DRAFT LOCALITY ACTION PLAN BERWICKSHIRE





ACTION PLAN

Devised in line with strategic plan together with national outcomes and local objectives.

NATIONAL OUTCOME	LOCAL OBJECTIVE	KEY PRIORITIES	ACTION PLAN
1, 2, 3, 7,8, 9	1,2 ,3, 4,5, 6, 7	To integrate services at a local level	 Bring together staff from NHS, SBC and the Third sector to work together within an integrated team To establish weekly meetings between H&SC staff and third sector to improve communication and reduce the duplication for service users Establish joint education sessions between H&SC staff to improve outcomes and experience for service user Ensure staff available across the Locality to provide services when and where required Work with staff and the community to devise new ways of working
1, 2, 3, 4, 7, 8, 9	1,2, 3, 4, 5, 6, 7, 9	To roll out care coordination to provide a single point of access to local services	 Establish Community Led Support model as a 'new Front door' for the access to services and information Easier access to H& SC and third sector services to support the persons needs Referrals are dealt with by the most appropriate person Waiting lists will be reduced Reduced number of people collecting the same information
1, 2, 3, 4, 5, 6, 7, 8, 9	1,2, 3,4,5, 6, 7, 9	Work with communities to develop local solutions	 Work with the local community to design and action the Local Health and Social Care plan Day services review working with the community to find Local solutions Identify Community led support premises within the Locality Easier access to information at a Local level Increase accessible transport
1,2,3, 4, 5, 6, 7, 9	1, 2,3, 6, 8,9	To promote healthy living and active ageing	 Ensure all people feel safe within their own environment Identify housing to meet the local needs Ensure community aware of Healthy Living Network Locality activity plan. Ensure Locality aware of sport and leisure activities available across the locality Promote activities, awareness and knowledge sharing across generations
1, 2, 3, 4, 5, 6, 7, 8	1,2,3, 4, 6, 8, 9	To improve the quality of life for people with long term conditions	 Adopt the National Anticipatory Care plan Locally Develop integrated teams within the Locality-to improve outcomes for the people of Berwickshire Increase early interventions to support people to remain at home and reduce the need for ED/GP intervention Support the discharge from hospital at an appropriate stage with the right service intervention. Early identification of people who have support needs to help manage their condition
1,2,3,4,6,7,8,9	1,2,3,4, 5, 6,7, 9	Promote support for independence and reablement so that all adults can live as independent lives as possible	 People can receive re ablement within their own home with appropriate staff including AHPs and carers People can be discharged home from hospital earlier with the right support in place Investigate whether Transitional care beds within Saltgreens can be established Equipment is available locally when it is needed

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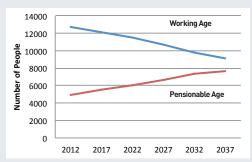




AREA PROFILE 2016

PROJECTED POPULATION 2012-2037

FOR BERWICKSHIRE



57.2% increase in pensionable age

28.1% decrease in working age

POPULATION

20,657 population (est 2014*)

(19% of the Scottish Borders)

15.1% aged 0-15 (Scottish Borders = 16.7%)

60.4% aged 16-64 (Scottish Borders = 60.2%)

24.5% aged 65+ (Scottish Borders = 23.1%)

9.9% provide unpaid care

AREA

45.3% live in an area of less than 500 people (Scottish Borders = 27.4%)

85% Remote rural 30% and Accessible rural 55%

Settlements with more than 500 people:

TOWN	POPULATION
Eyemouth	3,540
Duns	2,722
Coldstream	1,867
Chirnside	1,426
Greenlaw	629
Ayton	573
Coldingham	549

LIFE EXPECTANCY RANGE

78.3 to **83** yrs men (Scottish Borders = 78.1%)

81.5 to **87.5** yrs women

(Scottish Borders = 82%)

Higher rate of of new cancer diagnosis (compared to Scottish Borders)

Lower rate of early cancer deaths (compared to Scottish Borders and Scotland)

Lower rate of suicide **(compared to Scottish Borders** and Scotland)

HEALTH & WELLBEING

A&E ATTENDANCE

47.5% non-emergencies could be cared for within Locality of which 75+ age group represent the highest proportion (last year 43.5%)

52.5% emergencies require hospital care

(last year 56.5%)

7.67 rate of **Over 75** Falls per 1,000 (Scottish Borders = 5.62)

LONG TERM CONDITIONS

1,107 on Diabetes Register

183 on Dementia Register



NEIGHBOURHOOD AND COMMUNITY

20.5% report public transport as an accessibility issue

People in Berwickshire place a higher **priority** on:

providing sustainable transport links including demand responsive transport



HOUSEHOLD PROFILE aged 65+

26.8% Berwickshire

(Scottish Borders = 25.4%) (Scotland = 20.7%)

7.9% feel lonely or isolated (Scottish Borders = 6.1%)

12 culture and sport facilities operated by the public sector

(Scottish Borders = 69)

SAFETY

9.92 rate of road and home safety incidents per 1,000 (Scottish Borders = 7.65)

0.81 rate of Fires in Homes per 1,000 (Scottish Borders = 0.74)

8.1% say there are **areas** where they feel unsafe (Scottish Borders = 12.5%)

