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BERWICKSHIRE AREA FORUM THURSDAY, 3RD DECEMBER, 2015

A MEETING of the BERWICKSHIRE AREA FORUM will be held in the COUNCIL CHAMBER,
COUNCIL OFFICES, NEWTOWN STREET, DUNS on THURSDAY, 3 DECEMBER 2015 at
6.30 pm

J. J. WILKINSON,
Clerk to the Council,
27 November 2015

BUSINESS		
1.	Welcome and Introductions.	
2.	Apologies for Absence.	
3.	Order of Business.	
4.	Declarations of Interest.	
5.	Minute. (Pages 1 - 6) Minute of the meeting of Berwickshire Area Forum of 3 September 2015 to be noted. (Copy attached.)	2 mins
6.	Befriending in Berwickshire Presentation by Terri Bearhope, Early Intervention Co-ordinator, Seton Care.	15 mins
7.	Communications Plans - Scottish Borders Council Budget Presentation by David Robertson, Chief Financial Officer, Scottish Borders Council.	30 mins
8.	Health and Social Care. (Pages 7 - 56) Presentation by Scottish Borders Council / NHS Borders on Health and Social Care Integration. (Copies attached.)	15 mins
9.	Draft Integrated Children and Young People's Plan (Pages 57 - 104) Presentation by Elaine Torrance, Chief Social Work Officer, Scottish Borders Council. (Copies attached.)	15 mins
10.	Scottish Fire and Rescue Service. Quarterly update report by Scottish Fire and Rescue Service.	10 mins
11.	Police Scotland.	10 mins

	Quarterly update report by Police Scotland.	
12.	Scottish Ambulance Service	10 mins
13.	Open Questions. Opportunity for members of the public to raise any issues not included on the agenda.	10 mins
14.	Community Spotlight. Consider matters of interest to local Communities.	10 mins
15.	Future Agenda Items - Open discussion to consider future agenda items.	10 mins
16.	Any Other Items Previously Circulated.	
17.	Any Other Items which the Chairman Decides are Urgent.	
18.	Date of Next Meeting (Berwickshire Area Forum). The next meeting of Berwickshire Area Forum is scheduled to take place on Thursday 3 March 2016.	

NOTES

1. Timings given above are only indicative and not intended to inhibit Members' discussions.
2. Members are reminded that, if they have a pecuniary or non-pecuniary interest in any item of business coming before the meeting, that interest should be declared prior to commencement of discussion on that item. Such declaration will be recorded in the Minute of the meeting.

Membership of Committee:- Councillors M. J. Cook (Chairman), D. Moffat (Vice-Chairman), J. Campbell, J. A. Fullarton, J. Greenwell and F. Renton.

Community Councils:-

Abbey St Bathans, Bonkyl and Preston

Ayton

Burnmouth

Chirnside

Cocksburnpath

Coldingham

Coldstream and District

Duns

Edrom, Allanton and Whitsome

Eyemouth

Foulden, Mordington and Lamberton

Gavinton, Fogo and Polwarth

Gordon and Westruther

Grantshouse

Greenlaw and Hume

Hutton and Paxton

Lammermuir

Leitholm, Eccles and Birgham

Reston and Auchencrow

St Abbs

Swinton and Ladykirk

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SCOTTISH BORDERS COUNCIL

MINUTES of Meeting of the
BERWICKSHIRE AREA FORUM held in
Council Offices, Newtown Street, Duns on
Thursday, 3rd September, 2015 at 6.30 pm

- Present:- Councillors D. Moffat (Vice-Chairman), J. Campbell, J. A. Fullarton,
J. Greenwell and F. Renton.
Community Councillors:- Berwickshire Civic Society – Janice Gillie; Chirnside
– Roy Gordon; Cockburnspath – Pauline Hood; Coldingham – Rhona Goldie;
Coldstream and District – Martin Brims; Duns – Anne Affleck; Edrom, Allanton
& Whitsome – Trixie Collin; Eyemouth – James Anderson; Foulden,
Mordington and Lamberton – Howard Doherty; Gavinton, Fogo and Polwarth
– Keith Dickinson; Gordon & Westruther – Elaine Morris; Hutton and Paxton –
June McGregor; Lammermuir – Mark Rowley; Reston and Auchencrow –
Barrie Forrest.
- Apologies:- Councillor M.J.Cook.
Community Councils:- Ayton, Burnmouth, Swinton and Ladykirk.
- In Attendance:- J Alexander – Head of Ambulance Services, Scottish Ambulance Service; M
Acton, Scottish Fire and Rescue Service; Democratic Services Officer (P
Bolson).

Members of the Public:- 10

1. **WELCOME**

The Chairman welcomed those present to the meeting.

2. **MINUTE**

3. **ST ABBS LIFEBOAT - RESPONSE BY RNLI TO THE BERWICKSHIRE AREA FORUM**

With reference to paragraph 20 of the Minute of 4 June 2015, there had been circulated copies of a letter of response from Paul Boissier, Chief Executive of the RNLI. The Vice-Chairman explained that Councillor Cook, on behalf of the Berwickshire Area Forum, had written to Mr Boissier expressing the profound concerns of the Forum at the proposed closure of the St Abbs Lifeboat Station. The Vice-Chairman advised that this letter from Mr Boissier appeared to be a standard one which had been sent to various objectors of the proposed closure. The Vice-Chairman commended the efforts of all those who had actively campaigned to halt the closure and advised that a petition of over 13,000 signatures would be presented to the RNLI Headquarters office on Monday 7 September 2015.

**DECISION
NOTED.**

4. **FLAGS AT LAMBERTON TOLL**

The Vice-Chairman advised that Councillor Cook had been progressing this item and that further discussion would be deferred until the meeting on 3 December 2015 when Cllr Cook would be available to present an update.

DECISION

AGREED that the above item would be deferred for further discussion at the meeting of the Berwickshire Area Forum on 3 December 2015.

5. **LOCAL ACCESS AND TRANSPORT STRATEGY WITH AN EMPHASIS ON BERWICKSHIRE**

The Vice-Chairman welcomed Graeme Johnstone, Lead Officer Access and Transport with Scottish Borders Council who was present at the meeting to provide Members with an update on the Local Access and Transport Strategy (LATS) and how this related to Berwickshire. Mr Johnstone summarised the previous work undertaken and advised that the existing Strategy developed in 2008 was now out of date. Given that access and transport were key issues across the Scottish Borders and the Strategy was also used in the bidding process with the Scottish Government and SESTRAN, an up to date statement which provided strategic direction was very important for the area. Mr Johnstone went on to detail some of the main issues to be considered within the Strategy document, including the route to markets; public transport; walking, cycling and horse riding; road maintenance; forestry; road safety; parking; and low carbon levels. To put this into context, Mr Johnstone advised that within the Scottish Borders, there were approximately 1,900 miles of roads and 1,250 bridges requiring maintenance and that one fifth of the area was covered by trees. Road safety was of significant importance in the context of the number of young drivers and the popularity of the Scottish Borders as an area used by motorcyclists. Parking issues had taken on a higher profile since the cessation of the Traffic Warden Service provided by Police Scotland and measures in place to assist in achieving low carbon levels included electric vehicle charging points, flexible working arrangements and visual connectivity and Broadband. He also mentioned rail links between Berwick upon Tweed and Edinburgh and the ongoing work to progress establishing a new station at Reston. Members were advised that the Council was now into a twelve week consultation period which was due to end on 23 October 2015. An electronic questionnaire was available for completion and the consultation had been publicised in libraries, contact centres, Council offices and via presentations at Area Fora meetings. All responses to the consultation would be considered during the development of the updated Strategy and the draft document would be presented to Committee prior to finalisation. Responses to the online questionnaire could be submitted at www.scotborders.gov.uk/haveyoursay; by email to localplan@scotborders.gov.uk or by post to the Planning Policy and Access, Scottish Borders Council Headquarters, Newtown St Boswells TD6 0SA. A question was raised in relation to the availability of electric vehicle charging points at the BGH. Mr Johnstone confirmed that there was no such point at the BGH at the moment but that he would investigate how this could be progressed to enable Third Sector volunteers to recharge vehicles while taking clients on visits to the hospital. Mr Johnstone also noted that it was the view the Forum that young people were not well-served by public transport and that the views of these young people were significant to the development of an up to date Strategy. The Vice-Chairman thanked Mr Johnstone for his presentation.

DECISION

NOTED the presentation.

6. **A1 JUNCTIONS IN BERWICKSHIRE - UPDATE**

The Vice-Chairman welcomed George Henry, Road Safety Manager with Transport Scotland and Gordon Boyd from Amey who were present to give an update on the A1 Junctions Review. Mr Henry provided some background to the Review, listing the Scottish Road Safety Casualty Reduction Targets for 2020, the Strategic Road Safety Plan which was currently under review, the Strategic Transport Projects Review and the National Transport Strategy as the main policy documents. Mr Henry went on to explain that in terms of Road Safety Casualty figures, the targets for 2020 were to reduce the number of people killed by 40%, people seriously injured by 55%, young people over 16 years of age by 50%, children under the age of 16 by 65% and to maintain a 10% reduction in the slight casualty category. The cost of road accidents in Scotland was estimated to cost over £1b per year. The statistics were currently at an all-time low but it was recognised that there was still work to be done to reduce the figures even further. Mr Henry went on to explain that although it was recognised that most accidents could be attributed to driver error, safer road design could also make a significant impact on

reducing the accident rates and that optimum casualty reduction could best be achieved through partnership working with colleagues involved in education and enforcement. The Strategic Road Safety Plan produced by Transport Scotland informed stakeholders in terms of how road safety was delivered and set out an Action Plan for delivery which included twenty seven action points. Mr Henry advised that an A1 Action Group had been in operation for some time and comprised Elected Members from East Lothian and the Scottish Borders. He went on to confirm that full dualling of the A1 would not go ahead at the current time but that a review of the junctions on this road had been carried out in March 2015. This was then followed up by a report from Amey to the A1 Action Group on 30 June 2015 with all designs and proposals now finalised.

- 6.1 Members were advised that statistics showed a downward trend in the occurrence of road accidents during an economic recession with the figures increasing as the economy recovered and this had been demonstrated in the figures available across Europe. Of the seven junctions on to the A1 in Berwickshire, namely Ayton South, Ayton North, Chirnside, Grantshouse, Houndwood, Redhall Eyemouth and Reston, only two slight personal injury accidents had been recorded, one in 2012 at Redhall Eyemouth and the other at Ayton North in 2014. Road Safety works continued at each of the junctions as detailed in the presentation, and also along the length of the A1 in terms of white lining, road studs/cats eyes replacements, vegetation clearance, carriageway surfacing as part of planned maintenance and ongoing discussions with the Safety Camera Unit regarding enforcement strategy. Mr Henry explained that in moving forward, annual accident assessments would be carried out on the trunk road network alongside planned monitoring to ascertain the effectiveness of any measures installed and work would continue with local communities on road safety matters. A further presentation could be made available once the Strategy was finalised.
- 6.2 There were a number of questions and concerns raised. In response, Mr Henry explained that average speed cameras were not always useful and were not being considered for the A1 at the present time. In the case of the A9, however, these cameras had been very successful in reducing speeds on the long, sweeping bends. Further information from the A9 road users' surveys was available online. With regard to the roundabout at Cockburnspath, it was highlighted that no effective warning signs were visible on the south to north approach and Members noted that Mr Henry would investigate this matter. With reference to lighting at junctions, Mr Henry confirmed that it was necessary to have evidence of previous accidents or collisions before additional lighting would be considered and he agreed to look again at the junctions which were causing concern. He went on to confirm that work was ongoing at the Lamberton junction in terms of the erection of bollards and white lining and that signage detailing the different alcohol limits in Scotland and England was being considered for strategic Border routes. The Vice-Chairman thanked Mr Henry and Mr Boyd for their presentation and commended the work that had been carried out on the A1.

**DECISION
NOTED.**

7. HEALTH AND SOCIAL CARE

No representative from NHS Borders was present at the meeting therefore no discussion took place.

**DECISION
NOTED.**

8. SCOTTISH FIRE AND RESCUE SERVICE

There were circulated at the meeting copies of a report by the Scottish Fire and Rescue Service (SFRS) giving an update on activity in the Berwickshire area since the previous report on 4 June 2015. The Vice-Chairman welcomed Station Manager Matt Acton to the meeting. Station Manager Acton had recently been appointed to the post based in Duns

and was present to speak to the report and answer questions. The report detailed that over this reporting period, there had been 6 house fires, 8 open fires and 7 special service calls covering a range of activity, and there had been 20 non-deliberate unwanted fire alarm signals. Ongoing activity throughout the area included working with partners to deliver the Home Fire Safety Visit (HFSV) policy in order to focus on members of local communities who were at high risk from fire. Delivery of this policy included fire raising awareness sessions for partner practitioners to encourage referrals via the SFRS CSET online system. In addition to the ongoing work undertaken by the SFRS in respect of Home Fire Safety Visits, Firesharp, Fire Safety Audits, phased intervention actions for unwanted fire signals, the Safeguarding Policy and Procedure for Protection of Children and Adults at Risk of Harm, proactive work being undertaken with migrant groups and involvement in events such as the Violence Against Women Conference in December 2014, SFRS has also delivered its Summer Thematic Action Plan. This included local crews engaging in areas such as fire-related anti-social behaviour; holiday safety; and countryside and outdoor safety. The Autumn Thematic Action Plan was now underway and included safety in a number of areas such as student (throughout September); electrical; chimney; bonfire (throughout October and into November); and older vulnerable persons (during November). Members were advised that recruitment was now in its third cycle and vacancies at Duns, Eyemouth and Coldstream were currently being addressed with staffing at Duns now at 10 personnel. It was also noted that there would be a two day training would be delivered at Coldstream on cardiac arrest and how to deal with this. Copies of the SFRS Multi Ward Operating Plan for Berwickshire for 2015-16 were also circulated at the meeting for information. The Vice-Chairman thanked Group Manager Acton for his attendance.

DECISION

NOTED the report.

9. **POLICE SCOTLAND**

There were circulated at the meeting copies of a report by Police Scotland updating Members on performance, activities and issues across Berwickshire for the period up to 30 July 2015. The report explained that Inspector John Scott had now taken over from Inspector Dougal in the Berwickshire area but that Inspector Scott was unable to attend this meeting. It was noted that a farm crime prevention event was being held at Whitsome East Newton Farm near Duns on Monday 26 October 2015 between 6.00pm and 8.30pm and the report encouraged local farmers to attend and take the opportunity to see what could be done to help reduce crime of this type in the area. It was noted that any questions could either be forwarded to Inspector Scott directly or addressed to him at the next meeting of the Forum on 3 December 2015.

DECISION

NOTED the report.

10. **SCOTTISH AMBULANCE SERVICE**

With reference to paragraph 2(d) of the Minute of 4 June 2015, Mr Alexander, Scottish Ambulance Service was present at the meeting to answer questions on the service across Berwickshire. At the previous meeting, Mr Alexander was asked to clarify how ambulance provision was allocated as presently, it appeared to be on the basis of the post code area and telephone STD code and that this could cause problems, such as residents in the Scottish Borders who had Berwick post codes and telephone numbers being refused onward transfer to the BGH in Melrose. Mr Alexander confirmed that the ambulance utilised would be allocated on the basis of the landline STD code however, the caller could dial 999 and ask to be connected to the Scottish Ambulance Service (if they wished to be transported to the BGH) or the North East Ambulance Service (if they wished to attend a hospital south of the Border.) The Vice-Chairman thanked Mr Alexander for attending the meeting.

DECISION

NOTED.

11. SESPLAN MAIN ISSUES REPORT - UPDATE

There had been circulated copies of a briefing note by SESplan entitled "Jobs, Homes and Investment: Where, Why and How? Main Issues Report Consultation". It was noted that this document had been circulated to all Community Council and community groups previously. The Vice-Chairman highlighted that a community event would be held at Scottish Borders Council headquarters on Tuesday 8 September between 6.30pm and 8.30pm to look at local engagement and discussion around the main issues report.

**DECISION
NOTED.**

12. OPEN QUESTIONS.

12.1 Electronic Sign in the Layby on the A1 at Lamberton

Members were advised that the utilisation of the electronic board on the A1 at Lamberton, asking people to keep the roads tidy and take litter home might help in reducing litter being thrown from cars on the A1 and surrounding area. Transport Scotland were thanked for their assistance in this matter. Members discussed the possibility of adding further text to the electronic message to detail the cost of a penalty fine for leaving litter and it was agreed that the Chairman would write to Transport Scotland on behalf of Berwickshire Area Forum to ask if the message could be amended to reflect this.

**DECISION
(a) NOTED.**

(b) AGREED that the Chairman would write to Transport Scotland to request that the message on the electronic sign in the layby on the A1 at Lamberton be amended to include the cost of a penalty fine for leaving litter.

13. COMMUNITY COUNCIL SPOTLIGHT

13.1 Thanks – EB Living

The Vice-Chairman advised that a letter of thanks had been received from Pat Elliot of EB Living magazine to the Berwickshire Area Forum, following the successful application for a grant for emergency financial assistance. The letter explained that without any reserve fund, publication of future issues of the magazine had been doubtful, given earlier EB Living tax and accountancy payments but the Quality of Life funding meant that the magazine could meet any potential shortfall in advertising revenue over the next few issues. Further work supported by Business Gateway would hopefully help to resolve the sustainability issues inherent in all such local, free publications.

**DECISION
NOTED.**

13.2 Songs of Praise

The Vice-Chairman advised that a Songs of Praise Celebration to mark HM The Queen becoming the longest reigning British Monarch would take place on Sunday 13 September 2015 at 7.00pm in Duns Parish Church and everyone was welcome to attend.

**DECISION
NOTED.**

13.3 Future Agenda Items

With reference to previous requests by the Chairman, the Forum was asked to consider issues which members would like to be considered for inclusion on future Agenda. Any suggestions should be forwarded to himself and Pauline Bolson to allow for forward Agenda planning. Members were also reminded that questions for NHS Borders and the Scottish Ambulance Service should be submitted to the Chairman in advance of meetings

as this would allow the respective representatives to collate information for presentation in due course.

**DECISION
NOTED.**

14. ACCESS TO COMMITTEE PAPERS

Members were advised that Scottish Borders Council Committee papers were now accessible on the Council's website via modern.gov, the new system being used across SBC. Elected Members now accessed Agenda, reports and Minutes electronically at meetings and it was possible for members of the public to access public papers in a similar way. There was a guidance note available which explained how to download the free software required and this guidance would be circulated to all Community Councils. Further advice could be sought from the Democratic Services Officer(s) at Council headquarters. Community Councils were asked to consider whether they wished to access papers electronically or continue to receive paper copies by post and to let Pauline Bolson know in advance of the next meeting.

**DECISION
NOTED.**

15. DATES OF FUTURE MEETINGS

The dates of future meetings of the Berwickshire Area Forum were noted as follows:-

3 December 2015;
3 March 2016; and
2 June, 2016.

It was noted that these dates would be subject to change should an additional meeting of Berwickshire Area Forum be added to the Calendar.

**DECISION
NOTED.**

The meeting concluded at 8.20 pm

changing health & social care for you

a further conversation

Working together for the best possible health and wellbeing in our communities



FOREWORD



People are living longer than ever and this trend is set to continue. This is something that we should all celebrate. It means that we need to plan ahead, both as communities and as individuals, to ensure that we, in the Borders, make the most of the benefits and positive experiences of a long healthy life. This plan sets out why we want to integrate health and social care services, how this will be done and what we can expect to see as a result. We want to create health and social care services that are more personalised and improve outcomes for all our service users, their carers and their families.

This is our second draft of the Strategic Plan as an emerging Health and Social Care Partnership (HSCP). This builds on the progress that has already been made by NHS Borders, Scottish Borders Council and our partners to improve services for all people in the Scottish Borders.

This second draft is based on what we have learned from listening to local people; service users, carers, members of the public, staff, clinicians, professionals and partner organisations. Earlier this year we engaged on the initial draft of the plan through workshops and locality events across the Borders.

We believe that through strong leadership, innovative thinking, robust planning and by putting the views of patients, service users and carers at the heart of all that we do, we can achieve our ambition of “Best Health, Best Care, Best Value” for our communities. We will make sure that strong and effective relationships continue to develop between Scottish Borders Council and NHS Borders, colleagues in the Third and Independent sectors and with other key partner organisations. The aim is that we plan, commission and deliver services in a way that puts people at the heart of decision-making.

This is an exciting time. Together, with you, we know we can make a real difference.

A handwritten signature in blue ink, reading 'Susan Manion'.

Susan Manion

Chief Officer Health and Social Care Integration

October 2015

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CASE FOR CHANGE

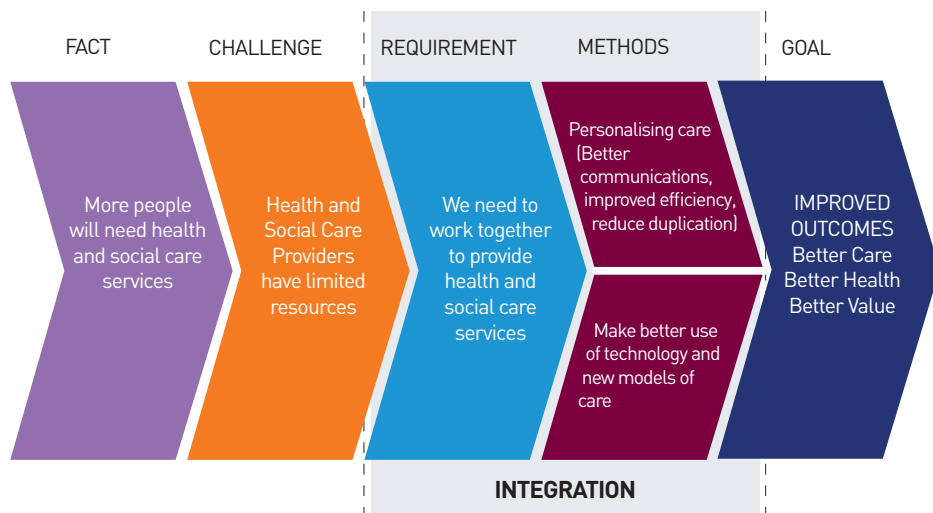
There are a number of reasons why we need to change the way health and social care services are delivered.

These are illustrated in the figure below and include:

- **Increasing Demand for Services** – with a growing ageing population, more people need our health and social care services and will continue to do so.
- **Increasing Pressure on Limited Resources** – the rise in demand puts pressure on our limited resources and this is happening at a time of constraint on public sector funding and rising costs of health and social care services.
- **Improving Services and Outcomes** – service users expect – and we want to provide – a better experience and better results.

We need to make better use of the people and resources we have by working more effectively together. If we do not change we will not be able to continue the high quality services the people of the Borders expect to meet their needs.

Figure 1 – The Case for Change



WHAT SHIFTS DO WE NEED TO MAKE?

