

Strategic Commissioning Plan & Locality Planning Engagement


Results of Online Survey

November 2022

Online survey ran throughout the autumn, running from 20 September 2022 to 14 November 2022.

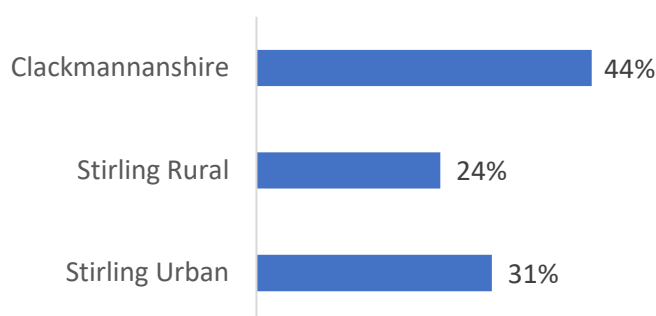
There were 234 responses to the survey.

Key findings:

- Most participants access or have an interest in primary care, health improvement, mental health, carers and dementia.
 - Friends & family, exercise and interests and the environment were stated as the top three support to health and wellbeing.
 - Accessing services, time and knowing where to go and where to get information were listed as the main barriers to looking after health and wellbeing.
 - In future people want to see **“flexible, accessible, speedy provision, less bureaucracy and more communication”**.
 - There was also a want for human rights, person centred approach to services, and focus on wellbeing and prevention and mental health.
 - Communication is also a priority, and we must use multiple methods to reach as many people as possible.
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Locality

Responses by area



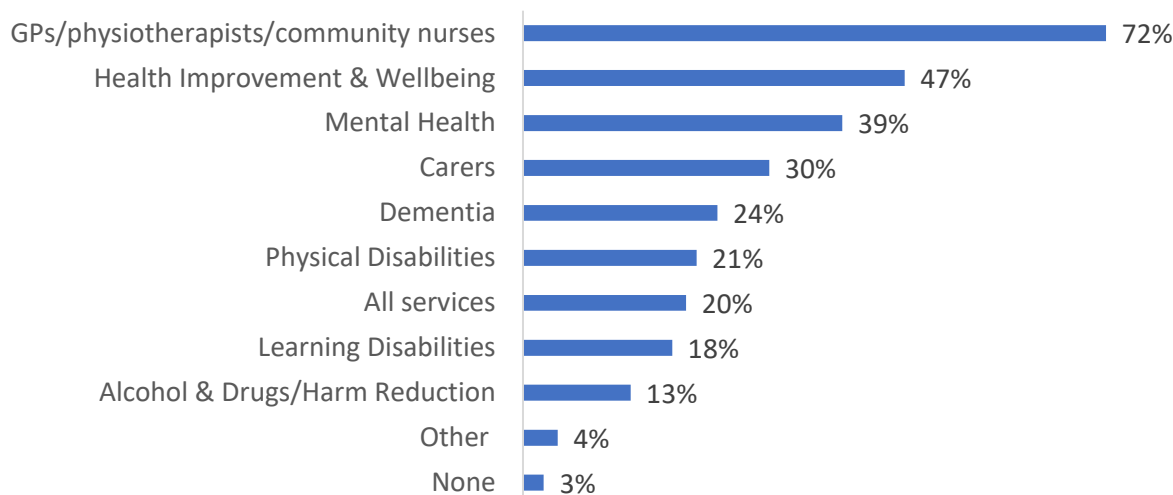
We asked respondents to tell us what locality they lived.

Clackmannanshire has 34% of the total HSCP population, and accounts for 44% of the survey responses. So has a higher rate of representation.

Stirling Rural has 18% of the total HSCP population and Stirling Urban has 47% of the HSCP population.

Services respondents access

What services do you access or have an interest in?



