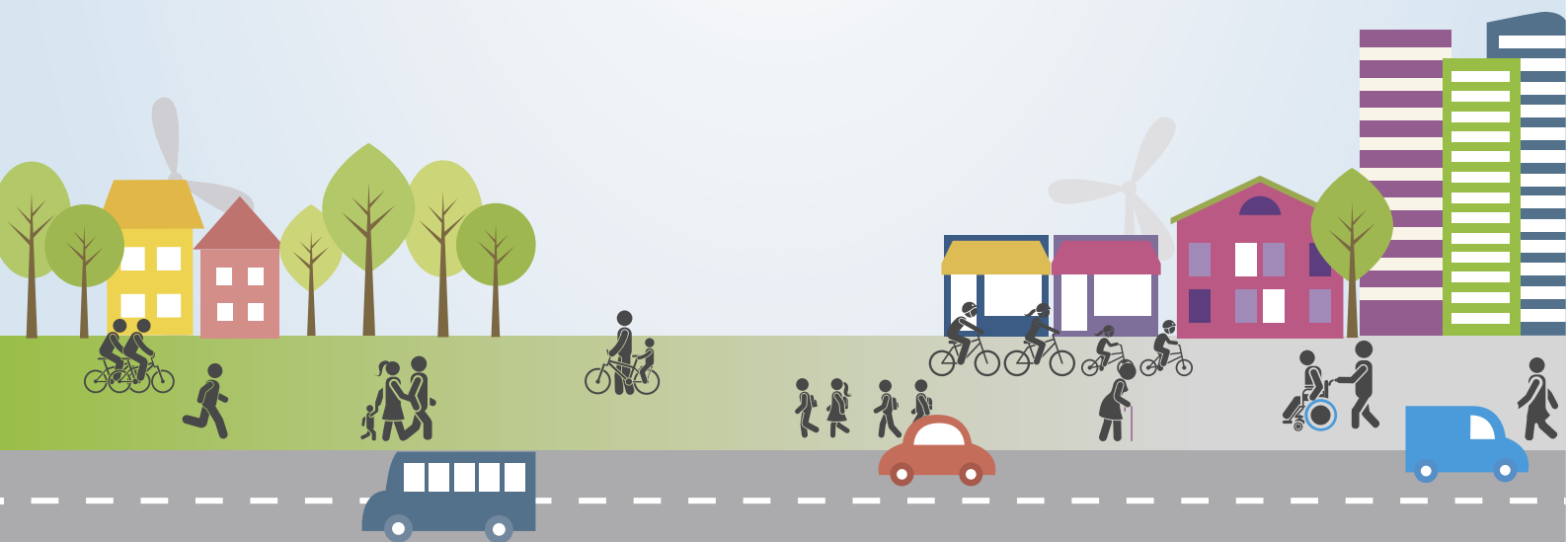


Shaping Places for Wellbeing Programme

Fraserburgh Project Town

Aberdeenshire Health and Social Care
Partnership Strategic Plan
Place and Wellbeing Assessment
Report



About the report

This is a report of a Place and Wellbeing Assessment held in October 2023 to look at the Aberdeenshire Health and Social Care Partnership (The Partnership) Strategic Plan (the Strategic Plan). The Place and Wellbeing Assessment aims to review the current Strategic Plan (2020-2025) against the Place and Wellbeing Outcomes, to identify how the plan aligns with and supports a place-based approach and to produce recommendations that will support the plan to align more closely to place-based working as well as help inform the future version of the Strategic Plan.

A Place and Wellbeing Assessment involves a workshop pulling together expertise and perspectives from attendees to consider a plan, policy or decisions impact on delivering a place that enables wellbeing. It asks attendees to consider each of the Place and Wellbeing Outcomes with a lens on who is experiencing the most significant impact from inequality in that place. This paper is the output of one of these assessments.



To get a better understanding about inequalities in the Project Towns, the Shaping Places for Wellbeing Programme gathered data with the support of the Public Health Scotland’s Local Intelligence Support Team (LIST) and the Project Town Steering Group. This data has been used to highlight the key inequality related issues identified within the town, which are impacting on the community’s health and wellbeing. The process for gathering data can be followed through this [guide](#).

The data for Fraserburgh, at the time of the assessment, highlighted five key areas of focus. It was agreed by the partnership team that the areas of focus for Fraserburgh were broadly applicable to Aberdeenshire and therefore provided a relevant lens for this assessment. The five areas of focus are:

- Poverty
- Substance use
- Mental health
- Police Interventions
- Access to services

Background to the Aberdeenshire Health & Social Care Partnership Strategic Plan

The Health and Social Care Partnership was established in 2016, in response to the Scottish Government legislation to integrate health and social care services, with The partnership forming the operational arm of this integration. The partnership is overseen by the Integrated Joint Board, who are responsible for approving the strategic plans and priorities. The partnership works with partners from across Aberdeenshire including the council, NHS, third sector, staff, service users and communities, to provide a broad spectrum of services ranging from occupational therapy to palliative and end of life care. The partnership also hosts several Grampian wide services (covering Aberdeenshire, Aberdeen City and Moray) including health care services for His Majesty's Prison (HMP) and Young Offender Institute (YOI) Grampian.

The Strategic Plan (2020-2025), which is the second iteration for Aberdeenshire, built upon the initial version (2016-2020), reflecting on the progress made by the partnership as well as recognising that the population of Aberdeenshire is changing, with people living longer and with multiple conditions and complex needs, which require support from both health and social care services. The plan sets out the strategic direction, vision and priorities for the partnership, as well as outlining the intentions for how they will work with partners, to improve the outcomes for local people across the whole geographical area of Aberdeenshire. The key strategic priorities outlined in the plan are engagement, reshaping care, prevention and early intervention, effective use of resources and tackling inequalities. These priorities are underpinned by the Scottish National Health and Wellbeing Outcomes, which provide the overarching strategic framework for all health and social care partnership work across Scotland, and in turn provide a framework and a focus for the services being provided by the partnership in Aberdeenshire.

Supporting the Strategic Plan are four sub-plans that clarify details and direction around implementation, these are the Medium-Term Finance Strategy, Commissioning and Procurement Plan, Workforce Plan and Strategic Delivery Plan. In addition, the partnership reviews the strategic plans of key partners, including the Council and the NHS, as well as national level policies and drivers, to ensure that there is alignment. The current Strategic Plan was approved in 2020, prior to the COVID-19 pandemic, however an early light touch review confirmed that the priorities were still relevant in the new and challenging landscape that the pandemic brought. These review processes are adopted annually to ensure the plan remains relevant and fit for purpose, for the needs of the area as well as to work in conjunction with partners.

The current Strategic Plan is due to be updated in 2025, however the process of reviewing and updating that plan will be in early 2024, and so the opportunity to assess the current iteration using a place and wellbeing lens, was identified as providing a valuable chance to informally start that review process, using a place-based approach that aligns well with the future direction of the partnership and their key partners.

Links to Shaping Places for Wellbeing Programme

The ambition of the [Shaping Places for Wellbeing Programme](#) is to improve Scotland's wellbeing by reducing the significant inequality in the health of its people. The Programme objective focusses on the evidenced impact that the places where we live, work and relax have on our health and wellbeing. This impact can be positive or negative and the Programme aims to ensure that these intended and unintended consequences are fully considered when we make decisions about a place.

All the evidenced features that a place needs to exhibit for it to have a positive impact on health and wellbeing are set out in the [Place and Wellbeing Outcomes](#). Our objective is to support delivery of the outcomes. A process used for doing so is a [Place and Wellbeing Assessment](#). This paper is the output of one of these Assessments.

A 'How to Guide' for [Place and Wellbeing Assessments](#) has been designed to support others to undertake their own assessments.

Navigating the document

Read the [Report Summary](#) (Page 6 & 7) for an overview of the key themes from the assessment.

The report is outlined by Place and Wellbeing Outcome, with key evidence and research, a summary of the discussion that took place, and the recommendations.

