

Scheme of Integration 2022 Consultation

<https://scotborders.citizenspace.com/social-work-integration/scheme-of-integration-2022-consultation>

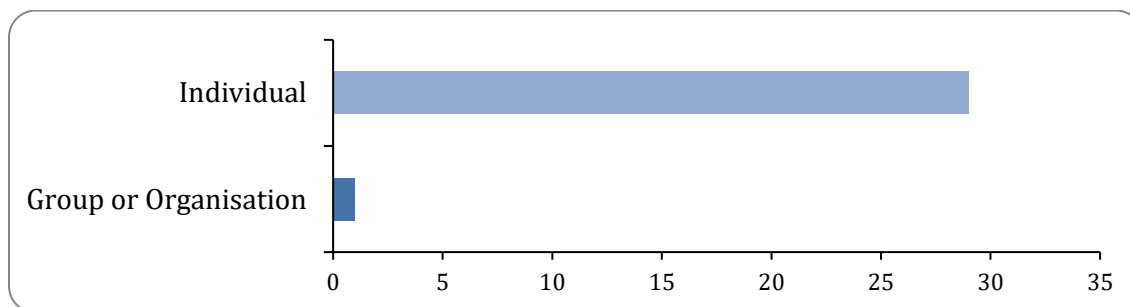
This report was created on Tuesday 01 March 2022 at 11:47

The activity ran from 18/01/2022 to 28/02/2022

Responses to this survey: **30**

How are you responding to this Scheme of Integration consultation?

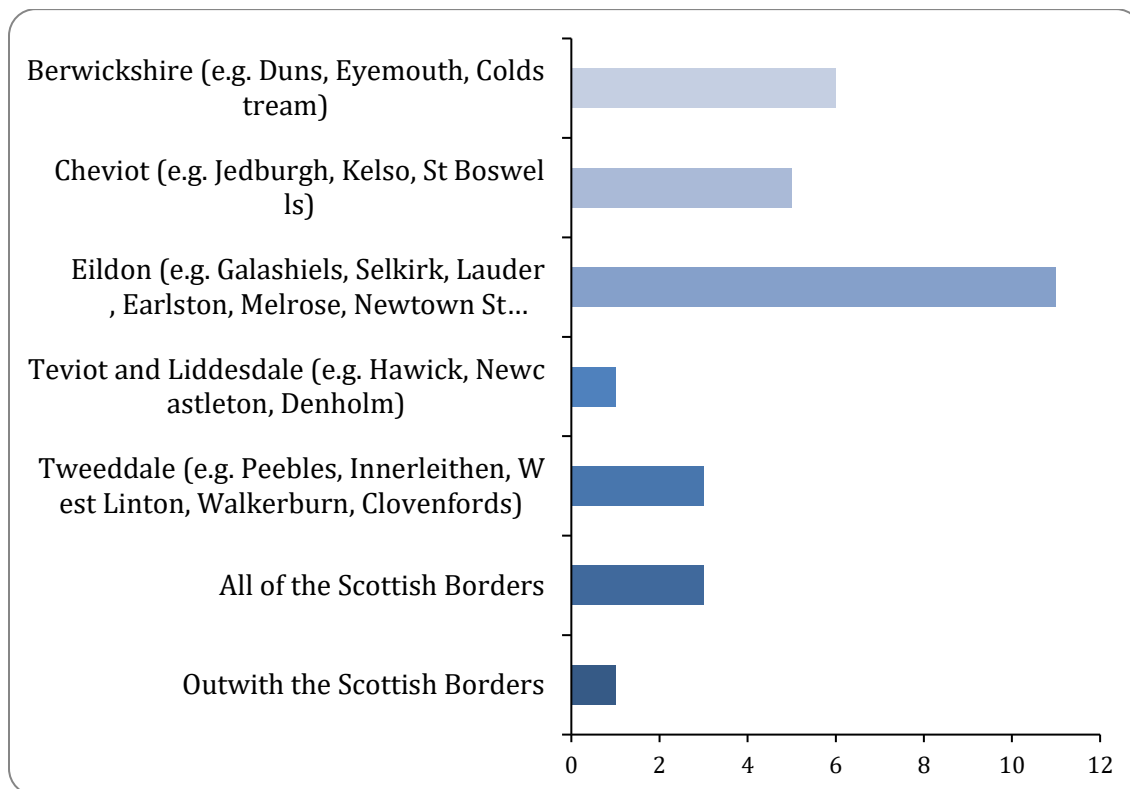
There were 30 responses to this part of the question.



Option	Total	Percent
Individual	29	96.67%
Group or Organisation	1	3.33%
Not Answered	0	0.00%

Which locality in the Scottish Borders are you based?

There were 30 responses to this part of the question.



