Scottish Borders **Health & Social Care** Partnership

HEALTH & SOCIAL CARE LOCALITY PLAN

TEVIOT & LIDDESDALE

for consultation

2017-2019

Scottish Borders
Health and Social Care
PARTNERSHIP

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1. FOREWORD

In April 2016, following an extensive period of consultation with local people, we published the Scottish Borders Health and Social Care Partnership's Strategic Plan. The Strategic Plan sets out the Partnership's objectives for improving health and social care services for the people in the Scottish Borders and lays the foundation for the key priorities for improvement going forward.

In parallel to this, Community Planning Partnerships (CPP) are also required to produce Locality Plans under the requirements of the Community Empowerment (Scotland) Act 2015. In the future our aspiration is to bring these plans together within one plan.

Guidance from the Scottish Government is clear that local representatives – including health and social care professionals, third and independent sectors, housing, service users and their carers - are given the opportunity to influence and inform service planning as we move towards achieving the objectives set out in the Strategic Plan.

As a result local working groups across the five localities in the Scottish Borders have been established. These working groups are made up of local representatives and they have made a significant contribution to the development of this Locality Plan which focuses on local needs and key priorities for improvement from the perspective of local people who use and deliver health and social care services.

Our aim is that we plan, commission and deliver services in a way that puts people at the heart of decision making as well as meets the needs of local communities. As such we want to continue to work in partnership with everyone who has an interest in improving health and social care services at a local level and seek your view on this Locality Plan.

Together, with you, we know we can make a real difference.

Elaine Torrance
Chief Officer for Health and Social Care Integration
Scottish Borders

2. CONTEXT FOR THIS PLAN

The Scottish Government, through the Public Bodies (Joint Working) (Scotland) Act 2014 has two very clear aims.

Better **outcomes and experiences** for individuals and communities

Better **use of resources** across health, care and support systems at national and local levels.

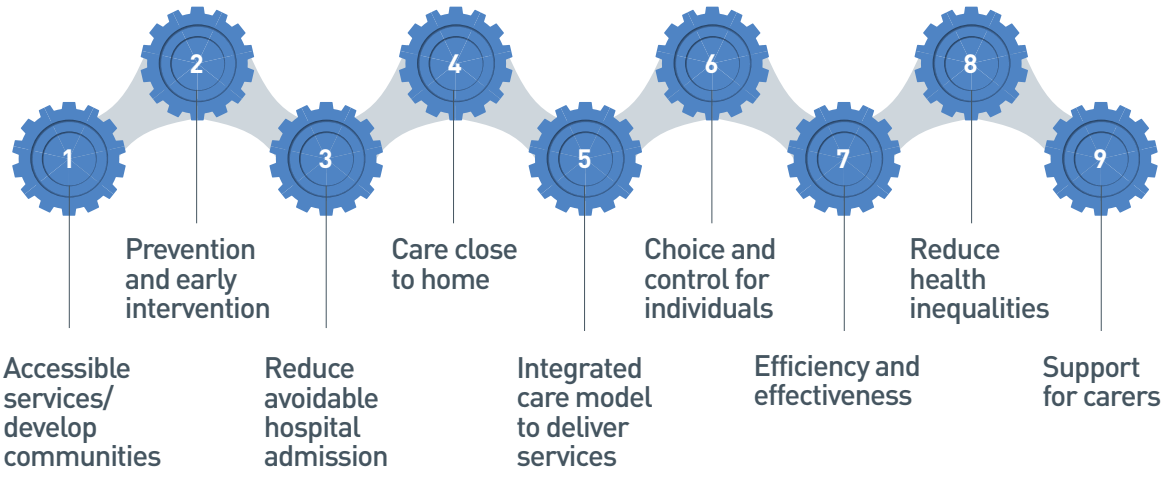
In order to address these aims and after extensive consultation during 2015-2016, the Scottish Borders Health & Social Care Partnership published its Strategic Plan where the following vision and objectives are outlined.