By shifting just 1% of our total spend of approximately £250m FROM Unplanned Inpatient Care and Institutional-Based Social Care TOWARDS Community-based NHS and Social Care and Planned Inpatient Care, we will use our resources more effectively. This will help us invest in new integrated ways of working particularly in terms of early intervention, reducing avoidable hospital admissions, reduce health inequalities, support unpaid carers and independent living.

	2013/2014	2018/2019
Unplanned inpatient care, care homes and other accommodation-based social care	£69.2m	£66.7
Community-based NHS and Social Care (incl. Home Care) and planned Impatient Care	£106.5m	£109.0m

WHAT WILL SUCCESS LOOK LIKE?



PLANNING FOR CHANGE – KEY PRIORITIES

A fund of £6.39m over three years has been provided to integrate services. Detailed below are the priorities for 2016/17.

- To develop integrated accessible transport.
- To integrate services at a local level.
- To roll out care coordination to provide a single point of access to local services.
- Work with communities to develop local solutions.
- Provide additional training and support for staff and for people living with dementia.
- Further develop care for extra care housing for older people in Berwickshire.
- To promote healthy living and active ageing.
- To improve planning for young people moving from young people services to adult services.
- To improve the quality of life of people with long term conditions by promoting healthy lifestyles, access to leisure services, along with support from the Third Sector.
- Promote support for independence and reablement so that all adults can live as independent lives as possible.

PLANNING INTO THE FUTURE

The Strategic Plan, when published next year will only be the beginning. It will be a living working document which will change and grow throughout its life. It will build on feedback from people living in the Borders. It will be reviewed at least every three years, based on an on-going assessment of need. In the future, we will focus particularly on how to meet the needs of people who use services in local communities.

Throughout the last 12 months we held a number of engagement events for both the public and staff. The information we received from these events has been used to inform this document. For example, the 9th local objective on support for unpaid carers was added as a direct result of your feedback. Thank you to all who came along and contributed.

In the coming months, we will be arranging another round of events to discuss this draft and how we can improve on it in developing the formal Strategic Plan by the end of March 2016. We want to know what you think about this second draft and look forward to receiving your feedback.

PLANNING FOR INTEGRATED SERVICES

PAMELA AGE 57

I'm Pamela and I've lived in Innerleithen most of my life. I live with my husband Owen and our daughter Jane. My 83 year old Father lives in sheltered housing nearby and our eldest daughter Jillian lives 7 miles away in Peebles. I have a lot of friends who live in the area.

MY SITUATION	MY THOUGHTS	INTEGRATION FOR ME
I look after my 3 year old grandson, Jack, 3 times a week. I visit my elderly father every day and I am the first responder to his Bordercare alarm. I recently had a Carer Assessment carried out.	I recently realised how much I've been looking after my Father. I love my Father and I want to care for him, but sometimes, I resent being his first responder and I feel I sacrifice things that are important to me to look after him. I feel guilty for thinking these things. Sometimes I don't understand what's happening with his care. I worry a lot about him.	<ul style="list-style-type: none"> Coordinated health and care teams Single point of access More support for unpaid carers Clear information on available services
I live in a modern, rented house. My husband Owen and I don't drive so we rely on public transport.	I love where I live and I like that I can walk to shops and the bus stop. But I find organising transport to get my Father to appointments can be really difficult.	<ul style="list-style-type: none"> A single number to book transport Easier access to more coordinated services
Owen recently retired for health reasons. My Father has dementia and is prone to falling. Jane is taking her higher exams. I love looking after Jack and seeing Jillian. Her partner Bill is nice too.	Owen is eight years older than me. He struggles with depression and I feel I need to be with him, which can result in me not being able to spend enough time with my Father or Jane. My Father falls occasionally. He has been recommended to attend gentle exercise classes but he says no.	<ul style="list-style-type: none"> More ways to address social isolation in a community Building community capacity to support people in communities
I work part-time in a shop in nearby Galashiels.	I've considered reducing my hours to spend more time with my Father and my family, but I can't for financial reasons. I often have calls to make or receive about my Father when I'm at work which is challenging as I've limited flexibility. I sometimes have to take leave to take him to appointments.	<ul style="list-style-type: none"> More options to support people to attend appointments Increased health and social care service hours.
I've high blood pressure, arthritis and anxiety. I'm a cancer survivor. I take many prescription drugs. I've been a heavy smoker for years.	I don't take the best care of myself because by the time I've looked after my Father, grandson, Owen, daughter, been to work and volunteered at Church I'm often too tired. I tend not to tell Owen about my worries because of his depression. Smoking helps me feel more relaxed, but I've noticed I smoke more now. I'm quite anxious so I was grateful that the Carer's Assessment lady listened to me.	<ul style="list-style-type: none"> Locally available acute health and care services Anticipatory care planning for my Father, Owen and me Coordinated teams with a lead worker
Owen and I have many friends here. I enjoy volunteering at my local church.	We have a good community with neighbours and friends helping out. I've school friends and friends at Church, so every once in a while, if things are ok, I meet them for lunch. My Father is isolated and he would really like visits from people as he has trouble going out.	<ul style="list-style-type: none"> Building community capacity to support people within communities

CHARLIE

AGE 78

I'm Charlie. I've lived in Kelso since I retired here 15 years ago with my wife, Sandra, who died 5 years ago. I've been alone since. My two children live far away. They come for visits, but they have busy lives and their own families. I love Kelso, I feel safe and happy here, apart from being so far from my family.



MY SITUATION	MY THOUGHTS	INTEGRATION FOR ME
I am a widower. I don't need health and care services at the moment.	I feel capable, but having recently had a fall, I had a bit of a fright and I was admitted to hospital for a short while. It was sad as I had no visitors which made me start to think about what would happen to me when I do need more help. I don't want to be a burden to my children. I always thought I would grow old with Sandra. There are home carers who can help me, but I would prefer to have someone I could rely on, not a lot of different people.	<ul style="list-style-type: none"> • Ensure appropriate staff and services in place when people need them • Review Home Care to adapt to changes in carer roles • Local coordinated and integrated teams
I live in a 3 bedroom house with a large garden, on the outskirts of the town. I drive, but I'm less confident now so I don't like driving.	I know my house is too big and I cannot manage the garden alone, but I don't want to move and start over with a new house and neighbours. I'm a 10 minute walk to the bus stop and buses are regular but if I need to go to the Hospital, I have to change buses. I feel I need to drive more and more.	<ul style="list-style-type: none"> • Coordinated local transport • Bigger range of locally based housing options
My son Paul lives in England. My daughter Steph and her family moved to Florida 3 years ago.	Paul visits every couple of months. I can see he's worrying about me and I know Steph feels guilty for being so far away. I want to be able to reassure them I have a plan for any future needs and that I can support myself. Paul wants me to move near him but I don't deal with change very well.	<ul style="list-style-type: none"> • Anticipatory Care Planning
I'm retired. I had to step back from my voluntary work at my bowls club which I enjoyed.	I liked being Treasurer of my local bowls club. My friend introduced me to bowls and she takes me when she can, but she can't make it every week. I had to give up being Treasurer as it became too much. I don't feel as fulfilled as I did. I would love to do more voluntary work.	<ul style="list-style-type: none"> • Appropriate volunteering opportunities for older people
I'm slowing down and finding things harder. I've many medications, I'm not sure what they are and why I take them.	I like to keep active and I do drive when I need to, usually to appointments and shops. It was a scary when I fell, but I don't think I needed to go to the emergency department, but I couldn't be checked locally. I felt very overwhelmed by the number of people asking me the same questions – surely the staff can look it up on my medical notes?	<ul style="list-style-type: none"> • Locally based services • Better information sharing across organisations
When Sandra was alive we did lots of things together, but it's not the same without her.	I feel lonely without my wife and not as confident to socialise with people. My neighbours are lovely, but I don't see them as often as I used to. I wish there were more activities and groups for older people like me.	<ul style="list-style-type: none"> • Community based groups and activities

WE WANT TO HEAR FROM YOU

1. Have we got the right priorities, if not what changes would you like to see?
2. Do you think the targets set out in the plan are ambitious enough or too ambitious?
3. Do you think the plan will address the concerns of your community, if not what changes would you make?
4. Is there enough detail or information in this plan for you and, if not what more would you like to see?
5. Is there anything else that you think we should be doing apart from the projects outlined within this document?

To submit your views, please visit our website at
www.scotborders.gov.uk/integration
or by using the contact information below.

You can get this document on audio CD, in large print, and various other formats by contacting us at the address below. In addition, contact the address below for information on language translations, additional copies, or to arrange for an officer to meet with you to explain any areas of the publication that you would like clarified.

SCOTTISH BORDERS COUNCIL

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www.scotborders.gov.uk/integration



changing health & social care for you

a further conversation

*Working together for the best possible health and
wellbeing in our communities*



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FOREWORD



People are living longer than ever and this trend is set to continue. This is something that we should all celebrate. It means that we need to plan ahead, both as communities and as individuals, to ensure that we, in the Borders, make the most of the benefits and positive experiences of a long healthy life. This plan sets out why we want to integrate health and social care services, how this will be done and what we can expect to see as a result. We want to create health and social care services that are more personalised and improve outcomes for all our service users, their carers and their families.

This is our second draft of the Strategic Plan as an emerging Health and Social Care Partnership (HSCP). This builds on the progress that has already been made by NHS Borders, Scottish Borders Council and our partners to improve services for all people in the Scottish Borders.

This second draft is based on what we have learned from listening to local people; service users, carers, members of the public, staff, clinicians, professionals and partner organisations. Earlier this year we engaged on the initial draft of the plan through workshops and locality events across the Borders.

We believe that through strong leadership, innovative thinking, robust planning and by putting the views of patients, service users and carers at the heart of all that we do, we can achieve our ambition of “Best Health, Best Care, Best Value” for our communities. We will make sure that strong and effective relationships continue to develop between Scottish Borders Council and NHS Borders, colleagues in the Third and Independent sectors and with other key partner organisations. The aim is that we plan, commission and deliver services in a way that puts people at the heart of decision-making.

This is an exciting time. Together, with you, we know we can make a real difference.

A handwritten signature in dark ink, appearing to read 'Susan Manion'.

Susan Manion

Chief Officer Health and Social Care Integration
October 2015

EXECUTIVE SUMMARY

This plan sets out how we are planning to improve health and well-being in the Borders through integrating health and social care services.

The case for changing the way we deliver health and social care services in the Borders is compelling. We have a growing number of people needing our services, but limited resources with which to deliver them. These services could be provided more effectively and efficiently if they are integrated. We want to achieve better outcomes for all our communities. The Borders is largely a remote and rural area. This makes delivery of services complex. About a quarter of the households in the Borders are composed entirely of people aged over 65. This age group has a greater need for our services. The growing number of people with dementia is a big challenge.

Deprivation is an issue in the Borders. Although it may only seem to affect a small number of communities, it is often hidden in rural areas. Research indicates that people from deprived areas are more likely to make greater use of hospital and other health and social care services. Health inequalities exist beyond deprivation and we need to take into account that some people have different health outcomes. As an example, people with mental health issues or a learning disability tend to have poorer health outcomes. This plan contains actions to address such issues. It also sets out local objectives which will enable us to achieve the national health and well-being outcomes.

There are five localities in the Borders which have individual characteristics and therefore different needs. This plan sets out how we will work better together to deliver more personalised care, making best use of advancing technology to achieve “Best Health, Best Care, Best Value”.

CASE FOR CHANGE: WHY WE NEED TO CHANGE

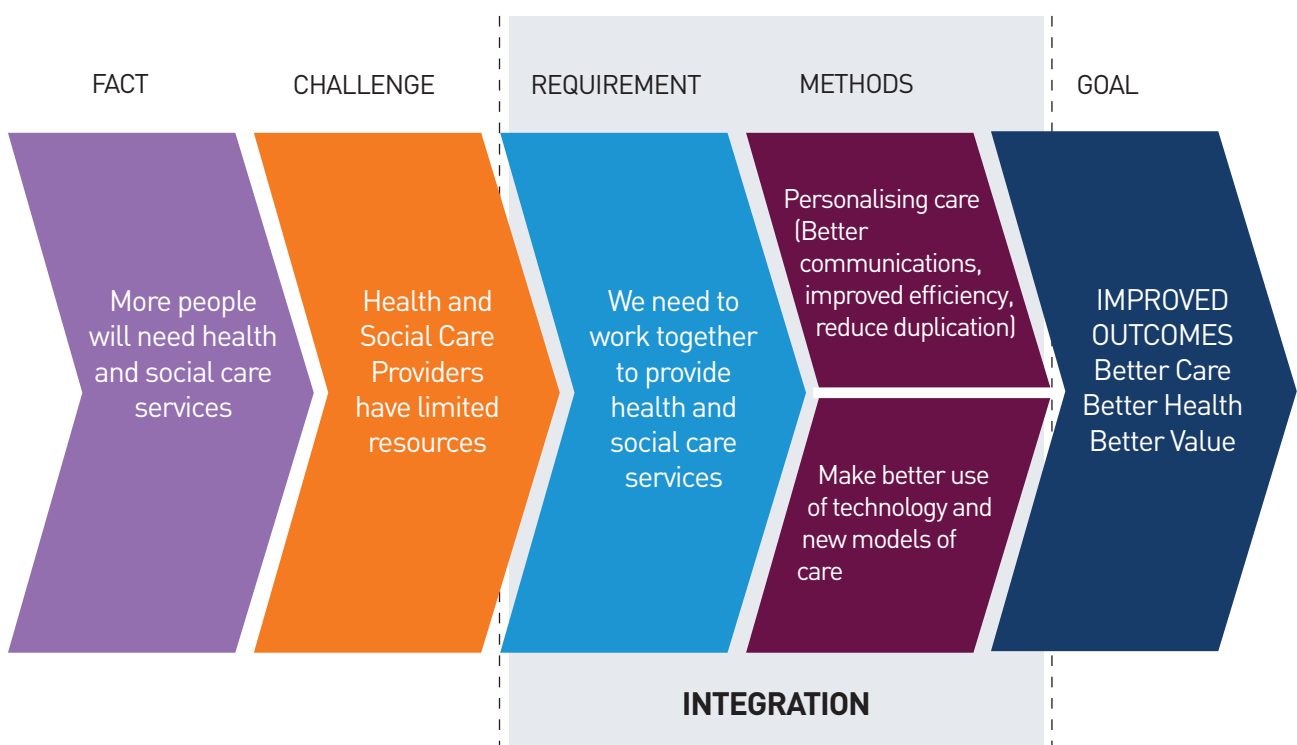
There are a number of reasons why we need to change the way health and social care services are delivered.

These are illustrated in the figure below and include:

- **Increasing Demand for Services** – with a growing ageing population, more people need our health and social care services and will continue to do so.
- **Increasing Pressure on Limited Resources** – the rise in demand puts pressure on our limited resources and this is happening at a time of constraint on public sector funding and rising costs of health and social care services.
- **Improving Services and Outcomes** – service users expect – and we want to provide – a better experience and better results.

We need to make better use of the people and resources we have by working more effectively together. If we do not change we will not be able to continue the high quality services the people of the Borders expect to meet their needs.

Figure 1 – The Case for Change



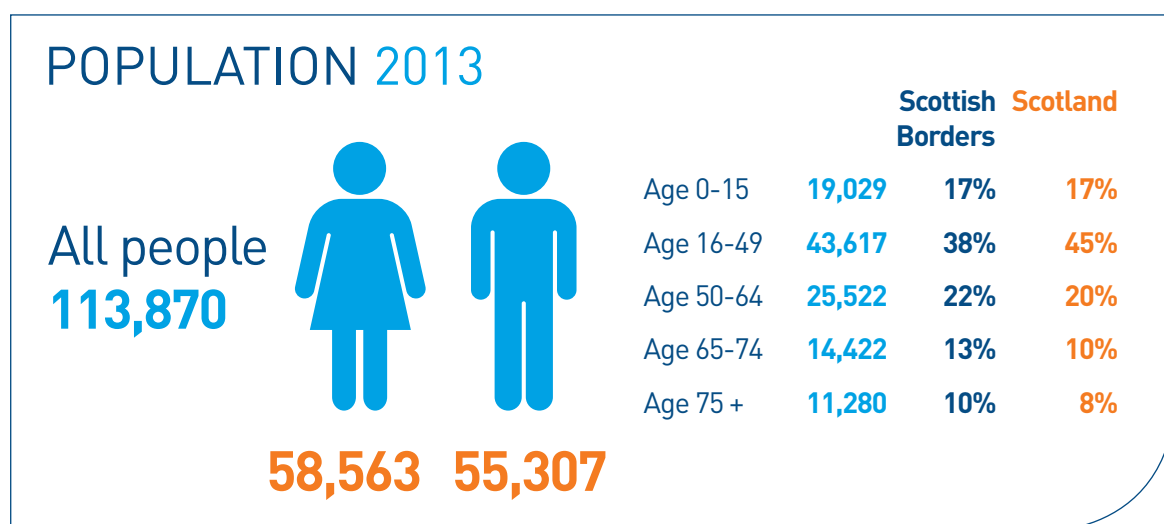
THE SCOTTISH BORDERS

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.

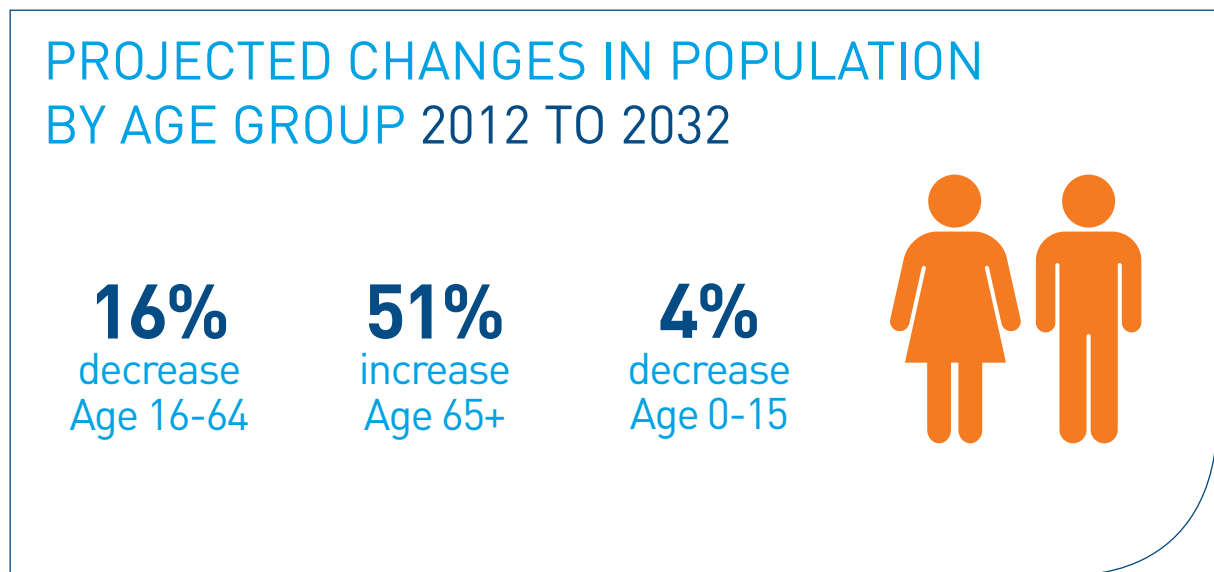
FIGURE 2



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 will enable us to work more effectively and efficiently to achieve “Best Health, Best Care, Best Value”.

FIGURE 3



Source: National Records of Scotland 2012-based population projections

WHAT THIS MEANS...

This is a priority. We need to promote active ageing and address the range of needs of older people.

Where do people live?

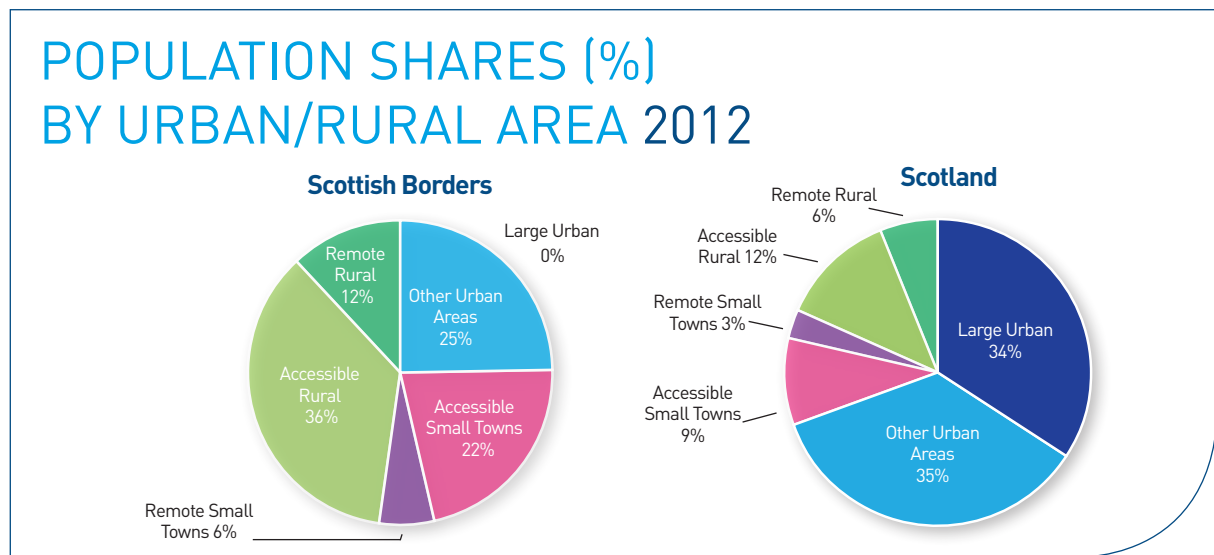
The Urban/Rural profile of the Borders presents challenges in terms of both the accessibility and cost of services. The challenges are different in nature to those facing densely populated cities such as Glasgow, Edinburgh and Dundee.

In the Borders nearly half (48%) of the population live in rural areas, as shown in Figure 4. Just under one-third of people live in settlements of fewer than 500 or in remote hamlets. In comparison, 34% of the Scottish population live in “Large Urban” areas (part of towns/cities with populations of more than 125,000). There are no “Large Urban” areas in the Borders.

The largest town in the Borders is Hawick, with a population of 14,029. Galashiels is the second largest with 12,604 (although, if neighbouring Tweedbank was included, Galashiels would be the largest town with a population of 14,705). 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. People live in remote hamlets in many parts of the region, but towns like Hawick have a higher average population density, in parts, than Glasgow.

FIGURE 4



Source: Scottish Government Urban/Rural Classification 2013/14 and National Records of Scotland

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...