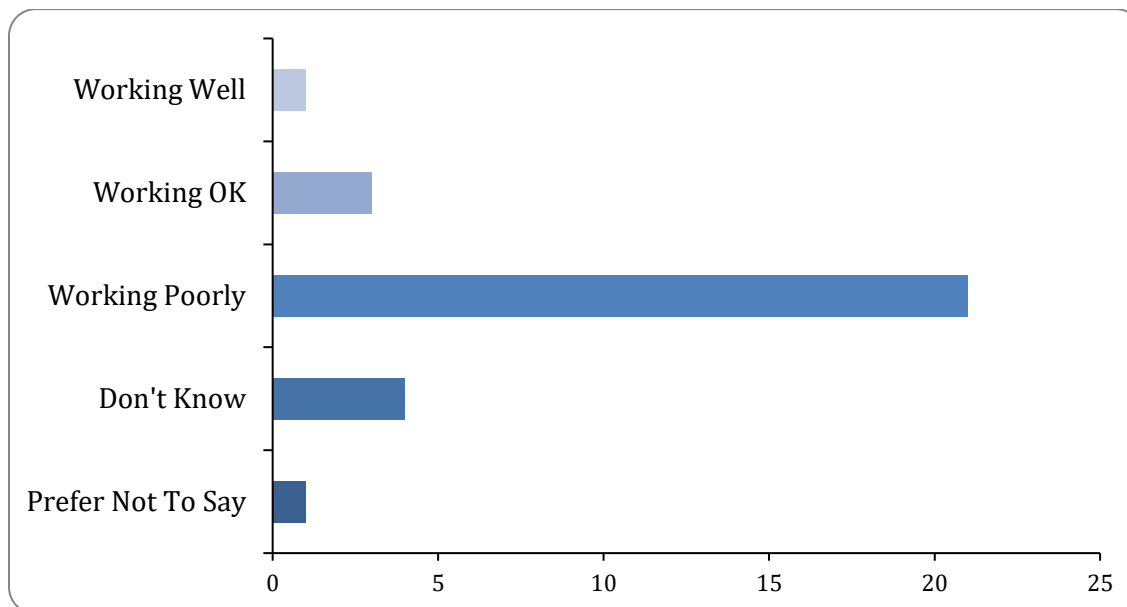
Option	Total	Percent
Berwickshire (e.g. Duns, Eyemouth, Coldstream)	6	20.00%
Cheviot (e.g. Jedburgh, Kelso, St Boswells)	5	16.67%
Eildon (e.g. Galashiels, Selkirk, Lauder, Earlston, Melrose, Newtown St Boswells)	11	36.67%
Teviot and Liddesdale (e.g. Hawick, Newcastleton, Denholm)	1	3.33%
Tweeddale (e.g. Peebles, Innerleithen, West Linton, Walkerburn, Clovenfords)	3	10.00%
More than one locality (please specify below)	0	0.00%
All of the Scottish Borders	3	10.00%
Outwith the Scottish Borders	1	3.33%
Prefer Not to Say	0	0.00%
Not Answered	0	0.00%

If more than 1 locality, please detail.

There were 2 responses to this part of the question.

What do you think of Scottish Borders Health and Social Care?

There were 30 responses to this part of the question.



Option	Total	Percent
Working Well	1	3.33%
Working OK	3	10.00%
Working Poorly	21	70.00%
Don't Know	4	13.33%
Prefer Not To Say	1	3.33%
Not Answered	0	0.00%

Do you have any comments about your experience of Scottish Borders Health and Social Care?

There were 15 responses to this part of the question.

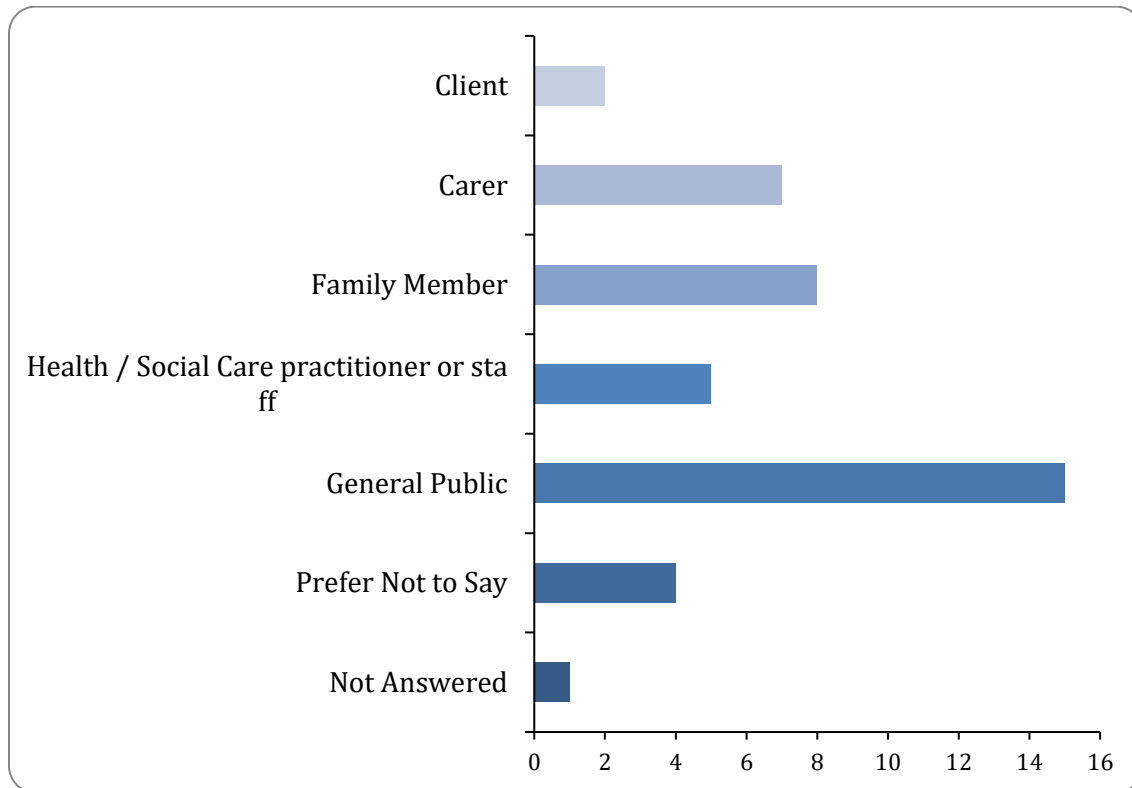
1	At a local level, dealing with local social work, it has been good - social workers understand the issues & needs of their clients. This level of support extends no further than the 'grass roots' though. In my experience, all levels above 'grass roots' have exhibited total unwillingness to listen and change, determinedly and doggedly pressing on with their own agenda, unwilling to accept that their strategy might be wrong, despite input from carers and carers representative groups. Personally & collectively (as part of a support group), I have been stonewalled, misled and patronised over a period of almost 3 years now. There are officers making decisions who it would seem have very little understanding of reality or the predicament of carers and those they care for. Recent changes in personnel at the IJB offer a chink of light but it is early days and in the meantime a significant amount of damage has been inflicted on carers and cared for by bloody minded officials. Change, accountability and a genuine
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	willingness to listen (as opposed to box ticking and lip service) is desperately needed.
2	Continually asking for meetings to try and alleviate the issues with staffing so we can work geographically this has still not happened
3	Day care services for disabled young adults is very limited. As is respite for same. Residential care homes in the Borders are few and far between.
4	During the period of the pandemic the services available have not been as positive as in the past and it is hoped the service level will return as soon as possible but it would seem there re other hurdles to overcome in particular recruitment.
5	Haven't found a National health dentist since we moved her last July! Still using one in Corbridge!
6	it is slow to respond to matters, is 9-5 based and out of hours service lacks depth and range of knowledge needed to respond to emergency support requests
7	Lack of liaison between relevant departments and unawareness of procedures and liminations, and tendency to rely on apologies rather than evidence of real determination to find satisfactory solutions.
8	NHS is under pressure due to lack of social care availability
9	<p>Significant systemic capacity issues in the delivery of social work support for children and families - leading at times to unsafe and unsupported situations for children, YP and parents - difficulty recruiting and retaining social work staff.</p> <p>Cuts to education budget impacting on vulnerable and marginalised children and families.</p> <p>CAMHS completely overwhelmed by demand for a service - with the tariff for support and waiting list times becoming ever higher.</p> <p>School nurses working at above capacity - leading to reduced ability to support and respond to children/YP and families.</p> <p>Mental Health supports for people experiencing chronic difficulties and distress and/or addiction issues programme based and/or time limited interventions - issues being early discharge, relapse and 'behaviour based' programmes - rather than addressing some of the underlying cases of distress - such as poverty unresolved trauma.</p> <p>Gaps in services - particularly in relation to autistic children, YP and adults who are in distress, suicidal/risk of harm. Gaps in services for YP at risk of harming others - particularly in relation to sexual or GBV.</p> <p>Cuts in funding to community based Domestic Abuse services.</p> <p>Lack of clarity in relation to professional practice in supporting children and YP experiencing gender dysphoria.</p>
10	Since covid 19 struck the services have dipped, lots of third sector services have been withdrawn instead of supported, so many people with poor physical and mental health have been let down badly.