Scottish Borders Strategic Plan 2016 -19

"work together for the best possible health and well-being in our communities"

9 Scottish Borders Local Objectives

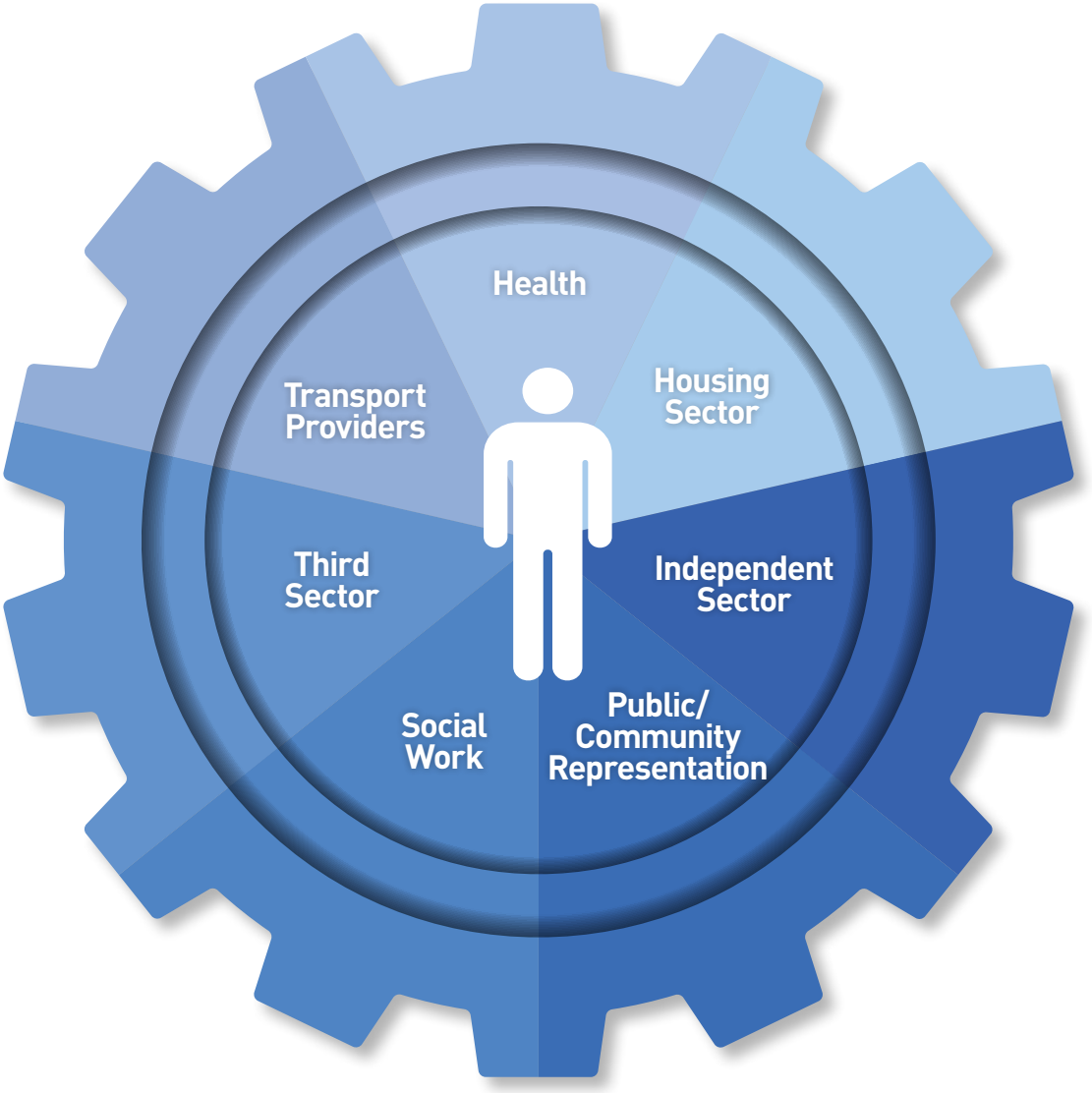
(defined during consultation on our Strategic Plan in 2015)



The Borders Health & Social Care Strategic Plan can be accessed **here**

How the Partnership seeks to meet the Objectives laid out in the Strategic Plan at a local level requires to be demonstrated in a local plan. The Scottish Borders already has five localities - Berwickshire, Cheviot, Eildon, Teviot & Liddesdale and Tweeddale. **This plan is for Teviot & Liddesdale**.