Page	Content: (click on outcome to navigate to page)
6	Report Summary
8	Movement – <ul style="list-style-type: none">• Active Travel• Public Transport• Traffic and parking
14	Space – <ul style="list-style-type: none">• Streets and spaces• Natural Space• Play and recreation
20	Resources – <ul style="list-style-type: none">• Services and support• Work and economy• Housing and community
29	Civic – <ul style="list-style-type: none">• Identity and belonging• Feeling safe
32	Stewardship – <ul style="list-style-type: none">• Care and maintenance• Influence and sense of control
35	Appendix 1: List of Participants
36	Appendix 2: Recommendations Table

Report Summary

The Aberdeenshire Health and Social Care Partnership (the partnership) Strategic Plan (the Strategic Plan) is the overarching key strategic level document that informs the delivery of health and social care services and support across Aberdeenshire. As such, it is well positioned to ensure that those services and support systems are underpinned by a place-based approach, which facilitates health and wellbeing amongst the communities and residents, helping to reduce the experience and impact of inequalities. Whilst the current Strategic Plan will not be renewed until 2025, the process for review and development will start in early 2024, and with the sub-plans, such as the Strategic Delivery Plan (2022-2025), already adopting more structured place-based approaches, it is recognised that there is an opportunity to embed a clear place-based framework into the next iteration, which is in line with the direction of key partners, including the Council and NHS. The review of the current Strategic Plan through the Place and Wellbeing Assessment is an opportunity to identify how this plan currently aligns with the Place and Wellbeing Outcomes, the evidenced features of a place required to support health and wellbeing, to support the reduction of inequalities within Aberdeenshire communities, and to identify where greater alignment can be achieved both in this version and future iterations. Through the assessment process and discussion, the following broad themes were identified:

Strategic Links and Partnership Working

Early into the assessment process it was raised that whilst the Strategic Plan provides direction and sets out strategic priorities for the partnership, it is not within the scope or remit of the plan to allocate resources, facilities, or assets. Throughout the assessment discussion, and within the context of the different outcomes, this was repeatedly acknowledged and raised as a concern, with the ongoing question being asked around what this Strategic Plan can and cannot achieve, keeping in mind it is strategically focused and not operationally focused. Through these discussions it became clear that whilst the partnership may not have the ability or authority to change the physical assets, external public services or resources that are available, the Strategic Plan can help to influence those aspects by clarifying links with other strategies, policies and plans, both internally and with partner organisations. The participants in the assessment recognised that whilst there were existing links with other strategies, plans and policies outlined in the current version, there were several additional opportunities to link this Strategic Plan to other strategies, which would lead to additional support and lobbying as well as clarity and consistency between statutory partners around what is required for Aberdeenshire to support its community's health and wellbeing.

As well as identifying the opportunities to strengthen alignment and partnership with organisations through their strategies, the assessment group also discussed the opportunity

for the Strategic Plan to strengthen and direct partnership working at an operational level. It was recognised that partnerships could be created and enhanced, through explicit identification and recognition of the successful partnership working currently being demonstrated, whilst also developing the strategic direction around partnership working for factors such as data sharing, information dissemination and signposting. It was agreed that the current Strategic Plan did refer to some of these aspects but that there was room for greater clarity, whilst still maintaining the strategic level of the plan. As such, there is a common theme throughout the report's recommendations, which highlights the ability of the partnership to create or enhance partnership working with statutory partners. These recommendations are outlined with the acknowledgement that they will need the support of other partners to be successfully embedded, and with the intention being that the partnership should initiate those discussions.

Prevention and Early Intervention

The strategic priorities of the partnership are clearly outlined in this plan, and it was noted throughout the assessment that these priorities could draw alignment with many of the themes underpinning the Place and Wellbeing Outcomes. The strongest and most consistent alignment recognised was with the strategic priority of 'Prevention and Early Intervention'. The assessment group repeatedly recognised that a place-based approach, guided by the Place and Wellbeing Outcomes, was an important aspect of the preventative agenda, as developing places that are aligned with the evidenced features of a place (the Place and Wellbeing Outcomes) allows for enhanced long-term wellbeing and health for the communities within those places, and in doing so supports the prevention of poor health and inequalities.

Whilst the Strategic Plan provided clear and consistent direction associated with early intervention, it was discussed that much of the outline of prevention was in fact more closely aligned to very short term or long-term intervention, and that there was the opportunity to more explicitly recognise and support the strategic opportunities to support prevention in its most accurate and earliest form. The discussion around these opportunities recognised that partnership working would once again be key to successful delivery of more prevention focused offerings. The group considered that clearer recognition of the prevention agenda specifically, would align with the concerns around an ageing population, increasing service demands and decreasing resources. This would provide direction and support for partner organisations who are in the position to operationally deliver those true preventative services and opportunities, as well as those involved in delivering places that support and optimise health and wellbeing.

Summary of Discussion and Recommendations by Place and Wellbeing Outcome

Movement

Active Travel

Everyone can:

- easily move around using good-quality, accessible, well-maintained and safe segregated wheeling, walking and cycling routes and access secure bike parking.
- wheel, walk and cycle through routes that connect homes, destinations and public transport, are segregated from, and prioritised above, motorised traffic and are part of a local green network.

Evidence and research:

- Active travel has the potential to improve health by increasing physical activity, weight loss and reducing obesity.¹
- Health benefits of active travel, such as increased physical activity levels, will vary in different groups.¹
- Active travel has been associated with reduced risk for all-cause mortality and improvements in mental health.¹
-

Summary of discussion:

Discussions about active travel clearly identified that this was a mechanism which could provide opportunities to support and encourage the preventative priority of the partnership. Initially participants considered the role of the Strategic Plan in promoting and facilitating active travel within the partnership workforce. The current plan outlines the mechanisms by which the partnership will achieve their share of the carbon reduction target, including

¹ [Public Health Scotland, Evidence behind Place Standard Tool and Place and Wellbeing Outcomes](#)

² [Women and Biking: A Case Study on the use of San Francisco Bike Lanes. University of California, Berkley\).](#)

reducing business miles and improving staff journeys. It was felt that there could be additional specific mention of supporting and promoting active travel options, which would help with carbon reduction targets, whilst also supporting the wellbeing and health of the workforce. Representatives from Aberdeenshire Council identified that there are programmes to support active travel for staff, and that these could be better promoted with clear recognition in the Strategic Plan. It was also recognised that by including active travel within this plan, as a key mechanism for reaching carbon reduction targets, that there would be additional support added to applications for funding/resources to help develop the active travel offering across Aberdeenshire.

With regards to active travel beyond the partnership workforce, several key points were considered by the group. Throughout the discussion, the benefits of active travel, through walking, wheeling and cycling were agreed, and the group recognised the need to ensure that the partnership buildings provided safe and secure bike parking spaces to encourage this mode of movement for those accessing the facilities. However, it was quickly recognised that cycling can be an expensive activity and that it is not a feasible option for many communities, either due to the cost or due to restrictions associated with old age, poor health or both. Several programmes were identified by the group, including work in Fraserburgh with Cycling UK and other bike lending schemes, and it was felt that these could be better promoted in communities to ensure that those groups who require additional support accessing cycling options (either through access to a bike, support for bike maintenance or education on bike safety) are aware of them.

Through the groups recognition that there can be considerable barriers to cycling as a mode of active travel, the importance of walking/wheeling was highlighted, underpinned by its accessibility and minimal financial cost. The group felt that the promotion of walking/wheeling options, with clear information as to the health and wellbeing benefits associated with that mode of travel, should be developed by key partners and that the Strategic Plan could support that promotion by recognising all forms of active travel as being key to supporting preventative health care and reducing of inequalities, but with an emphasis on walking where communities are accessing local partnership facilities.

Recommendations to consider:

1. The Aberdeenshire Health and Social Care Partnership Strategic Plan should identify the support and promotion of active travel for their workforce as a mechanism for achieving the carbon reduction targets as well as to improve the health and wellbeing of their workforce.
2. (Following on from recommendation 1) Through existing partnership working, links should be made to the Aberdeenshire Health and Social Care Partnership Strategic Plan

by partner organisations either in existing active travel plans or where active travel plans and strategies are being developed.

3. The Shaping Places for Wellbeing Team will support connections to be made, to identify how collaborative work by the council and the health improvement teams can be undertaken to raise the awareness of access to resources that support cycling as a form of active travel.
4. The Aberdeenshire Health and Social Care Partnership Strategic Plan should clearly identify active travel as a main component of the prevention and early intervention agenda, recognising the health and wellbeing benefits associated with active travel, and the highlighting the importance of active travel in maintaining health.

Public Transport

Everyone has access to a sustainable, affordable, accessible, available, appropriate, and safe public transport service.

Evidence and research:

- Public transport use has the potential to improve access to services and facilities and connect communities.³
- Public transport should be accessible, available, affordable and appropriate.³
- The links between transport and inequalities are complex.³
- Certain groups in the population are disproportionately affected by the lack of available and affordable public transport.³
- Community transport offers a range of health benefits, including improved access to health services, fewer missed appointments and the continued ability to live at home.⁴
- Rural and island areas often rely more on public transport because they must travel further to access services and employment.⁵

Summary of discussion:

The discussion around the Public Transport theme, started by recognising that the geographical structure of Aberdeenshire means there are numerous satellite settlements that

³ [Public Health Scotland, Evidence behind Place Standard Tool and Place and Wellbeing Outcomes](#)

⁴ [Research into the Social and Economic Benefits of Community Transport in Scotland](#) Transport Scotland 2015

⁵ Scottish Government. Building the evidence base on tackling poverty www.gov.scot/publications/drivers-of-poverty/

rely on access to larger settlements and towns for accessing services, including those of the partnership. With ongoing reductions in public transport provision, these links have been weakened and communities living in satellite settlements can struggle to physically access services. This has led to the development of the digital provision for services and appointments, where possible. The group discussed this digital provision in some detail, and that conversation will be reflected in the 'Resources: Services and Support' section of this report.