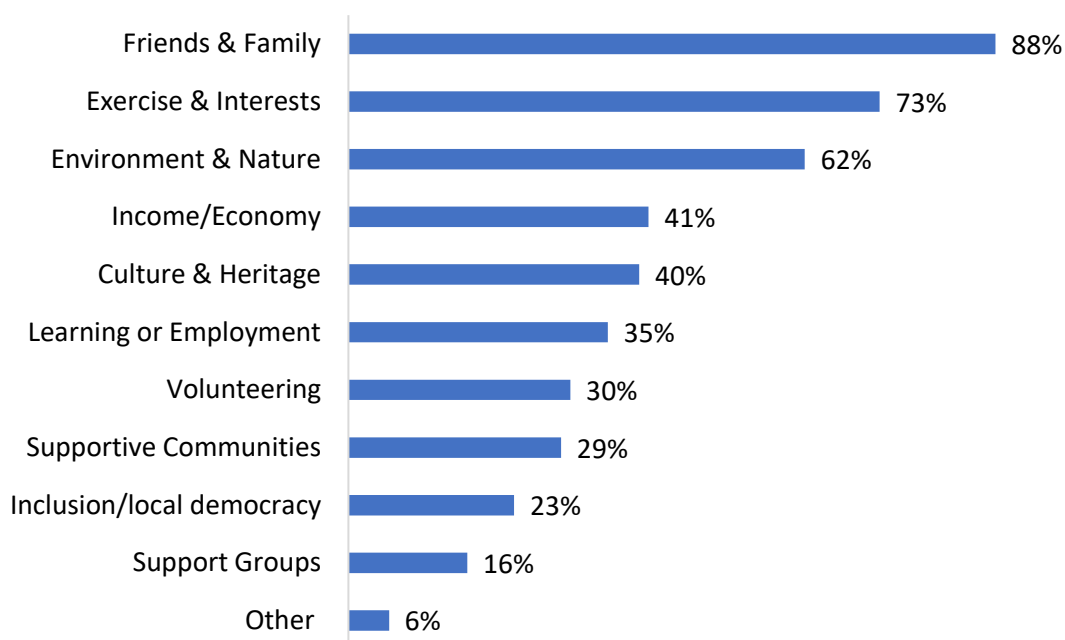
We asked respondents what services they currently access, or have an interest in. This question allowed participants to select all options that applied to them. The most common response was GPs, physiotherapists and community nurses with 72%. The table below shows the top five sections for each locality.

	HSCP	Clackmannanshire	Stirling Rural	Stirling Urban
1	GP/Physio etc.	GP/Physio etc.	GP/Physio etc.	GP/Physio etc.
2	Health Improvement	Health Improvement	Carers	Health Improvement
3	Mental Health	Mental Health	Mental Health	Mental Health
4	Carers	Physical Disability	Health Improvement	Carers
5	Dementia	Carers	Dementia	All services

Other services mentioned included, podiatry, dental services, care at home, trauma-informed care, transitions from Children's Services to Adult Services, Diabetes, Women's Health, and Community Pharmacy.

Support People Value

What supports your health and wellbeing?



We asked respondents to share what they think is important to supporting their health and wellbeing. Unsurprisingly, friends and family is the highest rating response, and this goes for the HSCP area as a whole and each of the localities. There was very little different between the localities as demonstrated in the table below.

