

Scottish Borders **Health & Social Care** partnership

draft strategic plan

2015 -18

a conversation with you

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



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FOREWORD



NHS Borders and Scottish Borders Council are working together in a new way to bring together health and social care. The purpose is to deliver better outcomes for our residents. Specifically we want to ensure that people live healthier, longer lives, can be independent and have choice and control no matter who they are or where they live in the Scottish Borders.

We know that many individuals and families live in circumstances of economic hardship, that our population is ageing and that we are caring for more people with complex needs. We also know that there are significant differences – inequalities – between and within our communities. We are committed to working alongside all our partners to prevent and undo inequalities.

Health and social care services are being brought together on a multi-agency basis to address these challenges. The partnership will also work with acute services to reduce avoidable admissions to hospital, as well as the need for emergency admissions to hospital.

We want to ensure that we engage with individuals at an early stage in their health journey. Getting involved at this stage helps prevent conditions becoming chronic and in turn can lead to better long term outcomes. We know that people living with a number of long-term and complex health conditions have a better quality of life when they are able to manage and be more in control of their health and care. And by providing support and assistance can ensure that they live well and independently for longer.

We will work with Public Health specialists to understand and tackle the patterns of ill health in our communities. The present economic climate also means we have to make the most efficient use of the money we have to deliver more personalised, better services.

In order to support this new partnership we have developed an initial three-year strategy to help us plan and deliver services for both current need but also the needs of people in the future.

We want to know what people across the Borders think services should be like in the future, so that we can make them more personalised and responsive to people's needs.

It is also an opportunity for you to comment and share your ideas on our proposals. We want to hear as many views as possible and would encourage you to participate and help shape our plans for the future.

This is not a static document. It is a live strategic plan and as such we look forward to engaging with all those with an interest in health and social care to deliver on our plan between now and 2018.

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

Susan Manion

Chief Officer (Health and Social Care Integration)

April 2015

WHAT IS...

... The Scottish Borders Health and Social Care partnership?

NHS Borders and Scottish Borders Council are working together to put in place formal joint working arrangements with the aim of providing better, more integrated adult health and social care services in the Borders. Planning of services for Scottish Borders Council and NHS Borders will be brought together by a Joint Board but a much wider range of services will be involved in the partnership.

At a national level, there is a requirement for all Health Boards and Local Authorities to integrate adult health and social care budgets and to strengthen the role of clinicians and care professionals, along with charities, voluntary and community groups, in the planning and delivery of services.

... Strategic Commissioning?

“Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, links investment to all agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.” – National Steering Group for Strategic Commissioning 2012

... The Strategic Commissioning Plan?

The Strategic Commissioning Plan describes how the Scottish Borders Health and Social Care partnership will make changes and improvements to develop health and social services for adults over the coming three years. It explains what our priorities are, why and how we decided them and how we intend to make a difference by working closely with partners in and beyond the Borders.

The Plan is underpinned by a number of national and local policies, strategies and action plans. It will provide the strategic direction for how health and social care services will be shaped in this area in the coming years and describes the transformation that will be required to achieve this vision.

Health, wellbeing and social care are really important to communities and individuals.

OUR VISION

Our Vision

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

Our aims

In order to achieve our vision, our partnership plans to:

- Improve outcomes for service users and carers
- Make services easily accessible with clear available information
- Deliver quality services in a person's own home or community in a timely way
- Have open, transparent and understandable governance arrangements
- Make effective use of resources and delivery of agreed efficiencies across the partnership
- Develop a flexible skilled workforce
- Meet agreed performance targets

OUR CASE FOR CHANGE

Why do we need to change?

Making the case for change is at the centre of this plan. We recognise that the way we provide care needs to change in order to meet both current and future challenges. If we do nothing, health and care services as they are will not be able to deliver the high quality service we expect.

There are a number of reasons why we need to change, which include:

- Rising demand for services
- Services are costly
- To deliver better services and outcomes

Services working in partnership

By bringing Scottish Borders health and social care services together through our partnership, we have the opportunity to improve our outcomes through joint working, better communication, improved efficiency and reduced duplication of work and effort.