Within the discussion of digital services and associated links to public transport, it was suggested that the lack of public transport and the unreliable nature of it, may have contributed to the increased demand for digital services. However, it was agreed that there is a lack of evidence around this and more should be done to explore the impact (if any) of public transport provision on access to services. The group considered a recent piece of work led by the Health Improvement team, which explored how health appointments are made, what factors are considered and the provision of signposting. The role of public transport was not explicitly considered in this piece of work, but the recommendations from that work did identify the need to consider public transport when scheduling appointments. The group recognised that it would be beneficial to explore further whether public transport impacts on people not attending appointments or accessing services, and if so whether those who schedule the appointments could take into consideration public transport provision at the point of booking appointments.

Once again, the group considered the ability for the partnership and specifically this Strategic Plan to influence the provision of public transport. It was agreed that the plan could clarify the importance of good quality and affordable public transport within Aberdeenshire to support all communities but especially those experiencing both health and socio-economic inequalities. As such, the partnership could link this Strategic Plan to the travel plans of partner organisations, to help highlight importance and recognition. It was suggested that there are opportunities to make links to services within the council, including the Housing Services, Employability Services and Education Services, who are also aware of the challenges around public transport and who are working to try and influence change around the current reduction in public transport provision across Aberdeenshire.

The provision of community transport services (such as Dial-a-bus) in Aberdeenshire was brought into the discussion, with the group unanimously recognising both the significant contribution that these services make to their communities, but also the increasing pressure and challenges that these services face. These services are heavily relied upon to support the provision of school transport, with this being a main source of income for these organisations. However, this limits the availability of such services to offer wider community transport (to healthcare appointments for example) at key times throughout the day. The group recognised

that whilst community transport services are valuable and are clearly a key part of the picture around public transport, they are not the solution.

The group discussed specific examples of the negative impact that poor provision of public transport can have on communities, recognising that at times the partnership is limited in the provision of service efficiencies (such as group delivery and lateral transfers) due to the lack of public transport to support access to those services. It was clear to the group that having the infrastructure able to support communities to access the physical spaces provided by the partnership is essential and will continue to be significant moving forward.

Recommendations to consider:

5. The Health Improvement Team should share the findings of their recent work around appointment scheduling, with partners across Aberdeenshire, in particular the Health and Social Care Partnership, to help inform understanding of factors influencing appointment scheduling and to help identify gaps in these processes.
6. Partnership working between Aberdeenshire Health and Social Care Partnership, Aberdeenshire Council and the Health Improvement Team, should be developed to identify opportunities to support research (where possible supported by links with local universities) to explore the impact of public transport provision on access to services.
7. The Aberdeenshire Health and Social Care Partnership Strategic Plan should specifically identify the importance of good quality, affordable and reliable public transport to support access of their facilities by all communities within Aberdeenshire.
8. (Following on from recommendation 7) In line with existing partnership working, and supported by recognition in the Strategic Plan, further links should be identified between the Aberdeenshire Council Travel Plan, and the NHS Grampian Travel Plan wherever possible.
9. Existing links between the Aberdeenshire Health and Social Care Partnership and Aberdeenshire Councils Housing Team, Education Team and Employability Team should be developed to ensure sharing of information around the impacts of public transport and to link any associated plans or strategies.

Traffic and parking

Everyone can benefit from:

- reducing traffic and traffic speeds in the community.
- traffic management and design, where traffic and car parking do not dominate or prevent other uses of space and car parking is prioritised for those who don't have other options.

Evidence and research:

- The volume and speed of traffic and long commutes can be detrimental to health.⁶
- Motorised transport can increase the risk of accidental injury and disrupt communities.⁶

Summary of discussion:

There was very little discussion from the group around the Traffic and Parking theme, with only one key factor considered. The group linked their conversation back to the active travel discussion and recognised that part of the work to support walking/wheeling as a suitable option, especially for older adults, would require consideration of traffic calming measures and reduced traffic speeds, particularly in areas around key services and facilities.

Recommendations to consider:

10. As outlined in recommendation 1 and recommendation 4, the Aberdeenshire Health and Social Care Partnership Strategic Plan should recognise the importance of active travel as a mode of transport to support health and wellbeing of staff and communities. Once recognised within the Strategic Plan, the Aberdeenshire Health and Social Care Partnership should seek to make links between that plan and the relevant travel plans of their statutory partners, including Aberdeenshire Council, to highlight the importance of traffic calming and reduced speed limits in and around public facilities.

⁶ [Public Health Scotland, Evidence behind Place Standard Tool and Place and Wellbeing Outcomes](#)

Space

Streets and spaces

Everyone can access:

- buildings, streets and public spaces that create an attractive place to use, enjoy and interact with others.
- streets and spaces that are well-connected, well-designed and maintained, providing multiple functions and amenities to meet the varying needs of different population groups.

Evidence and research:

- Inadequate or poor public spaces can lead to reduced social interactions.⁷
- Intergenerational connection and sharing of resources to support health, including the sharing of community assets, can strengthen communities.⁸

Summary of discussion:

The discussion around streets and spaces predominantly focused on the physical estate used by the partnership, including hospitals and healthcare centres. This discussion bridged into the theme of 'Spaces: Natural space', with several of the points linking the two themes, which means these sections of the report should be considered together.

As was previously identified, the partnership does not own many of the physical buildings and spaces that they deliver services from and so it was felt that this needed to be considered throughout the discussion. The initial discussion focused on the poor quality of the facilities and spaces that are currently being used, with recognition that the partnership is working with an ageing estate that they do not own, and at times this is influencing or restricting the delivery of services. As such, it was felt that there needs to be work done to engage with asset and property management partners, to identify solutions, especially where there are

⁷ [Public Health Scotland, Evidence behind Place Standard Tool and Place and Wellbeing Outcomes](#)

⁸ O'Connor, Alfrey, Hall & Burke Intergeneration understandings of personal, social and community assets for health. Health & Place 2019, 57:218-227

environmental issues impacting on the delivery of services. It was proposed that the Strategic Plan could offer support and guidance to that engagement.

Once again, the opportunity to link with the preventative element of the partnership's Prevention and Early Intervention strategic priority was discussed, with the group recognising the role of quality spaces and specifically outdoor spaces and natural spaces, in supporting health and wellbeing. The group recognised the value of having good quality outdoor spaces available at existing facilities, with examples provided of where this has already been developed, including at the Day Service Centre in Banff and through the Vinery in Banff (run by Aberdeen Foyer) and recognition of the positive impact of those spaces. The group discussed how provision of green spaces at facilities can help to offer the benefits associated to individuals who are living in deprived areas, where there is not currently access to good quality green space. It was agreed that the Strategic Plan could highlight the importance of green space provision as part of the current estate, underpinned by the examples of successful work already being carried out.

It was identified that the current Strategic Plan outlines the provision of homely settings, under the strategic priority of 'Reshaping Care', with recognition that the model of provision will be evaluated. The discussion led to suggestion that as part of the evaluation and subsequent development of the homely settings, consideration should be given to the access to green, outdoor spaces to support wellbeing and independence of residents. It was felt that the Strategic Plan could make specific mention to the inclusion of green spaces in the homely settings, to support and emphasise the importance of that provision and to help raise the profile of the positive impact those spaces can have on health and wellbeing.

The discussion quickly moved on to community food growing and the links with spaces, a summary of which can be found in the next section, Natural Space.

Recommendations to consider:

11. The Aberdeenshire Health and Social Care Partnership Strategic Plan should include recognition of the partnership working required with asset and property management services, to support the maintenance of the ageing estate.
12. The Aberdeenshire Health and Social Care Partnership Strategic Plan should have greater recognition of the importance of green and natural spaces for health and wellbeing, with clear outline so the importance of access to these spaces at HSCP facilities.
13. Under the strategic priority of 'Reshaping Care' the Aberdeenshire Health and Social Care Partnership Strategic Plan should clarify the importance of including green and natural spaces as part of the homely settings offered by the partnership.

