

Borders NHS Board**LOCAL DELIVERY PLAN 2013/14: NHS CONTRIBUTION TO THE COMMUNITY PLANNING PARTNERSHIP SECTION****Aim**

This paper is to gain approval of the 2013/14 Local Delivery Plan (LDP) section detailing the 'NHS Borders Contribution to the Community Planning Partnership' to be submitted to the Scottish Government Health Department by the end of September 2013 with NHS Borders Board approval.

Background

As with the previous years, NHS Borders is required to produce and submit a LDP which forms a performance and delivery agreement between NHS Borders and the Scottish Government Health Department. The LDP incorporates the key targets to be met and the levels of performance that NHS Borders will have to achieve in order to meet these targets. This year NHS Boards are also being asked to detail how they will contribute to their Community Planning Partnership throughout 2013/14 in key priority areas.

Scottish Government recognises that NHS Boards are key partners within Community Planning Partnerships and have a crucial role to play in delivering improvements on a local and national basis. There is widespread agreement that Community Planning Partnerships focus on a small number of key priorities: economic recovery and growth; employment; early years and early intervention; safer and stronger communities, and offending; health inequalities and physical activity; and older people. There is an expectation that NHS Boards as CPP partners have evidence based understanding of local needs and opportunities which is translated in to prioritised plans and delivery of improved outcomes.

In this year's LDP NHS Boards are expected to indicate how they will improve their partnership approach during 2013/14, specifically focusing on how they will contribute to better outcomes through collaborative gain. To demonstrate this NHS Boards were asked to include a concise summary of the key tangible contributions that will be made during 2013/14 towards improved outcomes in the priority areas, dovetailing with the work the Partnership has agreed through the Single Outcome Agreement. NHS Border's summary is included in Appendix 1.

This section has been compiled through widespread consultation with services within NHS Borders on their contributions to the priority areas and what the key local deliverables will be during 2013/14 to achieve these. Colleagues within Scottish Borders Council who have developed the 2013/14 Single Outcome Agreement have also contributed to the section. It has been reviewed by the Community Planning Partnership at their Joint Delivery Team meeting in March 2013 and the NHS Borders Clinical Executive Strategy Group the same month. The draft submission was sent to Scottish Government on the 2nd April 2013. The final version here has been updated slightly to acknowledge that the recent Audit Scotland

early audit of Community Planning findings have been taken into account in the Partnership strengthening its scrutiny role and lines of accountability for the delivery of outcomes.

In June 2013 a follow-up letter was received from John Connaghan, Director of Workforce and Performance, asking for final submissions to be approved by NHS Health Boards by the end of September 2013.

Summary

The NHS Contribution to the Community Planning Partnership section of the Local Delivery Plan has been compiled in consultation with services within NHS Borders and Scottish Borders Council. It highlights contributions NHS Borders plans to make during 2013/14 towards 6 key priority areas for the Community Planning Partnership. It also details the deliverables by which these contributions can be measured. Approval for this section is being sought from the Board before final submission to Scottish Government by the end of September 2013.

Recommendation

The Board is asked to **approve** the NHS Contribution to the Community Planning Partnership section of the NHS Borders Local Delivery Plan 2013/14.

Policy/Strategy Implications	The LDP will be the primary mechanism for monitoring the performance of NHS Boards by the Scottish Government.
Consultation	Services within NHS Borders have contributed to this section, as have colleagues within Scottish Borders Council. The Clinical Executive Strategy Group and the Community Planning Partnership Joint Delivery Team have both reviewed the section.
Consultation with Professional Committees	As above
Risk Assessment	Any risks will be assessed through the monitoring structures for each workstream included within the section
Compliance with Board Policy requirements on Equality and Diversity	Compliance will be monitored through the management structures for each workstream included within the section
Resource/Staffing Implications	Any Resource/Staffing Implications will be assessed through the monitoring structures for each workstream included within the section

Approved by

Name	Designation	Name	Designation
June Smyth	Director of Workforce and Planning		

Author(s)

Name	Designation	Name	Designation
Meriel Smith	Planning and Performance Officer		

NHS Board Contribution to Community Planning Partnership - NHS Borders

Strategic context

The priorities for Community Planning in Scottish Borders have been shaped by a range of drivers that include: the economic recession; fiscal pressures on public sector spending; demographic and social changes; and the growing impact of climate change. The CPP strategic objective is to work in partnership across key public, voluntary and private bodies together with communities and businesses to maintain and improve the quality of life and meet the needs of Borders residents and their communities through the delivery of high quality public services, projects, advocacy and other actions.