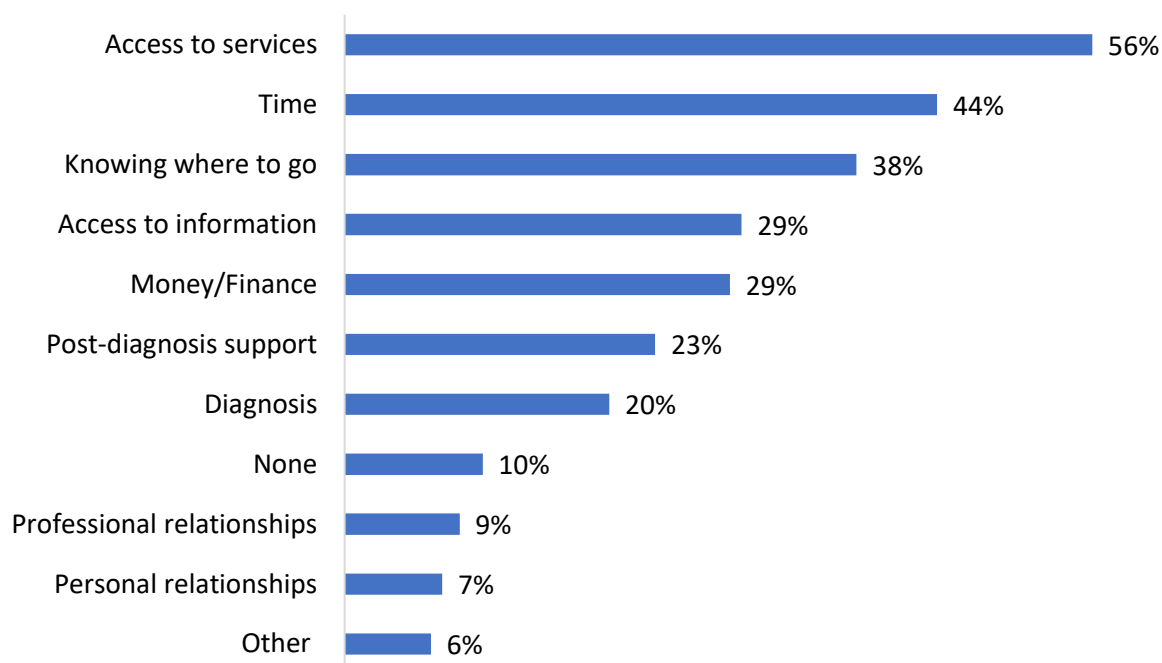
Exercise and interests and the environment and nature were second and third for all areas. These supports have featured significantly with conversations we have had with communities.

	HSCP	Clackmannanshire	Stirling Rural	Stirling Urban
1	Friend & Family	Friend & Family	Friend & Family	Friend & Family
2	Exercise & Interests	Exercise & Interests	Exercise & Interests	Exercise & Interests
3	Environment	Environment	Environment	Environment
4	Income	Income	Culture & Heritage	Income
5	Culture & Heritage	Culture & Heritage	Volunteering	Culture & Heritage

Other supports include pets, unfortunately, this is something the HSCP is not able to provide. However, comments showed appreciation for the services the partnership does provide, and the support staff delivering these services.

Barriers to looking after health and wellbeing

What barriers do you face when looking after your health and wellbeing?



The most common barriers to looking after health and wellbeing throughout the HSCP area and all localities were Access to services (56%), time (44%) and knowing where to go (38%).

Accessing information (29%) was also in the top five barriers for all localities, and finance (29%).

	HSCP	Clackmannanshire	Stirling Rural	Stirling Urban
1	Access to services	Access to services	Access to services	Access to services
2	Time	Time	Time	Time
3	Knowing where to go	Knowing where to go	Knowing where to go	Knowing where to go
4	Information	Information	Diagnosis support	Money/Finance
5	Money/Finance	Money/Finance	Money/Finance	Information

Within the comments, people provided more detail around the barriers they experience, in terms of accessing services, flexibility in appointment times and queues.

Other comments included access to facilities in the communities such as swimming pools and how expensive some classes can be and difficulties with transport in the local area. These are out with the control of the HSCP, but we can communicate these to our partner organisations.