Natural Space

Everyone can:

- access good-quality natural spaces that support biodiversity and are well-connected, well-designed, safe, and maintained, providing multiple functions and amenities to meet the varying needs of different population groups.
- be protected from environmental hazards including air/water/soil pollution or the risk of flooding.
- access community food growing opportunities and prime quality agricultural land is protected.

Evidence and research:

- Natural spaces can provide mental health benefits.⁹
- Experts hypothesise that natural spaces can provide a sense of character and distinctiveness to a place.⁹
- Access to and use of natural spaces varies across different income groups.⁹
- There are wider environmental benefits to increasing natural space which can protect population health.¹⁰
- Urban green and open spaces contribute to public health and wellbeing, particularly mental health and wellbeing.¹¹
- Natural spaces can encourage social interactions and a sense of community and belonging.¹²
- Natural spaces can have an impact on health through facilitation of physical activity, improved social interactions/relationships and stress reduction.¹³

Summary of discussion:

Linking in strongly to the discussion around the theme of Streets and spaces (see section above), the group had a lengthy discussion around community food growing projects. The

⁹ [Public Health Scotland, Evidence behind Place Standard Tool and Place and Wellbeing Outcomes](#)

¹⁰ INHERIT: exploring triple-win solutions for living, moving and consuming that encourage behavioural change, protect the environment, promote health and health

¹¹ [Environmental and Human Health - The contribution of green and open space in public health and wellbeing.](#)

¹² Hartig T, Mitchell R, de Vries S, et al. Nature and health. Annual Review of Public Health 2014;35:207–228.

¹³ www.gov.uk/government/publications/local-action-on-health-inequalities-reducing-social-isolation

current work being led by the Healthy Eating, Active Living (HEAL) group and supported by the partnership, was recognised, with discussion of the food growing projects in very sheltered accommodation and care homes. It was proposed that there is an opportunity, based on the success of this work, for the Strategic Plan to highlight the importance of providing food growing opportunities in these settings, and link that to the HEAL and food growing strategies.

As well as food growing in residential and care settings, the group recognised several successful community growing projects which are currently supported by the partnership. The succession plans for some of these projects was raised as a concern, and it was proposed that having clear links between the HEAL agenda and the Strategic Plan would help to bring focus and attention to these projects, to help explore options for future proofing. In addition, it was recognised that with community growing projects there are opportunities to link in with the Housing Services within the council, to develop food growing within tenants' garden spaces. This would provide the opportunity to offer housing tenants the benefits associated with food growing, namely around health and wellbeing. Food growing within schools was also discussed, with successful examples once again provided and links to the advantages for the health and wellbeing of children recognised.

With the group recognising the benefits of food growing, the discussion broadened out to acknowledge the benefits for specific population groups, including those experiencing mental health challenges, families struggling with the cost-of-living crisis, and those involved in rehabilitation services through the criminal justice service. It was felt that where there are services to support those with specific health concerns or support needs, greater significance could be given to the provision of opportunities for food growing to support their health and wellbeing. The current Strategic Plan outlines changes to daycare provision under the priority 'Effective use of Resources' with links to the IDEA project work. It was suggested that the plan could more clearly outline the use of outdoor, natural spaces and community growing projects as part of the move away from traditional building-based day care services. When considering the links to rehabilitation services, the group acknowledged that whilst the partnership does host several services, including the criminal justice services, there would need to be specific links made with the Prison Service to explore opportunities for community projects around outdoor spaces and community growing.

The final points raised around the provision of natural spaces were linked to the hospital facilities and the 'Friends of' groups that are currently involved in the maintenance and development of natural spaces at these locations. The group suggested there may be opportunity to link to the work of these groups to help with natural space provision at the hospital sites and that this could be reflected in the Strategic Plan.

Recommendations to consider:

14. Links should be developed between the Aberdeenshire Health and Social Care Partnership Strategic Plan and the Healthy Eating Active Living work, with specific recognition in the plan of the importance of community food growing.
15. Partnership working should be developed between the Aberdeenshire Health and Social Care Partnership team and the Aberdeenshire Council Housing Team, to explore and develop community food growing opportunities on communal housing tenants allocated land.
16. The Aberdeenshire Health and Social Care Partnership Strategic Plan should clearly outline the use of outdoor, natural spaces and community growing projects as part of the move away from traditional building-based day care services in line with the links to the IDEA project work outlined under the priority 'Effective use of Resources'.
17. The Aberdeenshire Health and Social Care Partnership Strategic Plan should recognise the role of the 'Friends of' groups associated with hospitals, and the role of these groups in supporting the provision of natural and outdoor spaces.

Play and recreation

Everyone can access a range of high quality, safe, well-maintained, accessible places with opportunities for play and recreation to meet the varying needs of different population groups and the community itself.

Evidence and research:

- Play and recreation is beneficial for the health of adults and children through the encouragement of physical activity and social interactions.¹⁴
- There are health benefits of undertaking play and recreation in outdoor environments, particularly in natural spaces. There are specific benefits for children such as the development of motor skills, understanding risk and environmental awareness.¹⁵

¹⁴ <https://www.gov.uk/government/publications/local-action-on-health-inequalities-reducing-socialisolation>; <http://www.playscotland.org/wp-content/uploads/Power-of-Play-an-evidence-base.pdf> 24 Play

¹⁵ Play Scotland. Getting it right for play power of play: an evidence base www.playscotland.org/wpcontent/uploads/Power-of-Play-an-evidence-base.pdf

Summary of discussion:

The benefits associated with play and recreation were quickly acknowledged by the group, with discussion once again linking the role of play and recreation with true prevention of poor health. The current Strategic Plan makes links to the Health Improvement Delivery Plan, with the outcome specifying that people will have access to support mechanisms to maintain and improve health and wellbeing. It was proposed that this outcome could be reworded to identify the importance of people also accessing spaces to maintain and improve health and wellbeing.

It was brought to the groups attention that Scottish Local Authorities are currently being asked to undertake play efficiency assessments, which will allow for identification of the provision of play (and to some extent recreation) facilities across local authority areas. The results will highlight if there are areas with high levels of deprivation and inequality which do not have access to suitable facilities, and so are not providing environments that support the health and wellbeing of those communities. Identifying the role of play and recreation in the maintenance of health and wellbeing, under the strategic priority of prevention and early intervention, within the Strategic Plan, would mean that when Aberdeenshire Council are required to implement the efficiencies, they have clear support from the partnership.

Play and recreation was also considered by the group with regards to the partnership workforce, with agreed support for the importance of keeping the workforce healthy and supporting their wellbeing. Within the plan there is recognition of engagement with staff to encourage positive working environments, however it was felt that there could be more clarity around the support for staff wellbeing, with links to appropriate strategies where available. The group recognised that the recent offering of staff discounts for the 'Live Life Aberdeenshire' membership to all partnership colleagues, was welcomed and appreciated and that this had the potential to provide access to services that can support the health and wellbeing of the workforce through play and recreation.

Through the discussion of this theme, the group acknowledged the work of the Health Improvement Team around the 'Wellbeing Festival' across Aberdeenshire. This piece of work was recognised as being successful for raising local awareness of facilities, services, groups and activities available to communities, whilst also demonstrating effective partnership working. It was agreed that this work needed to be replicated, developed and enhanced further so that the interest and awareness raised within communities lasts beyond the timeframe of the festival and continues all year round. It was again felt that the information clarifying the role of these activities in supporting health and wellbeing and preventing poor health needed to be promoted, with clarity around the positive impact on issues such as mental health and social isolation.

Recommendations to consider:

18. The Aberdeenshire Health and Social Care Partnership Strategic Plan should incorporate wording under the recognition of the Health Improvement Delivery Plan, which emphasise the importance of access to spaces that maintain and improve health and wellbeing.
19. The Aberdeenshire Health and Social Care Partnership Strategic Plan should explicitly outline the importance of access to spaces for play and recreation in line with their strategic priority of Prevention and Early Intervention.
20. The Aberdeenshire Health and Social Care Partnership Strategic Plan should outline the importance of staff access to facilities for play and recreation as part of the strategy to maintain the health and wellbeing of their workforce. In addition, access to the Live Life Aberdeenshire memberships for staff should be highlighted.
21. The Wellbeing Festivals offered across Aberdeenshire by the Health Improvement Team should be identified within the Aberdeenshire Health and Social Care Partnership Strategic Plan, with recognition of the links between this work and the strategic priority of Prevention and Early Intervention.

Resources

Services and support

Everyone can access:

- health enhancing, accessible, affordable and well-maintained services, facilities and amenities. These are informed by community engagement, responsive to the needs and priorities of all local people.
- a range of spaces and opportunities for communities to meet indoors and outdoors.
- information and resources necessary for an included life in a range of digital and non-digital formats.