In response to a recent local review of community planning, and backed up by the findings of the recent Audit Scotland early audit of Community Planning, the Partnership has strengthened its scrutiny role and lines of accountability for the delivery of outcomes around four policy themes, which include a range of projects that are intended to drive forward transformational change:

Early Intervention and Prevention

This theme comprises Joint Partnership work programmes relating to:

Early Years

Getting it Right For Every Child

Adult Support and Protection

Older People Reshaping Care

Health Improvement

Physical Disability Strategy

Places and Communities

This theme comprises Joint Partnership work programmes relating to:

Whole Town Plans

Safety –Pathfinder Project

Community Resilience

Community Engagement

Delivery of cultural services for Borders residents

Economy and Infrastructure

This theme comprises Joint Partnership work programmes relating to:

Low Carbon Economy –development of strategy
Poverty and Social Exclusion
Land Use and Strategic Infrastructure Planning
Borders Railway
Tourism Strategy
Broadband Next Generation Access
Positive Destinations and Tackling Youth Unemployment

Future Model of Public Service Delivery

This theme comprises Joint Partnership work programmes relating to:
Development of Third Sector and Communities
Joint Asset and Resource Planning
Welfare Reform
Sustainable Transport
Integration of Health and Social Care
Self Directed Support

Scottish Government guidance published in December 2013 states clearly that the Single Outcome Agreement (SOA) must be a “plan for place”, demonstrating a clear understanding of the local area, based on strong evidence. A Strategic Assessment exercise has been undertaken to support the development of the SOA through analysis of the local situation in relation to national drivers and the 16 national outcomes and through a review of trends and emerging issues. NHS data and intelligence inform the Strategic Assessment. Partners have also taken into account the feedback from the Audit Scotland early audit of Community Planning in developing the SOA.

Through the leadership of the Joint Director of Public Health, a Health Strategy for Scottish Borders has been developed to set out key priorities to protect and improve health in the Borders in the next 10 -15 years.

Partnership development

The Community Planning Partnership is co-terminus with the Community Health and Care Partnership which is well established. NHS Borders is also active in a range of strategic partnerships to further the outcomes in the SOA and related priorities. Key examples include:

Children and Young People’s Planning Partnership that has responsibility for the development and delivery of the joint Children and Young People’s Services Plan

Strategic Early Years Group – focus on delivering local priorities and participating in national EY Collaborative

Strategic Anti-Poverty Partnership which includes an extensive programme on mitigating the impacts of Welfare Benefits Reform

Borders Alcohol and Drugs Partnership – provides strategic direction to reduce the impact of problematic drug and alcohol use on individuals, families, communities

Reshaping Care Board – for the management of older people's services across NHS Borders and Scottish Borders Council

Sexual Health Strategy Group – chaired through the Joint Health Improvement Team

Joint Staff Forum – chaired from within NHS Borders

Through these and other partnership groups, partners are working towards an agreed set of priorities to demonstrate impact and ensure there is a clear connection to the overarching CPP outcomes. The new CPP structures provide a governance framework to oversee joint working and ensure effective co-ordination of resources.

Integration

NHS Borders continues to work with Scottish Borders Council (SBC) towards integration on a number of fronts, in the planning and delivery of services:

- Older People's services – Cheviot locality has piloted ground breaking approaches to integrated planning and delivery of health and social care services for older people including joint management, aligned budgets, co-location of services. This approach is to be rolled out across the region.
- Joint Mental Health services – specifically developing a co-located community Health and Social Care service for older adults across the Borders, to add to those services already joined up.
- Joint Learning Disability service - this service has been integrated since 2006 and is co-located in Melrose. A review of integration is planned for the service to ensure continued best use of staffing and financial resources as well as to forecast future demands on the service.

Well established operational processes underpin these services through, for example, joint commissioning strategies, and integrated assessment frameworks. An Integrated Social Care Team Project Manager has been appointed and is being funded through the

Change Fund. The future model of public service delivery has self directed support as a theme, funded in part by the Change Fund.