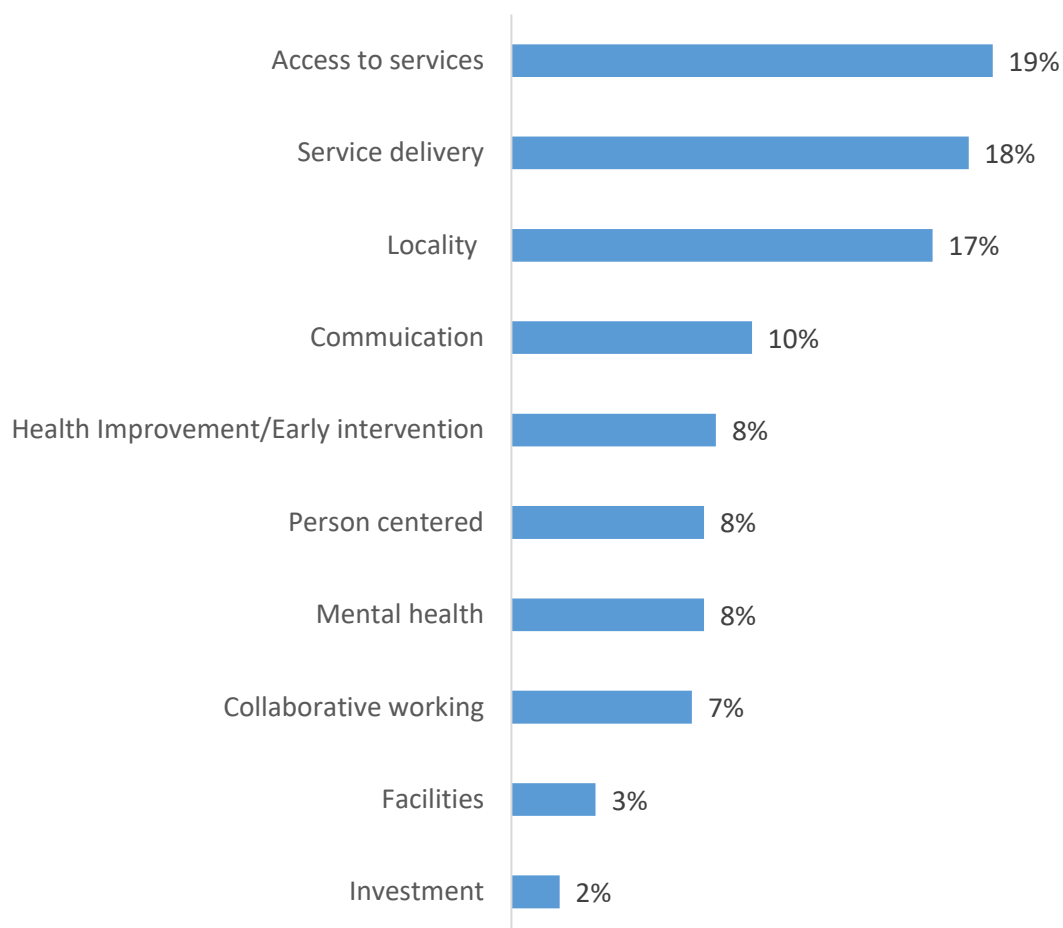
Barriers identified within the survey and engagement in our communities will feature in our Strategic Commissioning Plan as priority actions to tackle. They will also contribute to the work of the Locality Planning Groups and they will identify actions they can achieve within their communities to help reduce the barriers.

The Future of Health and Social Care Services

We asked participants “what would you like the future of health and social care services in your community to look like?”. This was an open text question to allow detailed qualitative responses.

74% of all respondents took the time to provide their thoughts.

Future of health and social care services in communities



Access to services was the most frequently given response. This includes the way services are delivered, face to face, digitally etc., appointments, speed of appointments and waiting times, “easier access to health professionals, its often difficult for people to access care through GP surgeries”; “**easily accessible services to meet mine and my family’s needs, single point of access**”.

Service delivery looked more specifically at how appointments were made, resources and management of services. Calls for more types of care, support for carers, more care at home and “**more help for homeless, drug and alcohol problems**”.

The Future of Health and Social Care Services

Locality is closely linked to access to services as many of the comments in this category spoke about local access to services, or services closer to people rather than centralised. It was about bringing services to people, for example “Local hubs, open to everyone”; services that are “accessible locally, when needed”; “better access to health professionals in the village”.

Communication demonstrated a need to better communicate the role of CSHSCP, the services we deliver and who the partners are. Signposting and providing information on all the services, organisations, groups and events is required and respondents showed a clear want for this information. There is a mix between “less online and more person to person contact”; “online appointment booking” and “interactive”. There is also a perceived need for better communication between health and social care services.

The top four “wish list” items for the future of health and social care services are very much interlinked and what the respondents stated, reflects our aims too. As one participant stated we need “flexible, accessible, speedy provision, less bureaucracy and more communication”.

Health Improvement and Early Intervention looked at what we can do to prevent and avoid crisis. What steps we can do to help people make better health decisions. “Improved health literacy, improved self-care and responsibility by citizens”; “focus on well-being rather than ill health”, “people and activities to help reduce loneliness”.