11	<p>There has been too much out sourcing of services resulting in difficulties and shortages. There are too few residential care and nursing homes in the borders offering quality care and there are no adequate day services with support for those with high levels needs which further isolates them from society and adds extra pressure onto their family. There is no alternatives to receiving direct payments for young adults with high level Autism and similar, resulting again in isolation for them and their families and lack of care options.</p>
12	<p>Very difficult to speak to a medical professional when calling the GP practice. Especially when during work hours, very limited with only able to make appointments if calling at 8:30am. Told to call only at 8:30am even if non emergency and wishing to schedule appointment in upcoming weeks.</p> <p>Since Coldingham doctors surgery closure, I feel that the pressures on Eyemouth practice are greater and the demand is higher. Services within Eyemouth need improved for the elderly who need to travel there for appointments and for the growing population within the area.</p>
13	<p>Very poor and extremely basic care.</p> <ol style="list-style-type: none"> 1. No appointments available after 4.30pm. We need increase hours as for those who work is very difficult to find an appointment. 2. Very basic care! Paracetamol is the magic pill that sorts any kind of health problem 3. GP they think they can treat anything with pain killers and they are not willing at all to send the patient to further specialist investigations-save money comes first than save the patient. 4. An annual full check-up must be have anybody. I moved here 10 year ago and I never had a full check-up and when I asked the answer was: Why? 😞 Well, it's easier to prevent that to treat!
14	<p>Very short staffed. The staff they have are over worked and stressed due to the lack of support</p>
15	<p>What do they do, some people seem to get everything while others don't.</p>

As an individual, what describes you? (Tick all that apply)

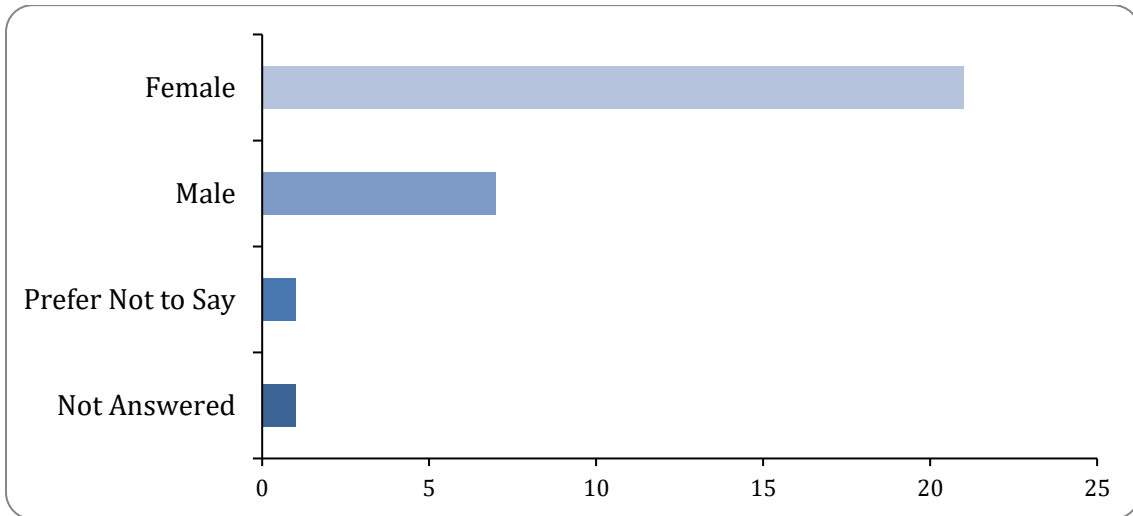
There were 29 responses to this part of the question.