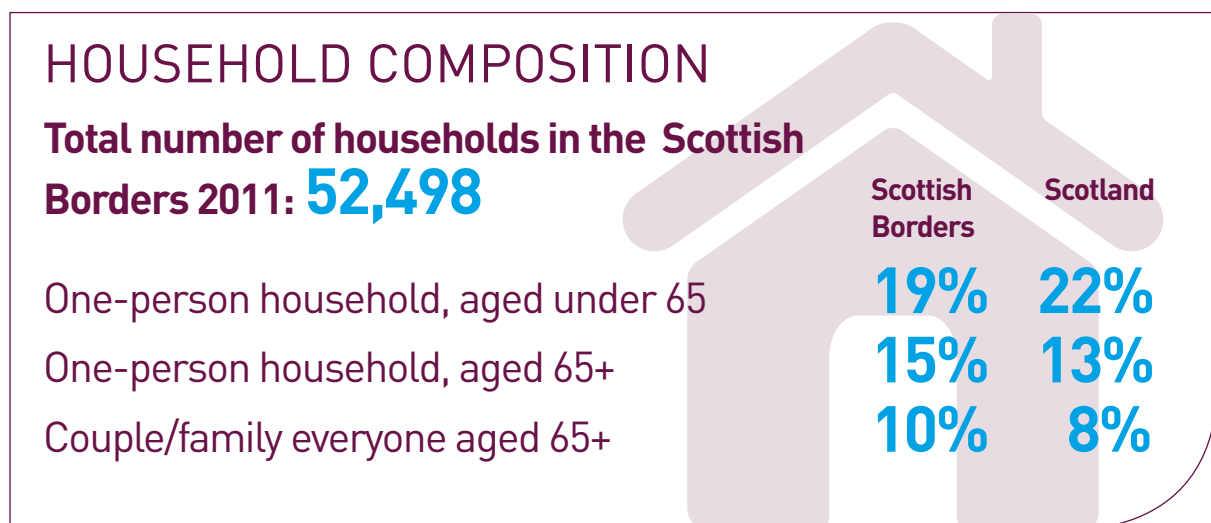
Services therefore need to be provided locally whenever possible and accessible transport arrangements put in place.

Borders Households

With the changes predicted in the population (see Figure 3 on page 7), we expect an increase of the numbers of older people living alone with complex needs. This will have major implications for housing, health and social care.

More than one third of households in the Borders are made up of one adult. The number of households in the Borders in which one or all occupants are aged over 65 is 25%, higher than the 21% for Scotland as a whole.

FIGURE 5



Source: Scotland Census 2011

The number of single adult households is projected to increase by 24% between 2012 and 2037, whilst the number of larger households is projected to decline. Households headed by people aged 60-74 are projected to increase by 9% and those headed by a person aged over 75 are projected to increase by 90%.

WHAT THIS MEANS...

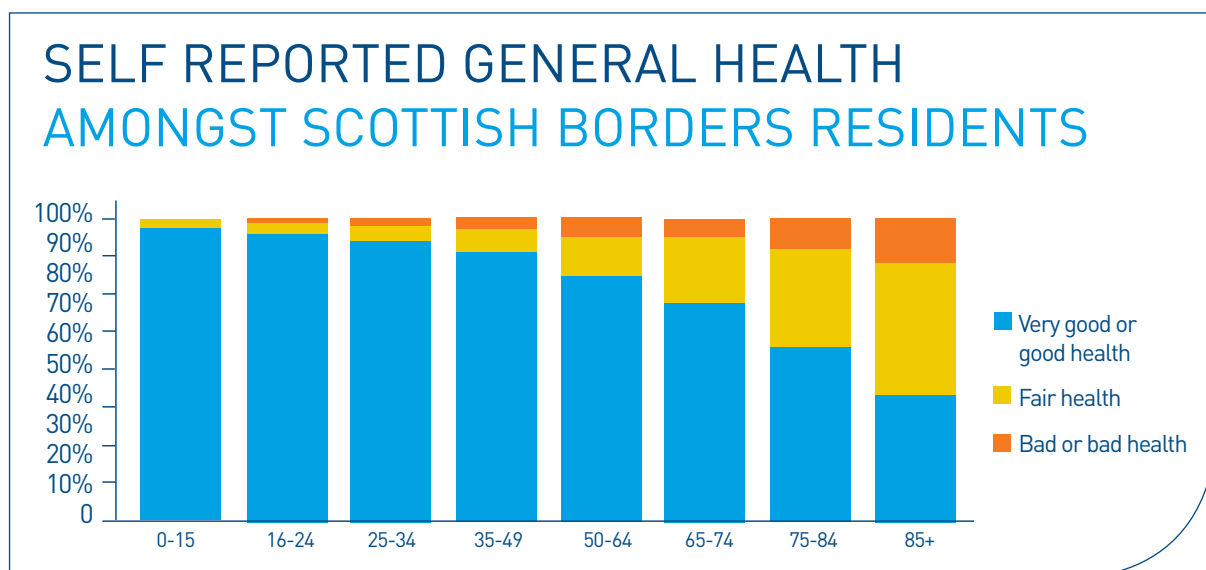
Housing options need to be a key feature of our integrated health and social care services.

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 6



Source: Scotland Census 2011

WHAT THIS MEANS...

Healthy living and support to promote health improvement need to be key priorities in the Borders to continue to support good health.

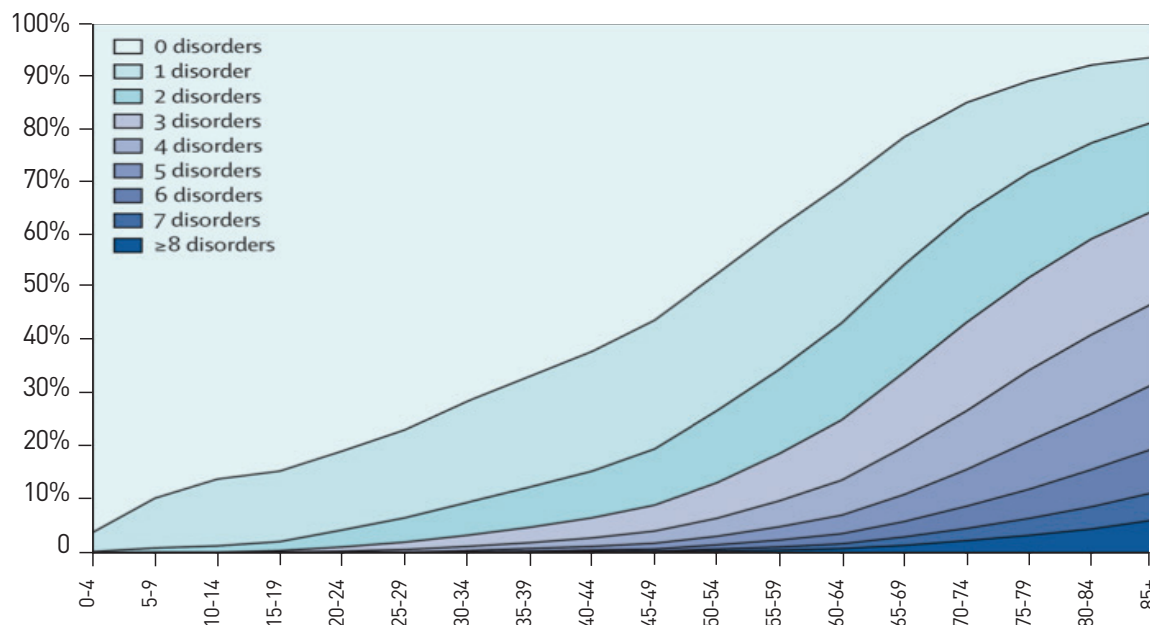
People Living with Multiple Long Term Conditions

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 around individuals with complex needs.

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 7

PERCENTAGES OF PEOPLE HAVING ONE OR MORE LONG-TERM CONDITIONS, BY AGE GROUP, SCOTLAND 2007



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](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60240-2/abstract)

Disability

The needs of people living with disabilities and sensory impairments are distinct from those who live with one or more health conditions. According to the 2011 Scotland Census, 6,995 people in Borders live with a physical disability. We have at least 555 people aged over 16 in our population who have a learning disability. About 2,300 people are estimated to have severe sensory impairment.

WHAT THIS MEANS...

People with a disability need flexible support arrangements to maintain and improve their quality of life with services designed to meet their specific needs.

It is estimated that around 500 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 Well-being 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.

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 .

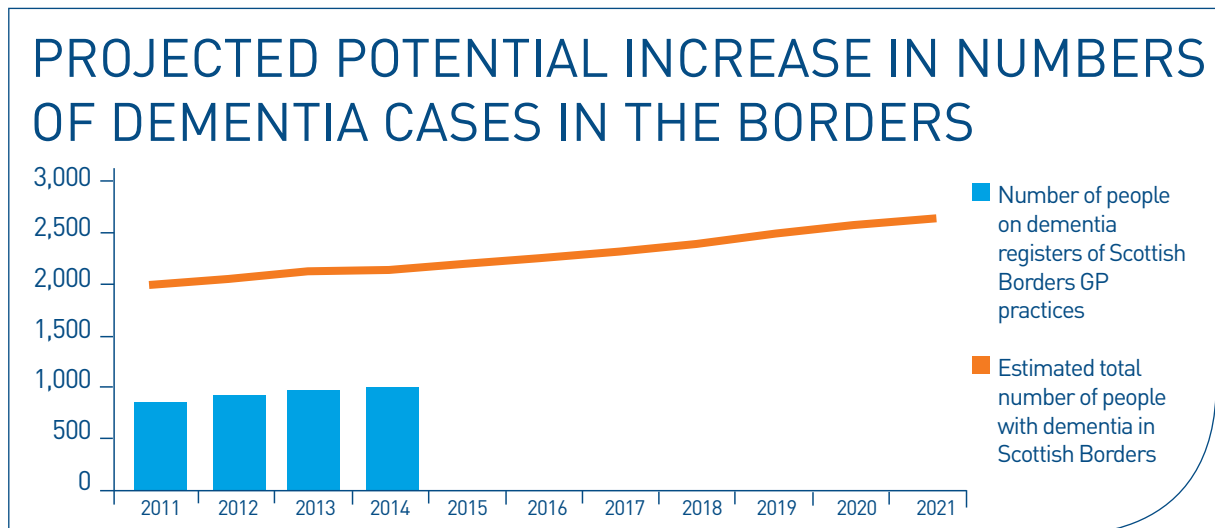
At the time of the 2011 Scotland Census, 612 people resident in Scottish Borders identified themselves (or were identified by a member of their household) as having a Learning Disability. 485 people in this group (81%) were aged 16 or over in 2011. Meanwhile, the total number of adults with Learning 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.

Around one in four Scottish adults will experience at least one diagnosable mental health problem every year, and we are all likely to experience poor mental wellbeing at some point in our life. Due to the stigma related to mental illness, many will not access treatment and tend to have poorer health outcomes. Mental Health Services are in the process of developing integrated teams to provide easy access and multi-agency support to people with mental health needs. A full mental health needs assessment has been completed and this will help shape how we plan services in the future.

Dementia

Dementia is a growing issue and a big challenge in planning and providing appropriate integrated care. 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 8 below shows the number of diagnosed dementia cases in the Borders (shown in blue). For a number of reasons, including difficulties in diagnosis, the actual figures of those living with dementia are likely to be substantially higher. The red line shows the likely number of cases and how they are predicted to increase over time as the population ages.

FIGURE 8



Source: 1. Diagnosed cases: Quality and Outcomes Framework (QOF) www.isdscotland.org/qof 2. Estimated overall numbers of cases: Scottish Government projection, based on 'Eurocode' prevalence model used by Alzheimer's Scotland, and 2010 - based population projections.

WHAT THIS MEANS...

A range of support needs to be provided for people with dementia and their carers with appropriate staff training given.

People Living with Complex and Intense Needs

Health and Social Care resources are not used evenly across the population. As a Partnership, we need to develop a better understanding about the people who use very costly intensive support to help plan our services more effectively. For example, where someone has had multiple hospital admissions and/or visits to A&E, they might have been better having more of their care at home or in another community setting. This should reduce their risk of having an avoidable admission to hospital. Changes in how care is provided to these people could improve outcomes for them and allow us to treat more people more effectively.

Analysis of expenditure in 2012/13 showed that:

- 2,332 people (2.5% of all Scottish Borders residents using selected major health services) accounted for half of all expenditure on those services.
- 1,451 people aged 65 and over (7% of Scottish Borders residents in this age group, who used any of the selected health services) accounted for half all expenditure on the over 65s across those services.

Source: Integrated Resource Framework (IRF), ISD, NHS National Services Scotland.

Unpaid Carers in the Borders

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

There appears to be a link between deprivation and providing care as 46% of unpaid 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 affects the carer's own health. 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. Support for carers is an issue that needs to be addressed.

WHAT THIS MEANS...

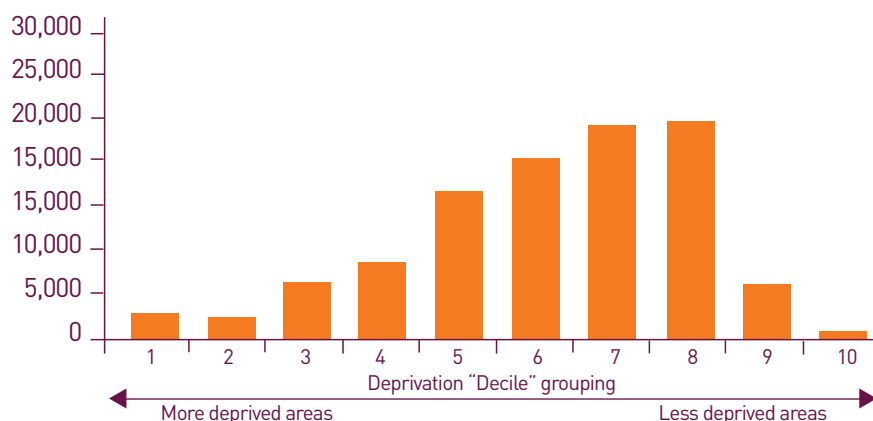
A range of easily accessible information and carer support needs to be a key priority to ensure the wellbeing of carers and to support them in their carer role.

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 9 below shows the spread of our population between 10 different categories of deprivation (with 1 being the most deprived and 10 being the least deprived). 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 local areas - in Burnfoot (Hawick) and Langlee (Galashiels) - continue to show as amongst the most deprived in Scotland.

FIGURE 9

SPREAD OF THE SCOTTISH BORDERS POPULATION BETWEEN 10 LEVELS OF DEPRIVATION



Source: Scottish Borders Strategic Assessment 2014

WHAT THIS MEANS...

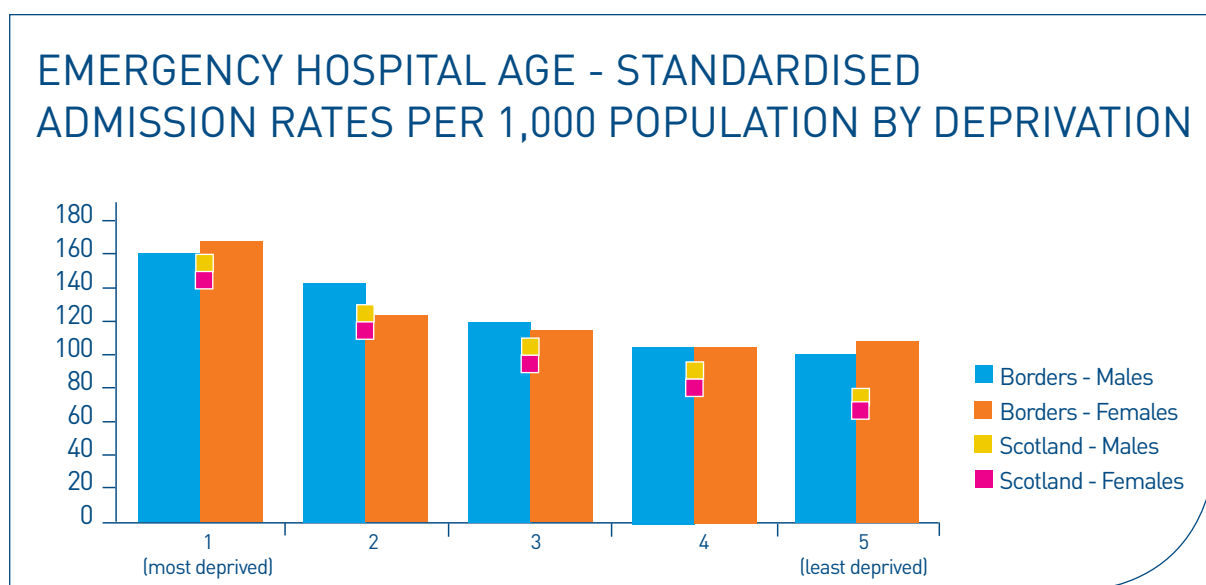
The Strategic Plan and locality plans that we will be developing must reflect the local needs of communities, recognising patterns of deprivation and inequality.

EMERGENCY HOSPITAL ADMISSIONS BY DEPRIVATION

The Borders follows the national pattern of having higher emergency hospital admission rates for people living in areas of higher deprivation as shown in Figure 10 below. The figure also shows that emergency admission rates in the Borders are higher than the Scottish average within any given deprivation grouping.

A 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 (see Appendix B).

FIGURE 10



Source: NHS Health Scotland (March 2015) Hospital discharges and bed days in Scotland by deprivation 2011-12.

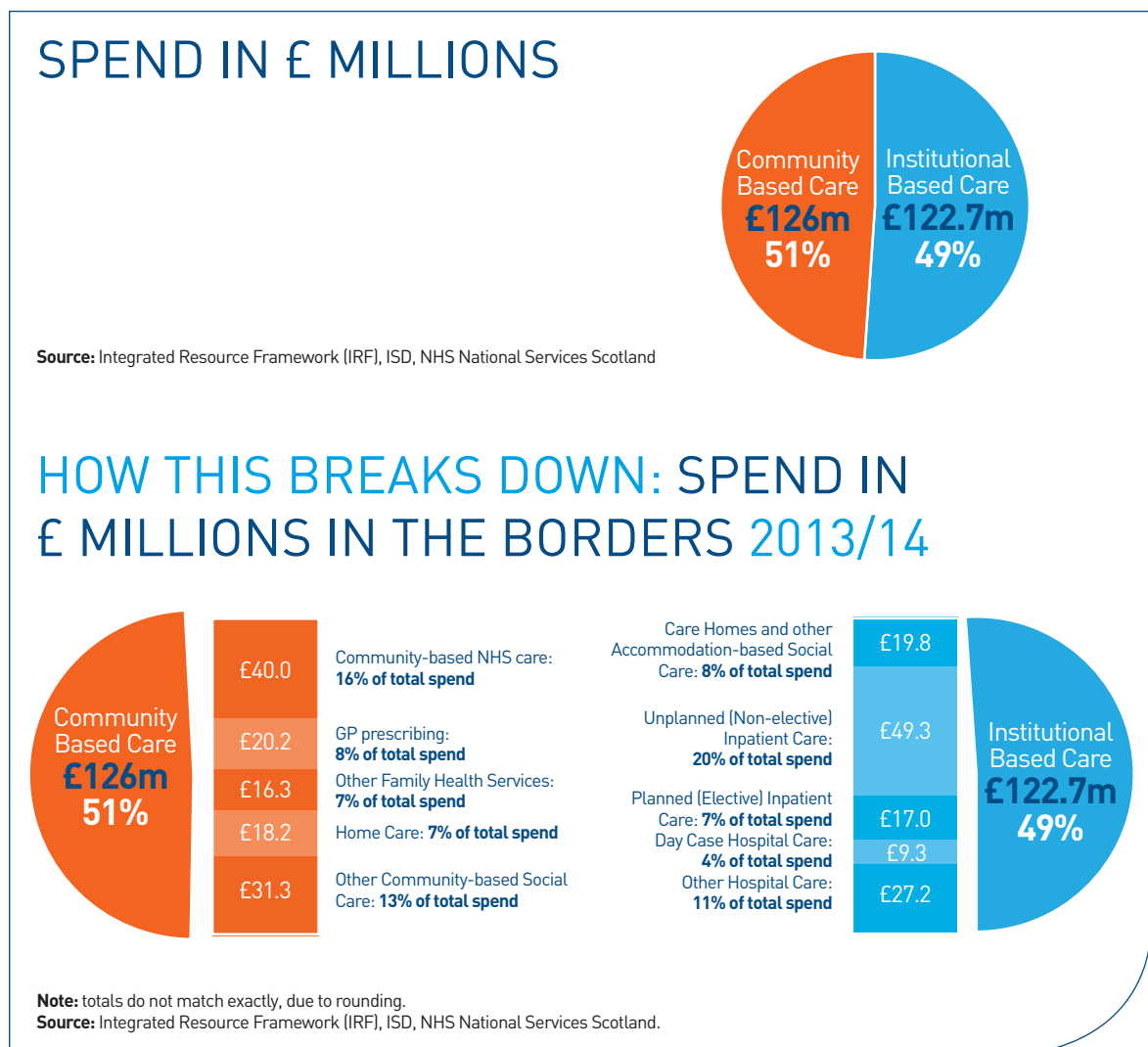
HEALTH AND SOCIAL CARE SPENDING 2013/14

The total NHS and social care spending in the Borders in 2013/14 was £248.7m. The overall spending was split 51% Community-Based Care versus 49% Institutional Care.

- Community-Based Care comprises all NHS community services, family health services including GP prescribing, and all social care expenditure excluding accommodation-based social care services.
- Institutional Care comprises all hospital-based care including outpatients, day case and day patients, plus accommodation-based social care services.

The Borders has already made significant progress towards the aim of providing more care in the community compared with Scotland as a whole, where the split was 44% on Community-Based Care versus 56% on Institutional care.

FIGURE 11



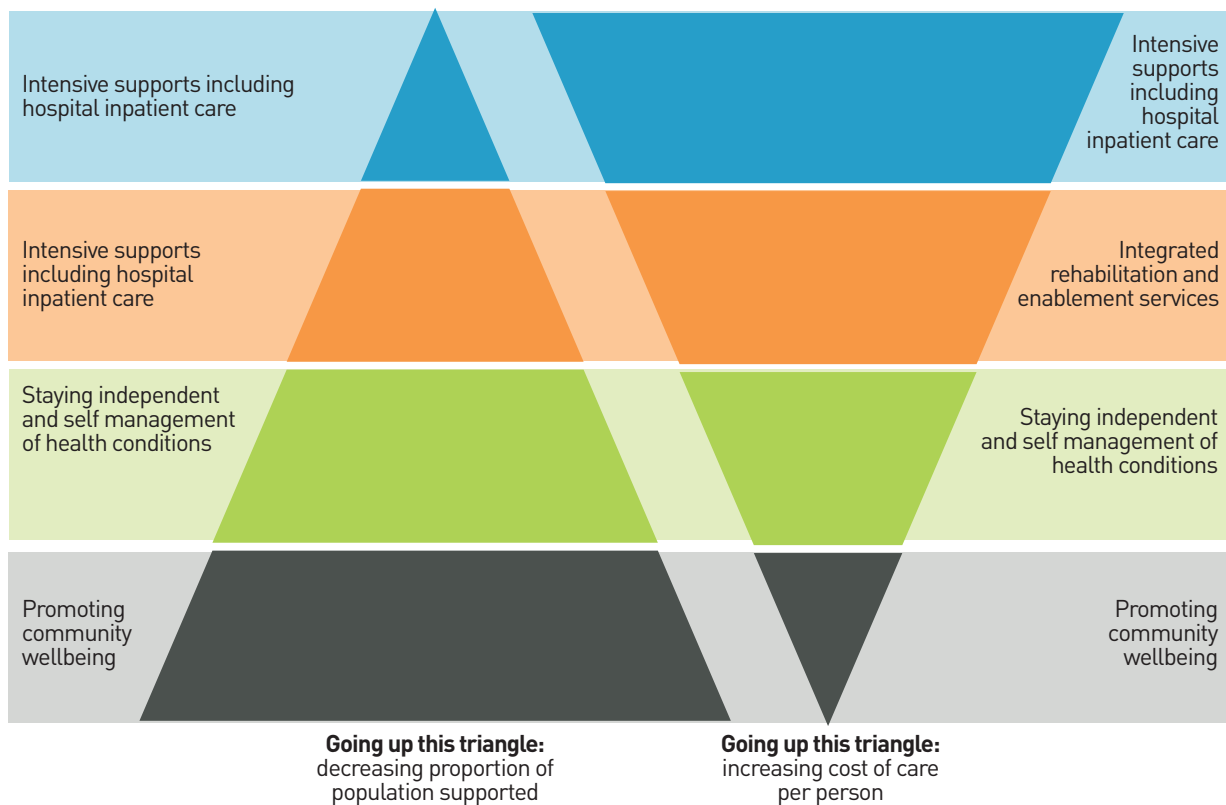
Shifting the Balance of Care Towards Prevention and Early Intervention

The aim of integrated health and social care services is to shift the balance of care towards prevention and early intervention to ensure that individuals have better health and well-being. Services need to be redesigned around the needs of the individual.