The people of the Scottish Borders must be at the heart of redesigning services. They will be involved in designing changes to services which will focus on people and put them first. Through working together, we can start to tackle the issues identified in our Joint Needs Assessment, recognising the assets we have available within partnerships and through people, whilst also taking advantage of opportunities such as volunteering and learning to maximise outcomes for people and improved wellbeing.

A SNAPSHOT OF THE SCOTTISH BORDERS

- 1 district general hospital
- 4 community hospitals providing 87 beds for care and rehabilitation
- 4 local authority care homes
- 23 GP practices
- 28 pharmacies
- 15 optician practices
- 18 dental practices
- 1370 people use home care services

OUR INTEGRATED SERVICES

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, adult primary and community health care services and elements of adult 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.

NHS

- District Nursing
- General Medical Services
- Public Dental Services
- General Dental Services
- Ophthalmic Services
- Community Pharmacy Services
- Community Geriatric Services
- Community Palliative Care
- 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
- Allied Health Professional Services

SCOTTISH BORDERS COUNCIL

- 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

There are other, hospital-based, services where integrated planning is essential and, as a result, they are included within the scope of our integration arrangements. The combined budget for these services is £20.2 million and is in addition to the £135.2 million identified above.

These services are:

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

It is forecast that 1 in 4 people born now will live to be over 100 years old.

OUR OBJECTIVES

Our local strategic objectives

1. We will make services more accessible and develop our communities

- We want to improve access to our services, but also to assist people and communities to help and support themselves too.
- We will develop local responses to local needs.
- We will communicate in a clear, open and transparent manner.

Strong communities are a real asset of the Scottish Borders. Community capacity building has the potential to significantly improve the health and independence of people with health and social care needs.

2. We will improve prevention and early intervention

- We will prioritise preventative, anticipatory and early intervention approaches.
- We want to shift and focus services towards the prevention of ill health, to anticipate at an early stage the need for support and to react where possible to prevent crisis.

Ensuring people who are struggling to manage independently can be rapidly supported through a range of services that meet their individual needs has been a focus for the development of new ways of working.

3. We will reduce avoidable admissions to hospital

- 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.

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

4. We will provide care close to home

- We will support people to live independently and healthily in local communities.

Easily accessible care which meets the needs of the local communities allows people to receive their care close to home and build stronger relationships with care providers.

5. We will deliver services within an integrated care model

- We will ensure robust and comprehensive partnership arrangements are in place.
- We will pro-actively integrate health and social care services and resources for adults.
- We will integrate services and staff supported by the development of integrated strategy, systems and procedures.

Through working together, services will become more efficient and effective providing a better service to people who use their services and more satisfaction to those who provide the service.

OUR OBJECTIVES cont...

Our local strategic objectives (continued)

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

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

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.

7. We will further optimise efficiency and effectiveness

- We will institute a transformational change programme across the functions delegated to the partnership.
- We will efficiently and effectively manage resources to deliver Best Value.
- We will support the development of staff.

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

8. We will seek to reduce health inequalities

- We want to reduce inequality in particular health inequality, and support and protect vulnerable people in our communities.