Evidence and research:

- People need local facilities and services to live and enjoy healthy, independent lives.¹⁶

16

<https://www.tandfonline.com/doi/abs/10.1080/10511482.2014.900102>; <https://www.instituteofthealthequity.org/resources-reports/spatial-planning-and-health-nice>

- There can be poor availability or accessibility of facilities in some rural and deprived areas.¹⁷
- Accessibility to services can be exacerbated by poor transport links and safety of the wider neighbourhood.¹⁷

Summary of discussion:

The group recognised that due to the role of the partnership and the nature of the work that is undertaken by this organisation, a lot of the Strategic Plan could be recognised within the Resources outcome and specifically the Services and Support theme, with one of the strategic priorities being 'Effective use of Resources'. The discussion recognised that two of the priorities namely, 'Effective use of Resources' and 'Prevention and Early Intervention, could be more closely aligned through recognition of current work and future opportunities. It was identified that there is currently work being done to support the use of hospitals and health centres as being 'Prevention Hubs', which communities are being encouraged to access to maintain their health as well as to seek out additional support when they are unwell. This work has been recognised in the Health and Wellbeing Improvement Plan, along with further work to bring services out of the traditional General Practice (GP) setting and back into the community setting, such as pharmacies and community centres. It was recognised that this could be linked to the Strategic Plan to recognise the importance of this work in achieving the current strategic priorities.

With the group again considering the prevention element and the recognition of this within the Strategic Plan, it was raised that the Health Improvement Team currently take the lead on several preventative programmes and projects, with that work focusing on self-management and self-care. This work was recognised as being challenging due to the traditional approach to health care services, where communities expect to be served and 'kept well' by the partnership's services, rather than taking responsibility and ownership for their own health and wellbeing. It was felt that the current plan and future iterations could do more to clarify the responsibility of the communities in Aberdeenshire to maintain their health and engage with services that support them to do that. With recognition of the identified population trends forecast for Aberdeenshire, the group agreed it was crucial to ensure work was being done to target the current working age population, to facilitate them to maintain their health and wellbeing into later life and beyond retirement age.

As mentioned in the 'Movement: Public Transport' section of this report, the group had discussed the provision of digital services and support, whilst considering the limitations

¹⁷ [Public Health Scotland, Evidence behind Place Standard Tool and Place and Wellbeing Outcomes](#)

around public transport. Within that discussion several key points were raised that link to the 'Resources: Services and support' outcome and as such are outlined below.

In the discussion around the reduced provision of public transport, the group recognised that for some communities there had been an increased demand for digital provision of services, including online appointments. Whilst assumptions had been made that this was due to challenges associated with accessing in person services, such as transport, work patterns and cost, additional investigation was required to establish the actual reasons behind the request for digital provision. It was felt that establishing the driving causes behind that demand would help to ensure any digital services and support provided were appropriate and that they are available to those who need them most. The need within communities for digital provision, especially in those satellite communities that are further away from physical facilities, was also included in this broad discussion. It was raised as a concern that those communities and individuals who may benefit most from digital provision of services, due to remote locations and challenges with travel, are not supported by good digital connectivity, may struggle with digital literacy and may not have access to the equipment required for these services due to the cost associated. As such the group agreed that further investigation of digital service provision and the communities who require them would be beneficial. With regards to the Strategic Plan, it was felt that identifying the significant role of digital provision, to help support the geographical challenges of Aberdeenshire, within the plan would help to support partners who are best placed to guide, influence and implement the infrastructure to support digital connectivity.

In consideration of the theme of services and support, the group identified the current recognition of Primary Care services within the plan and how that might change in future iterations. Currently the plan identified the provision of Primary Care in line with how communities access services. It is recognised that one of the outcomes within the plan is linked to communities having access to GP support with minimal delay but also being able to access other healthcare professional (where appropriate) without referral from a GP. It was proposed that to facilitate that 'access without referral' element, there was work required to support knowledge of services within communities, to help move people away from the traditional approach of GP surgeries being the 'one stop shop' resource. To facilitate that increase in knowledge, the group highlighted the role of communication and education, and it was identified that there are current communication strategies within the partnership that would address those topics. As such, the Strategic Plan could support that strategy by identifying it within the outline of access to primary care provision. It was noted for importance that the next Strategic Plan will describe access to primary care in a very different way, reflective of the current on-going issues with sustainability of GP services and other healthcare services, and reflective of the work that is being done to review the model of primary care provision across the whole of Grampian.

The groups discussion of services and support recognised the role of funding in the provision of services, and the impact that external funding can have on supporting additional services within communities. The additional Scottish Government funding as part of Action 15 (National Mental Health Strategy Action 15) to support and increase the number of Mental Health workers across Scotland was specifically identified. A question was raised around whether this funding had or could be used to support professionals who are working with communities relating to issues such as housing/homelessness and employability, but in doing so are engaging with those experiencing challenges with mental health, as it was felt that additional training would be beneficial. It was clarified that this specific funding had supported the development of the Crisis Intervention Team in the North of Aberdeenshire, which is a resource that can be accessed by any services or teams that come across people in need of additional support relating to mental health. Whilst this is clear in the Strategic Plan, the group recognised that the funding was limited, and the challenges associated with the impacts of poor mental health in communities were growing. This again brought the discussion around to the need to develop the prevention aspect in relation to mental health. It was suggested that the plan could have stronger and clearer identification of the role of both partner organisations and communities in taking the lead to deliver preventative work relating to mental health specifically. An example of this type of project was recognised in the recent development of the Whole Family Wellbeing Hubs being implemented in Peterhead and Fraserburgh, which will offer access to a range of services, including preventative focused services, for families experiencing inequalities.

The challenges around the recruitment and sustainability of workforce to deliver services were recognised by the group. It was acknowledged that there are issues with workforce recruitment and retention in health and social care across all of Scotland and that there is a need for the Scottish Government to address those issues at a national level. From an Aberdeenshire perspective, the group discussed the challenges experienced where funding is available to support the whole system (primary care, secondary care and care in the community) but there is not the workforce to deliver the services and as a result services are withdrawn. This led the group to recognise the complexity of making challenging decisions around the effective use of resources, including the allocation of workforce. Current practice adopts the Integrated Impact Assessment process, which can help support and inform the decision-making process, however it was felt that additional place-based approaches and tools (such as this Place and Wellbeing Assessment) would help to further strengthen the current processes and ensure communities and their 'places' are better considered in the decision making. Clarity in the Strategic Plan around the adoption of a place-based approach and the supporting tools available would be welcomed.

There have been projects across Aberdeenshire to explore community led services and assets, recognising that communities can support and deliver services themselves, but more work is required to encourage this approach. These projects have been established with co-

production models underpinning their development and have experienced some success. The group felt that development of those co-production models and approaches and recognition of them within the Strategic Plan maybe be beneficial moving forwards.

Recommendations to consider:

22. The Aberdeenshire Health and Social Care Partnership Strategic Plan should recognise the increased development and positive role of 'Preventative Hubs' across Aberdeenshire, with links to the strategic priority of Prevention and Early Intervention as well Effective use of Resources.
23. The Aberdeenshire Health and Social Care Partnership Strategic Plan should highlight and emphasise the responsibility of individuals to engage in self-management and self-care activities to take ownership of their health and wellbeing and to be a more proactive partner in the maintain their health and wellbeing.
24. The Aberdeenshire Health and Social Care Partnership Strategic Plan should highlight the importance of good quality digital connectivity across Aberdeenshire to support the delivery of good quality HSCP services in the remote and rural settlements.
25. The Aberdeenshire Health and Social Care Partnership Strategic Plan should recognise the partnerships' Communication Strategies associated with increased community knowledge and understanding of services available and how to access those services.
26. The Aberdeenshire Health and Social Care Partnership Strategic Plan should recognise the importance of partnership working in delivering services that support mental wellbeing and prevent poor mental health.
27. The Aberdeenshire Health and Social Care Partnership Strategic Plan should identify the place-based approach it is implementing to help inform services and support, with clarity around the tools available to support decision making, including Integrated Impact Assessments and Place and Wellbeing Assessments.
28. Co-production models should be acknowledged within the Aberdeenshire Health and Social Care Partnership Strategic Plan as part of the Engagement strategic priority.

Work and economy

Everyone benefits equally from a local economy that provides:

- essential goods & services produced or procured locally
- good quality paid and unpaid work
- access to assets such as wealth & capital and the resources that enable people to participate in the economy such as good health and education
- a balanced value ascribed across sectors such as female dominated sectors and the non-monetary economy
- the resources that enable people to participate in the economy such as good health and education.