Joint appointments include:

- Joint Associate Director of Allied Health Professionals - Key objectives of this role, services and associated Change Fund projects are intended to improve pathways, processes and integrated practice across all sectors of AHP service delivery to demonstrate improving outcomes within a specialist and locality approach as appropriate.
- Joint Director of Public Health - supported by a Joint Health Improvement Team and joint functions for Health Protection.

NHS Borders and Scottish Borders Council have also developed shared services such as the Borders Ability Equipment Store.

Scottish Borders Community Planning Partnership

This section summarises key tangible contributions that NHS Borders plans to make during 2013/14 towards improved outcomes. These are grouped under 6 priority areas below. Each strand has its own monitoring structures in place to check on progress throughout the year.

Priority	NHS Board Contribution in 2013/14	Current and Planned Performance Levels
Economic recovery and growth	<p><u>Workforce</u> Maximising the potential of the NHS workforce through:</p> <ul style="list-style-type: none"> • Workforce Planning to develop the workforce and align resources with anticipated future demand and priorities • Supporting workforce health & well-being and productivity <p>NHS Borders has a relatively low staff turnover</p> <p>NHS Borders' <i>Health Improvement Strategy for the Working Age Population</i> recognises that work is a key derminant of health and continues to progress a range of activity that supports this agenda:</p> <ul style="list-style-type: none"> • Occupational health services designed to keep people at work and support those returning to work • Rapid access to vocational rehabilitation through 	<p><u>Key local deliverables in 2013 -14</u> As services are reviewed through our integrated Workforce Planning and Productivity and Benchmarking Process, Optimum staffing levels are agreed based on nationally/locally developed workload tools leading to more efficient and effective patient outcomes.</p> <p><u>Key local deliverables in 2013 -14</u> NHS Borders will progress outcomes of Age as an Asset research conducted by NES to support employees to continue to work.</p> <p>The Borders Leadership Programme will continue in 2013/14 to motivate and develop the leadership cohort.</p> <p><u>Key local deliverables in 2013 -14</u> NHS Borders Work Place Health Services will continue to expand the number of organisations accessing support and engaging in services</p>

	<p>Workplace Health Services initiative</p> <ul style="list-style-type: none"> • Workplace Health promotion including the Healthy Working Lives Award scheme • Development of a support pathway and signposting resource for healthcare workers to support those to whom health is a barrier to attaining, retaining or returning to work <p><u>Infrastructure and economic development</u> Engagement through CPP in development of an effective local infrastructure for Scottish Borders that will provide basis for economic development through the new railway, faster broadband. A stronger infrastructure will contribute to attracting and retention of staff and provide a platform for increased use of technologies in delivery of health care and related information and advice.</p>	<p><u>Key local deliverables in 2013 -14</u> The Chief Executive of NHS Borders sits on the Broadband Project Board. A stronger infrastructure will support Workforce Planning aim to ensure a sustainable, flexible workforce. There are also benefits in improvements in accessibility to Borders General Hospital for out of area patients, and for staff travelling to all locations.</p>
Employment	<p>The NHS has a role, with other partners, in promoting employability by providing training and work opportunities for those seeking entry or returning to the labour market and by maximising the retention of staff who have or develop health conditions.</p> <p>In collaboration with partners, NHS is working to ease access to work for patients with a range of conditions including those with mental health problems, learning disability and alcohol or drug issues.</p>	<p><u>Key local deliverables in 2013 -14</u> NHS Borders is working with Skills Development Scotland and Borders College to provide training for work opportunities as part of the 'Get Ready for Work' (GRFW) scheme. A partnership agreement will be developed with Scottish Borders Council to encompass all elements of employability.</p> <p>Recent discussions have been held with Job Centre Plus to explore further opportunities to support people into employment through the Job Centre Plus sector based work Academy scheme within Care. Additionally we are offering opportunities in Estates and Facilities who are</p>

