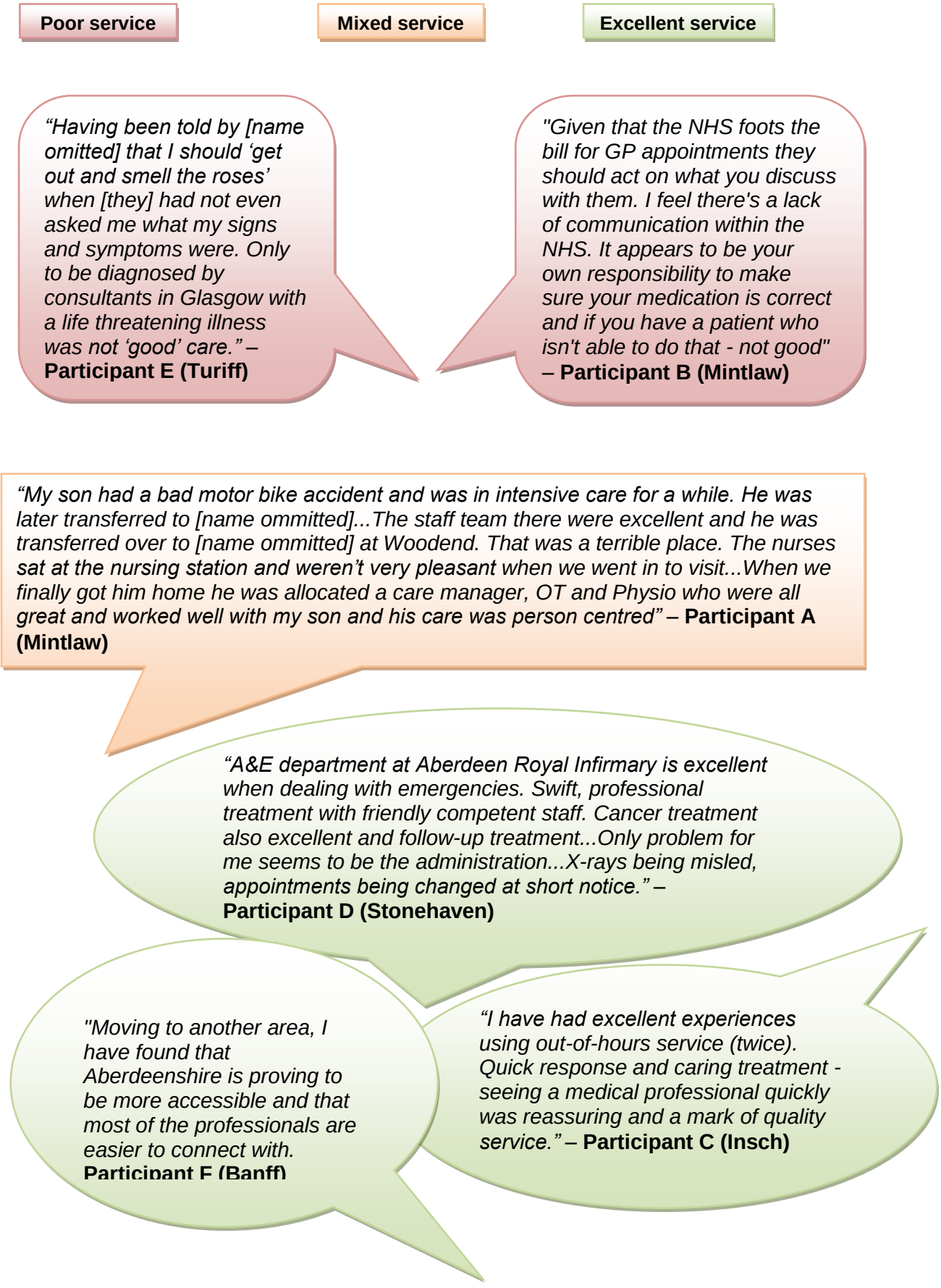


Diagram 4: People's experiences of using health care



Integrated Joint Board: Involving communities in decision making

There was a strong belief amongst respondents that the community should be involved in most (if not all) stages of the decision-making process to increase local accountability and ownership. Some participants in Huntly went as far as to suggest that communities need to 'own' the board and feel that IJB is part of each community. However, not everyone shared this view. For example, one participant in Tarland questioned how realistic it was for the board to base their decisions on local views:

> "It is unrealistic for the IJB to make decisions based on local views. People who get involved as community reps are not typical of the community. People do not have the expertise required"

Other points were a combination of clarifications about the IJB, suggestions on how they should engage the community, and finances:

- It should be made clear who is in the board
- There needs to be flexibility on the strategic plan because communities need to feel that it is not a 'done deal' with little room for change
- Need to rebuild relations as people have lost confidence in Aberdeenshire Council and NHS Grampian. Should avoid the culture of passing the buck
- Prevention is key and needs to be well resourced. Relevant third sector organisations should be targeted.
- IJB should engage and provide feedback through as many different ways as possible including regular meetings, forums, public events, sheltered housing, schools, GP surgeries, social media, notice boards, shops, local newspapers and newsletters etc.
- Need local involvement and locally derived budgets. Should also consider participatory budgeting.
- Need to be as inclusive as possible so must ensure there is 'proper' geographical representation (both on the board and in how people are reached) as problems in rural areas are very different to the City. Extra effort

should be made to include immigrant communities, people with disabilities and other hard to reach groups who are not normally consulted but have greater needs.

- IJB should hold their meetings in different communities and open them up for the public to get involved
- Why is the focus only on adults? Young people should be included and involved
- Be realistic and do not raise expectations to the community on what cannot be delivered.

What are the next steps?

The community engagement events have given us a lot of information to build on. Here are some of the next steps in the coming months:

- Disseminate the event findings widely in June 2015
- Findings from these community engagement events to inform the draft strategic plan and establishment of the IJB
- Consultation on draft strategic plan to take place in September 2015

Acknowledgments

First and foremost, we would like to thank all the people who took part as this work would not have been possible without their valuable contributions. We would also like to thank the Aberdeenshire Rural Partnerships Federation and Fraserburgh Development Trust for working with us to host the 12 community events.

Who can you contact for more information?

For further information or if you have any queries, please contact:

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Appendix 1: Community engagement event schedule

Dates:	Time:	Area	Venue:	Total Attendance
Tuesday 3 March	17:30 – 20:30	Marr	McRoberts Hall, Tarland	27
Thursday 5 March	17:30 – 20:30	Marr	Stewarts Hall, Huntly	28
Tuesday 10 March	13:00 – 16:00	Banff & Buchan	Boyndie Visitor Centre, Banff	28
Thursday 12 March	14:00 – 17:00	Banff & Buchan	The Hub, High Street, Fraserburgh	15
Monday 16 March	18:30 – 21:00	Buchan	MACBI Centre, Newlands Road, Mintlaw	30
Tuesday 17 March	17:30 – 20:30	Garioch	Fly Cup Catering, Burghmuir Circle, Blackhall Ind Est	19
Wednesday 18 March	17:30 – 20:30	Garioch	Bennachie Leisure Centre, Insch	22
Thursday 19 March	18:30 – 21:00	Buchan	Apex Church, Peterhead	27
Tuesday 24 March	18:00 – 21:00	Kincardine & Mearns	The Canteen, Mackie Academy, Slug Road, Stonehaven	22
Wednesday 25 March	18:00 – 21:00	Kincardine & Mearns	Mearns Community Campus, Aberdeen Road, Laurencekirk	5
Thursday 26 March	18:00 – 21:00	Formartine	Ellon Community Centre, Schoolhill Road, Ellon	24
Monday 30 March	17:30 – 20:30	Formartine	St Ninians and Forglen Church, Gladstone Terrace, Turriff	27
Total				**274**