Evidence and research:

- Volunteering has been associated with improved self-rated health, mental health, life satisfaction and wellbeing, and decreased depression and mortality.¹⁸
- Volunteering can help with the undertaking of healthy behaviours such as physical activity.¹⁸
- Volunteering can help increase feelings of self-esteem and provide a sense of purpose.¹⁸
- Work is beneficial for health if it is 'good' work. 'Good' work is defined as work which improves income, job security, does not increase employee's risk of illness or injury, or does not negatively impact mental health.¹⁹

Summary of discussion:

Initial discussions within the group suggested that the Strategic Plan could provide greater identification and emphasis with regards to opportunities to support the staff within the partnership. It was recognised that the plan makes note of the inclusion of staff in engagement processes and the success of those processes, but it was proposed that this document could go further and that there is an opportunity to outline the aspiration and intention to be a 'Living Wage Employer' and a 'Fairer Work Employer', especially given the size of the workforce employed through the partnership. These suggestions were linked to the earlier discussions around workforce recruitment and retention, which were continued under this theme.

¹⁸ [Public Health Scotland, Evidence behind Place Standard Tool and Place and Wellbeing Outcomes](#)

¹⁹ Local Government Association. Nobody left behind: maximising the health benefits of an inclusive local economy. London: Local Government Association; 2019.

Several points were raised around the need to review practices and support for the workforce, including shift patterns, flexible working and access to childcare support services. It was felt that by providing more flexibility in working patterns that there would be greater opportunity to recruit and retain workforce, including those who have unpaid careering responsibilities with associated time constraints. The group recognised that whilst flexible working patterns and a review of shift patterns would be broadly beneficial, it would be particularly beneficial for those who are in the lower income groups, where there tends to be less flexibility in hours leading to challenges around maintaining employment. The group were made aware that the partnership has a Workforce and Training group as well as a Workforce Plan, that is produced every 3 years. This group looks at new and novel ways to recruit workforce and explore mechanisms for retention, although it was noted that this is within the caveats associated with national level terms and conditions, such as those imposed by NHS Scotland. With that in mind, it was clear that partnership has current practices in place to consider the workforce challenges, and that this was not explicitly required within the Strategic Plan, however the plan does offer the opportunity to set out the ambition and appetite to explore and review different working patterns and flexible working approaches. With the partnership already supporting the new Scottish Government guidance around 'Fair work First' it was felt that steps are being taken and that this could be outlined in the plan.

Development of the future workforce was recognised by the group, with consideration of the need to link with training and education providers, to ensure the next generation of workforce are prepared with suitable experience of their profession. There are currently placement and training aspects embedded in several professions within the partnership remit, but it was suggested that this could be explored and developed further with links made to further and higher education institutions.

The discussion moved away from paid employment and workforce focus to consider the unpaid work, third sector and volunteer aspects. The current Strategic Plan clearly recognises and focuses on the offering of the third sector and the partnership working that supports the delivery of services, however it was felt that within that outline there could be greater recognition of the opportunities which that partnership provides for volunteering within communities. The group acknowledged that volunteering provides multiple opportunities to positively impact within communities, particularly around health and wellbeing. It was suggested that recognising the links between the volunteering opportunities provided by the third sector partnerships and developing a sense of purpose and support within communities, could be included in the outcomes within the plan.

The final point to note in the discussion of this theme links back to the consideration of changes in working patterns and flexible working hours, however from the perspective of supporting the economy and other businesses. It was raised for consideration that in reviewing the working patterns of the workforce the partnership could consider the provision

of services, specifically the times of that provision, to help facilitate access out with normal business hours. It was proposed to the group that by supporting out of business hours access to services, specifically appointments, that there would be reduced impact on businesses, through reduced time away from work for appointments, but also for employees who may have to take unpaid leave to access appointments. Whilst it was felt this may not be within the scope of the Strategic Plan it was recognised this could be fed into the Workforce and Training group and their subsequent plans and strategies.

Recommendations to consider:

29. The Aberdeenshire Health and Social Care Partnership Strategic Plan should set out the aspiration and intention to be a 'Living Wage Employer' and a 'Fairer Work Employer'.
30. The Aberdeenshire Health and Social Care Partnership Strategic Plan should clarify the desire of the partnership to identify a variety of working patterns and flexible working options, in line with the 'Fair Work First' guidelines from Scottish Government.
31. The Workforce and Training Group should explore links with local Further and Higher Education Institutions to support the provision of placement and training opportunities.
32. Where partnership working with the Third Sector is identified within the Aberdeenshire Health and Social Care Partnership Strategic Plan, this should be expanded to include the benefits to volunteers with regards to the impact on health and wellbeing.
33. The Workforce and Training Group should explore the impact of providing out of hours services on local economies and those working in low paid jobs.

Housing and community

Everyone has access to:

- a home that is affordable, energy efficient, high quality and provides access to private outdoor space.
- a variety of housing types, sizes and tenancies to meet the needs of the community. And of a sufficient density to sustain existing or future local facilities, services and amenities.
- a home that is designed and built to meet need and demand, is adaptable to changing needs and includes accessible/wheelchair standard housing.
- new homes that are located and designed to provide high levels of climate resilience and use sustainable materials and construction methods.
- homes that are designed to promote community cohesion.

Evidence and research:

- Provision of good quality affordable housing is associated with improved physical and mental health outcomes including quality of life.²⁰
- Certain groups of the population can sometimes find it difficult to access good quality affordable housing, which meets their needs.
- Satisfaction with housing can lead to improved mental health.²¹

Summary of discussion:

Within the discussion around housing and community it was very quickly identified that the current Strategic Plan does not link to the Local Development Plan. The group felt that linking these documents would be appropriate and mutually beneficial, in helping to influence the development of land within Aberdeenshire in line with the health and wellbeing of the communities within Aberdeenshire.

The group identified that the current Strategic Plan acknowledges the Supported Accommodation review, with recognition around the challenges associated with the current housing estate and the need to review models. It was agreed this work will be best achieved through partnership approaches, and that currently there are low level examples of that partnership work already being undertaken, which could be highlighted in the plan. The group were made aware that there are currently several different strands of work being undertaken by the partnership and the council Housing Services Teams, including work around the review of current and projected housing demands and needs, as well as homelessness prevention. It was suggested that this work, and the outputs from these strands of work, should be captured and used to strength the next iteration of the Strategic Plan.

Through the discussion of the partnership work, the group explored the impact of housing on health and wellbeing of communities. Numerous factors were considered including, heating efficiency and the increased costs of heating, single occupancy challenges and lack of suitability for downsizing within communities, poor provision of social housing for larger family homes leading to rental through the private sector with poor quality and associated health impacts, and lack of suitable and affordable family homes to support recruitment of the workforce into some areas of Aberdeenshire. Whilst these issues were all acknowledged by the group and the importance of them recognised, the ability for the plan to address them, beyond the suggested link to the Local Development Plan, was raised as a concern within the

²⁰ www.health.org.uk/publications/reports/the-marmot-review-10-years-on

²¹ [Public Health Scotland, Evidence behind Place Standard Tool and Place and Wellbeing Outcomes](#)

discussion. It was suggested that as the plan is informed by data and information evidencing these issues, work needs to be done to ensure that the data used is as accurate as possible, to provide a clear and accurate overview of the current situation and forecasted challenges. This will require strong and effective partnership working around data sharing, with initial work around the awareness of data held by different partners. The Strategic Plan can then provide greater clarity and confidence around how the data underpinning the priorities and outcomes is established.

Recommendations to consider:

34. Links should be made between the Aberdeenshire Local Development Plan and the Aberdeenshire Health and Social Care Partnership Strategic Plan.
35. Mapping of all associated strategies plans and policies that could be supported by or linked to the Aberdeenshire Health and Social Care Partnership Strategic Plan should be undertaken by the Shaping Places for Wellbeing project team.
36. The partnership work between the Aberdeenshire Health and Social Care Partnership and Aberdeenshire Councils Housing teams should be acknowledged within the strategic plan, regarding informing the Supported Accommodation Review and with regards to identifying housing demand and needs.
37. The Shaping Places for Wellbeing project team will support the development of partnerships and networks around data and information sharing to ensure the most robust and accurate evidence underpinning the Strategic Plan.

Civic

Identity and belonging

Everyone can benefit from a place that has a positive identity, culture and history, where people feel like they belong and are able to participate and interact positively with others.