	<p>NHS Borders are involved in the Joint Staff Forum with Scottish Borders Council.</p>	<p>facing particular aging workforce demography challenges. 10 young people have recently been selected to commence placements including Admin, Catering and Estates and 3 for the Care Services programme as Health Care Support Workers commencing March 2013.</p> <p><u>Key local deliverables in 2013 -14</u> Implementing the joint development strategy.</p>
<p>Early years and early intervention</p>	<p><u>Early Years</u> Local partners are committed to working towards the 'stretch aims' set by the EY Collaborative to reduce infant mortality and increase the achievement of child development milestones. This is framed in the context of the locally defined objectives of the joint Early Years strategy, to develop integrated local systems of information, advice and support for parents and to strengthen community capacity.</p> <p>Public health nursing services are recognised as playing a key role in the leadership and development of local Early Years networks to support families from pregnancy.</p> <p>The NHS Early Years Change Fund monies support key activities and resources that contribute to the jointly agreed outcomes, in relation to dental health, nutrition, healthy weight, maternal health and antenatal and postnatal parenting support.</p>	<p><u>Key local deliverables in 2013 -14:</u> 6 EY networks established with leadership from Community Nurse Managers</p> <p>Development of a locality model of Early Years provision by June 2013</p> <p>First stages of implementation of national Psychology of Parenting programme (pending successful bid to NES)</p> <p>GIRFEC will be embedded in practice of maternity and community health staff</p> <p>Renewed pathways of support for women who have increased health and social risks including smoking in pregnancy, poor nutrition; alcohol or drugs related issues.</p>

	<p><u>Promoting Healthy Weight</u> Public Health (PH) leads on implementation of cross cutting action plan to promote healthy weight for Borders population. PH and Dietetics services deliver a range of programmes and interventions on nutrition, weight management and health behaviour change across age groups and settings. A cross service working group involving SBC Education, Catering services and PH is identifying options to improve nutrition for children in school. Tailored training and awareness raising sessions on food and health are being delivered for community based staff and volunteers working with a range of vulnerable groups. With wider partners, PH is facilitating the development of local food network with a view to producing a local food plan.</p> <p><u>Suicide Prevention</u> The local suicide prevention priorities and action plan, led by the Joint Health Improvement Team, in partnership with NHS services and wider partners will be reviewed pending the national strategy. Service improvement in mental health will contribute to reduce suicide risk, through redesign of facilities, introduction of additional supports for discharged patients and a continued programme of staff training and development. Local programmes have been developed for young people in schools and for men with poor mental health.</p> <p><u>Anticipatory Care</u> The integrated programme of anticipatory care in</p>	<p><u>Key local deliverables in 2013 -14</u> to support national outcomes to reduce obesity and overweight: Community based programmes on healthy eating and active living Policy recommendations for SBC on nutrition in schools Training programmes for social care staff, carers and volunteers on nutrition and food hygiene Development of local Food Network and Local Food Plan to facilitate access to local food, encourage local growing and skills development</p> <p><u>Key local deliverables in 2013 -14:</u> Revised action plan on suicide prevention Further capacity building through targeted training and support for trained staff Roll out of young people and men's programmes supported by Public Health</p> <p><u>Key local deliverables in 2013 -14:</u> Extension of inequalities targeted health checks</p>
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	<p>NHS Borders brings together lifestyle advice, inequalities targeted health checks and weight management programmes, based in primary care. These combined services provide effective screening and assessment to identify early risk of diseases including CVD and diabetes. A comparable service on a smaller scale is available through workplace health services.</p> <p><u>Young people</u> Health Improvement work focused on vulnerable young people is a key component of the work programme led by the JHIT:</p> <ul style="list-style-type: none"> • Tobacco prevention, in partnership with Community Learning • Substance misuse education in schools • Sexual health and relationships • Child Healthy Weight • Young carers health and wellbeing <p><u>CAMHS</u> The service now responds to young people up to age 18 (previously 16). This is intended to assist with transition into adulthood and to reflect the model of service delivery available elsewhere in Scotland.</p>	<p>to vulnerable groups in selected settings outwith than primary care Continued delivery of the integrated service model Achievement of HEAT target Maintenance of positive outcomes for Counterweight</p> <p><u>Key local deliverables in 2013 -14</u></p> <ul style="list-style-type: none"> • Following piloting, the implementation of a co-ordinated approach to SME in schools across Borders • Capacity building to support implementation of the revised national SHARE sexual health and relationships programme • Continued delivery of CHW programme to achieve HEAT target and promote greater engagement in activity and healthy eating • Tailored health improvement with local young carers service <p><u>Key local deliverables in 2013 -14</u> The service is working towards more partnership working with children and young people by way of focus groups and satisfaction feedback using new technology, as well as current questionnaires. The CAMHS Integrated Care Pathway will provide a more streamlined access to the service and assessment and treatment will be evidence based and effective. Outcome measures will</p>
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	<p><u>Alcohol and Drugs</u> Whole population approach to Alcohol and Drugs misuse The ADP will continue to support work to reduce substance misuse related problems locally through: Delivery of Alcohol Brief Interventions (ABIs) in priority and wider settings Active membership of Local Licensing Forum Ensuring needs of children affected by parental substance misuse are addressed (CAPSM)</p>	<p>continue to be used to evaluate this. To continue to achieve National waiting times for the service is also a key deliverable.</p> <p><u>Key local deliverables in 2013 -14</u></p> <ul style="list-style-type: none"> • Delivery of 1,245 ABIs in Borders • Review of ABI delivery in Criminal Justice Social Work setting and roll-out within Social Work • Development of local Early Intervention and Prevention action plan relating to substance misuse • Revision and implementation of local CAPSM guidelines in line with GIRFEC arrangements
<p>Safer and stronger communities, and offending</p>	<p><u>Alcohol and Drugs Partnership</u> The ADP delivers joint work in partnership with Community Safety colleagues. NHS involvement includes supporting intelligence work to monitor new and emerging Drug Trends and safe distribution of needles and equipment to injecting drug users.</p> <p><u>Adult Protection</u> <u>Violence against Women</u> NHS is an active partner in local VAW partnership. Public Health is leading on prevention activities including Awareness raising in local communities; Anti-stigma campaigns in sports clubs and youth settings</p>	<p><u>Key local deliverables in 2013 -14</u></p> <ul style="list-style-type: none"> • Continue Drug Trend Monitoring work actions • Continue with Needle Exchange programme <p><u>Key local deliverables in 2013 -14</u> Continuation of VAW prevention programme Collaboration in delivery of Pathways project outcomes</p>

