The Scottish Borders: Profile and Key Challenges

This section of the Plan gives a high level summary profile of the Scottish Borders and some of our key challenges. More detailed information is also available in two further documents published alongside the original Strategic Plan for 2016-19 – Facts and Statistics, and the Joint Strategic Needs Assessment.

Who Lives in the Borders?

Understanding the needs and issues of people and communities across the Borders is critical in the planning and provision of better health and social care services. In this section, we look at how the population structure and characteristics impact on health and social care services. This highlights some of the challenges we need to address.

As the figure below shows, we have a higher percentage of older people than the rest of Scotland.

Figure 1 Population 2017

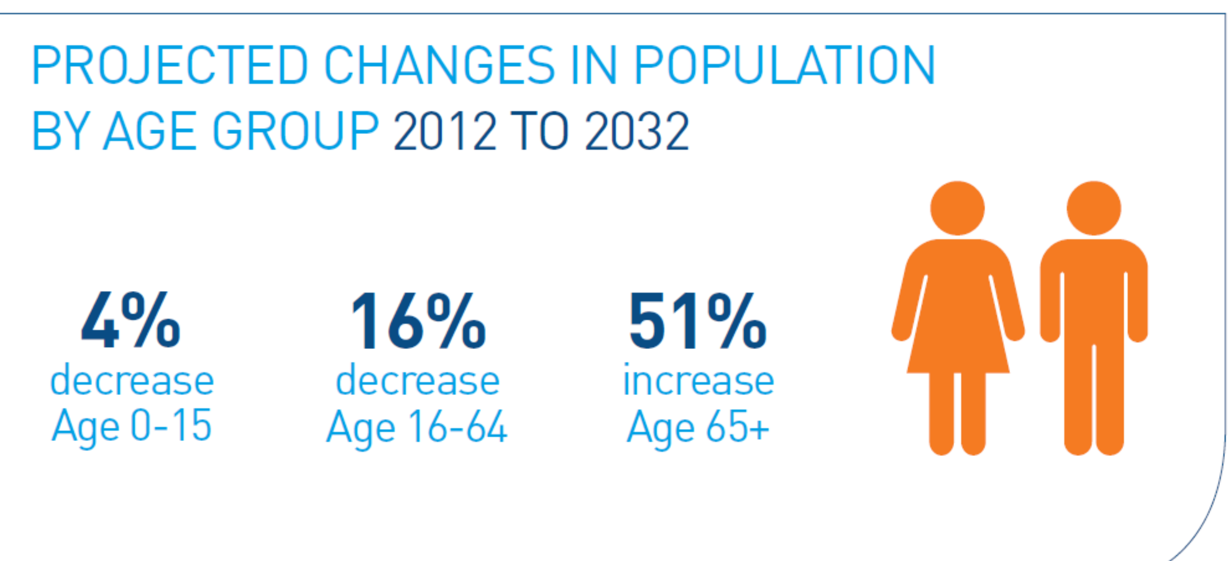
				Scottish Borders	Scotland
		Age 0-15	19,026	17%	17%
All People		Age 16-49	41,420	36%	44%
115,020		Age 50-64	26,875	23%	21%
		Age 65-74	15,715	14%	10%
	59,231 **55,789**	Age 75+	11,984	10%	8%

Source: National Records of Scotland, mid-year population estimates.

By the year 2032, the number of people aged over 65 is projected to increase by 51%, a faster rate than the 49% for Scotland overall. The number of people under 64 is also projected to decrease in the Scottish Borders. Age is strongly related to patterns of need for health and social care. These changes will influence how we deliver services in the future. Integration of health & social care services will enable us to work more effectively and efficiently to achieve “Best Health, Best Care, Best Value”.

The projected increases by age varies considerably by locality with Tweeddale showing the greatest increase of older people aged over 75 years, followed by Berwickshire – the two areas where the provision of Home Care is already under greatest pressure. Teviot is showing a small decrease in number of household 65-74 years, and the smallest proportional growth of households aged over 75 years.

Figure 2



Source: National Records of Scotland 2012-based population projections.

