

Scottish Borders **Health & Social Care** partnership



changing health & social care for you

a further conversation

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



draft strategic plan summary 2016 -19

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 our 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.

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

Susan Manion

Chief Officer Health and Social Care Integration

October 2015

CASE FOR CHANGE

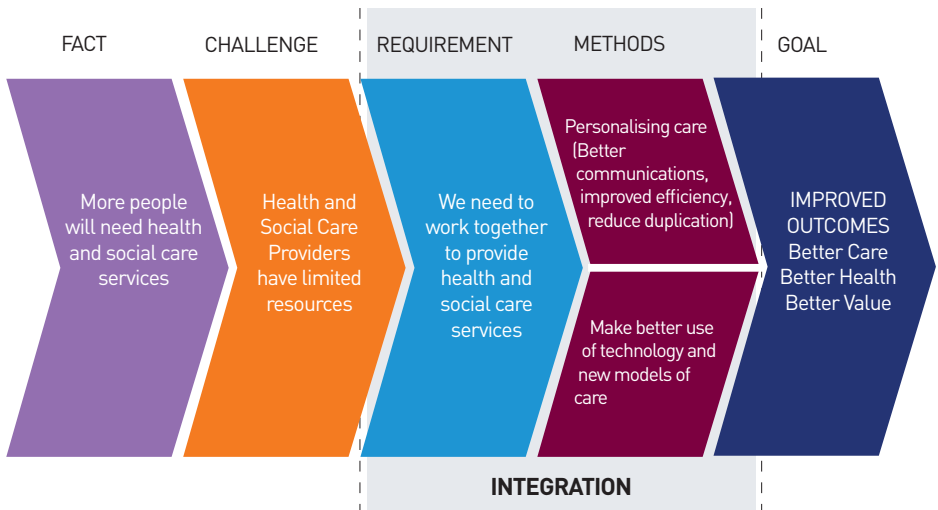
There are a number of reasons why we need to change the way health and social care services are delivered.

These are illustrated in the figure 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 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.

Figure 1 – The Case for Change

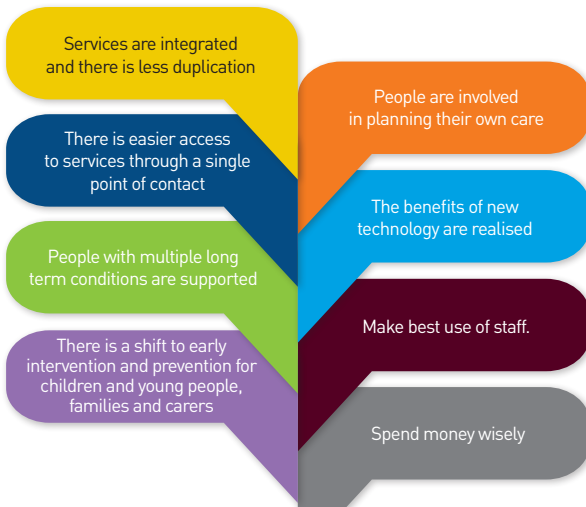


WHAT SHIFTS DO WE NEED TO MAKE?

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 Impatient Care	£106.5m	£109.0m

WHAT WILL SUCCESS LOOK LIKE?



PLANNING FOR CHANGE – KEY PRIORITIES

A fund of £6.39m over three years 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 care 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.

Throughout the last 12 months we held a number of engagement events for both the public and staff. The information we received from these events has been used to inform this document. For example, the 9th local objective on support for unpaid carers was added as a direct result of your feedback. Thank you to all who came along and contributed.







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.

PLANNING FOR INTEGRATED SERVICES

PAMELA
AGE 57

I'm Pamela and I've lived in Innerleithen most of my life. I live with my husband Owen and our daughter Jane. My 83 year old Father lives in sheltered housing nearby and our eldest daughter Jillian lives 7 miles away in Peebles. I have a lot of friends who live in the area.