In Figure 12 below, services that promote health and well-being are shown at the bottom of each triangle, whilst intensive support services (such as acute hospital inpatient care) are shown at the top. The triangle on the left shows that a small number of people need the intensive support and care provided within hospital. However the triangle on the right shows that this small group of people use a large amount of total resource available for health and social care.

FIGURE 12

CURRENT CARE MODEL

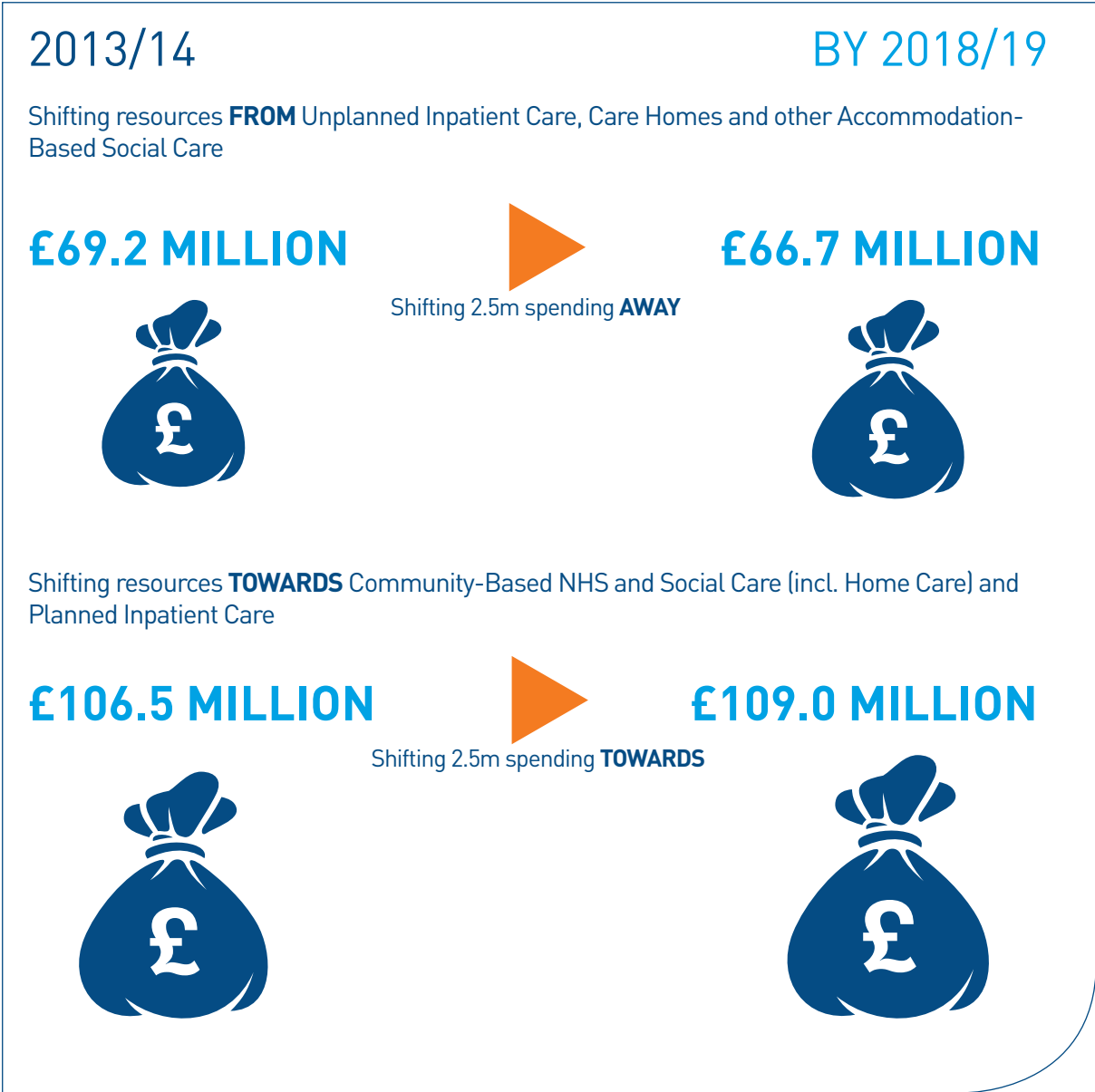


If we are able to improve health and well-being through preventive and supportive community-based care, resources can be moved and the balance of care shifted into the community as illustrated in figure 13.

What shifts do we need to make?

By shifting just 1% of our total spend of approximately £250m **FROM** Unplanned Inpatient Care and Institutional-Based Social Care **TOWARDS** Community-based NHS and Social Care and Planned Inpatient Care, we will use our resources more effectively. This will help us invest in new integrated ways of working particularly in terms of early intervention, reducing avoidable hospital admissions, reducing health inequalities, supporting unpaid carers and independent living.

FIGURE 13



The next section of this document describes the actions we will take to make this shift, the outcomes we will seek and the steps we will take to deliver our local objectives. We will describe the performance measures we will use to assess the progress we are making. In what follows we have taken into account what you have told us was important to you.

WHAT YOU SAID AND OUR PLANS

This section builds on the feedback we have received from our engagement with you over the past year. Each of our 9 Strategic Objectives is set out on the following pages with:

- a summary of your feedback relating to each objective
- an outline of how we intend to deliver what is needed to achieve the objective
- the activity identified in our current service strategies which relate to the objective
- related projects which are already underway
- what people can expect to see in terms of targets and outcomes against each objective over the next 3 years

Objective 9, We want to improve support for unpaid carers to keep them healthy and able to continue in their caring role, has been added as a new Strategic Objective following the last round of consultation in May and June of this year. This reflects the way in which engagement with the people who use and provide our services is central to the development of our Strategic Plan.

OBJECTIVE 1 -

We will make services more accessible and develop our communities

Strong communities are a real asset of the Borders. Community capacity building could make a big improvement to the health and independence of people.

What we heard you say is important to you:

- Be clear in the way communication is delivered and consider the audience.
- Build on existing work to increase to community capacity.
- Use community-based education from early age to encourage better lifestyles.
- Ensure information is up-to-date, accessible both off- and on-line and improve how people are directed to services.

We want to:

- Improve access to our services and information and assist people to help themselves
- Develop local responses to local needs
- Communicate in a clear and open way

This is how we intend to do this through our current services and strategies:

- Introduce area co-ordinators and involve service users in the design and delivery of services. (Learning Disability)
- Improve co-ordination for individuals and build capacity in communities to support older people at home. (Older People)
- Put people with dementia at the centre of planning and providing services and ensure they are able to live independently within their own homes and community. (Dementia)
- Improve information and advice to carers. (Carers)
- Strengthen partnership and governance structures. (Drugs and Alcohol).
- Achieve best outcomes for service users, foster recovery, social inclusion and equity. (Mental Health and Wellbeing)
- Improve access, develop integrated services, ensure quality services. (Sensory Impairment)
- Develop a multi-agency training strategy and programme, specialist development sessions and forums, disseminate knowledge, share good practice and enhance practitioner skills. (Adult Support & Protection)

These are some of the changes that we have started to make:

- **Burnfoot Community Hub** – supporting the creation of a Community Hub facility to allow delivery of a range of community services and activities.
- **Borders Community Capacity Building** – supporting older people in Cheviot, Tweeddale and Berwickshire to establish or create new activities in their local communities – initiated through co-production and self-sustainable.
- **Locality Planning/Locality Management** – Taking into account the varying needs of the Borders population, we will have local plans and aim to devolve some services accordingly.

What you can expect to see over the next three years:

- We would like to maintain 90% of adults in the Borders rating the overall care provided by their GP as “Excellent” or “Good” (higher than 87% overall for Scotland) in 2013/14. (Source: Health and Care Experience Survey 2013/14, Scottish Government.)
- We want to increase the proportion of adults who received help and care services in the Borders and rated the services as “Excellent” or “Good” in 2013/14 to 85% from 83%.
- We want to see the number of adults who agree that the help, care or support services they had received improved or maintained their quality of life from 83% (lower than the Scottish average of 85%) to 86%.

OBJECTIVE 2 -

We will improve prevention and early intervention

Ensuring that people struggling to manage independently are quickly supported through a range of services that meet their individual needs.

What we heard you say is important to you:

- Be more proactive about providing early intervention and prevention: support people better/earlier, and promoting existing services e.g. health checks at GP surgeries.
- More Anticipatory Care Planning for people and their main carer.
- Work with other organisations, staff and people to develop integrated approaches to prevention and promote personal responsibility.
- More acute care and services in local communities.

We want to:

- Prioritise preventative, anticipatory and early intervention approaches.
- Focus services towards the prevention of ill health, to anticipate early-on the need for support and to react where possible to prevent crisis.

This is how we intend to do this through our current services and strategies:

- Help the growing pool of 'young old' people to stay well through prevention measures. (Older People)
- Reduce the amount of drug and alcohol use through early intervention and prevention. (Drugs and Alcohol)

These are some of the changes that we have started to make:

- **Telehealthcare** – looking at how technology can be used to provide better home-based health care.

What you can expect to see over the next three years:

- We want to maintain 96% of Scottish Borders GP practice patients who felt that they were able to look after their own health 'very well' or 'quite well' (a little higher than the Scottish average of 94%). (Source: Health and Care Experience Survey 2013/14, Scottish Government.)

OBJECTIVE 3 -

We will reduce avoidable admissions to hospital

By appropriate support in the right place at the right time, we will ensure people are supported to remain in their own homes.

What we've heard you say is important to you:

- Ensure essential equipment is easily accessible at all times for people, staff, families and carers.
- Improve discharge planning to ensure it is clearly communicated and coordinated.
- Ensure there is an integrated response to prevent admissions.
- Increase self-referral and reduce waiting list times so that people can be supported as quickly as possible before their needs change.

We want to:

- Reduce unnecessary demand for services including hospital care. If a hospital stay is required we will minimise the time that people are delayed in hospital.

This is how we intend to do this through our current services and strategies:

- Helping older people to stay well through prevention measures; improving the coordination and help them in making their way through the health and social care system; building capacity in communities to support older people at home; and having appropriate housing in place to keep people independent. (Older People)

These are some of the changes that we have started to make:

- **Connected Care** – aims to create improved community support to prevent hospital admission and ensure timely discharge. We are working with other organisations to develop new and improved approaches to make this happen.

What you can expect to see over the next three years:

- We would like to reduce overall rates of emergency hospital admissions by 10% by improving health and care services for people in other settings.
- We would like to reduce the rate of multiple emergency hospital admissions in people aged 75 and over, by 10%, by improving health and care services for people in other settings.
- We will reduce instances of patients being readmitted to hospital within 28 days of discharge by 10%
- We will reduce falls amongst people aged 65 and over by 10%.

OBJECTIVE 4 -

We will provide care close to home

Accessible services which meet the needs of local communities, allows people to receive their care close to home and build stronger relationships with providers.

What we've heard you say is important to you:

- Ensure there are appropriate and accessible services in the community to support prevention.
- Ensure that the right staff are in place to support people who need to access services.
- Work more closely with our communities and organisations and make better use of local knowledge.
- Make the care profession a more attractive career.

We want to:

- Support people to live independently and healthily in local communities.

This is how we intend to do this through our current services and strategies:

- Introduce area co-ordinators and involve service users in the design and delivery of services. (Learning Disability)
- Work with other organisations so people with a physical disability can live as independently as possible; develop opportunities for people with a physical disability to fully engage in their local community; and improve access to public transport. (Physical Disability)
- Build capacity in communities to support older people at home and have appropriate housing in place to keep people independent. (Older People)
- Ensure people with dementia have access to services which enable them to remain independent within their own homes and community as long as practical. (Dementia)
- Develop a joint approach to commissioning; achieve the best outcomes for service users; foster recovery, social inclusion and equity; and achieve a balanced range of services. (Mental Health and Wellbeing)

These are some of the changes that we have started to make:

- **Health Improvement** – To support people to live well with long term conditions – we will promote self-management to empower people and their carers to actively engage in creating individualised care.
- **Borders Ability Equipment Store** – Ensure provision meets the future demands of a growing elderly population which will require additional equipment, technology options and support.

What you can expect to see over the next three years:

- We would like to see more people supported and cared for in their own homes or another homely setting, currently 65% in the Borders and 62% in Scotland overall.
- We would like to maintain the average proportion of the last six months of a person's life that they spent at home at 91.6%, a little higher than the Scottish average of 91.2%.
[Source: Health and Care Experience Survey 2013/14, Scottish Government].

OBJECTIVE 5 -

We will deliver services within an integrated care model

Through working together, we will become more efficient, effective and provide better services to people and give greater satisfaction to those who provide them.

What we've heard you say is important to you:

- More integrated and proactive local teams, sharing responsibility and enabling faster decision making.
- Recognise and clarify the roles of all organisations involved in providing health and care services and make better use of each other's skills and experience.
- Integrate IT systems between organisations to improve communications and information sharing.
- Ensure communities are considered individually when planning health and care services.

We want to:

- Ensure robust and comprehensive partnership arrangements are in place.
- Pro-actively integrate health and social care services and resources for adults.
- Integrate services, staff, systems and procedures.

This is how we intend to do this through our current services and strategies:

- Improve integration of health and social care provision. (Learning Disability)
- Improve the coordination and help for individuals making their way through the health and social care system. (Older People)
- Develop an integrated approach to commissioning, and achieve a balance of services. (Mental Health and Wellbeing)
- Improve access and develop effective and integrated quality services. (Sensory Impairment)
- Develop a multi-agency training strategy and programme, specialist development sessions and forums, disseminate knowledge, share good practice and enhance practitioner skills. (Adult Support & Protection)

These are some of the changes that we have started to make:

- **Mental Health Integration** – build on existing arrangements in Mental Health Service to integrate community teams.
- **Co-production approach** – working together between professionals and patients to review redesign and deliver integrated services.

What you can expect to see over the next three years:

- We would like to see the proportion of adults who agreed that their health and care services seemed to be well co-ordinated rise from 79% (the average for Scotland) to 85%. (Source: Health and Care Experience Survey 2013/14, Scottish Government.)
- We would like to reduce the number of bed-days occupied by adults due to delayed discharge across all ages, but particularly for those aged 75 and over from 84% to the Scottish average of 73%.
- We will do more to support and empower our staff and achieve a higher proportion of employees who would recommend their workplace as a good place to work. (Currently 56% of NHS Borders staff would recommend their workplace as a good place to work compared to 61% for NHS Scotland as a whole. The same question will be included in future council staff surveys.)

OBJECTIVE 6 -

We will seek to enable people to have more choice and control

Allowing people to have more choice and control of their health and social care services means they can receive the right services at the times they want to receive them.

What we've heard you say is important to you:

- Ensure services are flexible to address short- and long-term needs and to be as close to 24/7 as possible to allow people to access the services they need when they need them.
- Provide more housing options, giving people more freedom and choice.
- Increase availability of self-referral to access services and ensure consistency across services.
- Encourage more people to self-manage their conditions.

We want to:

- Ensure the principles of choice and control, as exemplified in Self Directed Support, are extended across all health and social care services.

This is how we intend to do this through our current services and strategies:

- Enable people with a physical disability to have choice and control over how they are supported to live independently. (Physical Disability)
- Ensure the needs of people with dementia are at the centre of all planning and provision of services specific to them. (Dementia)
- Improve the provision of information and advice to carers, improve quality of carer assessments/ support plans. (Carers)
- Improve access, develop effective and integrated services, ensure high quality of delivery of services. (Sensory Impairment)
- Develop a multi-agency training strategy and programme, specialist development sessions and forums, disseminate knowledge, share good practice and enhance practitioner skills. (Adult Support & Protection)

These are some of the changes that we have started to make:

- **Self-Directed Support** – is now being implemented across health and social care services.
- **Dementia** – The Scottish Borders Dementia Strategy is being updated to align it with national strategies. One area of focus is Post Diagnostic Support for people who are recently diagnosed. New models are being explored. Another area of development is a local Dementia Working Group which, with support for Alzheimer Scotland, will ensure people with dementia have their voices heard and are involved in service development. The group will link to the Scottish Dementia Working Group and will have opportunities to be involved with strategic developments at a national level.

What you can expect to see over the next three years:

- We want to increase the proportion of adults who received help and care services in the Borders and agreed that they were supported to live as independently as possible from 83% (a little lower than the Scottish average of 84%) to 85%.
 - We want to improve upon the 80% of those recipients of help and care services who agreed that they had a say in how their help, care or support was provided (lower than the 83% average for Scotland) to 85%.
- (Source: Health and Care Experience Survey 2013/14, Scottish Government.)

OBJECTIVE 7 -

We will further optimise efficiency and effectiveness

Strategic Commissioning requires us to constantly analyse, plan, deliver and review our services which give us flexibility to change what we do and how we do it.

What we've heard you say is important to you:

- Improve clarity of decision making process and enable decisions to be made more quickly.
- Ensure that we make the most of our staff through training and flexibility and create more opportunities to offer additional support.
- Acknowledge and address changes from traditional roles like District Nurses and Carers.
- Value and support our volunteers.
- Make better use of our existing resources – buildings, people, and finance to ensure that they are sufficient and used as effectively and efficiently as possible.

We want to:

- Transform the way we provide services.
- Efficiently and effectively manage resources to deliver “Best Health, Best Care, Best Value”.
- Support and develop our staff.

This is how we intend to do this through our current services and strategies:

- Make efficient use of the funding and other resources available. (Dementia)

These are some of the changes that we have started to make:

- **Transitions** – focusing on young people who have a diagnosed learning disability and who are moving from children's to adult's services across Health, Social Care, Children's Services and Education to improve the transition.
- **My Home Life** – offer training to managers to help improve quality of life in care homes.
- **Focus on Outcomes Training** – deliver a new outcome-focused assessment for social care and associated training.

What you can expect to see over the next three years:

- We will do more to support and empower our staff and achieve a higher proportion of employees who would recommend their workplace as a good place to work. (Currently 56% of NHS Borders staff would recommend their workplace as a good place to work compared to 61% for NHS Scotland as a whole. The same question will be included in future council staff surveys.)
- We would like a higher proportion of our budget to be spent on community-based health and social care and planned hospital care. In the Borders, 20% of all NHS and Social Care expenditure in 2013/14 was in relation to hospital stays, where the patient was admitted as an emergency. This is lower than the Scottish average of 22%. (Source: Integrated Resource Framework, www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/index.asp)

OBJECTIVE 8 -

We will seek to reduce health inequalities

Ensuring that people do not miss out on services due to, for example, a health condition, or lack of easy access to transport.

What we've heard you say is important to you:

- Ensure openness and consistency around access to services.
- Work with communities to address loneliness, deprivation and inequality and empower them to develop their own solutions.
- Work with local transport providers across all sectors to provide appropriate and accessible transport services.

We want to:

- Reduce inequality, in particular health inequality and support and protect those who are vulnerable in our communities.

This is how we intend to do this through our current services and strategies:

- Develop a Carers Rights Charter, ensure carer representation on Health and Social Care Partnership. (Carers)
- Reduce the amount of drug and alcohol use through early intervention and prevention, reduce drug and alcohol related harm to children and young people, improve recovery outcomes for service users and reduce related deaths. (Drugs and Alcohol)
- Improve access, develop effective and integrated services, ensure high quality of delivery of services. (Sensory Impairment)

These are some of the changes that we have started to make:

- **Transport Hub** – Scottish Borders Council, NHS Borders, The Bridge, Red Cross, Berwickshire Association of Voluntary Services and Royal Voluntary Service are working as partners to put in place a coordinated, sustainable approach to providing community transport.
- **Community Learning Portal** – provide free access to the Community eLearning Portal for staff in partner organisations.
- **Stress & Distress Training** – provide training in a personalised way to understanding and intervening in stress and distressed behaviours in people with dementia. This training aims to improve the experience, care, treatment and outcomes for people with dementia, their families and carers.
- **Deaf Awareness E-learning** – create an e-learning training resource focusing on the needs of older people with hearing loss. Initially the training will be available to Scottish Borders Council and NHS staff, but the intention is to ensure that partner organisations have access to it in the future.

What you can expect to see over the next three years:

- We want to improve and increase the percentage of adults who received help and care services in the Borders who agreed that they felt safe from 81% (lower than the Scottish average of 85%) to 86%. (Source: Health and Care Experience Survey 2013/14, Scottish Government.)
- We would like to maintain the downward trend in the Borders in death rates in people aged under 75.

OBJECTIVE 9 -

We want to improve support for unpaid Carers to keep them healthy and able to continue in their caring role

What we've heard you say is important to you:

- Improve support for carers to avoid deterioration in their own health and well-being and prevent crisis.
- Encourage people to recognise their roles as carers and ensure carers are involved in decision making and planning.

We want to:

- Improve support for carers so they can avoid deterioration in their own health and well-being and prevent crisis.
- Encourage people to recognise their roles as carers and ensure carers are involved in decision making and planning.

This is how we intend to do this through our current services and strategies:

- Ensure the needs of carers are considered alongside those of the person living with dementia. (Dementia)
- Develop a Carers Rights Charter, improve communication and advice to carers, improve quality of carer assessments and support plans, ensure carer representation on health and social care partnership and produce a resource on issues relating to stress and caring. (Carers)

These are some of the changes that we have started to make:

- **Carers** - We have commissioned the Carers Centre to be the first point of contact for Carers' Assessments. This model has been extremely successful and reduced the length of time for Carers waiting for assessment. However not all Carers are accessing the Centre. Work is underway to consider how we can promote the service and additionally how the Carers Centre can be supported to meet increased demand.