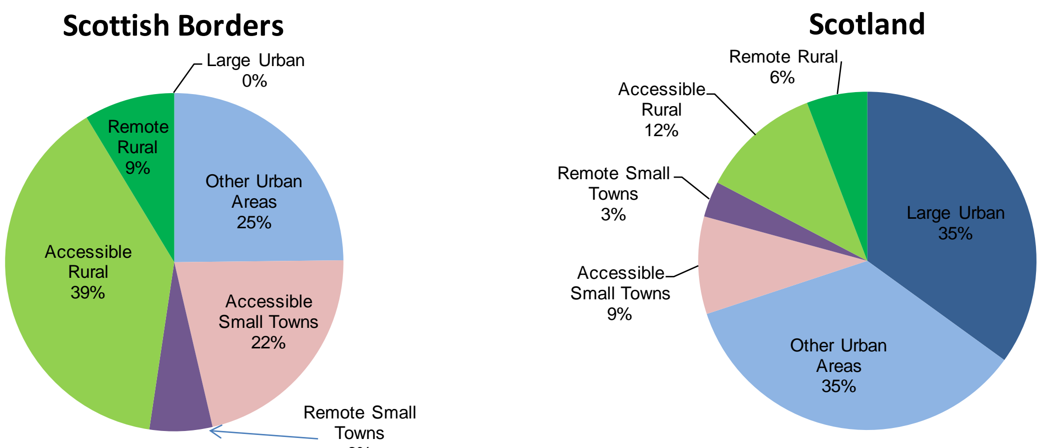
WHAT THIS MEANS…
We need to promote active ageing and address the range of needs of older people.

Where do people live?

The Urban/Rural profile of the Borders presents challenges in terms of both the accessibility and cost of services. The challenges are different in nature to those facing densely populated cities such as Glasgow, Edinburgh and Dundee.

As shown in Figure 4, in the Borders nearly half (48%) of the population live in rural areas, in contrast to 35% of the Scottish population who live in “Large Urban” areas (part of towns/cities with populations of more than 125,000). Our main towns are Hawick (with a population of 13,783 in 2016) and Galashiels (population 12,601), which come under the Scottish Government classification of “Other Urban Areas”. Peebles, Kelso and Selkirk are the only other towns with a population of more than 5,000. As people in the Borders do not live close together in cities, planning services is more challenging.

Figure 3 Population Shares (%) by Urban/Rural area 2016



Sources: Scottish Government Urban/Rural Classification 2013/14 and National Records of Scotland mid-year population estimates 2016

Category	Description
1 – Large Urban Areas	Settlements of 125,000 or more people.
2 – Other Urban Areas	Settlements of 10,000 to 124,999 people.
3 – Accessible Small Towns	Settlements of 3,000 to 9,999 people and within 30 minutes drive of a settlement of 10,000 or more.
4 – Remote Small Towns	Settlements of 3,000 to 9,999 people and with a drive time of over 30 minutes to a settlement of 10,000 or more.
5 – Accessible Rural	Areas with a population of less than 3,000 people, and within a 30 minute drive time of a settlement of 10,000 or more.
6 – Remote Rural	Areas with a population of less than 3,000 people, and with a drive time of over 30 minutes to a settlement of 10,000 or more.