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

NATIONAL OUTCOMES

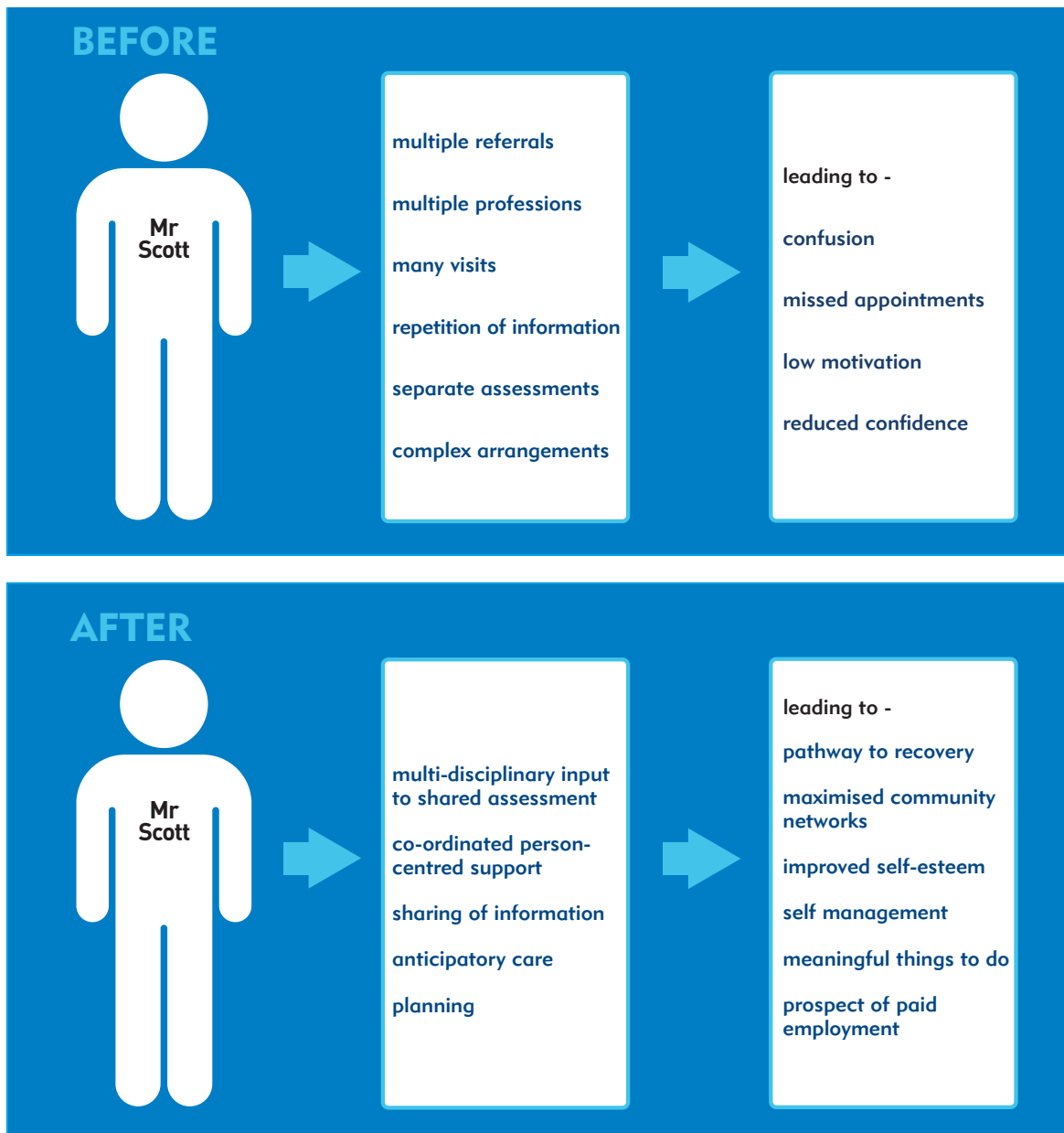
What are the National Health and Social Care Outcomes?

There are nine National Outcomes agreed by the Scottish Government that our partnership will need to deliver against:

Nine National Outcomes	
1 Healthier living	People are able to look after and improve their own health and wellbeing, and live in good health for longer.
2 Independent living	People, including those with disabilities, long-term conditions, or who are frail, are able to live as far as reasonably practicable, independently at home, or in a homely setting, in their community. This outcome aims to ensure delivery of community based services, with a focus on prevention and anticipatory care, to mitigate against avoidable emergency admissions to hospital. It recognises that independent living is key to improving health and well-being.
3 Positive experiences and outcomes	People who use health and social care services have positive experiences of those services, and have their dignity respected. It is important that health and social care services take full account of the needs and aspirations of the people who use services. Person centred planning and delivery of services will ensure that people receive the right service at the right time, in the right place, and services are planned for and delivered for the benefit of people who use the service.
4 Quality of life	Health and social care services are centred on helping to maintain or improve the quality of life of service users. Everyone should receive the same quality of service no matter where they live.
5 Reduce health inequality	Health and social care services contribute to reducing health inequalities. This outcome is focussing upon the role of services in seeking to reduce the gap in health inequalities.
6 Carers are supported	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. This outcome acknowledges the support carers require including the maintenance of their own health and well-being.
7 People are safe	People who use health and social care services are safe from harm. In carrying out our responsibilities, we must ensure that the planning and provision of health and social services supports and protects individuals from harm.
8 Engaged workforce	People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide, and feel engaged with the work they do.
9 Resources are used effectively and efficiently	To deliver Best Value and ensure scarce resources are used effectively and efficiently in the provision of health and social care services.