Option	Total	Percent
Client	2	6.67%
Carer	7	23.33%
Family Member	8	26.67%
Health / Social Care practitioner or staff	5	16.67%
General Public	15	50.00%
Prefer Not to Say	4	13.33%
Not Answered	1	3.33%

How do you identify yourself?

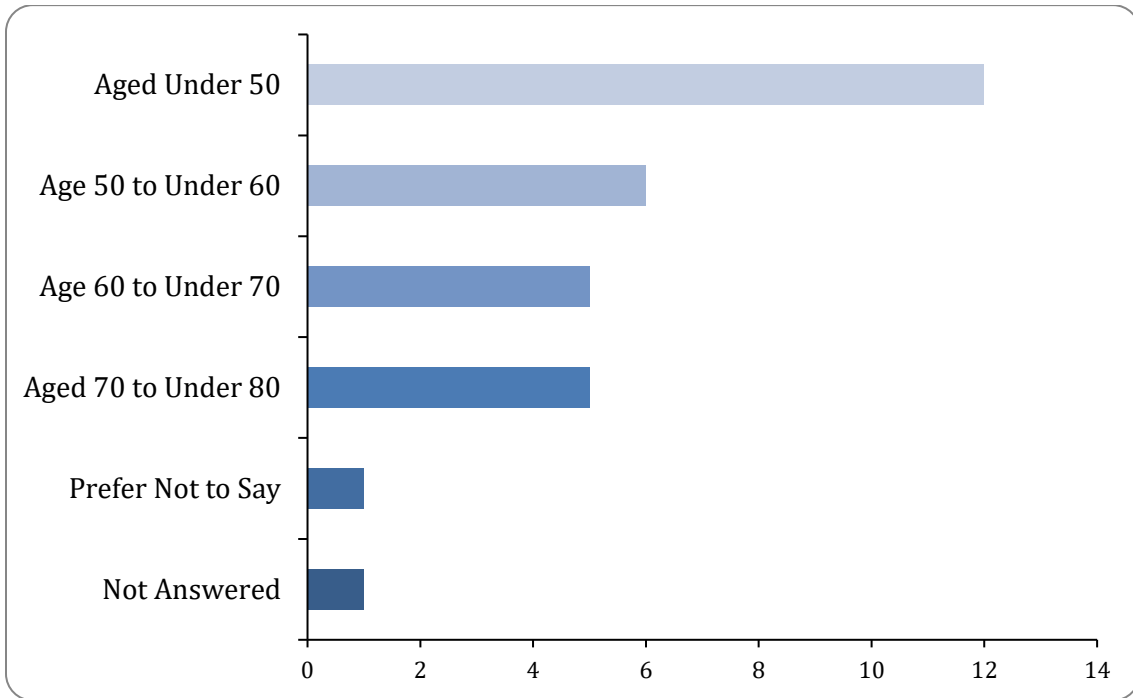
There were 29 responses to this part of the question.



Option	Total	Percent
Female	21	70.00%
Male	7	23.33%
Use Other Term	0	0.00%
Prefer Not to Say	1	3.33%
Not Answered	1	3.33%

How old are you?

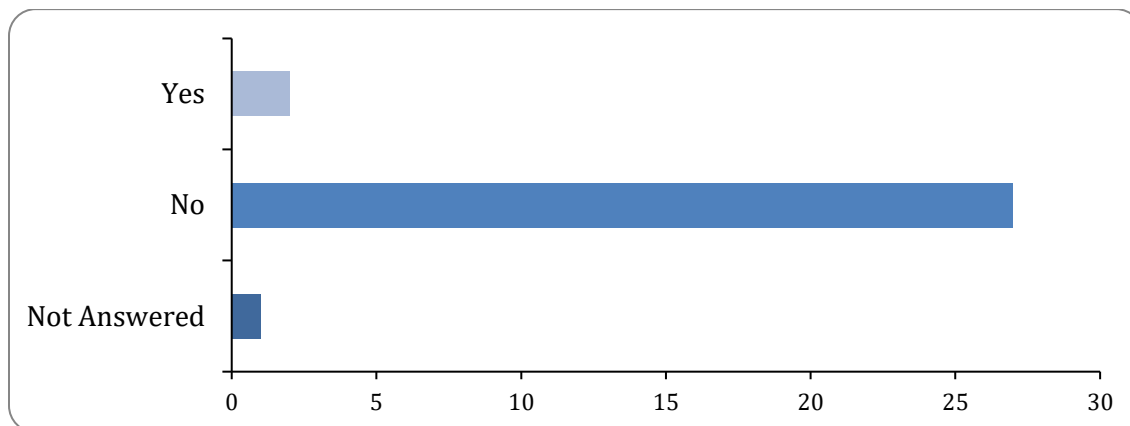
There were 29 responses to this part of the question.



Option	Total	Percent
Aged Under 50	12	40.00%
Age 50 to Under 60	6	20.00%
Age 60 to Under 70	5	16.67%
Aged 70 to Under 80	5	16.67%
Aged 80 or Older	0	0.00%
Prefer Not to Say	1	3.33%
Not Answered	1	3.33%

Do you consider yourself to have a disability?