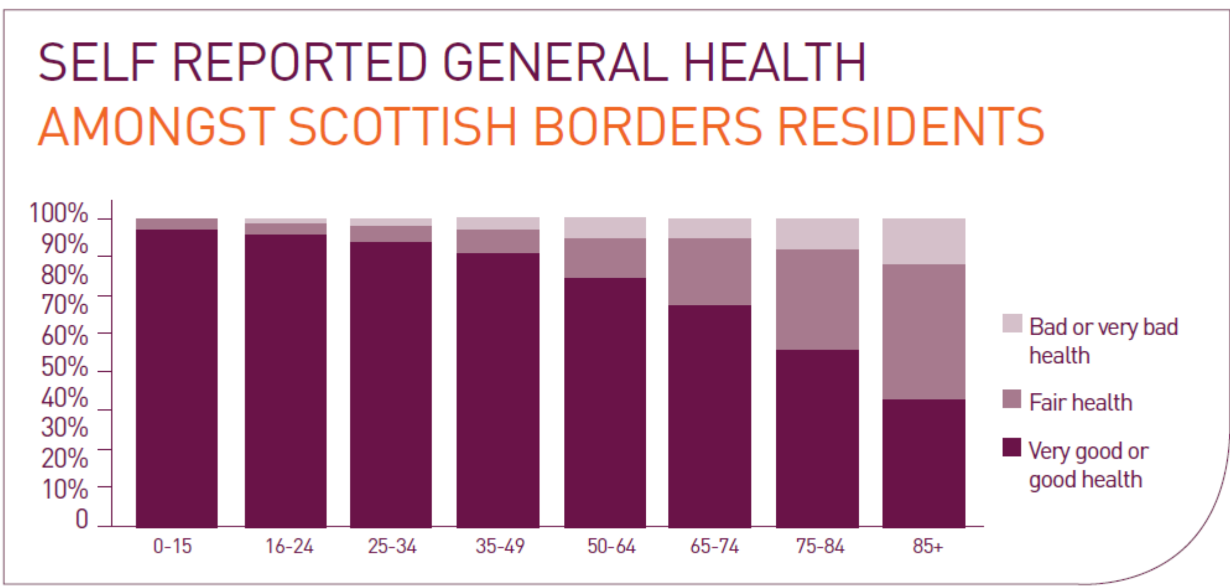
WHAT THIS MEANS…
Services need to be provided locally whenever possible and accessible transport arrangements put in place.

How Do People in the Borders View Their Health?

In general, people in the Scottish Borders enjoy good health, with 84% considering their health to be ‘very good or good’; 12% of respondents consider themselves in ‘fair’ health, while 4% think their health is ‘bad or very bad’.

The graph below shows that the number of people who consider their health to be ‘very good or good’ decreases with age. For example, more than 1 in 10 people aged over 75 reported their health as being ‘bad or very bad’, compared with only around 1 in 100 people aged 16-24.

Figure 4



Source: Scotland Census 2011

WHAT THIS MEANS…
We must enable people to keep well as long as possible through promoting healthier lifestyles, earlier detection of disease, ensuring the provision of suitable housing and support to recover and manage their conditions.

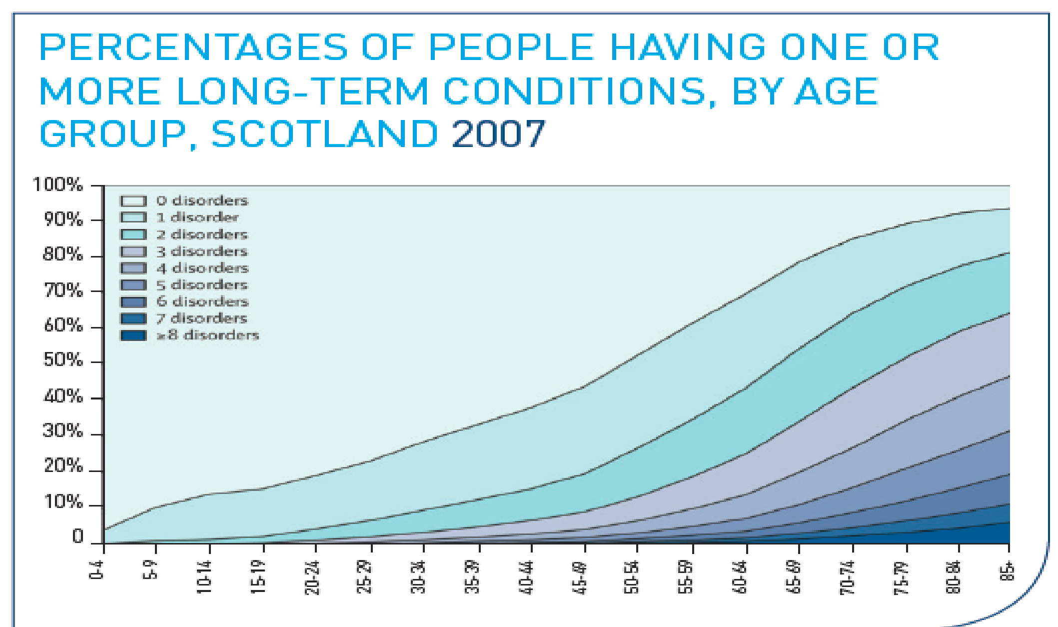
How is health affected in the Scottish Borders?