CASE STUDY: MR SCOTT

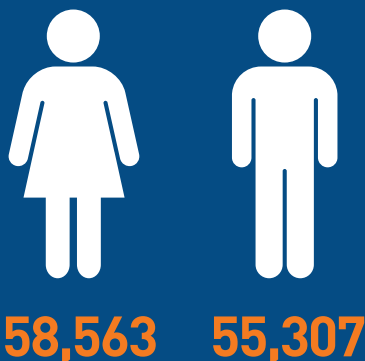
Mr Scott is a 40-year old man who lives in the Borders. As a result of a range of long-term health and social care problems he needs care and support. His problems include a diagnosis of Bipolar illness, obesity, type 2 diabetes and a lack of physical and social activity. He is currently unemployed and lives alone. Mr Scott's elderly father recently passed away and as a result he moved from Peebles to Duns to make a new start. Mr Scott is currently claiming welfare benefits.



PROFILE - SCOTTISH BORDERS

POPULATION 2013

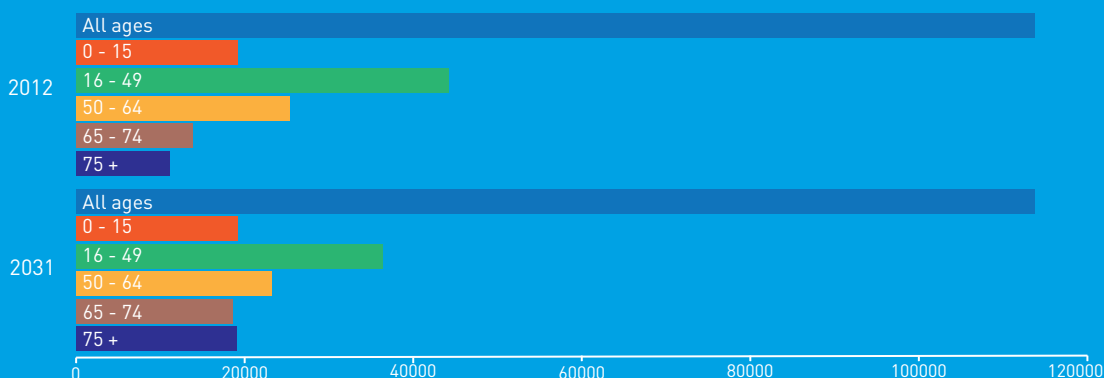
All people
113,870



Age 0-15	19,029	17%
Age 16-49	43,617	38%
Age 50-64	25,522	22%
Age 65-74	14,422	13%
Age 75 +	11,280	10%

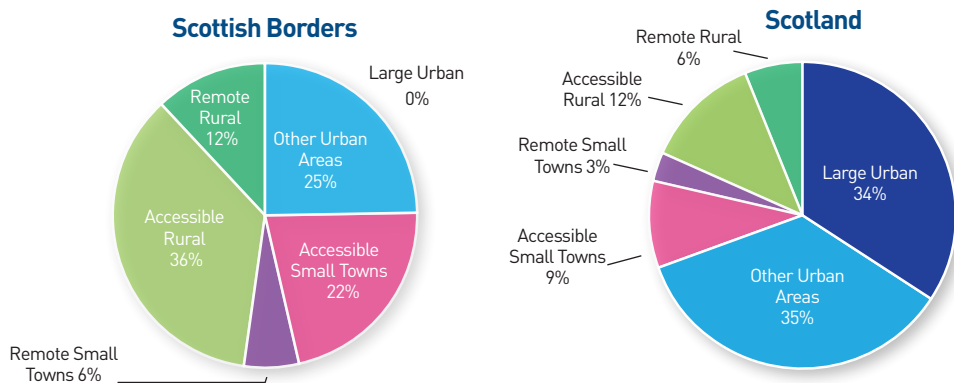
Source: National Records of Scotland, mid-year population estimates