“Put the individual’s needs at the centre and work from there”, “focus on the need of the individual and need for change”, “Choice and control of care”. The focus on **person centred care**, human right and equalities is very important to CSHSCP and we will be embedding this into the way our services are designed and delivered.

“**Quicker and better access to mental health services would be the main wish**”. **Mental health** is a priority for many participants, especially in terms of waiting times and access. Support for young people in transition from children’s services to adult services and those who are neurodivergent. “Inclusion with community and further training in all aspects of care. Non derogatory or discriminatory and for all staff to be trauma informed for mental health”. “More befriending support for those who feel isolated”.

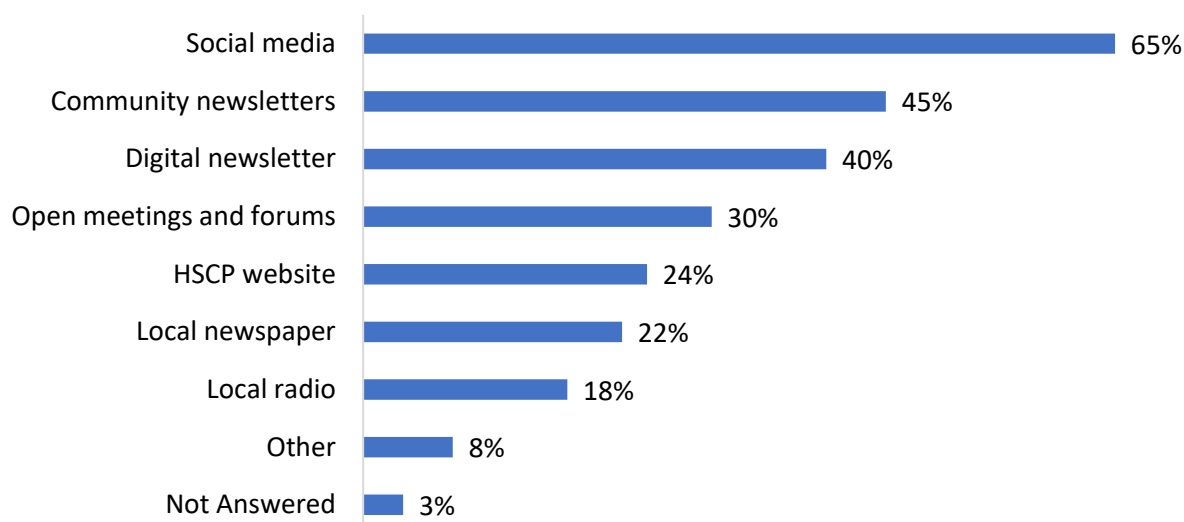
All comments we have received have been analysed and we will communicate these to the relevant services and staff. We will take these comments on board.

This valuable qualitative information reassures us that CSHSCP and our communities are on the same page, what features on our wish list is on theirs.



Communication

What is the best way for the Health and Social Care Partnership to share information and news with you?



We asked how respondents would like to receive information and news in future. As this was an online survey, social media and other digital methods ranked highly, such as a digital newsletter and HSCP website.

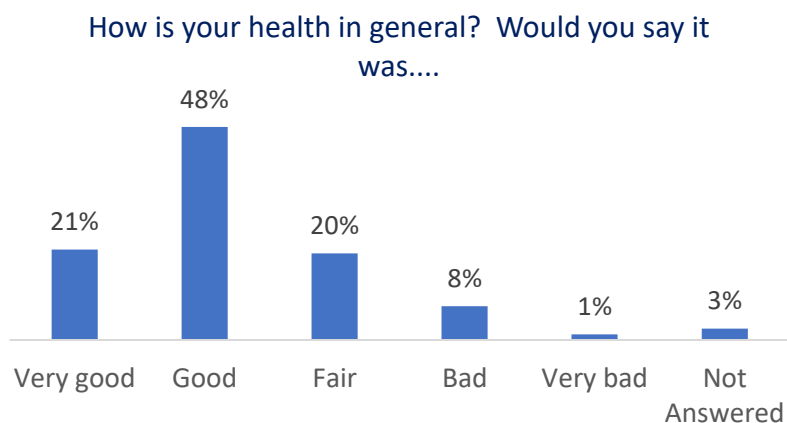
However, more traditional methods such as community newsletters, open meetings and forums and local newspaper and radio were also popular. Many respondents stated that several methods are required to reach as many people as possible, and that we cannot rely on one single method to communicate a message. Further analysis on age, geography and method will be carried out to inform our future communications.