Long Term Conditions

We know that many people in the Borders live with one or more long-term conditions. This may affect how they access and use services. We need to make sure that services are integrated to support individuals with complex needs, to enable them to manage their conditions to lead healthy, active and independent lives as long as possible.

The number of people living with two or more long-term conditions rises with age as illustrated in Figure 7. For example, nearly two thirds of patients aged 65-84 and more than 8 in 10 patients aged over 85 had multi-morbidity. This presents a significant challenge to plan and deliver health and social care services.

Figure 5



Source: Barnett et al (2012). Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60240-2/abstract

There are clear benefits to people's health, wellbeing and wider social outcomes through having a permanent, well maintained and warm home throughout life. Living in cold conditions in particular is a risk to health. There is an established body of evidence that identifies direct and indirect health impacts suffered by those living in fuel poverty and cold housing, which include links to respiratory and cardiovascular disease and negative impacts on mental health. Fuel poverty is a particular issue facing households in the Scottish Borders where 38% of households are fuel poor in comparison with 34% nationally. The Local Housing Strategy sets out in more detail our plans to address fuel poverty.

The poor health of homeless people is also not a new issue. Living without a stable home can make you vulnerable to illness, poor mental health and drug and alcohol problems. Conversely, many people become homeless because of existing health needs. The longer people remain without a stable and safe place to live, the more these problems multiply and the harder they are to overcome.

For the past few years an increasing body of evidence has shown the impact of this poor health on individuals and on the NHS. Homeless people are more likely to use A&E, spend time in hospital and to be heavy users of mental health and substance misuse services. Premature rates of death and the prevalence of chronic and multiple health conditions among homeless people paint a very stark picture of the human cost to this inequality, and the scale of the challenge to overcome.

One of the recommendations from Commission identifies 'there should be a strengthening of the emphasis on the prevention of homelessness and repeat homelessness through early intervention and joint agency working involving various statutory bodies/departments and voluntary sector partners. This should be linked to an extension of the housing options approach, including identifying health and social needs as part of the same process.

Preventing homelessness has obvious benefits for people's housing outcomes, but can also support a reduction in health inequalities. Homelessness prevention activity could be further developed in response to health and wellbeing needs and we need to have a better understanding of the issues and challenges in order to develop services that are better able to respond to these needs and improve the health and well-being outcomes of people experiencing homelessness in the Borders.

Disability & Sensory Impairment

Not all physical disabilities are visible or registered. Some can be prevented, for example those related to morbid obesity.

A physical disability is unique for each individual in the way it affects their life. It is not unusual for people to be affected by more than one health condition or physical disability, or for someone with a physical disability to experience mental health problems.

Services therefore need to be person-centred, with a clear understanding of an individual's rights to independence, self-determination, dignity and respect.

Services need to take a holistic approach considering not only the individual, but also the needs of informal carers and their family.

Good quality and appropriate housing is important to help ensure those living with a disability live a good quality of life, as independently as they choose.

The Local Housing Strategy considers how appropriate and good quality accommodation can help vulnerable groups live with a good quality of life, as independently as they choose, and contribute to improving health and wellbeing. Priority clients groups do not necessarily fall into neat categories as they may have more than one disability or condition, however many housing and housing related issues are common for all vulnerable groups.

Addressing these through the development of new housing and the refurbishment of existing housing will give groups with particular needs a greater choice of where and how to live in a safe and secure environment. It follows that appropriate and good quality housing can help in the prevention of illness and improved well-being for all vulnerable groups. The physical built environment is only one part of the equation, the right location and appropriate services are also vital to achieving good outcomes for these groups

WHAT THIS MEANS…

- People with a disability need flexible support arrangements to maintain and improve their quality of life.
- People with a disability need access to good quality and appropriate housing.

It is estimated that around 600 people in our population are blind or have severe sight loss, while 1,800 people have severe or profound hearing loss. The National Health and Wellbeing Outcomes focus on people having a positive experience and their dignity respected when in contact with health and social care services, and that services are to be centred on helping maintain and improve the quality of life of people who use those services. This means that we must ensure services are accessible and easy to use by people with sensory impairment.