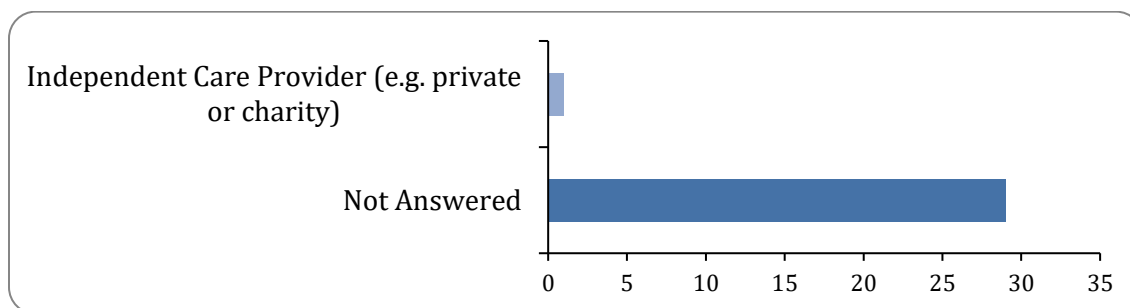
There were 29 responses to this part of the question.



Option	Total	Percent
Yes	2	6.67%
No	27	90.00%
Prefer Not to Say	0	0.00%
Not Answered	1	3.33%

What type of group or organisation are you?

There was 1 response to this part of the question.



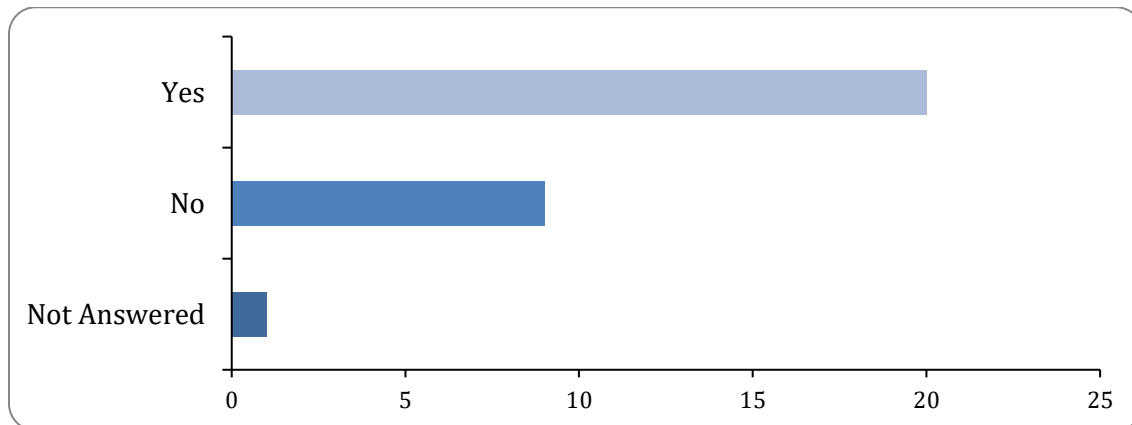
Option	Total	Percent
Client Group	0	0.00%
Public Sector Care Provider	0	0.00%
Independent Care Provider (e.g. private or charity)	1	3.33%
Community Group	0	0.00%
Other Group or Organisation	0	0.00%
Not Answered	29	96.67%

What is your organisation name?

There was 1 response to this part of the question.

Do the changes to Section 2 - Local Governance Arrangements make sense?

There were 29 responses to this part of the question.



Option	Total	Percent
Yes	20	66.67%
No	9	30.00%
Not Answered	1	3.33%

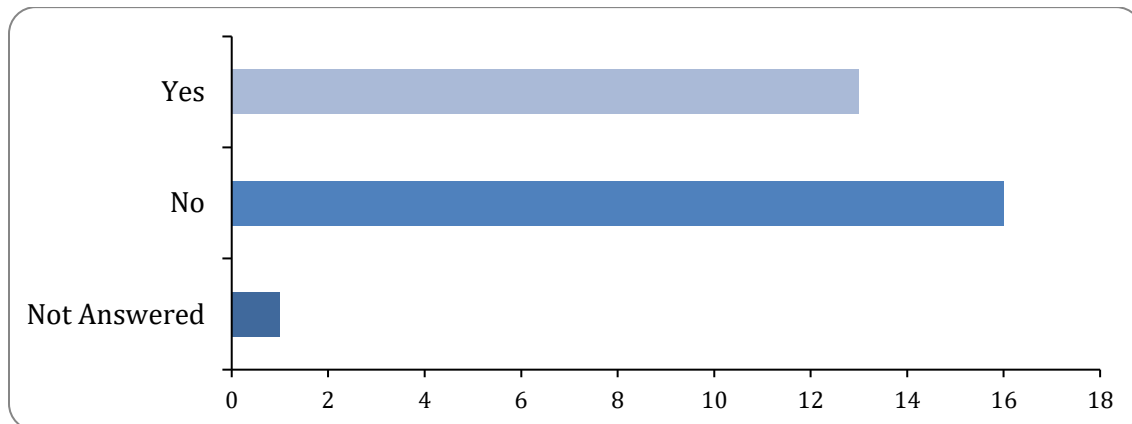
Do you have any comments about the Local Governance Arrangements?

There were 6 responses to this part of the question.

1	Continuity and a longer period of service are essential for accountability.
2	allows more time to embed changes
3	See little change of substance
4	It's the same people who sit on these boards nothing ever changes or improves.
5	?
6	All policy is weighted in favour of how SBC wishes to apply it to individuals

Do the changes in Section 4.6 Targets and Performance make sense?

There were 29 responses to this part of the question.