PROJECTED CHANGES IN POPULATION BY AGE GROUP 2012 TO 2031



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

POPULATION SHARES (%) BY URBAN/RURAL AREA 2012



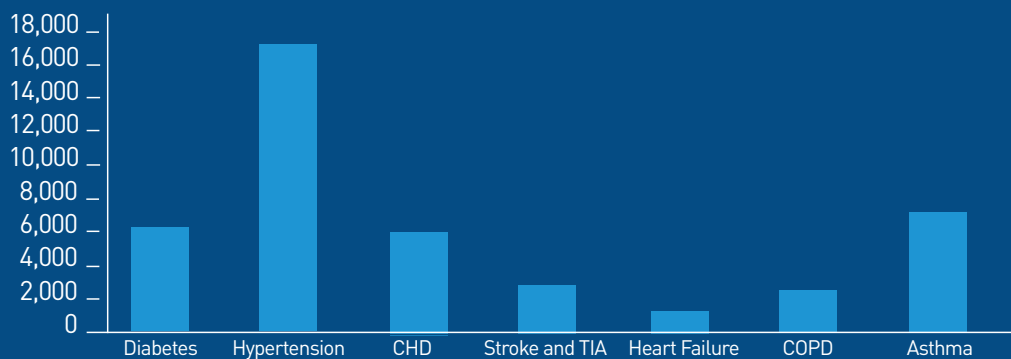
Source: Scottish Government Urban/Rural Classification 2013/14 and National Records of Scotland

HOUSEHOLD COMPOSITION

	Scottish Borders	Scotland
One-person household, aged under 65	19%	22%
One-person household, aged 65+	15%	13%
Couple/family everyone aged 65+	10%	8%

Source: Scotland Census 2011

LONG TERM CONDITIONS



Sources: Scottish Diabetes Survey; QOF (number of people on Scottish Borders GP practice register at March 2014)

CHD - Coronary Heart Disease

TIA - Transient Ischaemic Attack (Mini Stroke)

COPD - Chronic Obstructive Pulmonary Disease

DEMENTIA

People known to GP practices as having dementia (2014)

1,027

Over the coming years, the total number of people with dementia in Borders is predicted to

More than double

Sources: QOF; (number of patients on dementia registers of Scottish Borders GP practices) Scottish Government projections based on Alzheimer Scotland methodology

DISABILITIES AND SENSORY IMPAIRMENT

601

people with Learning Disabilities known in the Scottish Borders in 2013

6,995

people with a physical disability in 2011 (Scotland Census)

500

people estimated who are blind or have severe sight loss

1,800

people estimated with severe or profound hearing loss

Sources:

Electronic "Same as You" report 2013

Scotland Census 2011

Estimated hearing loss/sight loss prevalence rates for UK, applied to Scottish Borders population

