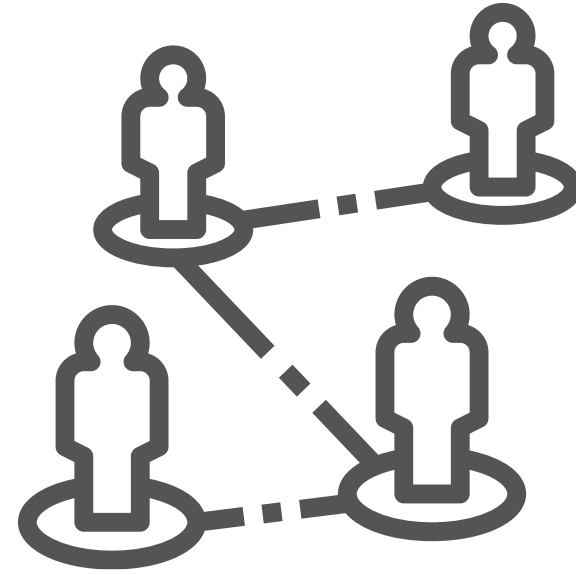




Time for Change





Demographics



Workforce

Drivers for change



Developments in
healthcare



Money



Setting the scene

- The scale of the challenges faced in planning and delivering health services to meet need are unprecedented
- We must balance the delivery of safe, quality care within the financial and human resources available to us
- We have significant workforce challenges, with a smaller working age population (45% vs 65% nationally) operating across a large rural area and national shortages of specialist workforce in many areas
- Our financial deficit has continued to increase over the past few years due to growth in demand and changes in the cost of healthcare. We are projecting an overspend of £26 million by March 2024

We need to start doing things differently



We cannot meet infinite demand with the resources available

This means we must consider options and make decisions about which services we do or do not provide, where from and who by

We are committed to involving our staff and communities in the development of options and the decision making process

Sometimes developments are out of our control (e.g. independent contractor decisions)

It is important that we trust one another



Social determinants of health & wellbeing

- The population of the Borders is 116,000
- Social determinants of health are the conditions in which we are born, grow, age, live and work
- They can be more important than healthcare or lifestyle choices in influencing our health outcomes, and often lead to health inequalities
- That's why it is important that people play their part in their own health and wellbeing

Services you can access in the community



Community Bed Based Services (e.g. Care homes, community hospitals)



Acute Hospital Services



Mental Health Services



Services in the community | Where are we now?

- **Recruitment and Retention Challenges** with independent contractors; GPs Dentists, Pharmacists, Opticians
 - 15% of Community Pharmacists have no regular Pharmacist on a day-to-day basis
 - 10% GP vacancy rate
- **Demand for NHS dental services** continues to increase but there are significant national challenges in recruitment and retention of general dental practitioners
- Many **buildings in the community** are old and require upgrading and expansion
- **Primary Care Improvement Plan (PCIP)**: many services that used to be delivered by GPs are now provided by the Health Board (e.g. vaccinations and treatment rooms)
- **Pharmacy First** is an excellent service where you can receive treatment for a range of ailments direct from the community pharmacy
- **Diversified and upskilled workforce** – new roles, e.g. Advanced Nurse Practitioners mean you don't always need to see a GP
- **Health creating capacity** – what can you do to take responsibility for your own health?

What you have already told us

- Access to local primary care is important to people
- When asked what the gaps in health and social care are, the second most common response was “access to a GP”
- In Berwickshire people said that GP recruitment and access to Dentists is an issue
- In Tweeddale feedback showed that GP communication has improved
- Carers reported needing more support from their GP in their caring role
- Post-diagnostic support for people with dementia is lacking
- Face to face appointments are important to many people

Achievements and areas of focus

- **GP Fellowship scheme** to attract 'first five' GPs to the Borders
- **First Contact Practitioner:** Musculoskeletal Physiotherapy
- **Renew service:** a centralised service offering a 'see and treat' model for anxiety and depression
- **Urgent care pathway:** established in 2019, led by an Advanced Nurse Practitioner (ANP)
- **Service / Workforce Reviews:** operationally led reviews to forward plan safe, effective, equitable and both clinically and financially viable services
- **Primary Care Improvement Plan (PCIP):** continue to develop multi-disciplinary teams to support GPs, providing access to a range of healthcare professionals who support GPs providing comprehensive care to patients.
- **Increasing capacity of the dental service**

How you can look
after your own
health & social care
needs



Value Based Health & Care

Pharmacy First

Right place, right care

Oral Health care

Social Prescribing

Getting vaccinated

Self-Care; NHS Inform

Future Care Plans for the Frail

Connect with others

Live a healthy lifestyle



What matters to you?