At the time of the 2011 Scotland Census, 612 people resident in Scottish Borders identified themselves (or were identified by a member of their household) as having a Learning Disability. 485 people in this group (81%) were aged 16 or over in 2011. Meanwhile, the total number of adults with Learning Disabilities known to Scottish Borders services is higher than the figures captured through the Census. As at March 2014, 599 people aged over 16 with Learning Disabilities were known to Scottish Borders services, of which 555 had confirmed addresses in the area.

Learning Disability resources within NHS Borders and Scottish Borders Council Social Work were formally integrated in 2006. The Scottish Borders Learning Disability Service provides a range of specialist health and social care services for people with learning disabilities. The service is open to people with learning disabilities who need additional support to access other health and social care services, or whose needs are complex and require a more specialist intervention than that provided by mainstream Health and Social Care services. As part of the Learning Disability governance structure, people with learning disabilities and family Carers have places at the Partnership Board table to help inform decision making and strategic direction. Locality citizens' panels throughout the Borders provide opportunities for conversations between the Learning Disability Service and people directly affected by learning disabilities. A local area coordination service supports people to be more involved in their local communities.

Mental Health

Mental health is a major public health challenge on a global scale. Mental disorders affect people from all walks of society regardless of gender, race or social standing, and can severely impact the quality of life of both sufferers and their families. In Scotland, one in four people will experience a diagnosable mental health problem each year. Anxiety and depression are the most common, but others include schizophrenia, personality disorders, eating disorders and dementia. However, the exact prevalence of mental health problems are difficult to estimate, primarily due to the numbers of people who do not seek treatment and difficulties in accurately recording them in a non-acute setting.

Mental Health is included in the top 5 'vulnerabilities' or reasons for engagement with the Housing Options service in the Borders. Understanding this relationship provides a good basis to guide the development of services which should be integrated into the housing options model at a local level with mental health services (ad toher services such as financial inclusion), where key partnerships will support the development of a range of options that will proactively respond to local need.

The Mental Health Strategy was published in February 2018 in response to the recommendations in the Mental Health Needs Assessment (2014). This strategy will support the delivery of Mental Health services in Scottish Borders in line with the objectives in the Strategic Plan.

Dementia

Dementia is a growing issue and represents a challenge for planning and providing appropriate integrated care. An estimated 2,468 Scottish Borders residents were living with dementia in 2017. The number of people living with dementia is projected to increase across Scotland, however the rate of increase in the Borders may be faster than the Scottish average as our population is older.

Figure 6: Estimated numbers of people with dementia / annual new diagnoses in the Scottish Borders, 2017-2020

Dementia prevalence	Dementia incidence
Estimated 2,468 Scottish Borders residents living with dementia in 2017.	Projected to be around 500 new diagnoses of dementia each year in the Borders 2018-2020.

Sources:

1. Alzheimer Scotland https://www.alzscot.org/campaigning/statistics
2. Estimated and projected diagnosis rates for dementia in Scotland 2014-2020, Scottish Government. http://www.gov.scot/Publications/2016/12/9363/0

The projected increases in the number of older people and people with dementia result in increased demand for housing support, housing adaptations, and specifically designed or adaptable housing.

Services such as Care and Repair are ideally placed to identify needs and provide services that help enable people with Dementia to stay put in their own homes.

The new Integrated Older People's Housing Care and Support Strategic Plan proposes additional investment in specialist dementia care and continued commitment to residential care homes as part of a wider strategic approach.

There will be a targeted investment in the development of approximately 20 additional specialist dementia care spaces to meet projected needs. This will supplement existing dementia care provision in residential facilities and home settings across the Borders. A sum of £4.8m has already been set aside as a contribution to this proposed capacity in Scottish Borders Council's capital programme. Alternative options (including a stand-alone dementia care unit) will be explored further as part of the business case for the project being developed in 2018/19.

WHAT THIS MEANS…

- A range of support needs to be provided for people with dementia and their Carers, with appropriate training for all involved, to provide care across all settings.
- There will be increased demand for adaptations and small repairs.
- Additional investment in specialist dementia care spaces to meet projected needs is required.
- There needs to be further investigation in to the links between homelessness and health and wellbeing in the Borders including prevention, housing options, housing support and temporary accommodation.