	<p>Extensive training programme with staff across sectors Implementation of CEL 41 routine enquiry in key NHS service settings Facilitating access to new service (Pathways) for women and children affected by domestic abuse</p> <p><u>Offenders health needs assessment</u> Further work will be undertaken to build on recently conducted offenders health needs assessment, focusing on health improvement priorities.</p>	<p><u>Key local deliverables in 2013 -14</u> Health improvement priorities for offenders to be identified to be developed and action plan produced</p>
<p>Health inequalities and physical activity</p>	<p><u>Healthy Inequalities</u> Borders Healthy Living Network is managed through Public Health in NHS Borders and facilitates a range of health improvement programmes in 5 high deprivation communities across Borders. Priorities are identified in partnership with local communities.</p> <p>Current activities are focused on: Food and health; building social connectedness; strengthen community capacity through opportunities for volunteering for health; poverty and health; mental health and wellbeing.</p> <p>Inequalities related funding is used to reduce barriers to participation in health improvement activities through subsidised access, more local / targeted delivery of specific programmes</p> <p>A health needs assessment for people with learning disability is being undertaken by Public Health in collaboration to inform planning and service</p>	<p><u>Key local deliverables in 2013 -14</u> Increased engagement of community volunteers Achievement of target adult learning outcomes through health improvement programme participation Targeted work with key sectors and communities: older people; young mothers; fathers and their children</p> <p><u>Key local deliverables in 2013 -14</u> Awareness raising and training for stakeholders on healthy weight and physical activity</p>