- How do you feel about what we have shared with you today?
- How does this reflect your own experiences?
- What matters to you?
 - What matters most?
 - What matters least?
- What steps have you taken to look after your own health?
 - What do you need from us to support that?



Community Bed Based Services | Where are we now?

- Many people in Community Hospitals do not need acute nursing care
- People are remaining in Community Hospitals for longer than they need to
- Health & Social Care availability is very limited
- It is difficult to recruit care staff



What you have already told us

- In Cheviot and Teviot & Liddesdale people said the Community Hospitals are good but have limitations in beds and what they can do
- The role of the community hospital seems to be unclear to the public– is it urgent care recovery, hospice, specialist?
- There are ideas about expanding what the community hospital does to reduce pressure on the BGH

Achievements and areas of focus

- Joint working across the Health and Social Care Partnership
- Borders View (BGH)
- Care Villages and Extra Care Housing
- Technology Enabled Care
- Purpose and role of Community Hospitals
- Hospital at Home pilot
- Respiratory virtual ward
- Discharge without Delay
- Prevention and wellbeing

**How you can look
after your own
health & social care
needs**



Value Based Health & Care
Power of Attorney
**Consider your home
environment**
Have a network of support
**Look after elderly relatives
(falls, isolation)**
NHS Inform for guidance
Get vaccinated
Move more



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Acute Hospital Services | Where are we now?

- All our beds are open all year round so we have no extra space when things get very busy
- Lots of beds are occupied by people who are ready to move to their next place of care. Hospital is not the safest place to be if you are medically fit to move on, especially if you are frail
- We have faced some significant staffing challenges, although this is improving but there are still national shortages of registered nursing and medical staff
- Our performance is not where we want it to be (e.g. A&E 4 hour target)
- Recovery following the Pandemic is difficult with lots of people waiting a very long time to get their treatment
- We need to consider how the Borders General Hospital operates over the next 10–20 years

What you have already told us

- It was a common theme that we are generally good in a crisis but we need to ease pressure by reducing need for crisis response
- There was generally positive feedback about inpatient care
- The BGH is not easy to get to for everyone in the Borders, especially in an emergency



Achievements and areas of focus

- Successful International recruitment: 60 Registered Nurses/Allied Health Professionals and 15 International Medical Graduates
- Virtual Ward pilot (respiratory)
- Hospital at Home pilot
- Near Me appointments
- 'Surge' planning process underway to free up beds for patients requiring planned treatment (e.g. surgical procedures)
- Service / Workforce Reviews: operationally led reviews to forward plan safe, effective, equitable and both clinically and financially viable services

How you can look
after your own
health & social care
needs



Value Based Health & Care

Waiting Well

Patient Initiated Review

Move More



Connect with others

Use NHS Inform for advice

Get vaccinated



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Mental Health Services | Where are we now?

- Significant staffing challenges e.g. Psychiatry Consultant staffing is 43% below establishment
- 'Safe staffing' levels are difficult to achieve across inpatient areas
- Performance is much lower than we would like (e.g. Child and Adolescent Mental Health Services)
- Recovery following the Pandemic is difficult with lots of people waiting a very long time to get their treatment
- Many buildings are old and require upgrading and expansion
- Health creating capacity – what can you do to take responsibility for your own health?



What you have already told us

- Across localities it was perceived that there are challenges within Mental Health services
- The Mental Health Forum said that they had good experiences of multi-agency responses, Local Area Co-ordinators providing support and good co-production of service design and delivery
- Waiting times for mental health services are concerning
- Some people accessing mental health services said they had good experiences with their GPs but those in the LGBTQ+ community said that GPs could improve their support

Achievements and areas of focus

- Renew service: a centralised service offering a 'see and treat' model for mild to moderate anxiety & depression
- Millar House: offering supported accommodation for patients with varying mental health disorders
- Mental Health Community based teams and services
- Dementia Transformation (Borders Specialist Dementia Unit, Extra Nursing Care)
- Service / Workforce Reviews: operationally led reviews to forward plan safe, effective, equitable and both clinically and financially viable services

How you can look after your own health & social care needs



Have a network of support

Connect with others

Get vaccinated

If you are worried, speak to
someone

Stay active & spend time
outside if you can

Wellbeing Service

Breathing Space

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THANK YOU