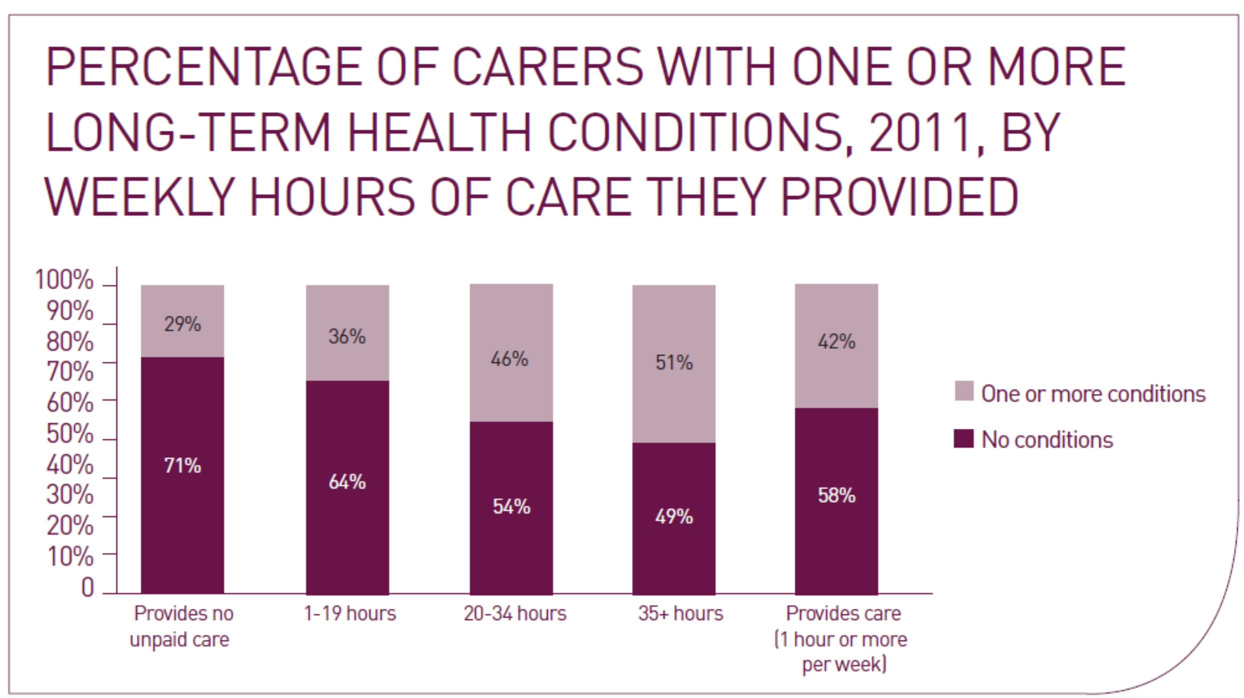
Providing a Caring Role

Health and Social Care Services are dependent on the contribution of Carers*. In the Borders, approximately 12,500 people aged 16 and over provide unpaid care, around 13% of people in this age group.

Research shows that carers in more deprived areas spend more time in a caring role. 46% of Carers living in the most deprived areas of the Borders provide 35 or more hours of care per week, compared with 22% of Carers living in the least deprived areas. Research also indicates that providing care for someone else often affects the Carer's own health – and Carers are often themselves older people with one or more long term conditions. More Carers (42%) than non-Carers (29%) have one or more long-term conditions or health problems. Of people providing more than 50 hours of unpaid care per week, 13% rated their own health as 'bad or very bad' compared with 4% of people who were not Carers.

In recognition of the need to ensure the wellbeing of carers and their important contribution the Carers (Scotland) Act 2016 is being implemented from 1 April 2018; this brings new duties for the Partnership.

Figure 9



Source: Scotland Census 2011 / Scotland's Carers (Scottish Government, March 2015).