HOSPITAL INPATIENT CARE 2010-2012

27,734 Emergency admissions to hospital

3,520 Patients aged 65+ with two or more emergency admissions in a year

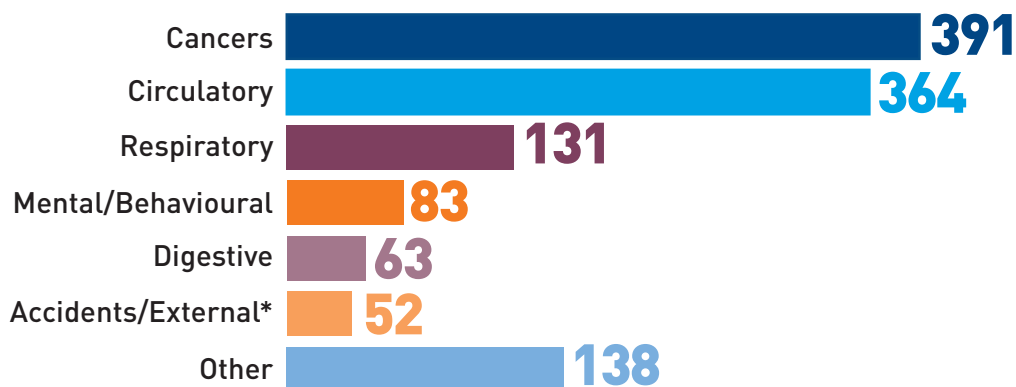
1,695 Patients hospitalised with coronary heart disease (CHD)

1,075 Patients hospitalised with cerebrovascular disease (including stroke)

665 Patients hospitalised with chronic obstructive pulmonary disease (COPD)

Source: ScotPHO Health and Wellbeing Profiles 2014

NUMBERS OF DEATHS BY CAUSE IN 2013



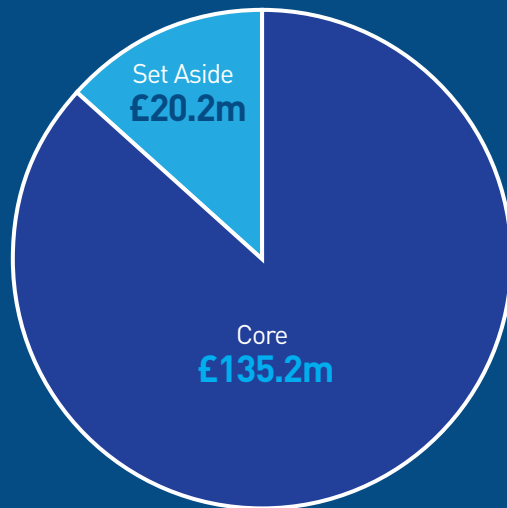
Source: National Records of Scotland

* includes acts of violence and self-harm

HEALTH AND SOCIAL CARE SPENDING 2015/16

Core Services – the budget relating to those NHS and Council services which are being integrated (see page 7).

Set Aside – The Budget relating to those hospital-based services identified on page 7.



Learning Disability	£18.1m
Mental Health	£15.1m
Community Hospitals	£4.7m
GP Prescribing	£21.5m
AHP Services	£5.4m
General Medical Service	£15.9m
Dental Service	£4.2m
Community Pharmacy	£3.7m
Older People	£23.7m
Physical Disability	£2.9m
Localities	£2.6m
Other	£17.4m

WHAT HAPPENS NEXT?

We are seeking help to develop our plans for integrated services by the end of October this year. This document is the first part of that process – seeking your views, by 5th June, to help inform a more detailed draft by mid-June. We will organise a series of public meetings across the Borders in May to support this process. Please look out for details in your local press and/or on our website www.scotborders.gov.uk/integration.

A further round of consultation will take place between 1st July and 22nd September over the more detailed plan before a final plan is prepared in October – once again supported by public meetings in late August and early September.

Once the plan is finalised it will be reviewed and renewed on a three-year basis and, once again, this process will be supported by a programme of public engagement on an ongoing basis.

YOUR VIEWS AND CONTRIBUTION

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 5th June 2015 at the latest to the FREEPOST RRBK-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

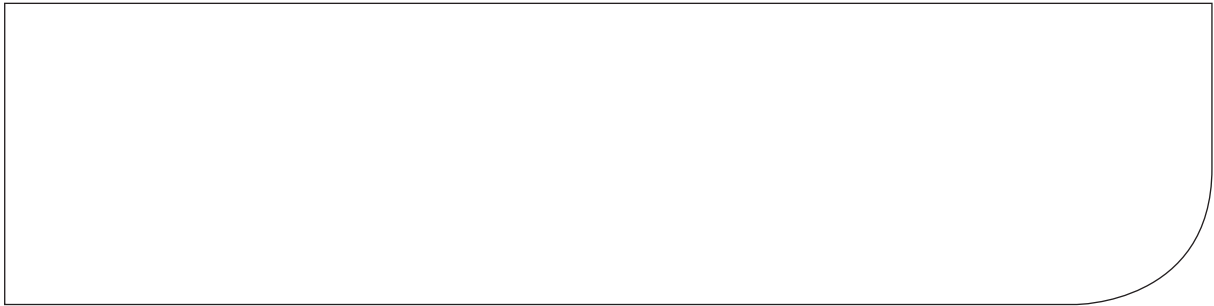
QUESTION 1: Do you have any experience, good or bad, of health and social care services that you'd like to tell us about?