Option	Total	Percent
Yes	13	43.33%
No	16	53.33%
Not Answered	1	3.33%

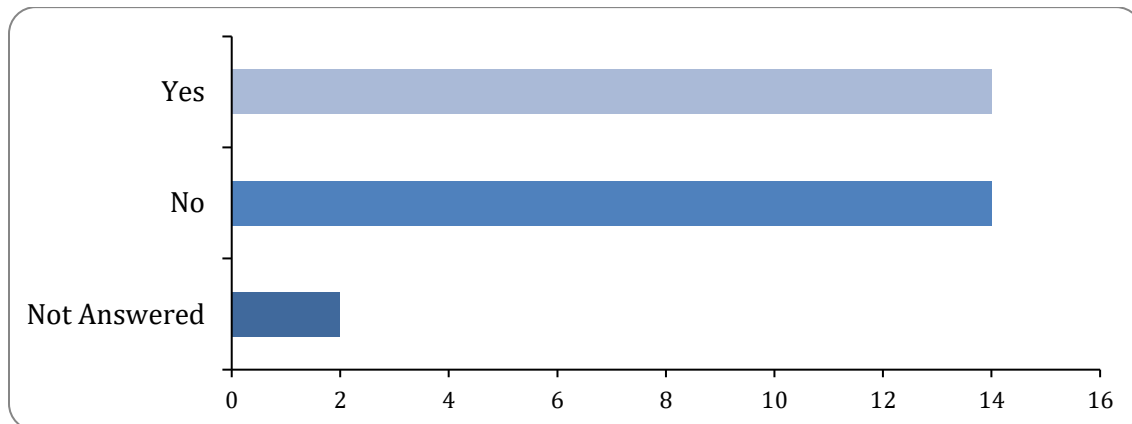
Do you have any comments about the Targets and Performance section?

There were 6 responses to this part of the question.

1	All it says is 'removed'
2	It sounds ideal but will it be put into practice
3	See no change
4	there is no time scale indicated for when it will be in place.
5	Tick boxes which do not give realistic results
6	Why was the performance management removed?

Do the changes to Section 4.7 - Corporate Support Services make sense?

There were 28 responses to this part of the question.



Option	Total	Percent
Yes	14	46.67%
No	14	46.67%
Not Answered	2	6.67%

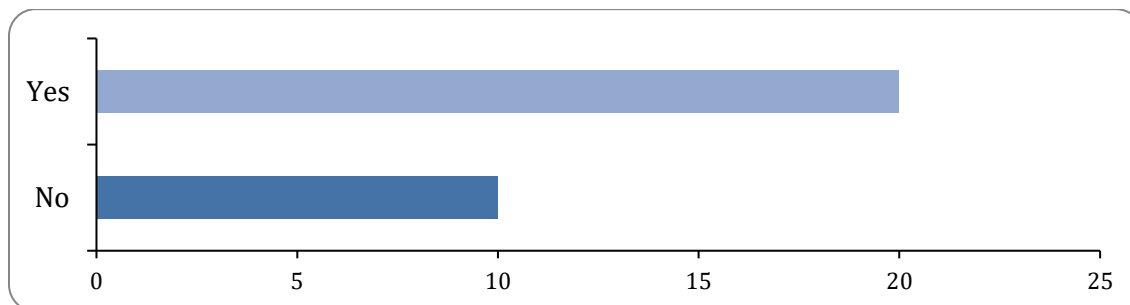
Any comments about the Corporate Support Services section?

There were 6 responses to this part of the question.

1	4.7.4 is the same?
2	Again, dependant on how SBC wish to portray input
3	Have no idea what this means or the outcome which will be achieved
4	See little change
5	Should Procurement be included in 4.7.2?
6	Whilst appreciating the formation of the Integrated Board is a Scottish Government Requirement to "force" the integration then the cost would seem rather high.

Do the changes to Section 5 – Clinical and Care Governance make sense?

There were 30 responses to this part of the question.



Option	Total	Percent
Yes	20	66.67%
No	10	33.33%
Not Answered	0	0.00%

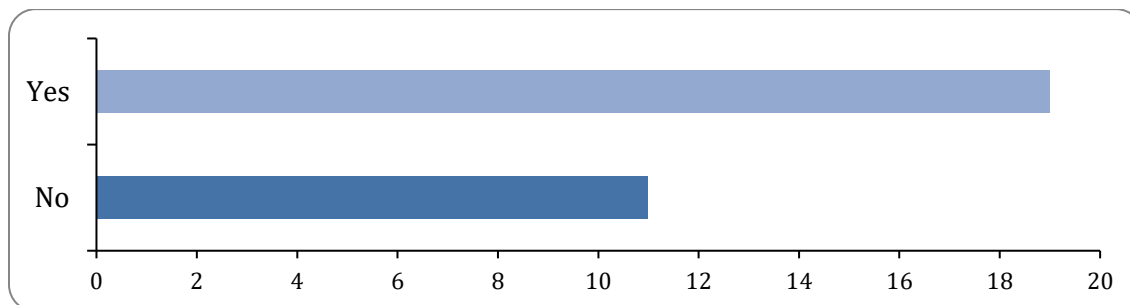
Do you have any comments about the Clinical and Care Governance section?

There were 6 responses to this part of the question.

1	Changes in paper do not result in changes in practice
2	Little material change
3	There needs to be greater clarity on accountability. What does it mean and how will accountability be ensured? Where is the accountability commitment with regard to Social Care?
4	There seems to be a significant and costly amount of report writing keeping all sides informed - it is to be hoped that the reports are read, meaningful and add to the improvement in the service.
5	Why.
6	Working together to improve outcomes will hopefully benefit the ones who most need it

Do the changes to Section 7 – Workforce make sense?

There were 30 responses to this part of the question.