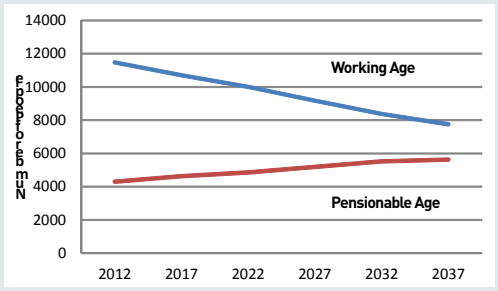
Five Locality Working Groups have been established and have contributed to the development of the five local plans. All key stakeholders are represented on the locality working groups as indicated below:



Details of the Teviot Locality Working Group can be found **here**

3. THE TEVIOT AREA - AREA PROFILE

PROJECTED POPULATION 2012-2037 FOR TEVIOT & LIDDESDALE



65% increase in **pensionable age**

18.4% decrease in **working age**

POPULATION

17,965 population*
(31% of the Scottish Borders)

13.5% aged **0-15**
(Scottish Borders = 16.7%)

58.6% aged **16-64**
(Scottish Borders = 60.2%)

27.9% aged **65+**
(Scottish Borders = 23.1%)

*(est 2014)

AREA

14.2% live in an area of **less than 500 people**
(Scottish Borders = 27.4%)

26% live in **rural areas**
8% Remote rural
18% Accessible rural

Settlements with **more than 500 people:**

TOWN	POPULATION
Hawick	14,003
Newcastleton	757
Denholm	625

HEALTH OF THE LOCALITY

LIFE EXPECTANCY RANGE

77.3 to **78.5 yrs men**
(Scottish Borders = 78.1)

79.9 to **84.1 yrs women**
(Scottish Borders = 82)

Highest rate of **coronary heart disease hospitalisations** and **early deaths**
(compared to the Scottish Borders and Scotland)

646.3 per 100,00
Higher rate of **alcohol related hospitalisations** and **deaths** and **increasing in recent years**
(Compared to Borders = 566)

580.9 per 100,000 Highest rate of **COPD hospitalisations**
(compared to Scottish Borders=497.6)

A&E ATTENDANCE

50.2% non-emergencies could be cared for within **Locality**
(last year 45.9%)

49.8% emergencies
(last year 54.1%)

Higher rate of **emergency hospitalisations**
(compared to Scottish Borders)

LONG TERM CONDITIONS

1,233 on **Diabetes Register**
7.65 % of **GP Register over 15 yrs**

201 on **Dementia Register**
4.34% of **GP Register over 65 yrs**

5463 per **100,000 Multiple emergency hospitalisations Patients 65+**
(Teviot has a higher rate)
(Scottish Borders = 5122.5
Scotland = 5159.5)

NEIGHBOURHOOD AND COMMUNITY INFLUENCES ON HEALTH

15.0% report **accessibility** to **public transport as an issue**
(Scottish Borders=16.6%)

8.4% feel lonely or **isolated**
(Scottish Borders = 6.1%)

8 culture and sport facilities operated by the public sector
(Scottish Borders = 69)

Teviot is the **most deprived population** in the **Scottish Borders** with **over 40%** of its **population living in the 4 most deprived deciles**

Teviot has **highest number** of individuals **claiming JSA and pension credits**

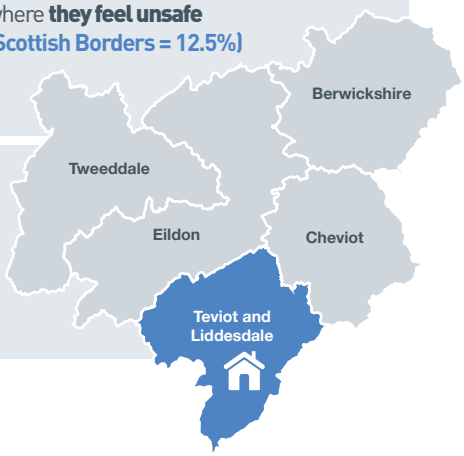
Among lowest suicide rates in the **Scottish Borders** at **12.3 per 100,000**

SAFETY

9.19 Highest rate of **over 75 falls** per 1000
(compared to 5.62 for Scottish Borders)

1.07 rate of **fires** in **homes** per 1,000
(Scottish Borders = 0.74)