	HSCP	Clackmannanshire	Stirling Rural	Stirling Urban
1	Social Media	Social Media	Social Media	Social Media
2	Community News	Community News	Digital newsletter	Community News
3	Digital Newsletter	Digital Newsletter	Community News	Meetings & Forums
4	Meetings & Forums	Meetings & Forums	Meetings & Forums	Digital newsletter
5	HSCP Website	HSCP Website	HSCP Website	HSCP Website

There was little variation between the localities in the most popular methods to receive information and engage with the Partnership.

We are reviewing our Participation and Engagement Strategy and Communications Policy next year.

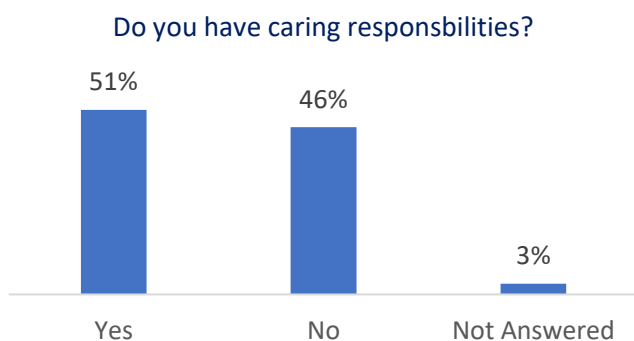
Equalities - Health and Carers



69% of respondents consider their health to be very good or good.

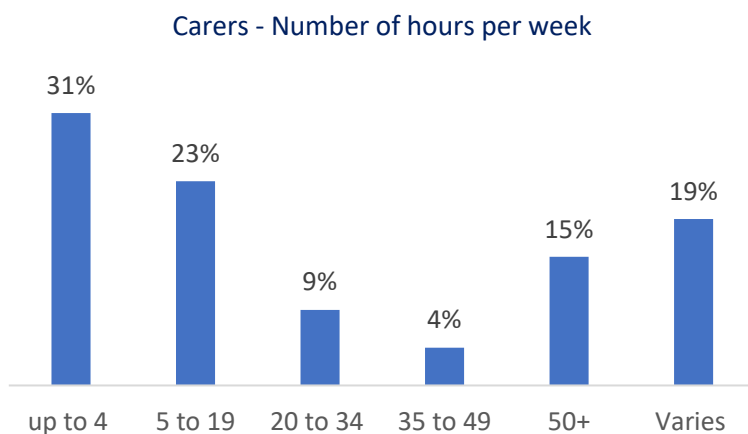


Almost half of respondents have a physical or mental health condition or illness that is expected to last 12 months or more.



51% of respondents have caring responsibilities.

The majority provide up to four hours a week, 23% provide between 5 and 19 hours a week.

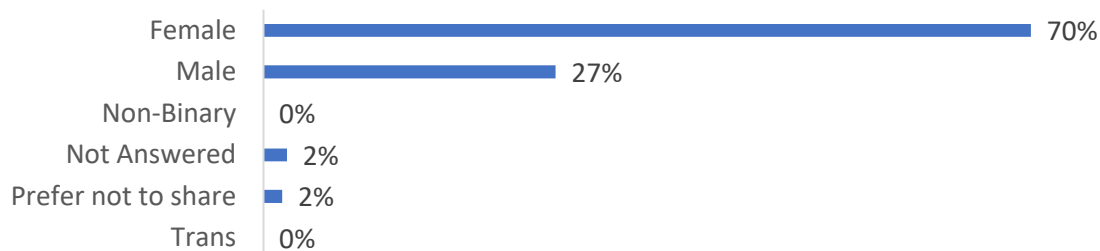


19% said the amount of care they provided varied from week to week.

19% provide 35 hours or more a week.

Equalities

Gender



Sexuality



Ethnicity