Option	Total	Percent
Yes	19	63.33%
No	11	36.67%
Not Answered	0	0.00%

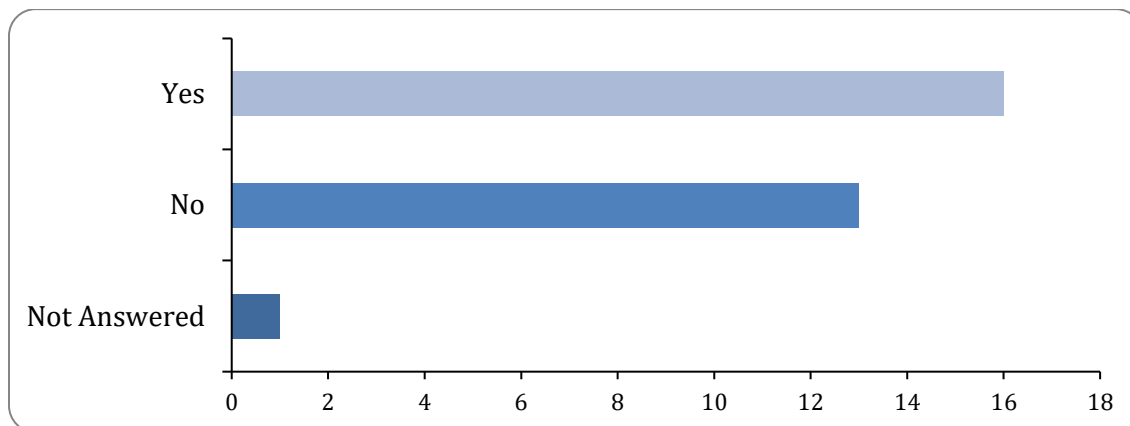
Do you have any comment about the Workforce section?

There were 9 responses to this part of the question.

1	Are the plans not developed yet? By March '16 was a long time ago.
2	Collaborative culture is definitely not happening
3	In order to up skill, train and develop workforce issues around recruitment and retention need to be addressed.
4	Lack of resources and experience needs addressed
5	Long overdue — assuming it delivers improvement
6	Revised could say for period covered and how often the plans will be updated
7	Target date removed?
8	Where is the timescale and regular review period to ensure continued effectiveness?
9	Why

Do the changes to Section 9 – Participation and Engagement make sense?

There were 29 responses to this part of the question.



Option	Total	Percent
Yes	16	53.33%
No	13	43.33%
Not Answered	1	3.33%

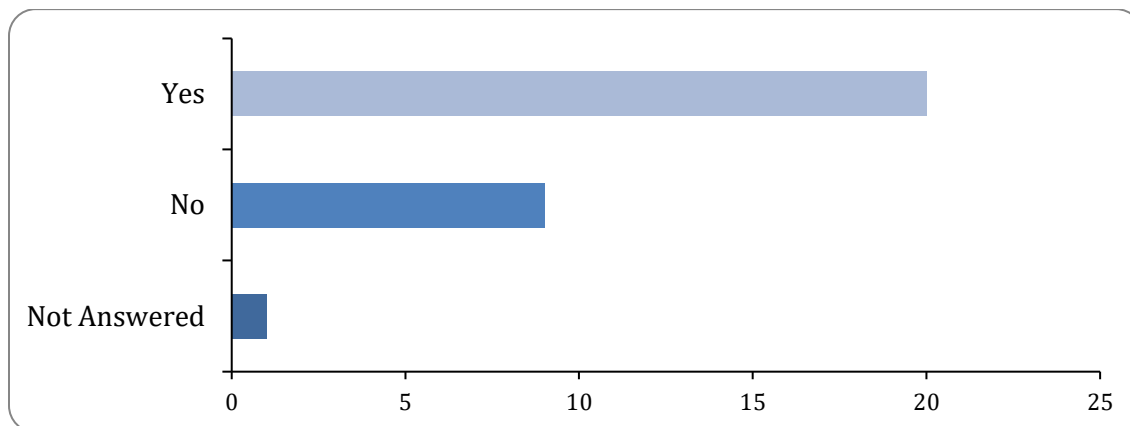
Do you have any comments about the Participation and Engagement section?

There were 10 responses to this part of the question.

1	Again, long overdue, assuming improvements result
2	All dealings are maze like, poorly signposted and confusing
3	Don't understand what difference it will make
4	However, I don't see any timescale commitment or review period to ensure continued effectiveness of any communications and engagement strategy.
5	If 9.2 is removed, the revised 9.3 does not make sense as has no context.
6	not good at communicating updates and plans to the general community. it is up to the individual to seek information. little proactive informing of the public, just on their website. if not IT savvy difficult to find out what is happening
7	Staff and practitioner engagement events should continue to monitor the effectiveness of recent changes in real terms for the staff on the ground and how the changes are working or not working now
8	Timetable?
9	When will the strategy and action plan be developed
10	Why

Do the changes to Section 10 – Information Sharing make sense?

There were 29 responses to this part of the question.



Option	Total	Percent
Yes	20	66.67%
No	9	30.00%
Not Answered	1	3.33%

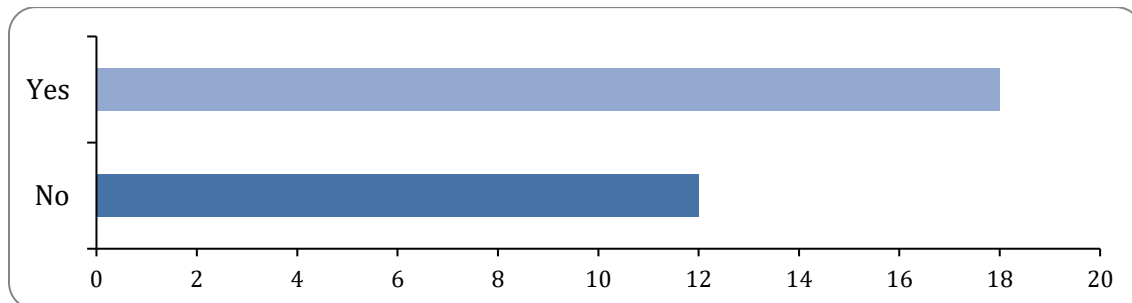
Do you have any comments about the Information Sharing section?