What you can expect to see over the next three years:

- We want to increase the percentage of unpaid carers reporting that they feel supported to continue caring from 41% (lower than the Scottish average of 44%) to 50%.
- We want to support unpaid carers in the Borders so that fewer carers feel caring has had a negative impact on their health and well-being and reduce this figure from 30% to 20%. (Source: Health and Care Experience Survey 2013/14, Scottish Government.)

Planning for Change – Key Priorities

A fund of £6.39m over three years has been provided to integrate services. Detailed below are the priorities for 2016/17.

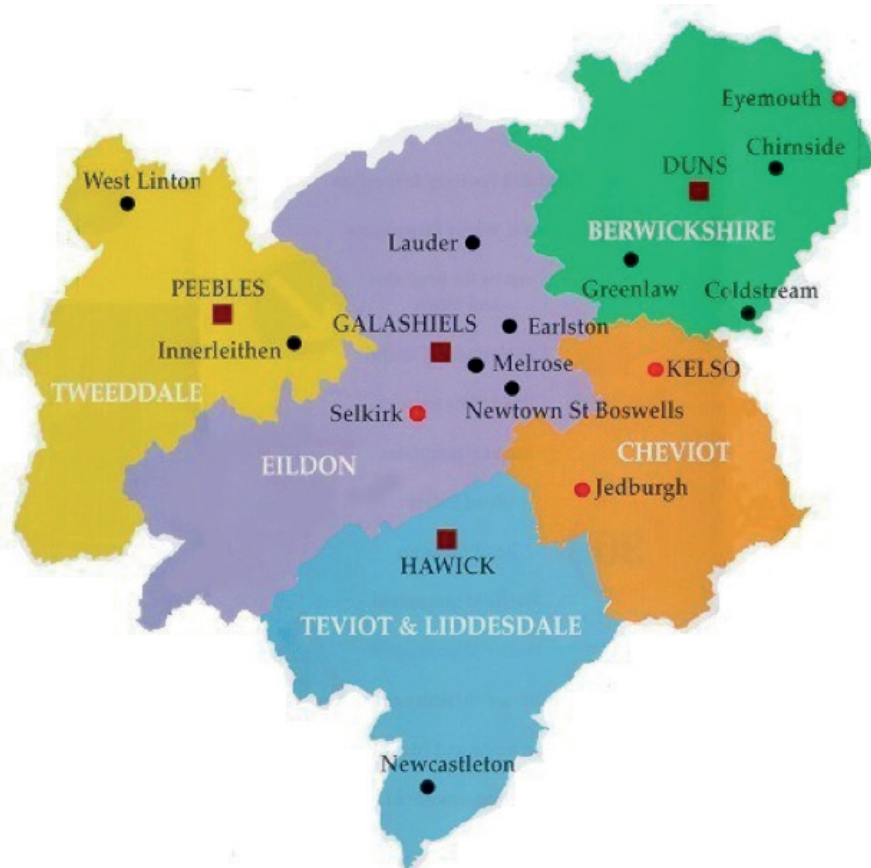
- To develop integrated accessible transport.
- To integrate services at a local level.
- To roll out care coordination to provide a single point of access to local services.
- Work with communities to develop local solutions.
- Provide additional training and support for staff and for people living with dementia.
- Further develop case for extra care housing for older people in Berwickshire.
- To promote healthy living and active ageing.
- To improve planning for young people moving from young people services to adult services.
- To improve the quality of life of people with long term conditions by promoting healthy lifestyles, access to leisure services, along with support from the Third Sector.
- Promote support for independence and reablement so that all adults can live as independent lives as possible.

LOCALITY PLANNING

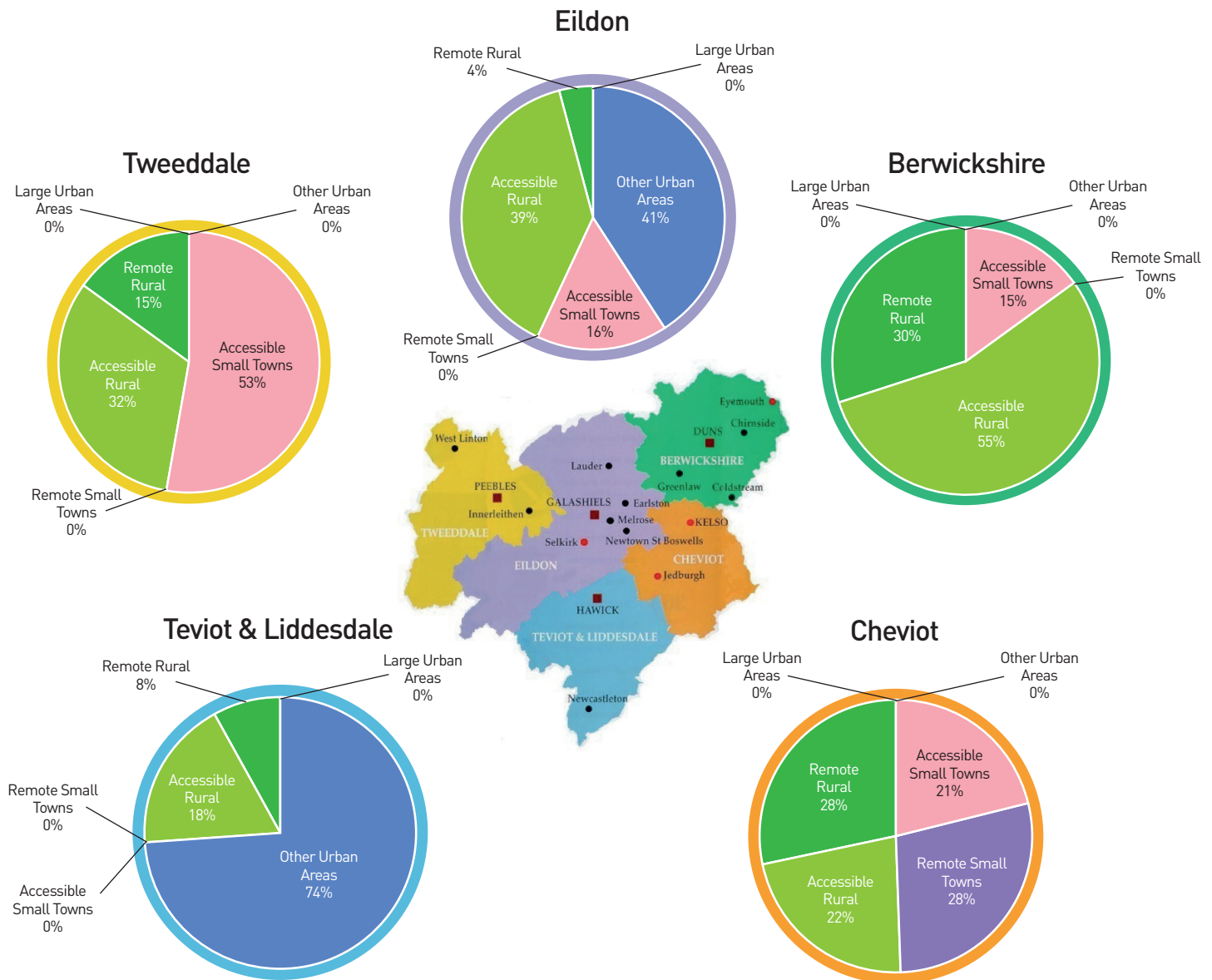
There are five commonly recognised localities in the Borders as the map on the following page shows. These are based on the five existing Area Forum localities - Berwickshire, Cheviot, Eildon, Teviot & Liddesdale, and Tweeddale. The summary profiles for each of the five localities show some of the differences between them. As part of the planning process, we will build more detailed locality profiles, including a wider range of measures relevant to health and social care. This will allow us to target need most appropriately.

We have set up a group to oversee the development of planning in each of the five localities. Service users, carers, communities and health and social care professionals – including GPs – must be actively involved in locality planning so that they can influence how resources are spent in their area.

Working together in this way is central to our approach. Where appropriate, we will devolve resources towards the delivery of particular local outcomes. We will develop services in localities through discussion with individuals, families and carers. Planning groups will be established in each locality. The role of the locality planning groups will be to identify local priorities and help shape plans to address them.



OUR AREA FORUM LOCALITIES AND THEIR URBAN RURAL POPULATION PROFILES



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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.

Source: Scottish Government Urban/Rural Classification 2013/14 and National Records of Scotland.
www.gov.scot/Publication/2014/11/2763/downloads



Tweeddale

- Estimated population in 2013: 19,192.
- 41% of live in its largest settlement, Peebles (population 7,908), whilst 59% live in smaller settlements or rural areas.
- The locality with the highest proportion of its population aged under 16 (18.7%). 60.1% of the population are aged 16-64 and a further 21.2% are aged 65+.
- In 2014/15 there were 16.6 attendances at Borders General Hospital A&E for every 100 population.
- In 2011-2013 the emergency hospital admission rate was 80 per 1,000 population.

Eildon

- Estimated population in 2013: 38,798. Our largest locality in population terms (over one third of Scottish Borders residents live here).
- Nearly one third of residents live in Galashiels (estimated population 12,394) and another 14% in Selkirk (estimated population 5,608).
- The locality with the highest proportion of its population aged 16-64 (62.3%) and the lowest proportion aged 65+ (20.5%). A further 17.2% of the population are aged under 16.
- In 2014/15 there were 27.3 attendances at Borders General Hospital A&E for every 100 population – this is the highest rate across our localities.
- In 2011-2013 the emergency hospital admission rate was 93 per 1,000 population; this is the highest rate across our localities.

Berwickshire

- Estimated population in 2013: 20,862.
- No large towns; most people live in small settlements or rural areas. Eyemouth (population 3,152) and Duns (population 2,444) are the largest settlements here.
- 15.8% of the population are aged under 16, 60.0% are aged 16-64, 24.2% are aged 65+.
- In 2014/15 there were 15.8 attendances at Borders General Hospital A&E for every 100 population – this is the lowest rate across our localities.
- In 2011-2013 the emergency hospital admission rate was 79 per 1,000 population.

Cheviot

- Estimated population in 2013: 16,407. Our smallest locality in population terms.
- More than 60% of residents live in Kelso and Jedburgh, which have estimated populations of 6,139 and 3,959, respectively.
- The locality with the highest proportion of its population aged 65+ (25.6%). It also has the lowest proportions of children aged under 16 (15.6%) and people aged 16-64 (58.8%).
- In 2014/15 there were 19.7 attendances at Borders General Hospital A&E for every 100 population.
- In 2011-2013 the emergency hospital admission rate was 75 per 1,000 population; this is the lowest rate across our localities.

Teviot & Liddesdale

- Estimated population in 2013: 18,611.
- Nearly three-quarters of the population live in the town of Hawick (estimated population 13,696).
- 15.7% of the population are aged under 16, 60.6% are aged 16-64, 23.7% are aged 65+.
- In 2014/15 there were 23.4 attendances at Borders General Hospital A&E for every 100 population.
- In 2011-2013 the emergency hospital admission rate was 87 per 1,000 population.

WHAT WILL SUCCESS LOOK LIKE



PLANNING FOR INTEGRATED SERVICES

The two case studies here illustrate how ordinary people should experience a better integrated health and social care service.

PAMELA AGE 57

I'm Pamela and I've lived in Innerleithen most of my life. I live with my husband Owen and our daughter Jane. My 83 year old Father lives in sheltered housing nearby and our eldest daughter Jillian lives 7 miles away in Peebles. I have a lot of friends who live in the area.



MY SITUATION	MY THOUGHTS	INTEGRATION FOR ME
I look after my 3 year old grandson, Jack, 3 times a week. I visit my elderly father every day and I am the first responder to his Bordercare alarm. I recently had a Carer Assessment carried out.	I recently realised how much I've been looking after my Father. I love my Father and I want to care for him, but sometimes, I resent being his first responder and I feel I sacrifice things that are important to me to look after him. I feel guilty for thinking these things. Sometimes I don't understand what's happening with his care. I worry a lot about him.	<ul style="list-style-type: none"> Coordinated health and care teams Single point of access More support for unpaid carers Clear information on available services
I live in a modern, rented house. My husband Owen and I don't drive so we rely on public transport.	I love where I live and I like that I can walk to shops and the bus stop. But I find organising transport to get my Father to appointments can be really difficult.	<ul style="list-style-type: none"> A single number to book transport Easier access to more coordinated services
Owen recently retired for health reasons. My Father has dementia and is prone to falling. Jane is taking her higher exams. I love looking after Jack and seeing Jillian. Her partner Bill is nice too.	Owen is eight years older than me. He struggles with depression and I feel I need to be with him, which can result in me not being able to spend enough time with my Father or Jane. My Father falls occasionally. He has been recommended to attend gentle exercise classes but he says no.	<ul style="list-style-type: none"> More ways to address social isolation in a community Building community capacity to support people in communities
I work part-time in a shop in nearby Galashiels.	I've considered reducing my hours to spend more time with my Father and my family, but I can't for financial reasons. I often have calls to make or receive about my Father when I'm at work which is challenging as I've limited flexibility. I sometimes have to take leave to take him to appointments.	<ul style="list-style-type: none"> More options to support people to attend appointments Increased health and social care service hours.
I've high blood pressure, arthritis and anxiety. I'm a cancer survivor. I take many prescription drugs. I've been a heavy smoker for years.	I don't take the best care of myself because by the time I've looked after my Father, grandson, Owen, daughter, been to work and volunteered at Church I'm often too tired. I tend not to tell Owen about my worries because of his depression. Smoking helps me feel more relaxed, but I've noticed I smoke more now. I'm quite anxious so I was grateful that the Carer's Assessment lady listened to me.	<ul style="list-style-type: none"> Locally available acute health and care services Anticipatory care planning for my Father, Owen and me Coordinated teams with a lead worker
Owen and I have many friends here. I enjoy volunteering at my local church.	We have a good community with neighbours and friends helping out. I've school friends and friends at Church, so every once in a while, if things are ok, I meet them for lunch. My Father is isolated and he would really like visits from people as he has trouble going out.	<ul style="list-style-type: none"> Building community capacity to support people within communities

CHARLIE

AGE 78

I'm Charlie. I've lived in Kelso since I retired here 15 years ago with my wife, Sandra, who died 5 years ago. I've been alone since. My two children live far away. They come for visits, but they have busy lives and their own families. I love Kelso, I feel safe and happy here, apart from being so far from my family.



MY SITUATION	MY THOUGHTS	INTEGRATION FOR ME
I am a widower. I don't need health and care services at the moment.	I feel capable, but having recently had a fall, I had a bit of a fright and I was admitted to hospital for a short while. It was sad as I had no visitors which made me start to think about what would happen to me when I do need more help. I don't want to be a burden to my children. I always thought I would grow old with Sandra. There are home carers who can help me, but I would prefer to have someone I could rely on, not a lot of different people.	<ul style="list-style-type: none"> • Ensure appropriate staff and services in place when people need them • Review Home Care to adapt to changes in carer roles • Local coordinated and integrated teams
I live in a 3 bedroom house with a large garden, on the outskirts of the town. I drive, but I'm less confident now so I don't like driving.	I know my house is too big and I cannot manage the garden alone, but I don't want to move and start over with a new house and neighbours. I'm a 10 minute walk to the bus stop and buses are regular but if I need to go to the Hospital, I have to change buses. I feel I need to drive more and more.	<ul style="list-style-type: none"> • Coordinated local transport • Bigger range of locally based housing options
My son Paul lives in England. My daughter Steph and her family moved to Florida 3 years ago.	Paul visits every couple of months. I can see he's worrying about me and I know Steph feels guilty for being so far away. I want to be able to reassure them I have a plan for any future needs and that I can support myself. Paul wants me to move near him but I don't deal with change very well.	<ul style="list-style-type: none"> • Anticipatory Care Planning
I'm retired. I had to step back from my voluntary work at my bowls club which I enjoyed.	I liked being Treasurer of my local bowls club. My friend introduced me to bowls and she takes me when she can, but she can't make it every week. I had to give up being Treasurer as it became too much. I don't feel as fulfilled as I did. I would love to do more voluntary work.	<ul style="list-style-type: none"> • Appropriate volunteering opportunities for older people
I'm slowing down and finding things harder. I've many medications, I'm not sure what they are and why I take them.	I like to keep active and I do drive when I need to, usually to appointments and shops. It was a scary when I fell, but I don't think I needed to go to the emergency department, but I couldn't be checked locally. I felt very overwhelmed by the number of people asking me the same questions – surely the staff can look it up on my medical notes?	<ul style="list-style-type: none"> • Locally based services • Better information sharing across organisations
When Sandra was alive we did lots of things together, but it's not the same without her.	I feel lonely without my wife and not as confident to socialise with people. My neighbours are lovely, but I don't see them as often as I used to. I wish there were more activities and groups for older people like me.	<ul style="list-style-type: none"> • Community based groups and activities

PLANNING INTO THE FUTURE

The Strategic Plan will only be the beginning. It will be a living working document which will change and grow throughout its life. It will build on feedback from people living in the Borders. It will be reviewed at least every three years, based on an on-going assessment of need. In the future, we will focus particularly on how to meet the needs of people who use services in local communities.

Throughout the last 12 months we held a number of engagement events for both the public and staff. The information we received from these events has been used to inform this document. For example, the 9th local objective on support for unpaid carers was added as a direct result of your feedback. Thank you to all who came along and contributed.

In the coming months, we will be arranging another round of events to discuss this draft and how we can improve on it in finalising this initial Strategic Plan by early 2016. We want to know what you think about this second draft and look forward to receiving your feedback.

WE WANT TO HEAR FROM YOU

We want to hear your thoughts and views and help us shape our Strategic Plan moving forward. What matters to you is important to us and this is your opportunity to influence the way our services are delivered through Health and Social Care.

Please return this response sheet by 11th December 2015 at the latest to the FREEPOST RRBU-KBCB-JBJG Integration, Strategic Policy Unit, Scottish Borders Council, Newtown St Boswells, Melrose TD6 0SA. Alternatively, you can complete the Electronic Feedback Form which you will find by clicking on the following link: www.scotborders.gov.uk/integration

QUESTION 1: Have we got the right priorities, if not what changes would you like to see?

QUESTION 2: Do you think the targets set out in the plan (on pages 21 to 29 at the bottom of each page) are ambitious enough or too ambitious?

QUESTION 3: Do you think the plan will address the concerns of your community, if not what changes would you make?

QUESTION 4: Is there enough detail or information in this plan for you and, if not, what more would you like to see?

QUESTION 5: Is there anything else that you think we should be doing apart from the projects outlined within this document?

QUESTION 6: How can we support people to prevent ill-health and make good recovery?

APPENDIX A

SERVICES THAT ARE INTEGRATING

Which health and social care services are we integrating?

Our partnership will be responsible for planning and commissioning integrated services and overseeing their delivery. These services are all adult social care, primary and community health care services and elements of hospital care which will offer the best opportunities for service redesign. The total resource within the partnership is £135.2 million. The partnership has a key relationship with acute services in relation to unplanned hospital admissions and will continue to work in partnership with Community Planning Partners. This includes charities, voluntary and community groups so that, as well as delivering flexible, locally based services, we can also work in partnership with our communities.

SOCIAL CARE SERVICES

- Social Work Services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental Health Services
- Drug and Alcohol Services
- Community Care Assessment Teams
- Care Home Services
- Adult Placement Services
- Health Improvement Services
- Re-ablement Services
- Aspects of housing support including aids and adaptations
- Day Services
- Local Area Co-ordination
- Respite Provision
- Continence Services

ACUTE HEALTH SERVICES

- Accident and Emergency
- General Medicine
- Geriatric Medicine
- Rehabilitation Medicine
- Respiratory Medicine
- Psychiatry of Learning Disability
- Palliative Care Services

COMMUNITY HEALTH SERVICES

- District Nursing
- General Medical Services
- Public Dental Services
- General Dental Services
- Ophthalmic Services
- Community Pharmacy Services
- Community Geriatric Services
- Community Learning Disability Services
- Mental Health Services
- Continence Services
- Kidney Dialysis outwith the hospital
- Services provided by health professionals that aim to promote public health
- Community Addiction Services
- Community Palliative Care
- Allied Health Professional Services

APPENDIX B

THE NATIONAL HEALTH AND WELLBEING OUTCOMES

The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through improving quality across health and social care.

By working with individuals and local communities, Integration Authorities will support people to achieve the following outcomes:

Nine National Outcomes	
Outcome 1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
Outcome 2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
Outcome 3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
Outcome 4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Outcome 5	Health and social care services contribute to reducing health inequalities.
Outcome 6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
Outcome 7	People using health and social care services are safe from harm.
Outcome 8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
Outcome 9	Resources are used effectively and efficiently in the provision of health and social care services.

Source: Scottish Government

APPENDIX C

OUR LOCAL OBJECTIVES AND THE NATIONAL OUTCOMES CROSS-REFERENCED

Our Local Objectives are:

1. We will make services more accessible and develop our communities
2. We will improve prevention and early intervention
3. We will reduce avoidable admissions to hospital
4. We will provide care close to home
5. We will deliver services within an integrated care model
6. We will seek to enable people to have more choice and control
7. We will further optimise efficiency and effectiveness
8. We will seek to reduce health inequalities
9. We want to improve support for unpaid Carers to keep them healthy and able to continue in their caring role

The National Outcomes cross-referenced with Our Local Objectives

National Outcomes	1	2	3	4	5	6	7	8	9
Local objective 1	★	★	★	★		★		★	
Local objective 2	★	★		★	★			★	
Local objective 3	★	★							★
Local objective 4	★	★	★	★	★	★			★
Local objective 5				★				★	★
Local objective 6	★	★	★	★	★	★	★		
Local objective 7								★	★
Local objective 8	★	★	★		★	★	★		
Local objective 9	★	★	★	★	★	★	★		

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Draft Integrated Children and Young People's Plan

IN THE SCOTTISH BORDERS 2015-2018
SUMMARY



DRAFT INTEGRATED CHILDREN & YOUNG PEOPLE'S PLAN 2015-2018

INTRODUCTION

This Integrated Children and Young Peoples Plan (ICYPP) has been developed by the Scottish Borders Children & Young People's Leadership Group. The members are from Scottish Borders Council, NHS Borders, Police Scotland, Scottish Children's Reporter Administration and the third sector organisations who are responsible for providing services for children and young people across the Scottish Borders. The plan sets out how services will work together to make things better for all children and young people, to help them have a good start in life and to go on to have success as adults.

Whilst a large number of our children are doing really well across many areas of their lives, we know that some because of where they live or their family arrangements need extra support to ensure they can have the success other children and young people achieve. Over the next 3 years, the Children & Young People's Leadership Group will aim to make sure that all children and young people can achieve their potential regardless of their background.