Evidence and research:

- A sense or feeling of belonging to a community is associated positively with mental health, and an improved quality of life.²²

²² Quality of life literature review www.qolf.org/wp-content/uploads/2021/02/Literature-Review-ofQuality-of-Life-in-the-Built-Environment-Publica-4-1.pdf

- Social isolation and fewer social interactions can be exacerbated by a poor physical environment.²³
- If people are involved in helping to design and maintain the places they live in, this can build a sense of ownership, belonging and attachment.²⁴
- A sense or feeling of belonging to a community is associated positively with mental health, and an improved quality of life.²⁴

Summary of discussion:

It is very clear in the Strategic Plan that the partnership value engagement with communities and service users, and the group noted that one of the strategic priorities is in fact 'Engagement', emphasising how significant this is. The discussion around engagement recognised that it supported both the 'Civic: Identity and belonging' theme and the 'Stewardship: Influence and sense of control' theme, with much of the discussion summarised in this section of the report.

Whilst the current engagement processes and recognition were positively acknowledged in the discussion, there were still points raised around concerns associated with representation of seldom heard groups and hard to reach groups in that engagement. It was identified that there are ongoing challenges with reaching some population groups, for a variety of reasons, and that to ensure engagement work is fully representative, new and innovative mechanisms for engagement may need to be explored. Once again, the group were able to provide practical examples of where different approaches to engagement had been implemented and successful, demonstrating that there are opportunities for shared learning as well as partnership working, where relationships and networks have already been established. The participants in the assessment were able to provide professional perspectives on challenges around engagement, recognising that that are issues such as over engagement of communities, lack of follow up and feedback processes and large timescales due to the requirement to build relationships and trust.

It was made clear to the group that the partnership is not looking to develop an engagement strategy, but rather are working to develop a framework for engagement that clearly sets out the expectations and standards required for engagement, the tools and resources available to undertake engagement and guidelines around best practice. It was felt by the group that this framework could be informed by some of the practices already being implemented as well as some of the challenges that have been identified and that part of the framework

²³ <https://vhscotland.org.uk/the-zubairi-report/>

²⁴ [Public Health Scotland, Evidence behind Place Standard Tool and Place and Wellbeing Outcomes](#)

should recognise the role of partnership working and sharing of information, within appropriate parameters, to ensure information is used effectively and communities not overly engaged.

Recommendations to consider:

38. The development of an engagement framework within the Aberdeenshire Health and Social Care Partnership should be informed by current practices of partnership professional as well as professional from partner organisations.

Feeling safe

Everyone feels safe and secure in their own home and their local community taking account of the experience of different population groups.

Evidence and research:

- Perceptions of a place feeling unsafe can lead to negative impacts on health, for example mental wellbeing, and can reduce outdoor activities.²⁵
- Some groups within the population can have limited access to safe and well-maintained environments.²⁵

Summary of discussion:

The focus of the discussion around the theme of feeling safe, was in relation to the public protection responsibility that sits with the partnership. The services that the partnership is responsible for providing, that protect children and adults, were acknowledged with recognition that it is the responsibility of everyone within the workforce to ensure those services are delivered appropriately and safely. The group were made aware that there is a Community Safety Partnership group for Aberdeenshire, which produces an action plan to tackle issues that lead to people and communities feeling unsafe. It was proposed that the Strategic Plan could make direct reference and links to this action plan to raise awareness of it.

As an addition to the discussion around feeling safe, it was acknowledged that the plan identifies the provision of 24-hour responder service for those in mainstream homecare, to

²⁵ [Public Health Scotland, Evidence behind Place Standard Tool and Place and Wellbeing Outcomes](#)

support those individuals to feel safe and secure in their own homes and maintain independence where possible.

Recommendations to consider:

39. The Aberdeenshire Health and Social Care Partnership Strategic Plan should specifically identify the Community Safety Partnership group to help raise awareness of this group and their work.

Stewardship

Care and maintenance

Everyone has access to:

- buildings, spaces and routes that are well cared for in a way that is responsive to the needs and priorities of local communities.
- good facilities for recycling and well organised refuse storage and collection.

Evidence and research:

- If people perceive their neighbourhoods as being poorly maintained with high levels of environmental incivilities, they are likely to experience worse health outcomes such as lower levels of mental wellbeing.²⁶
- Volunteering can help increase feelings of self-esteem and provide a sense of purpose.²⁷
- Care and maintenance include neighbourhood/environmental incivilities such as litter, vandalism and dog fouling.²⁷

Summary of discussion:

The group felt that much of the discussion relating to care and maintenance had been considered under the themes of 'Spaces' and 'Resources', where the group had acknowledged issues around asset and property management, and the need to link with partners, and the work with the third sector, to support community volunteering opportunities. The discussion from the group on this theme did expand on the need to further

²⁶ [https://www.gcph.co.uk/assets/0000/4174/BP_11 - Built environment and health - updated.pdf](https://www.gcph.co.uk/assets/0000/4174/BP_11_-_Built_environment_and_health_-_updated.pdf)

²⁷ [Public Health Scotland, Evidence behind Place Standard Tool and Place and Wellbeing Outcomes](#)

develop the connections with the third sector and the opportunities for volunteering to help facilitate and mobilise communities. It was felt by the group these avenues provide opportunities for the community to take ownership of local facilities and assets, and for these to be seen as places that support health and wellbeing rather than just places to receive treatment when unwell. It was acknowledged that the care and maintenance could vary between assets and communities, and that in some circumstances it may involve paid employment as well as volunteering.

Recommendations to consider:

Links made to recommendation 11 in 'Spaces' section and recommendation 32 in 'Resources' section.

Influence and sense of control

Everyone is empowered to be involved a place in which:

- Local outcomes are improved by effective collaborations between communities, community organisations and public bodies.
- Decision making processes are designed to involve communities as equal partners.
- Community organisations co-produce local solutions to issues.
- Communities have increased influence over decisions.
- Democratic processes are developed to be accessible to all citizens.

Evidence and research:

- Sense of control has been described as 'believing that you can influence and shape your own life'.²⁸
- Sense of control can be beneficial for mental health and quality of life.²⁸
- People on lower incomes tend to have a lower sense of control compared to people on higher incomes.²⁸
- People living in more socioeconomically deprived areas can feel less confident about being involved in decision-making compared to less deprived areas.²⁸
- Those with a long-term health condition or disability can feel less empowered in decisions about their neighbourhood.²⁸

²⁸ [Public Health Scotland, Evidence behind Place Standard Tool and Place and Wellbeing Outcomes](#)

Summary of discussion:

As was outlined in the 'Civic: Identity and belonging' section, much of the conversation from the group bridged between that theme and this one, where the group acknowledge the outline of the strategic priority of Engagement, and the inclusion of communities, staff and service users in engagement processes.

Additionally, the discussion recognised that the current plan does identify that the people in Aberdeenshire are linked into the decision-making processes and inform these decisions around service planning and delivery at all levels. It was suggested that to address concerns around the seldom heard and hard to reach groups, that partnership working with the Tackling Poverty and Inequalities group, specifically the Lived Experience network, could help to raise awareness amongst communities of the opportunities to feed into these decisions and to have their voices heard, which in turn can help to facilitate support for maintain mental health, where opportunities for identity and influence are clearly identified and accessible.

Recommendations to consider:

40. Partnership working between the Aberdeenshire Health and Social Care Partnership and the Tackling Poverty and Inequalities group should be developed further to raise the profile of the partnership engagement processes with seldom heard and hard to reach groups. This should then be reflected in the Aberdeenshire Health and Social Care Partnership Strategic Plan.

Appendix 1: Participants

- Laura Stewart – Shaping Places for Wellbeing Programme
- Irene Beautyman – Shaping Places for Wellbeing Programme
- Alex Wilde - Shaping Places for Wellbeing Programme (Chair)
- Sarah Rodway-Swanson - Shaping Places for Wellbeing Programme (Note taker)
- Matthew Smart - Shaping Places for Wellbeing Programme
- Angela Keith – Aberdeenshire Council
- George Howie – Aberdeenshire Health and Social Care Partnership
- Moira Geddes – Aberdeenshire Health and Social Care Partnership
- Jeff Shaw - Aberdeenshire Health and Social Care Partnership
- Lynne Gravener - Aberdeenshire Health and Social Care Partnership
- Gary Hughes – Aberdeenshire Council
- Angela MacLeod - Aberdeenshire Health and Social Care Partnership
- Agnese Carter – Tackling Poverty and Inequalities
- Jill Smith – NHS Grampian
- Corinne Millar - Aberdeenshire Health and Social Care Partnership
- Joanne Stewart – Aberdeenshire Council
- Dominique Carlisle-kitz – Aberdeenshire Council
- Morga Harris - Aberdeenshire Health and Social Care Partnership
- Annette Johnston – Tackling Poverty and Inequalities
- Ryan McGregor - Aberdeenshire Health and Social Care Partnership
- Philippa Jensen - Aberdeenshire Health and Social Care Partnership

