

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 (on pages 24 to 32 at the bottom of each page) 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?

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Changing Health and Social Care for You – A Further Conversation

2016-2019 Draft Strategic Plan



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 their 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.

Susan Manion

Chief Officer Health and Social Care Integration

PAMELA 	I'm Pamela. I'm 57 and I've lived in Innerleithen most of my life. I live with my husband Owen and our daughter Jane. My 63 year old lives in sheltered housing nearby and our eldest daughter Jillian lives 7 miles away in Peebles. I have a lot of friends who still live in	MY SITUATION 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.	MY THOUGHTS 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.	INTEGRATION <ul style="list-style-type: none"> Coordinated care teams Single point of contact More support for carers Clear information available for service users
	I live in a modern, rented house. My husband Owen and I don't drive so we rely on public transport.	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.	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 for transport Easier access to coordinated services More ways to socialise with the community Building community capacity
	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.	Owen is eight years my senior. 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 options for people to attend appointments Increased health and social care services Locally available health and care services Anticipatory care for my Father
	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, daughters, 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 now. I was	I don't take the best care of myself because by the time I've looked after my Father, grandson, Owen, daughters, 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 now. I was	<ul style="list-style-type: none"> More options for people to attend appointments Increased health and social care services Locally available health and care services Anticipatory care for my Father
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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 diagram 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

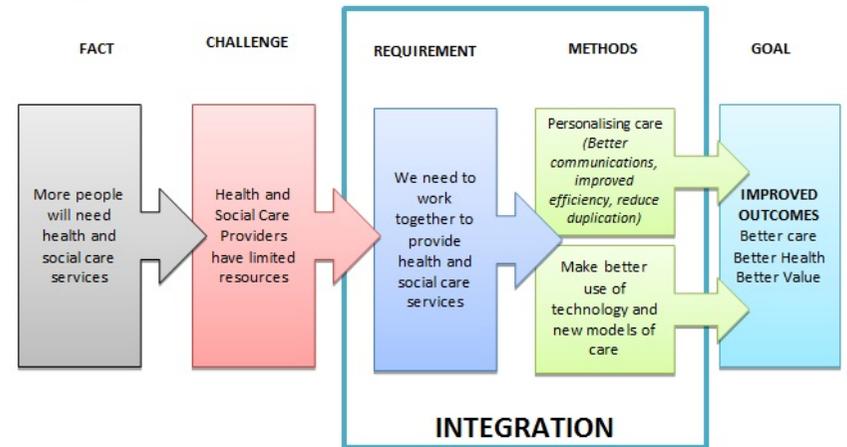
<p>I'm Charlie. I've lived in Kelso since I retired here 15 years ago with my wife, Sandra, who died 5 years ago. I've been alone. My 2 children live far away. They come for visits, but they have busy lives and their own families. I love Kelso, I feel safe here, apart from being so far from my family.</p>	<p>MY SITUATION I am a widower. I don't need health and care services at the moment.</p>	<p>MY THOUGHTS 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.</p>	<p>INTEGRATION</p> <ul style="list-style-type: none"> • Ensure Appro and services in when people • Review Home roles adapt to char • Local coordinat integrated tea • Coordinated li transport • Bigger range based housing • Anticipatory C planning • Volunteering opportunities people • Locally based Better inform sharing across organisations • Community b and activities 	
				<p>CARING</p> 
				<p>HOME</p> 
				<p>FAMILY</p> 
				<p>WORK</p> 
<p>HEALTH</p> 				
<p>COMMUNITY</p> 				

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.

Diagram 1 – The Case for Change

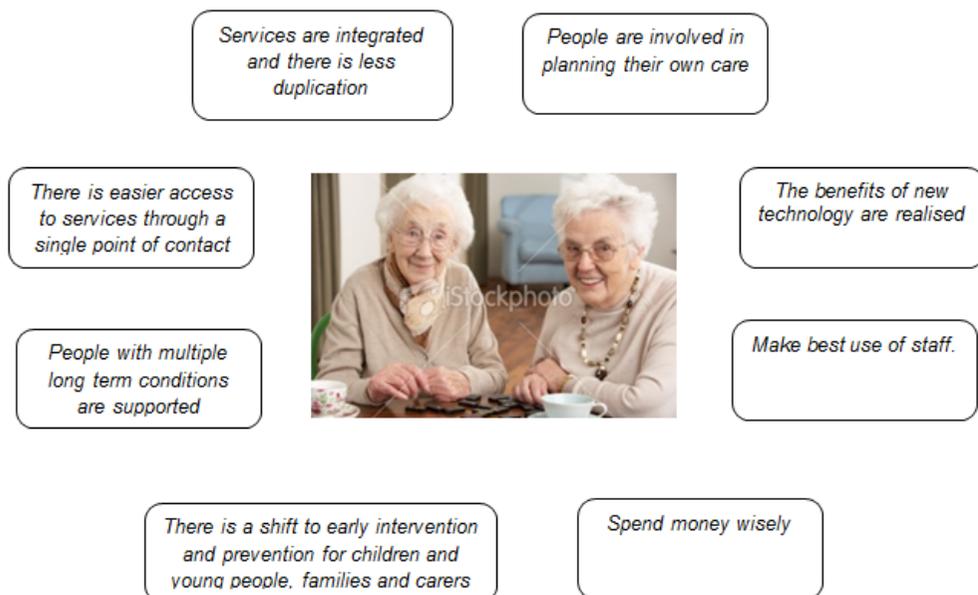


What shifts do we need to make?

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 Inpatient Care	£106.5m	£109.0m

What will success look like?



Planning for Change – Key Priorities

A fund of £2.13m 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.

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.

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.