WHAT THIS MEANS…

As required by the housing legislation, the Partnership is committed to ensuring:

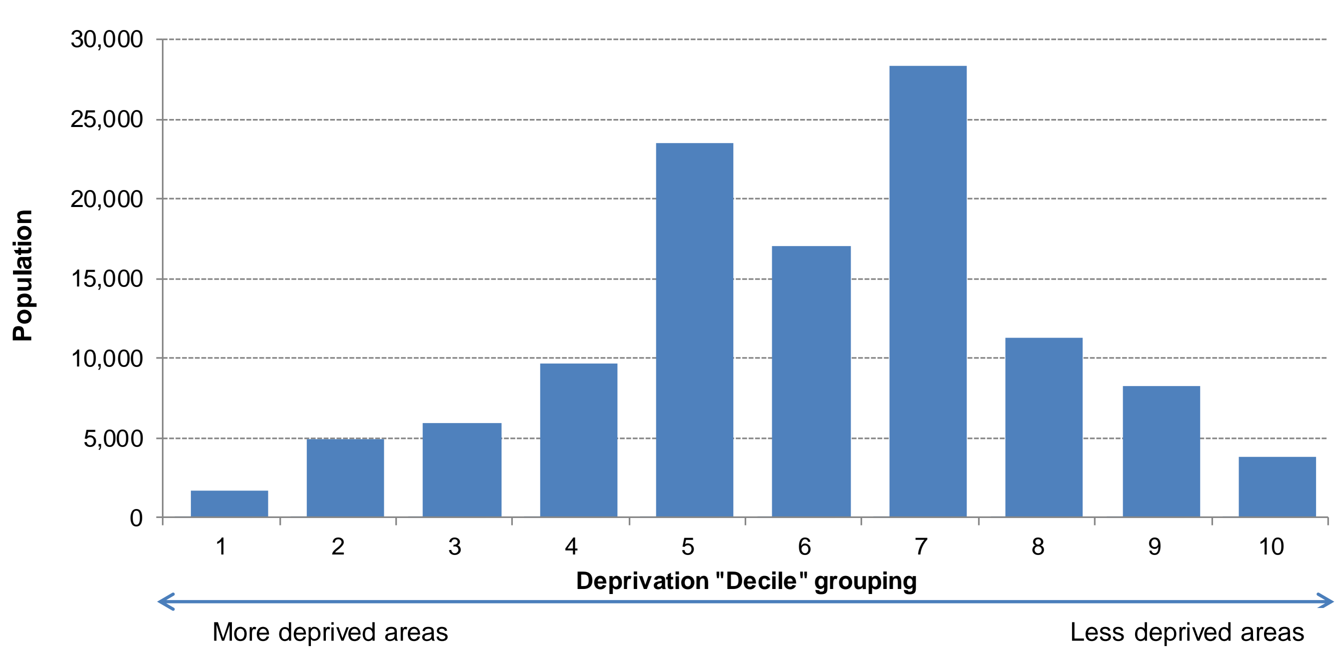
- Carers are identified early and that a range of easily accessible information is available;
- There is a clear pathway for carers to access support and a carers eligibility criteria is in place;
- Carers are informed and involved in hospital discharge planning;
- Carers have a strong voice in planning and developments that have an impact on their caring role;
- A short breaks statement is in place by the end of 2018 to provide information on local and national breaks support.

*Carers are individuals who care for a friend, relative or neighbour without receiving paid income in addition to income received through the benefits system. (Definition source: Care 21 Report: The future of unpaid care in Scotland. www.gov.scot/Publications/2006/02/28094157/0).

Deprivation in the Scottish Borders

Deprivation has a big effect on the need for, and use of, health and social care services. Taken as a whole, levels of deprivation in the Borders' population are relatively lower in comparison to Scotland. Figure 10 below shows the spread of our population between 10 different categories ("deciles") of deprivation. If our deprivation profile were the same as Scotland's, we would see about 10% of our population in each category. What we see instead is an uneven distribution, with clearly less than 10% of our population living in the most deprived areas. However, some of our more urban areas - in Burnfoot (Hawick) and Langlee (Galashiels) - continue to show as amongst the most deprived in Scotland.

Figure 10 Spread of the Scottish Borders Population Between 10 Levels of Deprivation.



Sources: Scottish Index of Multiple Deprivation (SIMD) 2016 applied to National Records of Scotland mid-year population estimates 2016.