Appendix 2: Recommendations Table

Place and Wellbeing Outcome	Theme	Recommendation	
Movement	Active Travel	1	The Aberdeenshire Health and Social Care Partnership Strategic Plan should identify the support and promotion of active travel for their workforce as a mechanism for achieving the carbon reduction targets as well as to improve the health and wellbeing of their workforce.
		2	(Following on from recommendation 1) Through existing partnership working, links should be made to the Aberdeenshire Health and Social Care Partnership Strategic Plan by partner organisations either in existing active travel plans or where active travel plans and strategies are being developed.
		3	The Shaping Places for Wellbeing Team will support connections to be made, to identify how collaborative work by the council and the health improvement teams can be undertaken to raise the awareness of access to resources that support cycling as a form of active travel.
		4	The Aberdeenshire Health and Social Care Partnership Strategic Plan should clearly identify active travel as a main component of the prevention and early intervention agenda, recognising the health and wellbeing benefits associated with active travel, and the highlighting the importance of active travel in maintaining health.
	Public Transport	5	The Health Improvement Team should share the findings of their recent work around appointment scheduling, with partners across Aberdeenshire, in particular the Health and Social Care Partnership, to help inform understanding of factors influencing appointment scheduling and to help identify gaps in these processes.
		6	Partnership working between Aberdeenshire Health and Social Care Partnership, Aberdeenshire Council and the Health Improvement Team, should be developed to identify opportunities to support research (where possible

			supported by links with local universities) to explore the impact of public transport provision on access to services.
		7	The Aberdeenshire Health and Social Care Partnership Strategic Plan should specifically identify the importance of good quality, affordable and reliable public transport to support access of their facilities by all communities within Aberdeenshire.
		8	(Following on from recommendation 7) In line with existing partnership working, and supported by recognition in the Strategic Plan, further links should be identified between the Aberdeenshire Council Travel Plan, and the NHS Grampian Travel Plan wherever possible.
		9	Existing links between the Aberdeenshire Health and Social Care Partnership and Aberdeenshire Councils Housing Team, Education Team and Employability Team should be developed to ensure sharing of information around the impacts of public transport and to link any associated plans or strategies.
	Traffic and Parking	10	As outlined in recommendation 1 and recommendation 4, the Aberdeenshire Health and Social Care Partnership Strategic Plan should recognise the importance of active travel as a mode of transport to support health and wellbeing of staff and communities. Once recognised within the Strategic Plan, the Aberdeenshire Health and Social Care Partnership should seek to make links between that plan and the relevant travel plans of their statutory partners, including Aberdeenshire Council, to highlight the importance of traffic calming and reduced speed limits in and around public facilities.
Spaces	Streets and Spaces	11	The Aberdeenshire Health and Social Care Partnership Strategic Plan should include recognition of the partnership working required with asset and property management services, to support the maintenance of the ageing estate.

		12	The Aberdeenshire Health and Social Care Partnership Strategic Plan should have greater recognition of the importance of green and natural spaces for health and wellbeing, with clear outline so the importance of access to these spaces at HSCP facilities.
		13	Under the strategic priority of 'Reshaping Care' the Aberdeenshire Health and Social Care Partnership Strategic Plan should clarify the importance of including green and natural spaces as part of the homely settings offered by the partnership.
	Natural Spaces	14	Links should be developed between the Aberdeenshire Health and Social Care Partnership Strategic Plan and the Healthy Eating Active Living work, with specific recognition in the plan of the importance of community food growing.
		15	Partnership working should be developed between the Aberdeenshire Health and Social Care Partnership team and the Aberdeenshire Council Housing Team, to explore and develop community food growing opportunities on communal housing tenants allocated land.
		16	The Aberdeenshire Health and Social Care Partnership Strategic Plan should clearly outline the use of outdoor, natural spaces and community growing projects as part of the move away from traditional building-based day care services in line with the links to the IDEA project work outlined under the priority 'Effective use of Resources'.
		17	The Aberdeenshire Health and Social Care Partnership Strategic Plan should recognise the role of the 'Friends of' groups associated with hospitals, and the role of these groups in supporting the provision of natural and outdoor spaces.

	Play and Recreation	18	The Aberdeenshire Health and Social Care Partnership Strategic Plan should incorporate wording under the recognition of the Health Improvement Delivery Plan, which emphasise the importance of access to spaces that maintain and improve health and wellbeing.
		19	The Aberdeenshire Health and Social Care Partnership Strategic Plan should explicitly outline the importance of access to spaces for play and recreation in line with their strategic priority of Prevention and Early Intervention.
		20	The Aberdeenshire Health and Social Care Partnership Strategic Plan should outline the importance of staff access to facilities for play and recreation as part of the strategy to maintain the health and wellbeing of their workforce. In addition, access to the Live Life Aberdeenshire memberships for staff should be highlighted.
		21	The Wellbeing Festivals offered across Aberdeenshire by the Health Improvement Team should be identified within the Aberdeenshire Health and Social Care Partnership Strategic Plan, with recognition of the links between this work and the strategic priority of Prevention and Early Intervention.
Resources	Services and Support	22	The Aberdeenshire Health and Social Care Partnership Strategic Plan should recognise the increased development and positive role of 'Preventative Hubs' across Aberdeenshire, with links to the strategic priority of Prevention and Early Intervention as well Effective use of Resources.
		23	The Aberdeenshire Health and Social Care Partnership Strategic Plan should highlight and emphasise the responsibility of individuals to engage in self-management and self-care activities to take ownership of their health and wellbeing and to be a more proactive partner in the maintain their health and wellbeing.
		24	The Aberdeenshire Health and Social Care Partnership Strategic Plan should highlight the importance of good quality digital connectivity across Aberdeenshire to support the delivery of good quality HSCP services in the remote and rural settlements.

		25	The Aberdeenshire Health and Social Care Partnership Strategic Plan should recognise the partnerships' Communication Strategies associated with increased community knowledge and understanding of services available and how to access those services.
		26	The Aberdeenshire Health and Social Care Partnership Strategic Plan should recognise the importance of partnership working in delivering services that support mental wellbeing and prevent poor mental health.
		27	The Aberdeenshire Health and Social Care Partnership Strategic Plan should identify the place-based approach it is implementing to help inform services and support, with clarity around the tools available to support decision making, including Integrated Impact Assessments and Place and Wellbeing Assessments.
		28	Co-production models should be acknowledged within the Aberdeenshire Health and Social Care Partnership Strategic Plan as part of the Engagement strategic priority.
	Work and Economy	29	The Aberdeenshire Health and Social Care Partnership Strategic Plan should set out the aspiration and intention to be a 'Living Wage Employer' and a 'Fairer Work Employer'.
		30	The Aberdeenshire Health and Social Care Partnership Strategic Plan should clarify the desire of the partnership to identify a variety of working patterns and flexible working options, in line with the 'Fair Work First' guidelines from Scottish Government.
		31	The Workforce and Training Group should explore links with local Further and Higher Education Institutions to support the provision of placement and training opportunities.
		32	Where partnership working with the Third Sector is identified within the Aberdeenshire Health and Social Care Partnership Strategic Plan, this should be expanded to include the benefits to volunteers with regards to the impact on health and wellbeing.

		33	The Workforce and Training Group should explore the impact of providing out of hours services on local economies and those working in low paid jobs.
	Housing and Community	34	Links should be made between the Aberdeenshire Local Development Plan and the Aberdeenshire Health and Social Care Partnership Strategic Plan.
		35	Mapping of all associated strategies plans and policies that could be supported by or linked to the Aberdeenshire Health and Social Care Partnership Strategic Plan should be undertaken by the Shaping Places for Wellbeing project team.
		36	The partnership work between the Aberdeenshire Health and Social Care Partnership and Aberdeenshire Councils Housing teams should be acknowledged within the strategic plan, regarding informing the Supported Accommodation Review and with regards to identifying housing demand and needs.
		37	The Shaping Places for Wellbeing project team will support the development of partnerships and networks around data and information sharing to ensure the most robust and accurate evidence underpinning the Strategic Plan.
Civic	Identity and Belonging	38	The development of an engagement framework within the Aberdeenshire Health and Social Care Partnership should be informed by current practices of partnership professional as well as professional from partner organisations.
	Feeling Safe	39	The Aberdeenshire Health and Social Care Partnership Strategic Plan should specifically identify the Community Safety Partnership group to help raise awareness of this group and their work.

Stewardship	Care and Maintenance	Links made to recommendation 11 in 'Spaces' section and recommendation 32 in 'Resources' section.	
	Influence and Control	40	Partnership working between the Aberdeenshire Health and Social Care Partnership and the Tackling Poverty and Inequalities group should be developed further to raise the profile of the partnership engagement processes with seldom heard and hard to reach groups. This should then be reflected in the Aberdeenshire Health and Social Care Partnership Strategic Plan.