	<p>development for this population. Health improvement for people with learning disability is a priority for 13 – 14 with work planned on relationships and sexual health and healthier lifestyles. People with LD, carers, and staff from a range of services are actively involved.</p> <p><u>Physical activity</u> NHS collaboration with Forestry Commission and other partners is identifying opportunities for the greening of NHS Estate Active travel is promoted where applicable e.g. through cycle purchase schemes for NHS staff A range of initiatives and activities is promoted for NHS staff including subsidised exercise classes, Team Challenge programmes NHS Borders is participating in the national pilot to develop pathways to physical activity from primary care, through the Lifestyle Adviser Support Service.</p> <p><u>Tobacco</u> NHS Specialist smoking cessation adviser resources are focused on areas of higher deprivation, with good outcomes. The service also promotes Smoke Free Homes using a range of methods. Smoking cessation support in pregnancy is being reviewed as part of an integrated approach to antenatal parent education and support, with maternity and primary health care services and non NHS community services</p>	<p>Improved access to appropriate resources to support decisions and choices about relationships and sexual health</p> <p><u>Key local deliverables in 2013 -14</u> Programmes facilitating increased participation in physical activity by patient groups who are less active Continued support for staff health and wellbeing through physical activity initiatives Development of primary care physical activity pathway</p> <p><u>Key local deliverables in 2013 -14</u> Implementation of tobacco pathway in secondary care Updating and implementation of maternal tobacco pathway</p>
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	<p><u>Health screening</u> An outreach component is being developed for current awareness raising and screening programmes such as Detect Cancer Early to maximise reach and engagement. This entails working with homelessness services and third sector services who have existing relationships with key target groups.</p> <p><u>Enduring Mental Health Needs and Physical Health</u> A key challenge for 2013/14 is to review access and take up of opportunities for health screening and improvement by the group of people who have severe and enduring mental health needs. This group has been shown by a considerable body of recent research to have significantly lower life expectancy for both sexes than the general population.</p>	<p><u>Key local deliverables in 2013 -14</u> Piloting and implementation as appropriate of outreach awareness raising and screening</p> <p><u>Key local deliverables in 2013 -14</u> To undertake a review of take up of physical health and health improvement services by this care group.</p> <p>To develop and pilot in one area of the Borders a new way of delivering physical healthcare and health improvement services based on the above review.</p>
Older people	<p><u>Joint Older Peoples Needs Assessment</u> The recent older people's health needs assessment provides an evidence base to guide joint commissioning and service development and highlights key opportunities for early intervention, prevention and health improvement with this age group. This will now be built on, through the relevant joint planning structures.</p> <p><u>Reshaping Care Fund</u> The Older People's Reshaping Care Fund work packages are in the following areas:</p>	<p><u>Key local deliverables in 2013 -14</u> Priorities from health needs assessment will inform service redesign and programme planning, including future use of Change Funding.</p>

Well Elderly, Telehealthcare, Pharmaceutical Care, Housing with Care, Extra Care Housing, Living well with Dementia, prevention of falls and Anticipatory Care.

An example of this work is the Older People's Liaison Service which streamlines protocols and pathways for older people admitted to the Medical Receiving Unit and or who present to Emergency department in hours. It should prevent readmissions and increase the number of patients being discharged directly home.

The Teviot Project also receives funding through the Change Fund. It is working towards providing clear referral pathways from acute to the community for patients requiring rehabilitation from Occupational Therapy and Physiotherapy services. Work is ongoing to remove inequalities in accessing therapy in the community after an acute episode of care. More patients should be referred home with packages of care provided in their local environment. Two pathways that are being concentrated on are for stroke and fractured neck of femur patients.

Community Capacity Building

Community capacity building approaches for health improvement are being tested out in one area of Borders and the learning will be rolled out more widely thereafter. This project aims to engage with older people who find existing health improvement resources and activities inaccessible or

Key local deliverables in 2013 -14

Reduce emergency admissions to hospital for older adults over 75 and increase the number of these patients who are directly discharged home. Readmissions should also be reduced.

Key local deliverables in 2013 -14

Increased direct therapy at home for patients through introducing structures across all localities that will support referral pathways. Local AHP Leads will create staffing models (integrated multidisciplinary teams) to deliver these pathways, for example utilising generic support workers.

The existing Community Health Teams ways of working will be reviewed this year also to see if they can be included in these models.

Key local deliverables in 2013 -14

Community Capacity building health improvement project will be delivered and evaluated.

	<p>inappropriate.</p> <p><u>Joint Day Services Transport</u> Joint Day Services transport provision between NHS Borders and Scottish Borders Council is being implemented for older people. This also involves liaison with the Scottish Ambulance Service.</p> <p><u>Older People with Functional Mental Health Needs</u> Change Fund monies have been bid for to deliver a project focussing on older people with (mainly) depression. This is aimed at reviewing local identification and responses, and is designed to provide balance to the recent understandable emphasis on dementia.</p>	<p><u>Key local deliverables in 2013 -14</u> Shorter travelling times for patients and shorter sessions at the day service will be the main patient benefits.</p> <p><u>Key local deliverables in 2013 -14</u> To provide baseline evidence on the current availability, access and uptake of interventions that support older people with functional mental health needs (predominantly depression)</p> <p>Based on this analysis, to develop an action plan which responds to gaps in service delivery.</p>
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