17% say there are **areas** where **they feel unsafe**
(Scottish Borders = 12.5%)



PROPOSED HOUSING DEVELOPMENTS

AFFORDABLE HOUSING		EXTRA CARE HOUSING
2017-2018	6 units	-
2018-2019	12 units	-
2019-2020	-	-

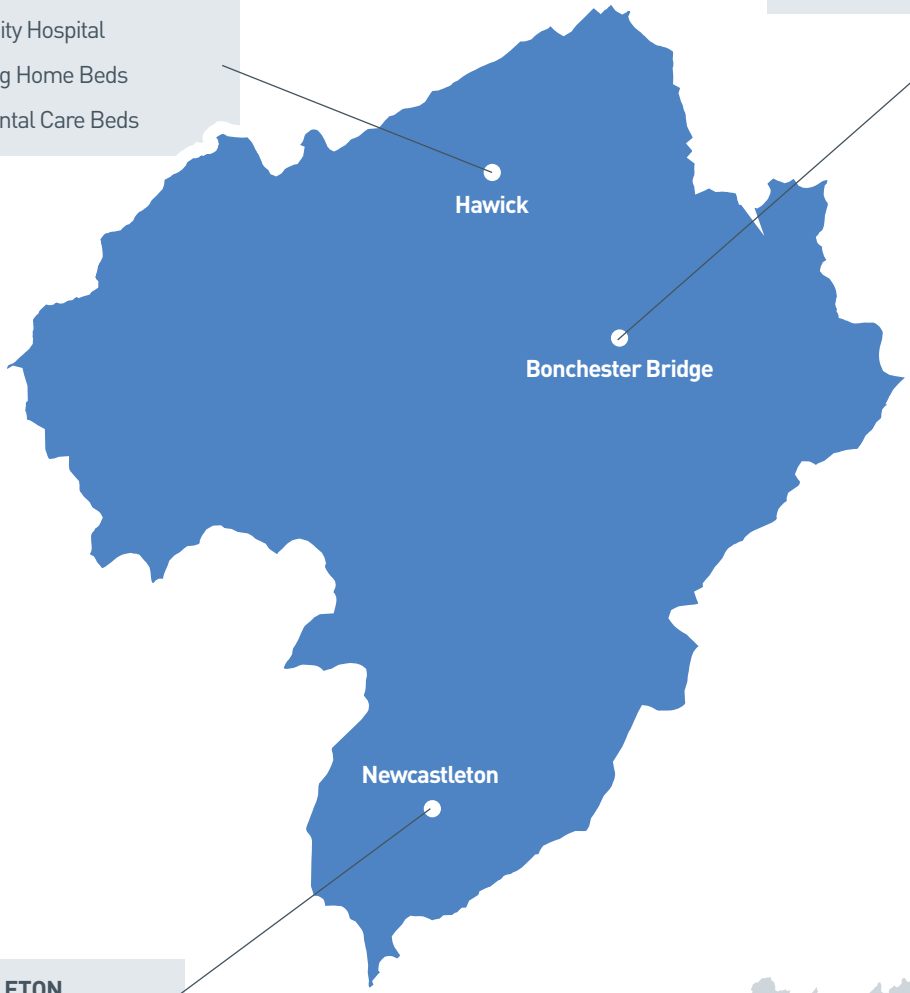
3. THE TEVIOT & LIDDESDALE AREA
SERVICES & SUPPORT 2017-2019

HAWICK

2 GP Practices
5 Pharmacies
3 Dental Practices
3 Opticians
1 Community Nursing Team
1 Social Care & Health Team
1 Community Hospital
72 Nursing Home Beds
56 Residental Care Beds

BONCHESTER BRIDGE

24 Residental Care Beds



NEWCASTLETON

1 GP Dispensing Practice

4. PRIORITIES FOR TEVIOT & LIDDESDALE 2017-2019

Our understanding of Teviot & Liddesdale is taken from:

- our analysis of both national and local data and statistics (e.g. Area Profile),
- the knowledge and experience of our service users and carers
- the views of the Locality Working Group
- the knowledge and experience of staff working within the community

The following priorities for Teviot & Liddesdale have been identified and will contribute to the 9 local objectives for Integration:

PRIORITIES FOR TEVIOT & LIDDESDALE		WHAT MAKES THIS A PRIORITY FOR TEVIOT & LIDDESDALE
•	Improve the availability and accessibility of services for people living in rural areas and towns across Teviot	• limited access to transport networks in rural areas • tendency for services to be located in large settlement areas- • lack of care at home providers in rural areas
•	Increase the availability of locally based rehabilitation services	• limited allied health professional services in the community • limited rehabilitation support workers in the community • no domiciliary physiotherapy services in the community • limited access to day hospital services
•	Increase the range of care and support options across the locality to enable people to remain in their own homes and communities	• difficulty recruiting and sustaining capacity in provider organisations • lack of paid carers across locality • lack of domiciliary care provision • lack of transitional care beds in Teviot • increased reliance on residential and nursing home placements • tendency to pilot different models and approaches within one locality with no roll out to other localities
•	Increase the range of housing options available across the locality	• significant projected increase in people of pensionable age • limited options for housing in rural/outlying areas
•	Develop robust preventative services and early intervention for long term conditions	• higher than average incidence of long term conditions in Teviot • increased non-emergency attendances at BGH due to lack of local alternatives • limited access to preventative services

Work is currently underway to support the delivery of the 9 Local Objectives and an action plan has been developed which identifies work required to ensure the ongoing delivery of the priorities for Teviot. This is summarised in **Appendix 1**.

There are some actions which are common across the whole of the Scottish Borders and will be progressed at a Scottish Borders Partnership level, for example the provision of IT access within integrated sites. These actions can be viewed in the Borders wide summary plan in **Appendix 2**.

These actions will be continually evaluated and the plan updated annually.

APPENDIX 1
ACTION PLAN FOR TEVIOT & LIDDESDALE

PRIORITY: Improve the availability and accessibility of services for people living in rural areas and towns across Teviot

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Investigating integrated team working between Health, Social care and Third sector	• Develop one integrated team covering all areas across the locality • Implement joint staff meetings and training for Health, Social care and Third sector staff	• Improve access to health and social care services at a local level • Sharing of information to support people at home • Improve sharing of information at a local level • Improve staff understanding of roles and responsibilities • Increase efficiency and reduce duplication • Improve access to care at home • Support the prevention of unnecessary admission to hospital • Provide alternatives to attendance at hospital • Reduced inequalities for people within rural areas	• Health and Social care partnership leads, Allied Health Professional leads Third sector leads	March 2018
• Working with the Transport Hub to improve rural transport	• Develop a link with the Transport Hub to establish rural needs and potential solutions	• Supports people from rural areas to access services	• Transport Hub	September 2017
• Establishing "What Matters" hub in Burnfoot, Hawick	• Work with Community led support steering group to establish appropriate "What Matters" hubs across the Teviot locality	• Supports people from rural areas to access information, support and services	• Community led support	2017-18

PRIORITY: Increase the availability of locally based rehabilitation services				
WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Investigating integrated working across Health, Social care and Third sector	• Scope out the gaps in community rehabilitation services across the partnership and devise and implement a structure to address these • Increase access to Allied Health Professionals and support staff to manage peoples' rehabilitation needs within the community	• Support peoples' rehabilitation at home • Reduce hospital admissions • Improve peoples' outcomes • Support safe discharge from hospital • Reduce the reliance on home care provision • Reduce delayed discharges • Reduce the admissions to bed based care facilities • Supports positive risk taking	• Locality working group • Allied Health Professional leads	September 2017
• Rehabilitation approach ongoing with care providers across SB cares and Third/ Independent sector	• Link with Third sector around development of the model and roll out	• Support the reablement work within SB cares and independent home care providers	• Red Cross • SB cares • Independent providers	March 2018
• Day services review	• Link with the programme and input into service redesign as required from the locality	• Supports the redesign of day services • Increased options to support people to remain at home	• Day services review project manager • Locality working group	September 2017
• Live Borders "Active ageing" programme	• Support and inform future developments within the locality	• Supports self-management • Prevents hospital admissions • Maintains peoples' current abilities	• Locality working group • Live Borders	
• Investigating previous examples of good practice	• Review benefits of Teviot Project and scope out opportunities for future development	• Reduced length of stay in hospital • Increased options to support people to remain at home • More people treated at home instead of hospital	• Locality working group • Allied Health Professional leads	October 2017