David Parker

Chair of Community Planning Partnership

DEVELOPING THE PLAN

In developing this plan, the Leadership Group has worked e to understand more fully where extra attention is needed to make things better for children and young people in the Scottish Borders. The Scottish Borders is a safe and healthy place to live when compared with other areas in Scotland. However, information has shown that just living in certain areas can make things more difficult and this means that:

- In some areas, exam results are not as good as across the Scottish Borders as a whole
- In some communities, children and young people have poorer health and wellbeing.

Taking forward this plan will mean that services will continue to work together and will concentrate on reducing the differences that are experienced by some children and young people across the Scottish Borders. The Leadership Group will make sure that all services use the key aims of the United Nations Convention on the Rights of the Child (UNCRC) and the Getting It Right For Every child approach to provide the right support for our children and young people.

The Children and Young People's Leadership Group is proud of the services for children and young people in the Scottish Borders. There have been some real achievements and improvements over the last 3 years, some examples of these are:

- The Wellbeing Web tool has been introduced to obtain the views of children and parent/carers and to track the progress of support
- Members of the Youth Parliament have been supported to represent the views of young people
- An innovative set of integrated services have been established to provide support for children and young people affected by domestic abuse
- Early Years Centres have opened in 3 target areas
- Fostering and residential services have achieved improving grades in recent care inspections
- The Psychology of Parenting programme has been introduced in the Scottish Borders
- There has been an upward trend over the last 4 years in attainment levels for young people.

However it is clear that there is more to do. Below is the vision for our services.

OUR VISION FOR CHILDREN AND YOUNG PEOPLE IN THE SCOTTISH BORDERS



The following priorities have been included in the plan as areas where children and young people's services will focus on more closely over the next 3 years.

PRIORITIES

- Raising attainment and achievement for all and closing the gap between the lowest and highest achievers
- Improving health and reducing health inequalities
- Keeping children and young people safe
- Improving the wellbeing and life chances for our most vulnerable children and young people
- Increasing participation and engagement.

WHAT WILL SUCCESS LOOK LIKE?

Over the next 3 years, we aim to make real improvements in the following ways:

- Reduce the differences in exam results between the highest achieving areas and those communities that have the lowest exam results
- All Children and Young People have the knowledge and skills to proceed to adult working life
- Differences in the health outcomes that children and young people experience will be reduced, taking account of the importance of family situation and background. To make improvements in health for all children and young people we will expand the range of activities and opportunities available in and out of school
- Ensure that children and young people who need extra support feel more secure and cared for and fewer children and young people experience abuse and neglect
- The life chances for all children and young people will be improved regardless of their own backgrounds and family arrangements
- Ensure that our children and young people are encouraged to be involved in planning and to have a say in how services are provided.

To achieve these priorities, we will review the way services are organised to ensure that a range of services is available across the Scottish Borders. Our staff are skilled and committed and the right training will be provided to help them make things better for our children and young people.

Below are some examples of the type of work which will be taken forward over the next 3 years to achieve improvements:

- every young person leaving school in the Scottish Borders will have the offer of a job, training or further education opportunity
- there will be an increase in the number of schools that will work together to focus on improving exam results for young people in the communities right across the Borders
- It will be easier for parents to be involved in all parts of children and young people's learning, providing ways for families to learn together
- services will be organised across the Borders to better support children and young people as soon as they need help in order to stop problems becoming more serious
- the mental health needs of children and young people will be considered in the same way as physical needs and mental health support will be increased if required
- staff will continue to have access to the right kind of training to help them build and increase the skills, knowledge and confidence to keep children and young people safe
- young people who may self-harm will be more easily identified and supported
- arrangements and support for children and young people who are in care will be improved
- children and young people will be better supported to deal with a range of difficulties
- the range of volunteering opportunities for children and young people will be increased.

CONSULTATION QUESTIONS

QUESTION 1: Do we have the right priorities?

Please provide details of any areas we also need to consider.

YES

NO

QUESTION 2: Do you agree with the aims and outcomes set out in the plan?

YES

NO

QUESTION 3: Do you think that the plan will help us deliver our vision that all children and young people achieve their unique potential?

YES

NO

QUESTION 4: Is the plan easy to understand?

YES

NO

QUESTION 5: Is it clear around what it hopes to achieve for children and young people?

YES

NO

QUESTION 6: To be able to deliver on the priorities we have set out in the plan, what areas do you think we should focus on in the next 3 years?

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CHILDREN AND YOUNG PEOPLE

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Draft Integrated Children and Young People's Plan

IN THE SCOTTISH BORDERS 2015-2018

CHILDREN AND YOUNG PERSONS
LEADERSHIP GROUP



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WORKING IN PARTNERSHIP WITH



DRAFT INTEGRATED CHILDREN & YOUNG PEOPLE'S PLAN 2015-2018

FOREWORD

The Community Planning Partnership is committed to improving the wellbeing of all children and young people across the Scottish Borders. We translate this commitment into action through the work of the Children and Young People's Leadership Group which brings together partners from Scottish Borders Council, NHS Borders, Police Scotland, the Scottish Children's Reporter Administration and the voluntary sector. The Group focuses on shared priorities to deliver meaningful and sustainable improvements to the lives of all our children and young people, particularly the most vulnerable.

The planning and delivery of our services are underpinned by the principles of the United Nations Convention on the Rights of the Child (UNCRC) and contribute to the Community Planning Partnership (CPP) Single Outcome Agreement.

By embedding 'Getting It Right For Every Child' (GIRFEC), we will ensure that all our children and young people are safe, healthy, achieving, nurtured, active, respected, responsible and included achieving their unique potential and making a positive contribution to society.

Scottish Borders offers rich opportunities for children and young people to thrive and go on to be confident and successful adults. We want outcomes for all our children and young people to improve whilst closing the gap between our most deprived and least deprived families and communities, targeting resources at our most vulnerable children and young people.

A strong emphasis on developing early years services will enable us to reduce the cycles of poverty, inequalities and poor outcomes and will allow us to provide all children and young people with the best start in life, helping them to achieve their full potential within nurturing and supportive environments.

This plan builds on the achievements of the previous Children and Young People's Services Plan 2012-2015. It also sets out a vision and priorities for the future, highlighting our full commitment to work together in partnership to pursue improved outcomes for all children, young people and families.

David Parker

Chair of Community Planning Partnership



DRAFT INTEGRATED CHILDREN & YOUNG PEOPLE'S PLAN 2015-2018

1. INTRODUCTION

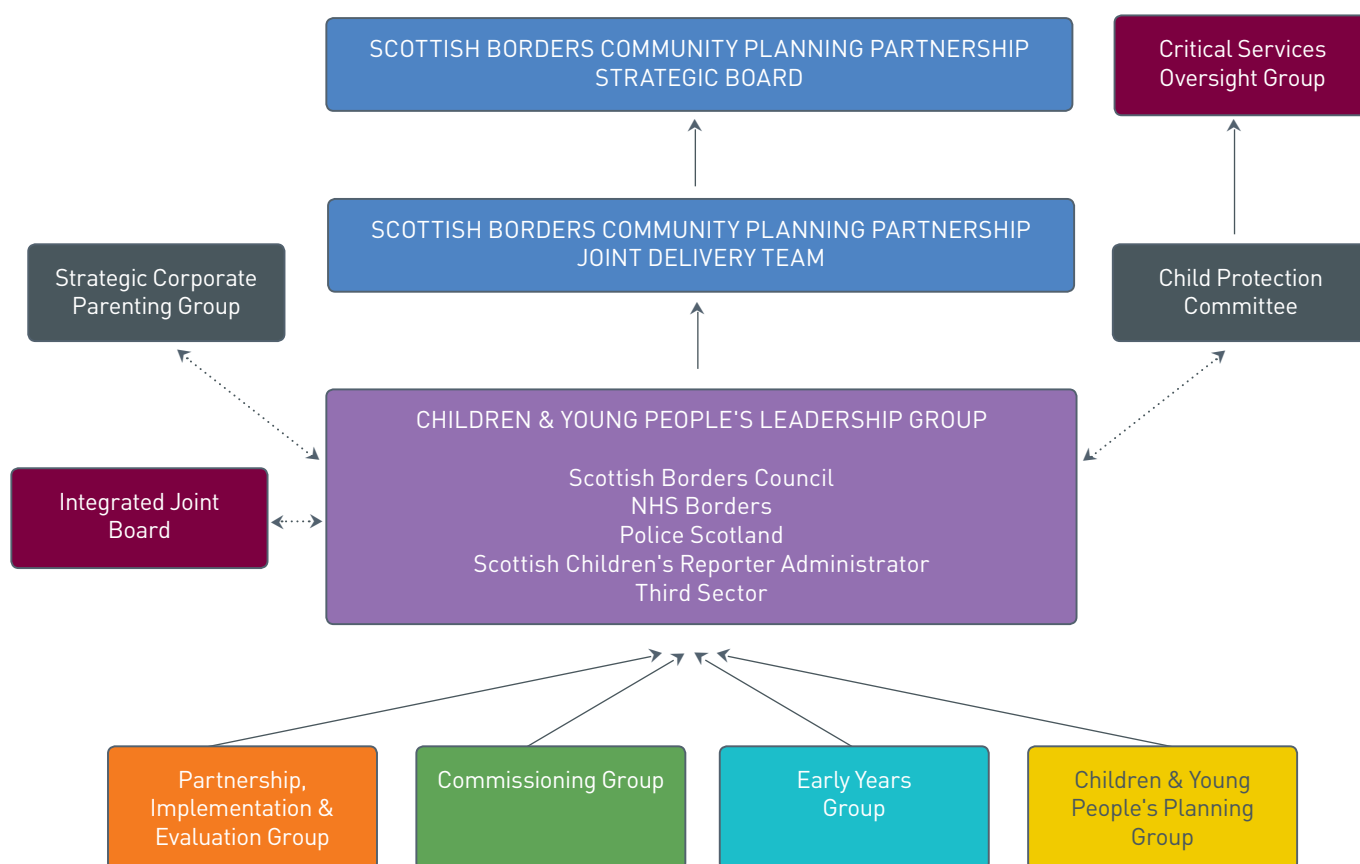
This Integrated Children & Young People's Plan (ICYPP) sets the strategic direction of service delivery to create opportunities and conditions so that children and young people in the Scottish Borders have the best start in life.

The development of this ICYPP has been underpinned by the United Nations Convention on the Rights of the Child (UNCRC) legislation (the most recent of which has been the Children and Young People (Scotland) Act 2014) and a range of national policy drivers such as Curriculum for Excellence and 'Getting it Right For Every Child'. It also builds on previous multi-agency planning and service developments in the Scottish Borders. The Plan is closely aligned to the (CPP) priorities. In doing so, partners intend to make better use of available data to drive improvement and continue to develop new data sets. In addition, the Plan expresses our commitment to understanding more fully the totality of our resources and budgets for children and young people's services across the partnership and explore ways to use these more creatively and efficiently. Through the life of this Plan, we will continue to work to strengthen relationships between the public and third sectors.

The Children and Young People's Leadership Group was established in 2014 to provide strengthened cohesive strategic leadership across the CPP, building on the work of the Children and Young People's Planning Partnership. The Leadership Group is a decision making group of senior officers from the key stakeholders who deliver children and young people's services in the Scottish Borders including Scottish Borders Council, NHS Borders, Police Scotland, Scottish Children's Reporter Administration (SCRA) and the third sector. Central to the work of the group is hearing the voices of children, young people and families and ensuring that their views and experiences inform the work that we do.

Figure 1 overleaf illustrates the governance structure of the Children and Young People's Leadership Group (CYPLG).

FIGURE 1
CHILDREN & YOUNG PEOPLE'S LEADERSHIP GROUP



Key

- > Direct oversight
-> Reporting only

The **Children and Young People's Leadership Group** sets the strategic direction for the planning and delivery of services for children and young people. The Group is responsible for identifying challenges and mitigating risks associated with the implementation of the Plan. Its work is supported by a set of sub groups:

The **Early Years Group** is responsible for the Early Years Strategy and related actions to enable children to have the best possible start in life. This includes support for families before birth up to when the child is 8 years old.

The **Children and Young People's Planning Group** is responsible for improving outcomes and reducing inequalities for all young people aged 8-18 years (25 for looked after young people).

The **Partnership, Implementation and Evaluation group** leads on the implementation of legislation that impacts on multi agency services for children and young people. It is responsible for developing and improving working practices across services.

The **Commissioning Group** leads all multi-agency commissioning activities initiated to improve outcomes for children and their families. It seeks to ensure that GIRFEC is firmly embedded within all commissions and to work in partnership and collaboratively with service providers.

DRAFT INTEGRATED CHILDREN & YOUNG PEOPLE'S PLAN 2015-2018

2. STRATEGIC CONTEXT

KEY LEGISLATION AND NATIONAL POLICY

This Plan ensures that the planning and delivery of our services complies with policies, legislation and guidance across the Scottish Government. The current phased implementation of the requirements of the Children and Young People's (Scotland) Act 2014 has been particularly influential in our thinking but the legislation and policies listed in Appendix 2 provide an indication of the range of issues which need to be considered when planning future services for children, young people and families.

COMMUNITY PLANNING PARTNERSHIP PRIORITIES

In 2013, the **Community Planning Strategic Board** considered the Scottish Borders Strategic Assessment and agreed its vision for the Scottish Borders.

“ *By 2023, quality of life will have improved for those who are currently living within our most deprived communities, through a stronger economy and through targeted partnership action* ”

The Board chose 3 strategic priorities which will help drive progress towards its vision.

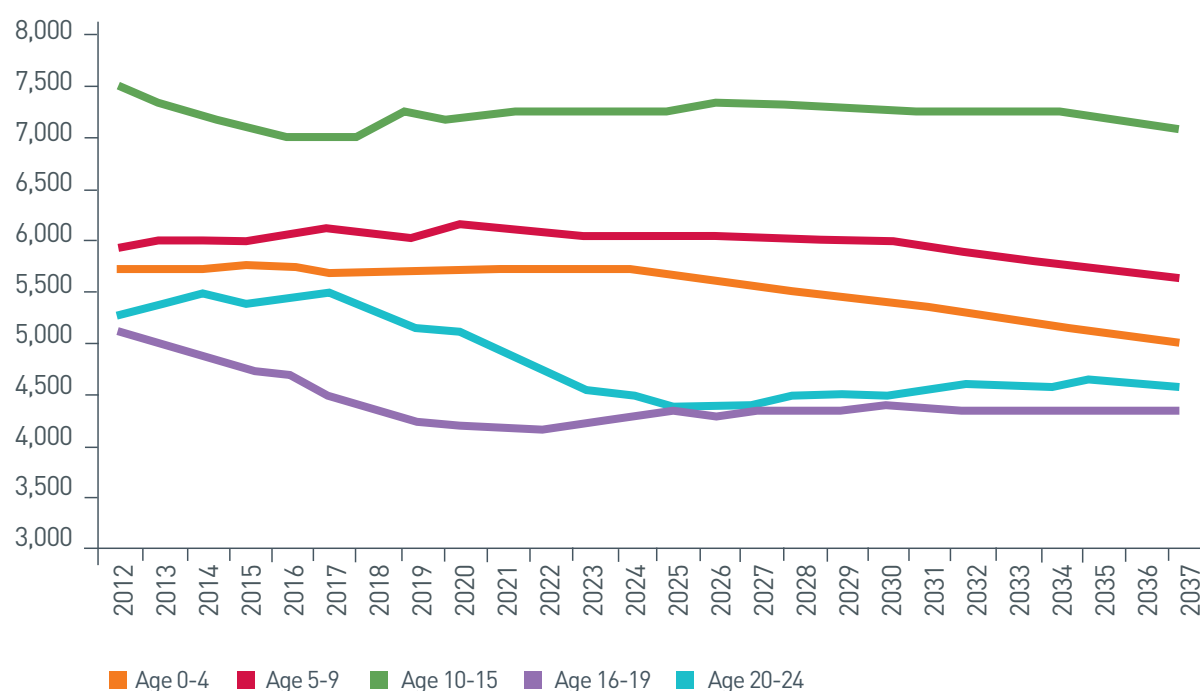
1. Grow our economy and maximise the impact from the low carbon agenda
2. Reduce inequalities
3. Reform future services

All 3 strategic priorities are applicable to the Children and Young People's Plan but the theme of **reducing inequalities** is central to supporting our aim of improving the wellbeing of all our children, young people and families.

CHILDREN & YOUNG PEOPLE POPULATION

LOCALITY	AGE GROUPS					TOTAL AGE GROUP 0-24	TOTAL POPULATION (ALL AGES)
	0-4	5-9	10-15	16-19	20-24		
Berwickshire	961	1049	1264	845	948	5067	20657
Cheviot	941	931	1136	845	826	4679	19503
Eildon	1898	1900	2281	1677	1973	9729	35190
Teviot and Liddesdale	935	857	1088	739	897	4516	17965
Tweeddale	1086	1280	1463	892	827	5548	20715
Scottish Borders	5821	6017	7232	4998	5471	29539	114030

PROJECTED CHILDREN AND YOUNG PEOPLE POPULATION FOR THE SCOTTISH BORDERS 2012-2037



Source: NRS Scotland Population Projections 2012-2037

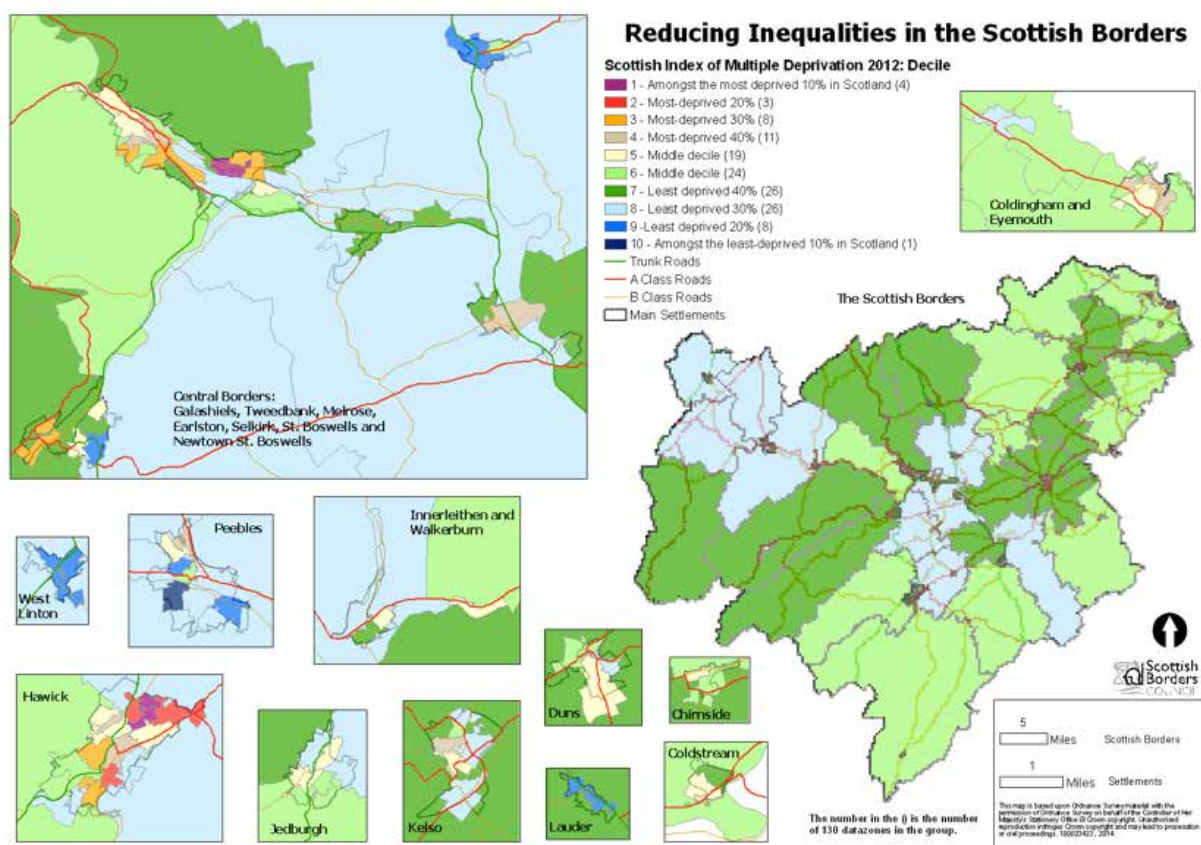
The number of young people under the age of 25 accounts for 24.4% of the Scottish Borders population. The latest projections from the National Records of Scotland (NRS) show that over the next 25 years, Scottish Borders will see no net change in population. This is due to decreased net migration and fewer births. The number of people aged under the age of 65 is expected to decrease. Working age population (16-64) is projected to decline by over 13,500 or 20%. The number of people aged 25 and under is expected to decrease by 9.8%.

INEQUALITIES IN THE SCOTTISH BORDERS

The Scottish Borders is a safe and healthy place to live when compared to other local authority and NHS Board areas. However, data indicates that there are a number of areas and key groups where significant inequalities exist and where there is a negative impact on children and young people.

The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's official tool for identifying those places in Scotland suffering from deprivation. Of the 130 datazones¹ in the Scottish Borders, 5 are found in the 15% of the most deprived datazones in Scotland. These deprived datazones are in Galashiels and Hawick and account for 3.5% of the population of the Scottish Borders.

AREAS OF DEPRIVATION



Living in a deprived area impacts on the lives of children and young people in a variety of ways:

- Whilst rates of child poverty in the Scottish Borders are lower than Scotland as a whole (12.6% compared to 18.6% in Scotland), rates are as high as 41% in our most deprived areas
- Household incomes in Scottish Borders are well below the Scottish average
- Poor educational attainment and achievement are more pronounced in areas of deprivation
- Children and young people are more at risk of poorer health and wellbeing outcomes in areas with higher levels of deprivation.

¹ The SIMD ranks small areas (called datazones) from most deprived (ranked 1) to least deprived (ranked 6,505). People using the SIMD will often focus on the datazones below a certain rank, for example, the 5%, 10%, 15% or 20% most deprived datazones in Scotland.

The UK Government's Welfare Reforms are having an impact on levels of child poverty, particularly the changes to eligibility for child tax credits and working tax credits, and we need to be mindful of this in our planning for the future.

ATTAINMENT, ACHIEVEMENT AND INCLUSION

KEY FACTS

- The number of children and young people at school at the start of the school term in academic year 2015/2016 was 8188 in primary school and 6438 in secondary school
- In 2015, 94% of school leavers had a positive destination compared to 92% for Scotland
- Primary school and secondary school attendance is higher in the Scottish Borders compared to the Scottish average
- The overall positive trend in attendance is also reflected in our areas of highest deprivation
- There is a 4 year trend of improved attainment levels for children leaving the school system. More young people are attaining higher levels of qualification and more are being presented for formal qualifications. The range and breadth of qualification have also increased
- Scottish Borders identifies more pupils with Additional Support Needs (25%) than the national average (21%) (data sourced from Scottish Parliament Report, April 2015)
- Exclusions from school, both primary and secondary, have fallen significantly
- Achievement and participation levels are increasing with more young people gaining recognition for Duke of Edinburgh, Sports Leadership and Saltire Awards than ever before.