MY SITUATION	MY THOUGHTS	INTEGRATION FOR ME
 <p>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.</p>	<p>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.</p>	<ul style="list-style-type: none"> • Coordinated health and care teams • Single point of access • More support for unpaid carers • Clear information on available services
 <p>I live in a modern, rented house. My husband Owen and I don't drive so we rely on public transport.</p>	<p>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.</p>	<ul style="list-style-type: none"> • A single number to book transport • Easier access to more coordinated services
 <p>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.</p>	<p>Owen is eight years older than me. 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.</p>	<ul style="list-style-type: none"> • More ways to address social isolation in a community • Building community capacity to support people in communities
 <p>I work part-time in a shop in nearby Galashiels.</p>	<p>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.</p>	<ul style="list-style-type: none"> • More options to support people to attend appointments • Increased health and social care service hours.
 <p>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.</p>	<p>I don't take the best care of myself because of the time I've looked after my Father, grandson, Owen, daughter, 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 so I was grateful that the Carer's Assessment lady listened to me.</p>	<ul style="list-style-type: none"> • Locally available acute health and care services • Anticipatory care planning for my Father, Owen and me • Coordinated teams with a lead worker
 <p>Owen and I have many friends here. I enjoy volunteering at my local church.</p>	<p>We have a good community with neighbours and friends helping out. I've school friends and friends at Church, so every once in a while, if things are ok, I meet them for lunch. My Father is isolated and he would really like visits from people as he has trouble going out.</p>	<ul style="list-style-type: none"> • Building community capacity to support people within communities

CHARLIE

AGE 78

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 since. My two children live far away. They come for visits, but they have busy lives and their own families. I love Kelso, I feel safe and happy here, apart from being so far from my family.



MY SITUATION	MY THOUGHTS	INTEGRATION FOR ME
I am a widower. I don't need health and care services at the moment.	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.	<ul style="list-style-type: none"> • Ensure appropriate staff and services in place when people need them • Review Home Care to adapt to changes in carer roles • Local coordinated and integrated teams
I live in a 3 bedroom house with a large garden, on the outskirts of the town. I drive, but I'm less confident now so I don't like driving.	I know my house is too big and I cannot manage the garden alone, but I don't want to move and start over with a new house and neighbours. I'm a 10 minute walk to the bus stop and buses are regular but if I need to go to the Hospital, I have to change buses. I feel I need to drive more and more.	<ul style="list-style-type: none"> • Coordinated local transport • Bigger range of locally based housing options
My son Paul lives in England. My daughter Steph and her family moved to Florida 3 years ago.	Paul visits every couple of months. I can see he's worrying about me and I know Steph feels guilty for being so far away. I want to be able to reassure them I have a plan for any future needs and that I can support myself. Paul wants me to move near him but I don't deal with change very well.	<ul style="list-style-type: none"> • Anticipatory Care Planning
I'm retired. I had to step back from my voluntary work at my bowls club which I enjoyed.	I liked being Treasurer of my local bowls club. My friend introduced me to bowls and she takes me when she can, but she can't make it every week. I had to give up being Treasurer as it became too much. I don't feel as fulfilled as I did. I would love to do more voluntary work.	<ul style="list-style-type: none"> • Appropriate volunteering opportunities for older people
I'm slowing down and finding things harder. I've many medications, I'm not sure what they are and why I take them.	I like to keep active and I do drive when I need to, usually to appointments and shops. It was a scary when I fell, but I don't think I needed to go to the emergency department, but I couldn't be checked locally. I felt very overwhelmed by the number of people asking me the same questions – surely the staff can look it up on my medical notes?	<ul style="list-style-type: none"> • Locally based services • Better information sharing across organisations
When Sandra was alive we did lots of things together, but it's not the same without her.	I feel lonely without my wife and not as confident to socialise with people. My neighbours are lovely, but I don't see them as often as I used to. I wish there were more activities and groups for older people like me.	<ul style="list-style-type: none"> • Community based groups and activities

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 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?

To submit your views, please visit our website at www.scotborders.gov.uk/integration or by using the contact information below.

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