QUESTION 2: Are there any health and social care services we deliver particularly well?

QUESTION 3: Are there any service areas where we need to do things better?

QUESTION 4: What are the health and social care issues that most affect people in your community?

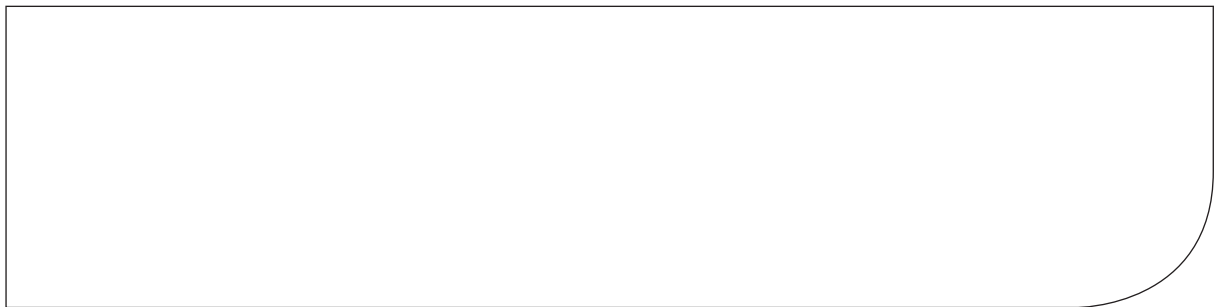
QUESTION 5: How accessible are health and social care services in your area and what could we do to improve accessibility?



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



QUESTION 7: How can we better support people in their own homes and prevent them going to hospital?



QUESTION 8: In your opinion, are there any objectives missing on pages 8 and 9? If so, what are they?



QUESTION 9: Do you have any other comments you wish to make?



ABOUT YOU - optional

You **do not** need to complete any of the questions below. This information will be used for data analysis purposes only.

Are you responding as an individual or on behalf of an organisation?

What is your year of birth?

Are you...?

Male		Female	
Transgender		Prefer not to say	

Do you consider yourself to have a disability? (This is defined as having a physical or mental impairment, which is substantial and long term (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on your ability to carry out normal day-to-day activities)

Yes		No		Prefer not to say	
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If you answered yes to the above question, which of these best describes the nature of your disability? (PLEASE TICK ALL THAT APPLY)

Physical impairment , such as difficulty using your arms or mobility issues which means using a wheelchair or crutches	
Sensory impairment , such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment	
Mental health condition , such as depression or schizophrenia	
Learning disability , (such as Down's syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	
Longstanding illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy	
Other , such as disfigurement	

Are you the main carer for someone?

Yes		No		Prefer not to say	
-----	--	----	--	-------------------	--

Does anyone in your household use adult health and social care services?

Me		Someone else in my household	
No-one		Prefer not to say	

What do you consider your national identity to be e.g. British

What religion, religious denomination or body do you belong to? (PLEASE TICK ONE ONLY)

No religion or belief		Jewish	
Buddhist		Muslim	
Christian		Sikh	
Hindu		Prefer not to say	
Another religion or belief (please specify)			

Which of the following best describes your sexual orientation?

Bisexual		Heterosexual/ Straight	
Lesbian/ Gay		Prefer not to say	

What is the first part of your postcode? (e.g. TD3 or TD14)

If you would like updates from us please provide your email address

Alternative format/language paragraph

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SCOTTISH BORDERS COUNCIL

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