

## Discussion Output: Health, Care and Wellbeing (7th June 2018)

Summary/Area of Discussion:

### Transport

*Post-it Notes (incl. from 1<sup>st</sup> February meeting):*

- Appointments – how to get there
- Public Transport – Limited services and cuts in services
- Have to find others in the community to help get to appointments
- Reston Station would help to get to Edinburgh
- What options are available with regards to SBC Funding
- Borders Buses cutting Coldingham to Edinburgh route, go into Eyemouth and out
- Transport for learning and medical care – easier to go to Edinburgh than the BGH
- Berwickshire Wheels struggling for drivers
- Options in regards to SBC funding for transport
- Challenges – can't get public bus services that meets rural needs
- Berwickshire Wheels/BAVS struggling for drivers, can't keep up with demand
- Issue of transport when serious condition e.g. detached retina
- Travel to the BGH is difficult, outreach services required, mobile vans with GP's etc
- Health – one central hospital, lack of travelling
- Few cottage hospitals
- Support for carers – access and affordability of transport, relief and respite for carers - social isolation?

*"Priority" & "Solutions/Actions" Post-its:*

- Ambulance services focussing on critical services
- Transport – Reston station, East/West timetable
- Appointments – ask where travelling from
- Transport demographics and ageing population

*Key Areas for Berwickshire*

- **Public Transport** – cross Border travel/service provision, route planning/timetabling, affordability
- **Community Transport** – volunteer drivers

Summary/Area of Discussion:

### Mental Health

*Post-it Notes (incl. from 1<sup>st</sup> February meeting):*

- Mental Health – attainment – social media affects mental health. 'See me' introduced in secondary schools.
- Social inclusion linked to mental health – reach out communities

<ul style="list-style-type: none"> <li>• Mental health - Support for small groups – Eyemouth, Duns to reduce social isolation</li> <li>• MH – support for small groups within communities – Eyemouth/Duns, reducing social isolation</li> <li>• Not enough being done for mental health problems, 4-6 month wait</li> <li>• Mental Health – getting across the door is a challenge, skills sharing and skills match</li> </ul>
<p><i>“Priority” &amp; “Solutions/Actions” Post-its:</i></p> <ul style="list-style-type: none"> <li>•</li> </ul>
<p><i>Key Areas for Berwickshire</i></p> <ul style="list-style-type: none"> <li>• <b>Social isolation</b> – how to reduce, communities to reach out to their isolated residents, how to encourage people to get out of their homes</li> </ul>

<p><b>Summary/Area of Discussion:</b></p> <p><b>Prevention</b></p>
<p><i>Post-it Notes (incl. from 1<sup>st</sup> February meeting):</i></p> <ul style="list-style-type: none"> <li>• Cost of eating healthy can be expensive.</li> <li>• Childhood obesity – choices made about diet can be harmful</li> <li>• Staying healthy – fitness classes, Isolation and information dissemination, trim tracks</li> <li>• Living safely in the home – advice on home safety to avoid slips, trips</li> <li>• Education needed on health</li> <li>• GP’s too quick to prescribe medication rather than advocating/supporting physical activity</li> <li>• Young people are indoors more</li> <li>• New park in Gala has had a positive impact on getting Young People outdoors.</li> <li>• Grass cutting around parks affects health</li> <li>• Primary School in Eyemouth does CPR Training</li> <li>• Healthy Village or Town competition</li> <li>• What Matters Hub – one health professional from different areas, drop in, get information</li> </ul>
<p><i>“Priority” &amp; “Solutions/Actions” Post-its:</i></p> <ul style="list-style-type: none"> <li>• Cross generational communication</li> <li>• Increase access to Whats on hubs, make sure they are in building and premises used by the public.</li> </ul>
<p><i>Key Areas for Berwickshire</i></p> <ul style="list-style-type: none"> <li>• <b>Education</b> - role of schools and other learning environments; What Matters Hubs; availability and promotion of the right information</li> <li>• <b>Eating Well</b> - promotion of eating well, access/availability to healthy foods</li> </ul>

Summary/Area of Discussion:

**Community Provision**

*Post-it Notes (incl. from 1<sup>st</sup> February meeting):*

- Do you know your neighbour?
- Mens Shed and Walking Football are great ideas
- Get the people running groups to make contact with the individual – often the first step is the most difficult
- Active Communities Eyemouth – sport and health related activities – meeting with Live Borders?
- BAVS open days.
- Co-locate community fire stations – use for community activities.
- Loss of church – elders and minister visits.
- Unaware of facilities available to them – consider how to bring the information together to access.
- Cemeteries – grass cutting issues – some being done some aren't.
- Lots of whole community projects, active Mens Shed, Ace Group – Parkrun for all ages

*“Priority” & “Solutions/Actions” Post-its:*

- Value of older peoples contribution to the community
- Annual events for communities to connect
- ALISS – national database – vulnerable people, how to reach them, mapping key community services.
- Register what support and services are available in the community.
- Increase access to Whats on hubs, make sure they are in building and premises used by the public.

*Key Areas for Berwickshire*

- **Expansion of existing community activities across the region**, e.g. Men's Sheds, walking football, walking clubs etc.
- **Sharing of good examples** from across (and out with) the Borders

Summary/Area of Discussion:

**Service Provision**

*Post-it Notes (incl. from 1<sup>st</sup> February meeting):*

- Cancer Treatment
- Postcode an issue SBC v Berwick
- Eyemouth – recruitment of GP's needed
- GP's – can't get appointments
- Out of Hours Services not as good as used to be
- Blocks of time reserved for GP appointments in remote communities
- Podiatry issues – now in Kelso was formally in Duns
- GP's Eyemouth Health Practice – recruitment of GP's to practice, little communication
- GP's Coldingham – not able to get appointments, shortage of GP's

- Services are too centralised – Chiropodists, Coldstream have to travel to Kelso
- Telecare is an opportunity – not for first time visits but follow up appointments for example
- Lack of GP appointments
- Pension age increasing.
- Rurality of B'shire.
- Defibrillators needed.
- GP – If call that day at 8am can usually get an appointment
- GP in Berwickshire provide a very personal experience (old fashioned)
- Cross Border health issues
- Knoll Hospital in Duns is old and needs upgrading to act as minor injuries
- Nursing care in the community
- NHS Facility for Chiropody
- NHS, Health and Social Care plan should be one!
- Services need to provide care to reduce delayed discharge

*“Priority” & “Solutions/Actions” Post-its:*

- Telecare – community spaces, pharmacies etc.
- Lack of access to further education, care facilities, home care provision
- Unit for discharge to access unit e.g. at Craw Wood
- Delivering care in the home – improve connections, communications between services providing care and support

*Key Areas for Berwickshire*

- **Service planning** – recognising demands and challenges of remote communities/rurality, telecare
- **GPs** – mixed views across the Locality as to service delivery and availability of appointments
- **Challenge of cross border health provision**, accessing different services depending on where you live