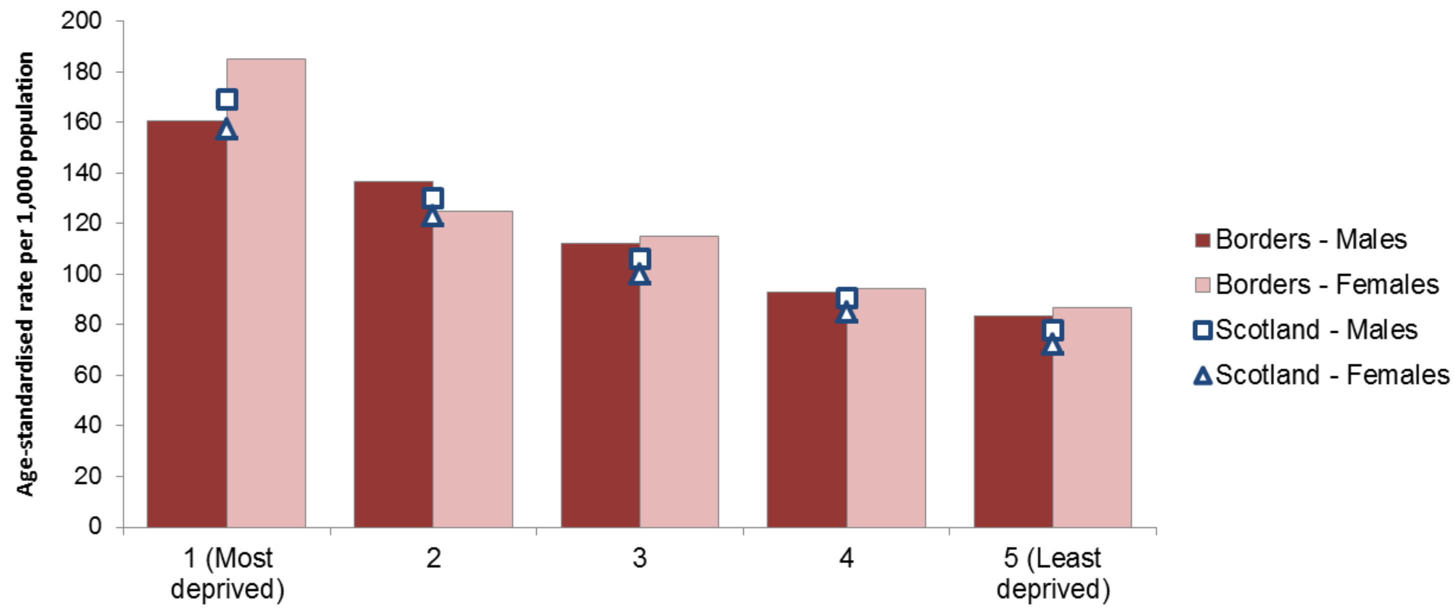
We know, however, that deprivation is not confined to geographical areas. It also applies to more vulnerable groups who may live in deprived circumstances, such as homeless people, offenders, people with disabilities and/or mental health problems.

An example of how the use of health and care services varies by deprivation is shown in Figure 11 below. Although work within the Borders over the past few years has reduced our overall rates of emergency admissions to hospital, we still follow the national pattern of having higher emergency hospital admission rates for people living in areas of higher deprivation.

NHS Health Scotland, in their March 2015 report on deprivation-related hospital activity noted: "Given that people at increased risk of health inequalities make proportionately greater use of acute and community health services, hospitals offer an important opportunity for health improvement actions to reduce health inequalities". The need for health and social care services to contribute to reducing health inequalities is the focus of the Scottish Government's National Health and Wellbeing Outcome number 5.

Figure 11

Emergency Hospital admission rates per 1,000 population, by deprivation quintile 2016/17



Source: SMR01 Hospital inpatient data, analysed for Scottish Borders Health and Social Care Partnership.

WHAT THIS MEANS…

- The Strategic Plan and Locality Plans that we have developed reflect the local needs of communities, recognising patterns of deprivation and inequality. These plans cross-reference with work already being developed under our Reducing Inequalities Strategy.
- A number of actions have been identified in the Local Housing Strategy that are required to reduce inequalities in housing and across neighbourhoods. These include, ensuring social housing allocations respond to housing need, measures to address fuel poverty; increasing affordable housing supply, preventing homelessness and and ensuring appropriate provision of specialist housing.