HEALTH

KEY FACTS

- The general health of children and young people across the Scottish Borders is good but there are some noticeable differences in a small number of deprived areas
- Uptake rates for immunisations at 24 months is 95% and for the first dose of MMR at 5 years is also 95%
- Smoking in pregnancy rates appear to be higher in the Scottish Borders than the Scottish average. Smoking rates tend to be closely associated with deprivation
- Breastfeeding rates in the Scottish Borders are higher than the average for Scotland. In 2013-14, 35.2% of babies were exclusively breastfed at 6-8 weeks compared to 26.5% for Scotland. Rates within the Scottish Borders are higher in the least deprived areas
- Over the decade to 2014, 75% of P1 children in Scottish Borders have been within a healthy weight range
- 80% of pregnant women register for ante-natal care by 12 weeks of pregnancy and this is consistent across areas of highest and lowest deprivation
- In 2013/14, 78.7% of P1 children showed no obvious signs of dental decay compared with 68.2% nationally
- In 2014/15, 92% of children offered a health and development review at 27-30 months had an assessment completed
- 16% of the children assessed at 27-30 months had at least one development concern. Speech, language and communication was the most common concern (12%)

SAFETY

KEY FACTS

- In 2013/14, 201 children were referred to the Scottish Children's Reporter, 1.05% compared with the Scottish average of 2.09%. The most common ground for referral was 'lack of parental care' and the most common age bracket for referrals was 12-15 years
- On 31st July 2014 there were 16 children in the Scottish Borders on the Child Protection Register. This is the lowest number over the last 7 years. This was lower (per 1000 population aged 0-15) than all our comparator local authorities
- Over the period July '14 – June '15, there was an average of 35 referrals per month concerning the safety of a child which were the subject of inter-agency discussion
- There was an average of 27 children on the Child Protection Register over the same time period. The most common reasons for being on the register were domestic abuse and emotional abuse.

WELLBEING AND LIFE CHANCES

KEY FACTS

- The most recent data for alcohol consumption in children and young people suggest that consumption is reducing in Scottish Borders and that there is no difference between Borders and Scotland
- In 2013, 16% of 15 year olds reported drug use in the previous year, an apparent increase on previous years. This rate is above the Scottish average although is similar to the rate for comparable local authority areas. 16% equates to 106 young people
- There has been a large drop in the proportion of pupils reporting smoking in recent years. In the 2013 SALSUS study, the proportion of S4 pupils in the Borders reporting regular smoking – 9% – is the lowest since the survey began
- Recent estimates indicate that there are in the region of 400 young carers in the Scottish Borders. An increasing number are being identified and supported
- In 2015 there were 227 children in the Scottish Borders affected by disability and or complex health needs requiring a high level of support in order to access education. A small number attend specialist provision outwith the Borders but the majority attend mainstream schools and / or support centres attached to mainstream schools
- The Scottish Borders has one of the lowest levels in Scotland of Looked After Children (0.8%) as a percentage of the child population (Age 0-17) in comparison to the National Figure (1.5%)
- There is an increasing trend of Looked After Children being cared for by a family member (32 in July 2012 and 48 in July 2015) and a decreasing trend of them being placed outwith the Scottish Borders area
- Looked After Children have improved inclusion within Primary and Secondary Schools and a higher number are going on to a positive destination.



DRAFT INTEGRATED CHILDREN & YOUNG PEOPLE'S PLAN 2015-2018

3. ACHIEVEMENTS 2012-15

The CYPLG is committed to recognising and celebrating good practice and we want to build on the progress made in implementing the previous plan as we move ahead with our ambitions for 2015 – 18. The previous plan focused on a series of priority themes. The section below highlights key achievements that the Leadership Group has recognised under each of these themes.

GETTING IT RIGHT FOR EVERY CHILD

We have developed a robust set of tools and processes that underpin our work with individual children and their families. These include:

- Multi-agency guidance to ensure a consistent approach to assessment, planning and reviewing outcomes for individual children across our agencies and to facilitate information-sharing, supported by multi-agency training
- The introduction of the Wellbeing Web tool to obtain the views of children and parents/carers and contribute to the measurement of progress for a child
- Social Workers, Police Locality Integration Officers, Community Mental Health Workers and Family Support Workers meet regularly in Locality Business Meetings to share information and plan intervention with children, young people and families where there are emerging concerns.

PROMOTING CHILDREN'S RIGHTS

We have created a range of opportunities for young people to have their voice heard.

Examples include:

- Scottish Borders Council's Community, Learning and Development (CLD) Service delivers Youth Voice and Youth Chex which supports children and young people across Scottish Borders to influence decision-makers and shape services
- Work in schools towards the Rights Respecting Schools awards
- The achievement of meeting the European Association Hospital Charter status by the Children's Ward at Borders General Hospital
- Working with our partners to recognize volunteering and achievements by children and young people
- Supporting the Scottish Borders three MSYPs (Members of the Scottish Youth Parliament) who represent the constituent views of young people.

KEEPING CHILDREN SAFE

We have taken a variety of steps to keep children safe:

- In response to a finding from the “Joint Inspection of Services to Protect Children and Young People in 2011, a new health needs assessment process, using the GIRFEC wellbeing indicators was tested and rolled out for children on the Child Protection Register
- Following the launch of the national Risk Framework, a briefing pack was developed by an inter-agency group which was then disseminated through professional teams
- The views of parents who have been involved in the child protection process have been gathered through an objective external body on behalf of local partners
- An innovative set of integrated services have been established to provide support for children and young people affected by domestic abuse. We have also improved information sharing and care planning by introducing Multi Agency Risk Assessment Conferences to protect high risk victims of domestic abuse
- Following a review of drug and alcohol services, a new family oriented service was commissioned to support children and young people affected by the drug and/or alcohol use of their parents, carers, children and young people with their own substance use concerns and parents who need to address the impact of their own use on their family
- An established Partnership model of youth work delivery ensures local youth clubs are available in all of our major settlements.

EARLY YEARS

There have been significant development:

- Significant progress has been made to introduce our locality model for integrated service delivery through the Early Years Centres in four targeted areas and a wider hub and spoke approach elsewhere
- Early Years Improvement Networks continue to develop in each locality with good – and growing – multiagency support
- We have developed new ways of working to address the Key Change themes from the National Early Years Collaborative and are increasingly adopting the Plan, Do, Study, Act (PDSA) improvement methodology to facilitate change.

LOOKED AFTER AND ACCOMMODATED CHILDREN

Achievements for our looked after and accommodated children include:

- Free access to opportunities through the Borders Sport and Leisure Trust has been expanded to include those in kinship care, kinship carers and care leavers
- Multi-agency training focusing on meeting the needs of Looked after Children (“We Can and Must Do Better”) has been offered to a range of staff including newly qualified teachers, LAC Co-ordinators and Additional Needs Assistants as well as Foster Carers, Police Officers and Educational Psychologists
- Regular Corporate Parenting Seminars have been held to highlight the needs of looked after children and the role that we all have to play in ensuring that we provide the best possible support for these children
- A new Health Needs Assessment process has been introduced for Looked After Children.
- There has been a 33% increase in the number of foster carers from 2011 to 2015 (48 in July 2012 and 64 in July 2015)
- Our fostering and residential services have achieved improving grades in recent care inspections.

PARENTING

We have supported parents in the following way:

- A new multi-agency Parenting Framework was agreed in 2014, as the basis for ensuring a consistent approach to the provision of parenting programmes
- We have successfully introduced the Psychology of Parenting in Scottish Borders, using a multiagency delivery team
- The new Early Years Centres offer a wide range of parenting supports, programmes, family activities as well as more informal opportunities, with a range of services working together from statutory to third sector.

IMPROVED ATTAINMENT AND ACHIEVEMENT FOR ALL CHILDREN AND YOUNG PEOPLE

There has been improvement in a wide range of areas:

- 19 schools participated in the Raising Attainment for All(RAFA) national programme focused on 'Closing the Gap' in attainment, achievement and Inclusion in 2014-15. This resulted in significant individual pupil progress for approximately 300 children. All participating schools continue to use the PDSA improvement methodology and have targets set for children living in deciles 1 and 2 in the national SIMD profile
- There is a 4 year trend of improved attainment levels for children leaving our school system. More young people are attaining higher levels of qualifications and more young people are being presented for formal qualifications. The range and breadth of qualifications have also increased with the implementation of Curriculum for Excellence
- During the implementation of Curriculum for Excellence, schools have improved the quality of their curriculum to ensure that there are greater opportunities for children and young people to experience skills for learning, life and work. As a result, our positive and sustained destinations are in the top quartile nationally and demonstrate a significantly improving picture
- Our exclusion rates have reduced dramatically and attendance has improved. Schools are developing more inclusive cultures and climate supported by structures and systems which build capacity to be more responsive to the needs of our most vulnerable learners
- Our systems for our most vulnerable learners have improved. The Additional Needs Multi-agency Team (ANMaT) meets fortnightly and undertakes a quality assurance role in relation to the requirements of the Additional Support for Learning Act and wider issues with regard to children with additional support needs. Over the last 3 years, the group has tightened up the multi-agency Co-ordinated Support Planning process, provided detailed guidance packs for professional staff and promoted improved approaches for ensuring the views of children and parents are fully embedded in planning and decision-making
- Our partnership working to reduce inequalities has improved through the introduction of Learning Community Partnerships. These involve Public and Third Sector organisations in the joint analysis of local need and collaborative planning of programmes of work.

PARENTAL INVOLVEMENT

The voices of parents and carers have been heard in a number of ways:

- The views of parents and carers have been central to the design and implementation of the Early Years Centres
- A range of training has been developed to support Parent Councils to facilitate effective working with their school
- The Parent Council Chairs Forum has regular engagement sessions with senior management regarding process and policy.

IMPROVED HEALTH AND WELLBEING FOR CHILDREN AND YOUNG PEOPLE

Health and wellbeing has been a priority:

- A school and community-based Fit4Fun Programme on healthy eating and active living has been delivered to meet identified needs
- A mental health education pack has been developed to provide social and emotional health input in school, with accompanying training for pastoral staff in schools
- Community Mental Health Workers in the Locality Teams provide support to young people with emerging emotional and mental health issues
- Midwives in the multi-agency Early Years Assessment Team provide a range of support on healthy lifestyles for pregnant women
- A tobacco prevention programme has been rolled out in partnership with Community Learning and Development with active engagement with young people
- 7,911 children and young people (54% of the Borders P1-S6 population) took part in at least one extra-curricular physical activity programme in the last year.

TRANSITIONS 16+

We are clear that the transition to adult services should be seamless:

- We have established an Activity Agreements programme to successfully support some of our most vulnerable young people into further education
- The Child and Adolescent Mental Health Service now provides support to young people up to the age of 18
- Improvements have been made to the Vulnerable Young Person Protocol and this is now included in the Child Protection Procedures in order to ensure ease of access for staff.
- Improvements in multi-agency working are supporting more vulnerable young people into positive and sustained destinations through, 16+ Modern Apprenticeship and Developing the Young Workforce
- Dedicated resources are now in each High School to deliver our senior phase strategy. This will support positive destinations for the furthest from the labour market, create local employer partnerships agreements and establish new standards for work based learning
- A strategic partnership structure is now in place to work on Piloting foundation apprenticeships and Build on the success of our School College Academy to reward increase learner pathways in the senior phase.

WORKFORCE PLANNING AND DEVELOPMENT

Our workforce should have the right skills:

- Multi-agency training and awareness raising sessions have taken place in preparation for full implementation of the GIRFEC statutory requirements in 2016. This has included briefings, training sessions, e-learning packages and newsletters for practitioners
- The Child Protection Committee has continued to provide a range of multi-agency and single agency training and awareness raising events. New programmes on Child Sexual Exploitation have included tailor-made sessions for taxi drivers, 6th year pupils, ambulance drivers and staff from Housing providers
- We have continued to develop and deliver multi-agency training on a wide range of topics such as domestic violence, substance misuse, suicide prevention and self-harm, and child nutrition.
- Multi-agency training in the Solihull approach continues to prepare our early years practitioners to support children and their families.

DRAFT INTEGRATED CHILDREN & YOUNG PEOPLE'S PLAN 2015-2018

4. VISION AND PRIORITIES

This plan sets out our vision and the five key priorities for the next 3 years and beyond, establishing the foundation and direction for future plans.

OUR VISION



In pursuit of our vision, we will strive to improve the wellbeing and life chances of all our children, young people and families through the provision of high quality, integrated services. We are committed to ensuring that all our children and young people living in the Scottish Borders have a good childhood and are prepared for adulthood. This requires a strong focus on early intervention and prevention, building resilience and supporting children, young people and families to develop the skills and capabilities that enable them to navigate the challenges of modern life.

Our planning is underpinned by a set of principles in respect to how we intend to deliver services:

- Focusing on early intervention and prevention; ensuring we target families early enough
- Ensuring that children and families' needs are at the centre of service design and delivery
- Ensuring reducing inequalities is a priority across all services but that we get an appropriate balance between resourcing targeted and universal services
- Improving integrated working and focusing on combined resources
- Working with and empowering communities
- Improving outcomes for every child and their families highest achievers.

Children and young people can expect that:

we will provide them with high quality services to help give them the best possible start in life and support them to succeed as they develop into adulthood. For those children and young people who face specific challenges in their lives, we will provide targeted support. We will respect the rights of children and young people and listen to their voices.

For families this means that:

we will work in partnership with parents and carers because we believe that they know their children best and our services will be more effective if we listen to their views and include them in decisions that affect their children. Children and young people are at the centre of what we do and we will aim to get the right targeted support for parents at the earliest possible opportunity in order to provide their children with a safe and nurturing upbringing.

For everyone providing services for children and young people, this means that; we recognise and value the knowledge, skills and commitment of our workforce. We will listen to the views of our workforce and will equip them with the development opportunities and tools to support the delivery of high quality services. We will work with our partners to support them in achieving joint goals.

For communities in the Scottish Borders, this means that:

it's everyone's business to look out for our children and young people and make them feel included and valued within their communities. We want to work with communities towards these aims.

For the Community Planning Partnership, this means that:

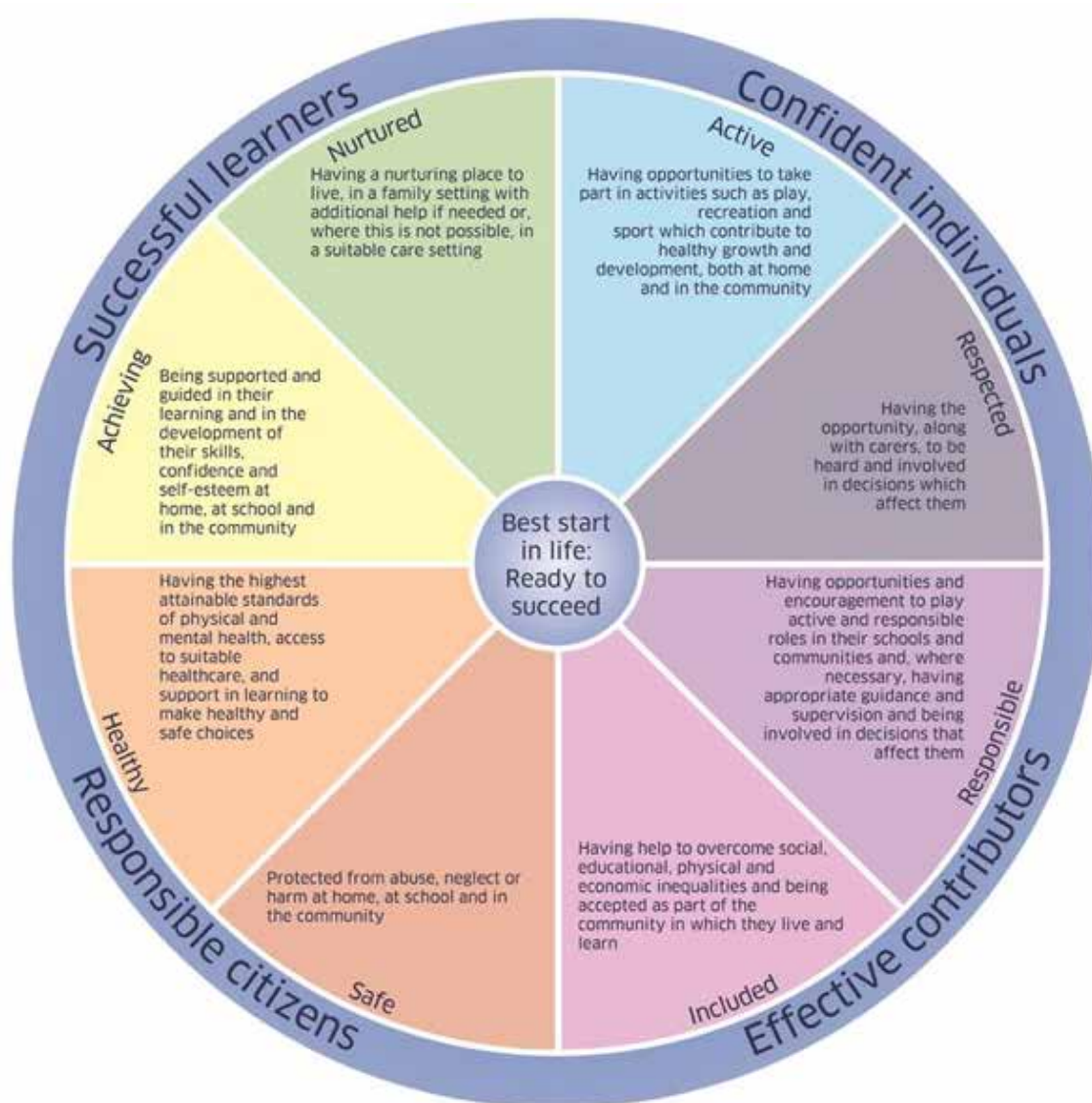
we need their ongoing support to ensure the delivery of this Plan and a commitment to keeping the needs of children, young people and their families at the centre of strategic planning in the Scottish Borders.

WELLBEING OUTCOMES

‘Getting It Right For Every Child’ (GIRFEC) is the multi-agency approach we have now used for a number of years to underpin our work with children, young people and families.

The national definition of **wellbeing**, now embedded in legislation, creates a common language across agencies and with children, young people and their families. This is summarised in the Wellbeing Wheel in figure 2 below. Every child and young person has the right to expect appropriate support from adults to allow them to develop as fully as possible across each of the wellbeing indicators and all agencies providing services which impact on children and young people must play their part in making sure that this happens.

FIGURE 2
WELLBEING WHEEL



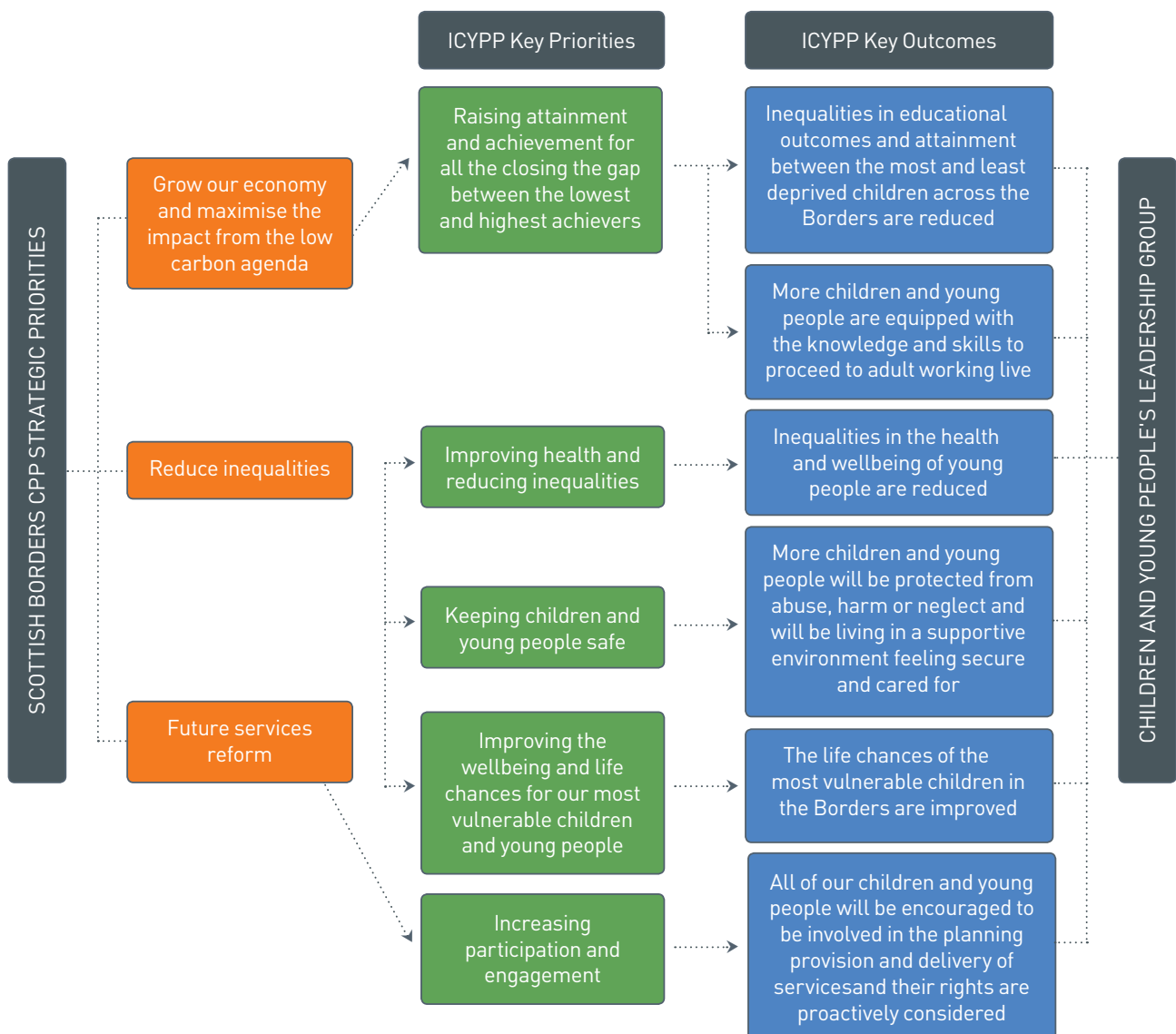
The 8 wellbeing indicators as described in the above diagram underpin the **5 key priorities** we have chosen to focus on during the lifespan of this Plan.

Our 5 Key Priorities:

1. Raising attainment and achievement for all and closing the gap between the lowest and highest achievers
2. Promoting the health and wellbeing of all children and young people and reducing health inequalities
3. Keeping children and young people safe
4. Improving the wellbeing and life chances for our most vulnerable children and young people
5. Increasing participation and engagement .

The diagram below demonstrates the links between the strategic priorities of the Community Planning Partnership, our key priorities and how we aim to translate these into improved outcomes for children and young people.