PRIORITY: Increase the range of available care and support options across the locality to enable people to remain in their own homes and communities

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Burnfoot, Hawick "What Matters" hub launch 22nd May • Ongoing communication in relation to Carers Act • Increased awareness and usage of self-directed support	• Work with Community led support steering group to establish "What Matters" hubs across the Teviot locality • Ensure "What Matters" hubs have relevant information available eg. Carers Act and self-directed support	• People are able to access information and services earlier • People are supported to be as independent as possible • Community resources are key to support people at home • People are supported to self-manage • Reduced waiting lists	• Community led Support Steering group	March 2018
• Increased recruitment by providers • Work with care providers to identify opportunities for development of care services • Frailty redesign programme to ensure people are supported to stay at home • Long term conditions pathway work across the partnership • My Home Life initiative	• Work with providers in the development of available support services • Support the implementation of new ways of working through the frailty redesign pathways • Support the independent sector to implement My Home Life	• Reduced care home admissions • Reduced waiting lists • People are supported to remain at home • People are engaged with at an earlier stage to prevent crisis occurring • Helps to fully engage the skills and expertise of voluntary and third sector partners	• Locality working group • Commissioners • Frailty group • Independent sector • Scottish Care	March 2018
• Reablement provision through Red Cross	• Support the further development of reablement services within the Third sector	• People are supported to stay at home • People are supported to self-manage • Less reliance on home care provision	• Locality working group • Red Cross	March 2018
• Equipment provision being reviewed • Satellite equipment stores being reviewed	• Support the redesign of Borders Ability Equipment Service to support people in the community	• Improved access to equipment at point of need • People are supported to stay at home	• Borders Ability Equipment service	October 2017
• Development of new Community resources	• Support development of community capacity building initiatives	• People are supported to self manage • Training and development to empower individuals • Building capacity to form stronger communities	• Borders Community capacity building team	2017/18
• "Healthy living network" local activities programme in Burnfoot, Hawick	• Link to develop locality specific services • Development of further healthy living network activity plans	• Supports local people to continue to be managed at home • Supports the health inequalities agenda	• Joint Health Improvement Team • Locality working group	September 2017

PRIORITY: Increase the range of available care and support options across the locality cont...

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Paramedic practitioner project, Teviot Medical Practice	• Support rollout at other practices	• Supports people to remain at home • Releases GP capacity	• Teviot Medical Practice • Scottish Ambulance Service	
• Matching Unit launched in Hawick 17th April to source home care provision and match with assessed need	• Increase range of available options from Social Work managed care packages offered at launch to include direct payments and individual service fund	• Releases staff capacity • Highlight areas where there is difficulty sourcing home care eg. Rural areas	• Matching Unit Project Manager	2017/18
• Participatory budgeting (PB) at Burnfoot Community Centre	• Engage with Burnfoot Community Futures following their successful bid for a new social group for senior ages	• Reduces loneliness and isolation • Provides services within local community	• Burnfoot Community Futures	October 2017

PRIORITY: Increase the range of housing options available across the locality

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Local housing providers represented on Locality working group	• Work with registered social landlords to develop alternative accommodation across all areas of the locality	• Increase availability of affordable housing	• Registered social landlords • Housing Strategy team	2017-2019
• Strategic Housing Investment Plan (SHIP) 2017-22	• Support the development of appropriate extra care housing	• People are able to access appropriate supported housing within their own communities	• Housing Strategy team	2020-2021

PRIORITY: Develop robust preventative services and early intervention for long term conditions

WORK UNDERWAY	ACTION REQUIRED	HOW THIS CONTRIBUTES TO THE PRIORITY	OWNER	TIMEFRAME
• Ongoing long term conditions pathway work • Gathering information on diabetes pathway with Information Service Division (ISD)	• Improve preventative and early intervention elements of the care pathway	• Supports people to self-manage at home • Supports people to remain well for longer	• Primary Care Team • Consultant for diabetes	March 2018
• GP Cluster leads appointed	• Work with GP cluster quality leads to improve preventative approaches in primary care	• Identifies people with long term conditions to be supported earlier	• GP cluster quality leads	March 2018
• Establishing "What Matters" hub in Burnfoot, Hawick • NHS Informs relaunched	• Improve access to information on self -management	• Earlier access to condition specific information	• Locality working group	September 2017
• National Anticipatory Plan	• Support the rollout of anticipatory care planning	• Early identification of support mechanisms	• GP cluster quality leads	March 2018