There were 6 responses to this part of the question.

1	Abbreviations such as FOI should be out in full as not all reading this will know this means Freedom of Information.
2	Information requested is dependant on council staff tasked with providing relevant information. Relevant information needs highlighted
3	Information sharing is key to collaborative working.... This is not happening. Even within the NHS there is a lack of relevant information sharing between GP's and other community services which would be beneficial to the treatment of patients
4	Not sure what it will achieve
5	See previous comment
6	Why

Do the changes to Section 13 – Risk Management make sense?

There were 30 responses to this part of the question.



Option	Total	Percent
Yes	18	60.00%
No	12	40.00%
Not Answered	0	0.00%

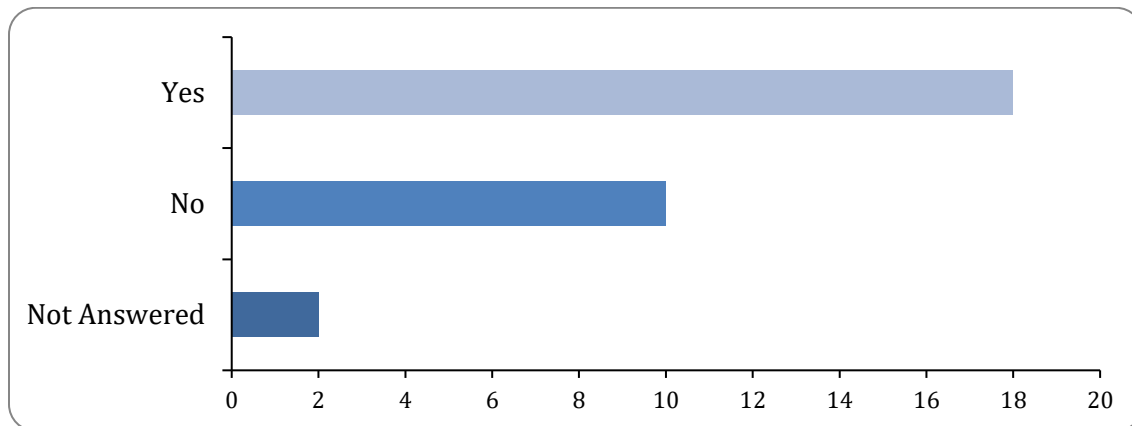
Do you have any comments about the Risk Management section?

There were 6 responses to this part of the question.

1	Again, timescale & review period information is needed.
2	If the strategy 'will include' does that mean there is not one yet? I would hope the 'strategy includes'
3	The register appears to acknowledge risk but not prevent it
4	What on earth does this mean?
5	Where can the risk management be accessed?
6	Why

Do the changes to Appendix 1 - Integration Joint Board Governance Arrangements make sense?

There were 28 responses to this part of the question.



Option	Total	Percent
Yes	18	60.00%
No	10	33.33%
Not Answered	2	6.67%

Do you have any comments about the Integration Joint Board Arrangements?

There were 6 responses to this part of the question.

1	Continuing increase of costs when both senior organisations have Audit Committees
2	Hopefully this will improve the outcomes of vulnerable people
3	Marking one's own homework is contradictory to accountability.
4	Only if outcomes are improved
5	Rubbish
6	You can all have each other's backs

Is there anything else you would like to say about the Scottish Borders Health & Social Care Partnership?

There were 15 responses to this part of the question.

1	Carers are ignored, no one listens to us and no one is prepared to listen to those organisations and charities who plead our cases
2	Do better.
3	Give the over work carers a decent pay rise and give them the support they deserve
4	I am really concerned about various aspects of H&SC provision across the Borders and hope that as part of this consultation these areas will be addressed and improved in terms of service access and provision.
5	Instead of having meetings to talk about improvements, practice what you preach and start doing something positive for the Scottish Borders, too many people are being let down by lack of consistent care, lots of people falling through the net.
6	My experience over almost 3 years has resulted in a huge amount of distrust in officials and decision makers. It will take significant change, action and time to rebuild trust. I know my views are shared by many people so please do not think my views are isolated.
7	no sense of how it is working on the ground and its impact on individuals and communities. information sharing to the public is non-existent, particularly since SBC's newsheet has been scrapped. it is up to the individual to seek out informatio not proactively distributed by the IJB. feels like it is all happening behind closed doors.
8	This format is all very well for those of us who can read and have at least some kind of understanding of what is being said. An Easy Read Version of this would help those with a Learning Disability. It would also give them the opportunity to take part in the feedback should they so wish.
9	This is a paperwork exercise and not an open consultation on the actual difficulties experienced. This information tells me nothing and this survey gathers no relevant information other than if I am capable of reading text. There needs to be equality among the joint working of social and health services (take take take from NHS resources and very little give from social care in return), there needs to be improved communications and actual shared data between the services. Computer systems that are independent of one another do not help. In practice I see no actual joint working in relation to the practicalities of the staff on the front line.
10	To go back to my earlier comments — from the outside there appears to be a fallback position of excuse and limitation. And, very importantly, a confusion about systems and procedures, resulting in often a poor (or even no) outcome for the user.
11	Very, very poor and basic care. For the amount of taxes that we pay, health care delivered is extremely basic .
12	When will we get NHS dentists!
13	Whilst appreciating that Health and Social Care need to work well together it is unclear to me why a third organisation had to be added.
14	Who makes this up.
15	Why are making such an incomprehensible and meaningless consultation ?