OUR GOLDEN THREAD



DRAFT INTEGRATED CHILDREN AND YOUNG PEOPLES PLAN 2015-2018

5. STRATEGIC OUTCOMES AND HIGH LEVEL ACTIONS

This section outlines the strategic outcomes that we aim to achieve over the lifetime of this Plan and the high level actions that are planned in order to support our ambitions for our children and young people.

PRIORITY 1

Raising attainment and achievement for all and closing the gap between the lowest and highest achievers

OUTCOME

Inequalities in educational outcomes and attainment between the most and the least deprived children across the Borders are reduced.

More children and young people are equipped with the knowledge and skills to proceed to adult working life.

A number of disadvantaged children in the Scottish Borders grow up without the skills needed to thrive in the long term and it is vital we do more to “close the gap” and provide all our young people with the best possible life chances as they leave school and move into the world of work or further study. We have begun to address these challenging issues and inequalities through the Raising Attainment for All (RAFA) and Early Years Collaborative activities and there is evidence that the lives of individual children and their families have changed for the better through such actions.

HIGH LEVEL ACTIONS FOR 2015-18

- Ensure that every young person leaving school in the Scottish Borders will have the offer of a job, training or further education opportunity (Implement “Developing the Young Workforce”)
- Further develop Curriculum for Excellence in all our schools
- Provide more creative and positive local opportunities for training and employment for young people
- Implement the Community Learning and Development Strategy and strengthen CLD Learning Community Partnerships
- Increase parental involvement in all aspects of children’s learning, including family learning opportunities
- Implement the Senior Phase strategy
- Implement the Corporate Parenting Strategy
- Strengthen Early Year’s Partnerships within localities
- Implement the Early Years Strategy
- Implement Inclusion for All
- Ensure all our staff experience high quality professional learning and training tailored to their individual and the service needs
- Increase the number of schools involved in the RAFA programme (from 19 to 29 in 2015-16 session)
- Work with the third sector to build skills through volunteering, enhancing the self confidence and life chances of young people.

PRIORITY 2

Improving Health and Reducing Health Inequalities

OUTCOME

Inequalities in the health and wellbeing of young people are reduced

Health inequalities are unfair differences in health across different social groups and between different groups of the population. These inequalities are not random or inevitable and can be addressed through partnership commitment, using evidence based approaches.

Starting well is singularly important as the first 3 years of a child's life strongly influence health and wellbeing in childhood and adulthood. Circumstances and experiences in these early years can impact on risks of long term ill health associated with obesity, conditions such as heart disease, substance misuse and poor mental health.

HIGH LEVEL ACTIONS FOR 2015-18

- Continue to develop the locality model of integrated service delivery to support families in the Early Years, using early intervention and preventive approaches
- Improve universal programmes and approaches to promote health and wellbeing to ensure they meet the needs of those at risk of poorer health outcomes
- Provide targeted support and interventions for families who are more likely to experience poor health outcomes
- Work proactively with Community Planning Partners to maximise income and resources for households with children and to promote access to employment opportunities
- Promote emotional health and wellbeing for children and young people and improve access to timely help and support when required.



PRIORITY 3

Keeping children and young people safe

OUTCOME

More children and young people will be protected from abuse, harm or neglect and will be living in a supportive environment, feeling secure and cared for.

The strategic overview of the inter-agency approach to keeping children and young people safe is undertaken by the Scottish Borders Child Protection Committee. The work undertaken is multi-faceted and includes the following; ensuring that the Child Protection procedures are regularly reviewed and updated, providing training and awareness-raising programmes to a range of staff who directly or indirectly have a role in keeping children and young people safe, rigorously monitoring and evaluating child protection services and ensuring that areas for improvement are addressed; and ensuring that the views of children, young people and parents about our services are listened to and, where appropriate, acted upon as part of our improvement planning.

However, responsibility for keeping children and young people safe does not just lie with the Child Protection Committee, the Child Protection Unit or Social Work. For all staff who work with children and young people, this is a fundamental part of their role. The protection of children is also the responsibility of all members of the public. The GIRFEC approach, enables our staff to be better able to identify risk at an earlier stage and to intervene appropriately and proportionately.

HIGH LEVEL ACTIONS FOR 2015-18

- Ensure staff are supported to develop and maintain the skills, knowledge and confidence to deliver high quality and effective child protection services
- All partners to continue to develop and deliver relevant and appropriate training
- Provide staff with awareness of Child Sexual Exploitation (CSE) to help them identify young people at risk of this form of sexual abuse
- Ensure child protection procedures are regularly reviewed and updated
- Promote the "Management of the Unseen Child Policy" and the "Bruising in non-mobile infant" policy
- Identify and support young people at risk of self-harm
- Evaluate the second year of the Multi-agency risk assessment conferences (MARACs) which were introduced in 2014
- Develop and Implement a digital safety strategy for young people across the Borders
- Help support safe and trusting environments in the youth work and voluntary sector outside school life.

PRIORITY 4

Improving the wellbeing and life chances for our most vulnerable children and young people

OUTCOME

The life chances of the most vulnerable children in the Borders are improved

In addition to focussing our attention on those children and young people in our more deprived communities, we are also committed to improving outcomes for particular groups whose circumstances places them at significant disadvantage unless specific arrangements and services are put in place for them. Examples are looked after children, children with disabilities or complex needs, young carers, young people who have offended and children with drug/alcohol problems or who are affected by parental substance misuse, domestic violence and parental mental health difficulties.

In recognition of the particular needs of these children and young people, we have specific strategies in place such as the Corporate Parenting Strategy (Looked After Children), Young Carers Strategy and Drug & Alcohol Strategy. This ensures that the particular needs of these children and young people have a consistently high profile with senior officers and arrangements and services for addressing their particular needs are subject to on-going review and revision in our drive to improve outcomes.

HIGH LEVEL ACTIONS FOR 2015-18

- Complete the roll-out of the key components of the GIRFEC approach, most notably the introduction of the Named Person Service
- Improve outcomes for Looked After Children through the implementation of the Corporate Parenting Strategy and Action Plan
- Complete implementation of the Whole Systems Approach to youth offending, including the provision of support to young offenders aged 16 and 17
- Implement the Young Carers Strategy
- Implement the elements of the Drug & Alcohol Strategy relevant to children and young people
- Ensure sustainability of support services for families experiencing Domestic Abuse.

PRIORITY 5

Increasing participation and engagement

OUTCOME

All of children and Young People will be encouraged to be involved in the planning, provision and delivery of services and their rights are proactively considered

To make the necessary changes to our services, it is vital that the voices of our service users are at the heart of everything we do and the Leadership Group will ensure these views influence service development and design. In the Scottish Borders we have consulted with children, young people and their families regarding the services we provide, but we want to build on this and enable service users to work in partnership with us to help shape our services and how they are delivered.

If we are to recognise and understand the needs of children and young people, particularly those facing a range of challenges, then we need to know what these are; and this will require effective dialogue. Through utilisation of the GIRFEC approach, we will listen to children and young people and ensure they are included as key stakeholders within service delivery and their views are valued. Partners need to reinforce the positive contribution that young people can and should make to their local communities and to the wider society in which they live.

HIGH LEVEL ACTIONS FOR 2015-18

- Develop a Child Rights Strategy to support the UNCRC principles and embed them across all services
- Develop an engagement strategy for Children and Young People's services in the Borders targeted at all age ranges and groups of children and young people
- Ensure service user feedback is collected across all relevant services and as far as possible feedback is sought from the child, in addition to the whole family. Feedback and information on how it is shaping service development should be reported on appropriately.
- Increase the number of opportunities for vulnerable children and young people volunteering, working with the third sector to increase the informal and out of school learning of young people.
- Complete the implementation of Self Directed Support (SDS) for all vulnerable children and their families.

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6. WORKFORCE PLANNING

The organisations providing support to children, young people and families have a highly experienced, committed and caring workforce who provide a variety of services across the Scottish Borders. As a Leadership Group, we value the workforce and we will continue to invest and support staff at all levels through training, information sharing and briefing to increase skill levels and knowledge and support delivery of our priorities.

Over the last 3 years, we have developed high quality examples of multi agency training programmes and opportunities in areas such as child protection, Early Years, GIRFEC and children affected by parental substance misuse. We will continue to develop programmes where appropriate to enhance capability and ensure that we have a flexible workforce who can meet changing needs.

As decision makers, we will continue to invest and participate in national training programmes and initiatives such as the Psychology of Parenting programme and the Early Years Collaborative and our multi agency approach will maximise attendance, commitment and learning.

We will develop a joint workforce strategy to include the deployment of resources. We will also ensure our workforce, training, skills and experience support multi-disciplinary and joint working.



DRAFT INTEGRATED CHILDREN & YOUNG PEOPLE'S PLAN 2015-2018

7. RESOURCING AND COMMISSIONING

We want to ensure that the best possible services are provided for children and young people. We will prioritise resources towards early years and early intervention whenever possible and we commit to working together to develop further opportunities to align our budgets in order to deliver improved outcomes for our children and young people.

To complement our universal services and provide additional support, a range of targeted services for children and young people are commissioned and delivered through statutory and voluntary services. We commit to undertaking a review of all commissioned services across the partnership to ensure that there is a collaborative approach to future commissions and there is a strong focus on delivering new priorities. We will identify the most appropriate models of delivering targeted services which will make best use of statutory, independent and third sector provision. We will also explore alternative and additional sources of funding to commission services.

We will continue to develop partnership models of service delivery to ensure the best use of resources, knowledge and expertise is utilised in meeting the needs of our children and young people.

We will develop a shared set of commissioning standards and guidelines.

8. ENSURING DELIVERY OF THE PLAN

The CYPLG will strive to ensure that the needs of children and young people are embedded across the CPP. To this end, the Group will take actions to increase awareness and understanding of young people's needs and raise the profile of services available, so that partners are able to consider these needs in their service planning.

Children and young people's services require a strong evidence base to inform the planning and delivery of services. The CYPLG will therefore develop a performance framework to support implementation and to ensure that effective use is made of data to drive improvement. Our new performance framework and dashboard of key performance indicators will enable us to make shared use of available data and address gaps. This will also allow us to demonstrate that our actions are improving outcomes for children and young people. In addition, the CYPLG is developing a consistent framework to promote and support self evaluation across all relevant services.

DRAFT INTEGRATED CHILDREN & YOUNG PEOPLE'S PLAN 2015-2018

9. ENGAGEMENT AND CONSULTATION

As partners we recognise the need to put into place more systematic and inclusive engagement and consultation processes with our children and young people across the Borders. Throughout this planning period the CYPLG and relevant services will evidence the steps we take to consider the views of children, young people, families and staff and evidence how these views have been used to better inform future service delivery and our approach to planning.

Early feedback on this plan will be taken through a series of events such as:

- Meetings with primary and secondary age children and young people
- Sessions with parents of children with additional support needs
- Engagement from third sector who work directly with disadvantaged and disengaged individuals
- Working with our SBCs' corporate communications team to maximise the use of online engagement, surveys and social media
- Workshops and drop in events
- Utilising partners and the third sector
- Formal consultation process
- Wide engagement with the public in a range of venues and contexts
- Youth voice

The final plan will reflect the outcome of these consultation processes and a full separate report on the Consultation Process will be made available.



CONSULTATION QUESTIONS

QUESTION 1: Do we have the right priorities?

Please provide details of any areas we also need to consider.

YES

NO

QUESTION 2: Do you agree with the aims and outcomes set out in the plan?

YES

NO

QUESTION 3: Do you think that the plan will help us deliver our vision that all children and young people achieve their unique potential?

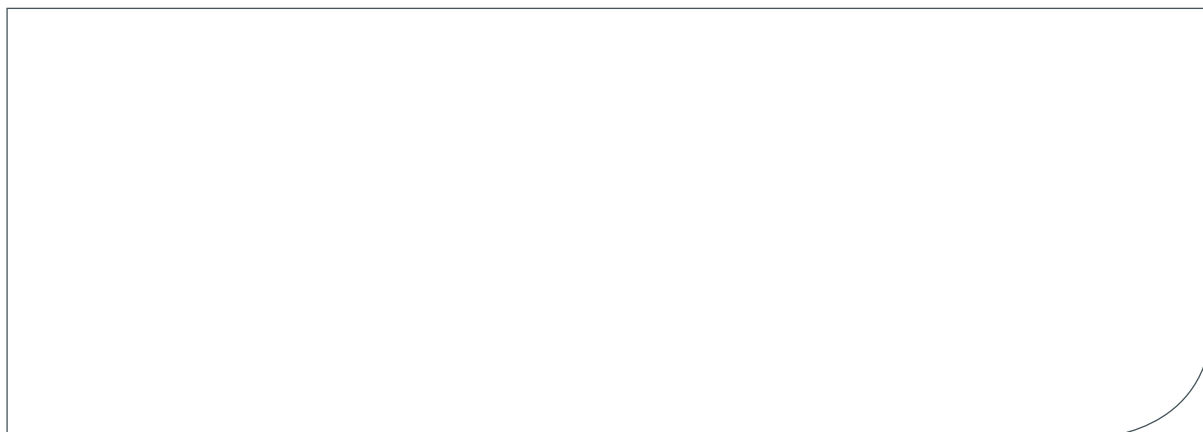
YES

NO

QUESTION 4: Is the plan easy to understand?

YES

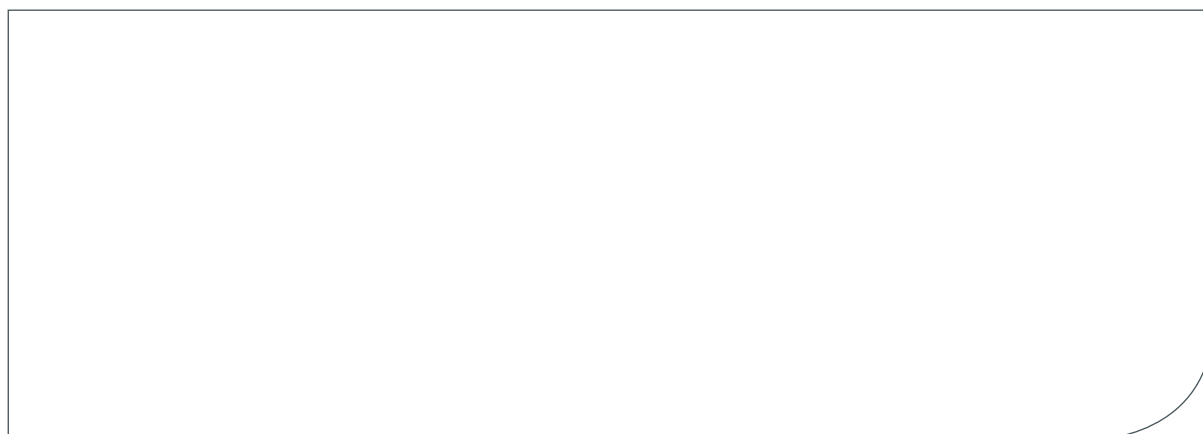
NO



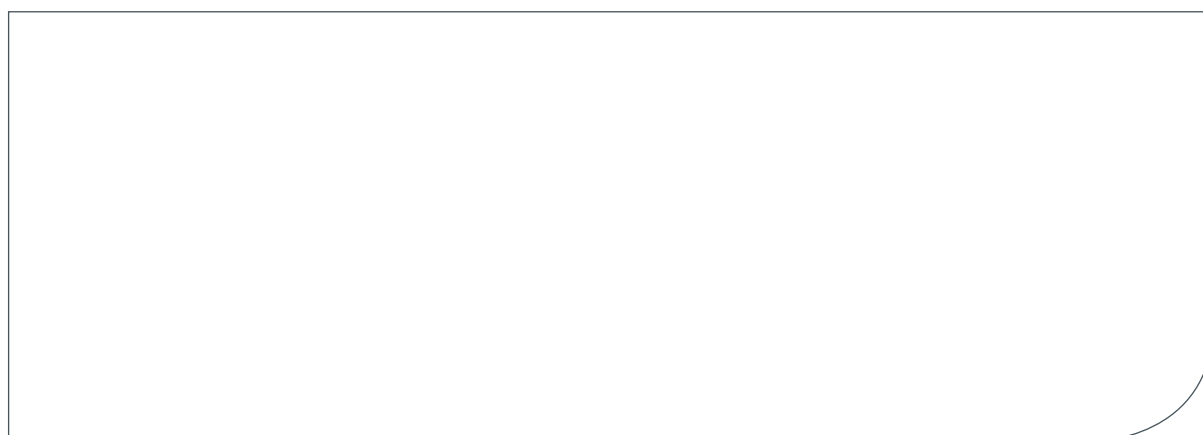
QUESTION 5: Is it clear around what it hopes to achieve for children and young people?

YES

NO



QUESTION 6: To be able to deliver on the priorities we have set out in the plan, what areas do you think we should focus on in the next 3 years?



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APPENDIX 1

GLOSSARY

ADP	Alcohol and Drugs Partnership
A&E	Accident and Emergency
CHS	Children's Hearings Scotland
CLD	Community Learning and Development
COSLA	Convention of Scottish Local Authorities
CPP	Scottish Borders Community Planning Partnership's
CRWIA	Child Rights and Wellbeing Impact Assessment
CYPLG	Children & Young People's Leadership Group
EEI	Early and Effective Intervention
EQIA	Equality Impact Assessment
GES	Government Economic Strategy
GIRFEC	Getting It Right for Every Child
ICYPP	The Integrated Children & Young People's Plan
LA	Local Authority
LAC	Looked After Children
LGBF	Local Government Benchmarking Framework
MARACs	Multi-agency risk assessment conferences (MARACs)
NHS	National Health Service
NRS	National Records of Scotland
PDSA	Plan, Do, Study, Act
PRS	Children's Reporter via pre-referral screening
RAFA	Raising Attainment for All
SBC	Scottish Borders Council
SCQF	Scottish Credit and Qualifications Framework
SCRA	Scottish Children's Reporter Administration
SG	Scottish Government
SIMD	Scottish Index of Multiple Deprivation
WSA	Whole Systems Approach
UNCRC	United Nations Convention on the Rights of the Child

APPENDIX 2

LOCAL STRATEGIES& PLANS

Alcohol and Drug Strategy 2015–20
Borders Alcohol and Drugs Partnership (ADP) Delivery Plan 2015-2018
NHS Borders CEL 16 Plan 2014-15 (Health of Looked after Children)
Children and Young People Business Plan 2015/16 – 2017/18
Child Protection Business Plan 2014-2015
Children & Young People's Strategic Planning and Commissioning
Children and Young People's Health Strategy for the Scottish Borders 2013 – 2018
Children and Young People's Service Plan 2012-2015 (CYPPP)
Commissioning Annual Report 2014-2015 (Children and Young People's Leadership Group)
Community Learning and Development BUSINESS PLAN 2014/15 – 2016/17
Community Learning and Development Strategic Plan 2015-2018
Corporate Parenting Strategy 2014 – 2018
Early Year Strategy 2012-2015
Economic Strategy 2013-2023
Employment Support Strategy
Framework for Positive Destinations
Scottish Borders GIRFEC Implementation Plan (PIEG)
Involved: The Participation of Children & Young People in the Scottish Borders 2012–2015
Homelessness Services Delivery Plan 2012-2016
Maternity Frameworks Action Plan
Multi-Agency Risk Assessment Conference (MARAC) Annual Report 2014/15
Physical Activity, Sport and Physical Education Strategy
Scottish Borders Parenting Strategy
Reducing Inequalities Strategy Draft 2015-2018
Senior Phase Strategy 2015
Tackling Poverty and Achieving Social Justice Strategy 2013-2018
Young Carers Strategy 2015-2018
Scottish Borders Suicide Prevention Action Plan 2014
Tobacco Control Action Plan 2015 (in draft)

PROCEDURES

Scottish Borders Child Protection Procedures
Information Sharing Guidance 2015
Parenting Framework (currently recommended Core of Programmes)
Supporting Children and Young People at Risk of Self Harm and Suicide-Scottish Borders Good Practice Guidance
NHS Borders Unseen Child Policy 2015

LEGISLATION

Children and Young People (Scotland) Act 2014
Additional Support for Learning Act 2004
Children's Hearings (Scotland) Act 2011
Children (Scotland) Act 1995
The ASL Act (2004) (amended 2009) and the Education Scotland (2000) Act
The Police and Fire Reform Act 2012
United Nations Convention on the Rights of the Child
Social Care (Self Directed Support) (Scotland) Act 2013

NATIONAL

16+ Learning Choices: Policy and Practice Framework: supporting all young people into positive and sustained destinations
A Guide to Youth Justice in Scotland: Policy, Practice and Legislation: Centre for Youth and Criminal Justice
A Refreshed Framework for Maternity Care in Scotland (2011)
Achieving Our Potential
Better relationships, better learning, better behaviour
Better Eating Better Learning COSLA / SG 2014
Breaking the link between disadvantage and low achievement in the early years
Building the Ambition: National Practice Guidance on Early Learning and Childcare Children and Young People (Scotland) Act 2014
Changing Lives (Scottish Executive 2006)
Child Poverty Strategy for Scotland - Our Approach 2014 – 2017
Closing the Attainment Gap in Scottish Education – Joseph Roundtree Foundation
Consultation on Pregnancy and Parenthood in Young People Strategy (currently out for consultation 2015)
Creating a Tobacco Free Generation (SG 2013)
Curriculum for Excellence
Early Years Framework
The Early Years: Good Health for Every Child (2011)
Early Years Collaborative
Early Years Taskforce Shared Vision and Priorities paper (March 2012)
Equally Well
Extraordinary Lives (SWIA 2006)
Framework for Risk Assessment, Management and Evaluation (FRAME) 2011 and Care and Risk Management appendix to FRAME 2014
Getting it Right for Every Child (Scottish Executive, 2007)
Getting Our Priorities Right (Scottish Executive 2013)
Good Mental Health for All (Health Scotland 2015)
GUS, Growing up in Scotland
Health Inequalities Framework and Action Plan
Health Inequalities Policy Review (2013)
Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities: Health Scotland 2013
Looked After Children: we can and must do better (Scottish Executive 2007)
Maternal and Infant Nutrition Framework for Action

More Choices, More Chances
National Action Plan to Tackle Child Sexual Exploitation
National CLD Strategic Guidance
National Guidance for Child Protection in Scotland 2014
National Parenting Strategy
Opportunities for All: Supporting all young people to participate in post-16 learning, training or work
Preventing Offending – Getting it Right for Children and Young People
Preventing offending by young people: A Framework for action progress 2008-2011 and next steps (from 2008)
Proposal for the development of guidance to support the GIRFEC provisions in the Children and Young People (Scotland) Act 2014
Raising Attainment for All (8 years to 18 years)
Scotland's Commissioner for Children and Young People: Poverty, educational attainment and achievement in Scotland: a critical review of the literature
Setting the Table Health Scotland 2014 (nutritional guidance and food standards in early years)
The Right of Every Child to Good Health: Health Scotland 2015
These are Our Bairns (Scottish Government, 2008)





You can get this document on audio CD, in large print, and various other formats by contacting us at the address below. In addition, contact the address below for information on language translations, additional copies, or to arrange for an officer to meet with you to explain any areas of the publication that you would like clarified.

CHILDREN AND YOUNG PEOPLE

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