APPENDIX 2
BORDERS WIDE SUMMARY ACTION PLAN

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

PRIORITIES	ACTION PLAN
Increase the range of care & support options across the Scottish Borders to enable people to remain in their own homes and communities	• Work with providers in the development of available support services • Support the implementation of new ways of working through the frailty redesign pathway • Support the independent sector to implement "My Home Life" initiative • Support the redesign of Borders Ability Equipment Service to support people in the community • Support development of community capacity building initiatives to develop locality specific services • Development of further healthy living network activity plans • Provide joint training and development for staff • Develop "What Matters" hubs • Adopt the National Anticipatory care plan • Develop integrated teams within each Locality to improve outcomes for the people of that locality • Increase interventions to support people to remain at home and reduce the need for ED /GP attendance • Support discharge from hospital at an appropriate stage with the right service interventions • Early identification of people who require support through early interventions and screening • Establish SBC IT access within identified Health centres to enable NHS staff to access SBC systems and allow Social care & health staff to work from health office
Improve the availability and accessibility of services across the Scottish Borders	• Bring together staff from NHS, SBC and Third sector to work together within integrated teams • Develop a link with the transport hub to establish rural need and potential solutions • Develop "What Matters" hubs
Increase the availability of locally based rehabilitation services across the Scottish Borders	• Support the further development of reablement services within the Third sector • Scope out the gaps in community rehabilitation services across the partnership and devise and implement a structure to address these • Increase access to Allied Health Professionals and support staff to manage peoples' rehabilitation needs within the community • Link with Third sector around development of the reablement model and roll out to all areas • Link with the Day services review programme and input into service redesign as required from each locality • Support and inform future developments within the locality
Increase the range of housing options available across the Scottish Borders	• Work with registered social landlords to develop alternative accommodation across all localities • Support delivery of extra care housing

WORK HAS BEEN INFORMED BY

This plan has been informed in consultation and dialogue with the stakeholders involved in developing the plans, strategies and programmes listed below:

- Community Learning and Development Strategic Plan 2015-2020
- Community Led Support
- Frailty Redesign Programme
- Living well with a disability - Future services for people with a physical disability 2013
- Reducing inequalities in the Scottish Borders 2015-2020 Strategic Plan
- Scottish Borders Alcohol & Drugs Partnership Strategy 2015-2020
- Scottish Borders Autism Strategy 2015
- Scottish Borders Council Local Housing Strategy 2012-17
- Scottish Borders Learning Disability Service Strategic Commissioning Plan 2016-19
- Strategic Housing Investment Plan (SHIP) 2017-22
- The Keys to life strategy 2013

This consultative approach will continue throughout the delivery of this plan.

HEALTH & SOCIAL CARE LOCALITY PLAN 2017-2019
WHAT DO YOU THINK?

We want to know what you think about this plan.

Please answer these questions and send it back by **31 August** to:

SCOTTISH BORDERS HEALTH AND SOCIAL CARE PARTNERSHIP
Council Headquarters | Newtown St Boswells | MELROSE | TD6 0SA
tel: 0300 100 1800 | email: integration@scotborders.gov.uk
www.scotborders.gov.uk/integration

Are you answering these questions....

☐ On behalf of yourself ☐ On behalf of a group or organisations - if so which one?

.....

Q1. Do you think we have missed anything in your Locality plan that you feel is important?

☐ No ☐ Yes. If so – what is missing?

1. Where do you live?

.....

2. What is your age?

.....

3. Do you have a disability?

☐ Yes ☐ No ☐ I do not want to say

4. Are you a carer?

☐ Yes ☐ No ☐ I do not want to say

THANK YOU

Thank you for completing this questionnaire.

FOR MORE INFORMATION

Please contact the address 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.

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Scottish Borders COUNCIL

NHS Borders

Scottish Borders Health and Social Care PARTNERSHIP

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