

Borders NHS Board**DRAFT STRATEGIC PLAN – A CONVERSATION WITH YOU****Aim**

This paper sets out the documentation to be used for an initial engagement and consultation process for the Strategic Commissioning Plan during April and May 2015.

As required by the Public Bodies (Joint Working) (Scotland) Act 2014 – The Strategic Commissioning Plan lays out the health and social care priorities for the Borders within an integrated framework in which NHS Borders and Scottish Borders Council will jointly use their resources.

Background

The Strategic Commissioning Plan is not only a statutory requirement but is also driven by local and national policy and aims to meet the needs of adults now and in the future, by working within available financial and workforce resources and by tackling inequalities, along with offering new ways of working and early preventative measures.

The final plan is to be of three years duration and will be reviewed and rolled-on each year.

This is the first version of the Plan and builds on the progress that has already been made by NHS Borders, Scottish Borders Council and their partners to improve and re-design local services.

A wide range of information has been drawn on to start to form a case for change and this draft Plan profiles the all important Strategic Objectives derived from National Outcomes by which local future ambitions are directed.

Engagement and Consultation

The Strategic Commissioning plan requires to be co-produced with all key stakeholders and therefore this first engagement and consultation exercise during April and May 2015 will provide an opportunity to do this. Key stakeholders will have the opportunity to express views, opinions and thoughts on the draft plan whilst also contributing to the next version of the plan which will then be subjected to a full formal 3 month consultation exercise from July 2015.

Future work on the Plan will be based on what is learned from this engagement and consultation exercise by listening to people in the Borders – patients, service users, carers, members of the public, clinicians and professionals and other partner organisations.

Other key stakeholders that will be part of this exercise are listed below and a fully detailed Communications and Engagement plan will underpin this work.

SBC Elected Members	Scottish Health Council
Community planning partners	MPs MSPs
Community councils	Media
Area Forums	Third Sector (voluntary groups/organisations)
Other Health Boards and special boards	Commissioned service providers
NHS Borders Board, Advisory Committees and Non-Executives Directors	Joint service providers
Independent contractors	Public Governance Committee
Participation Network - including public partnership forum and public reference group	Cross Borders patient flows/neighbour Boards
Scottish Government	Equality Forum
	Children & Young People

Community events will also take place across all localities during this exercise in the following towns:

- Duns
- Eyemouth
- Jedburgh
- Kelso
- Galashiels
- Selkirk
- Lauder
- Hawick
- Peebles

Dates for these sessions are currently being scoped but will take place during May 2015. These will be open to all staff and public and will be widely advertised in advance.

A launch will take place as part of this exercise and this will include press release, advertisement of the events and awareness of how people can get involved. Full use will be made of all standard SBC and NHS Borders communication channels to deliver key messages and encourage engagement.

Summary

It is proposed to undertake a series of consultation and engagement events during April and May before producing the next version of the Plan in June of this year.

Recommendation

The Board is asked to **note** the first phase of the joint consultation and engagement exercise in support of the production of a Borders Strategic Commissioning Plan.

Policy/Strategy Implications	The documentation and exercise outlined above is designed to inform the development of the Strategic Commissioning Plan
Consultation	The purpose of this report is to recommend an initial consultation on the Strategic Commissioning Plan. There will be further and more detailed consultations to follow.
Consultation with Professional Committees	
Risk Assessment	If Scottish Borders Council and NHS Borders do not conduct an initial consultation exercise there is a potential risk that the requirements of the integration legislation and associated guidance will not be fulfilled i.e. the people who use and provide services and others will not have an opportunity to be involved in the development of the Plan from its earliest stages.
Compliance with Board Policy requirements on Equality and Diversity	An Equalities Impact Assessment is being conducted alongside the development of the Plan. At this stage there are no adverse equality implications attached to recommendation contained in this report
Resource/Staffing Implications	There are no resource/staffing implications as a result of the recommendation contained within this report. Associated costs of undertaking the consultation and engagement exercise will be met through financial resources allocated to the project and also through existing staff resource.

Approved by

Name	Designation	Name	Designation
Dr Eric Baijal	Joint Director of Public Health		

Author(s)

Name	Designation	Name	Designation
Bob Howarth	Programme and Planning Manager, Scottish Borders Council	Stephanie Errington	Head of Planning and Performance, NHS Borders

Scottish Borders **Health & Social Care** Partnership

draft strategic plan

2015 -18

a conversation with you

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



FOREWORD



NHS Borders and Scottish Borders Council are working together in a new way to bring together health and social care. The purpose is to deliver better outcomes for our residents. Specifically we want to ensure that people live healthier, longer lives, can be independent and have choice and control no matter who they are or where they live in the Scottish Borders.

We know that many individuals and families live in circumstances of economic hardship, that our population is ageing and that we are caring for more people with complex needs. We also know that there are significant differences – inequalities – between and within our communities. We are committed to working alongside all our partners to prevent and undo inequalities.

Health and social care services are being brought together on a multi – agency basis to address these challenges. The Partnership will also work with acute services to reduce avoidable admissions to hospital, as well as the need for emergency admissions to hospital.

We want to ensure that we engage with individuals at an early stage in their health journey. Getting involved at this stage helps prevent conditions becoming chronic and in turn can lead to better long term outcomes. We know that people living with a number of long-term and complex health conditions have a better quality of life when they are able to manage and be more in control of their health and care. And by providing support and assistance can ensure that they live well and independently for longer.

We will work with Public Health specialists to understand and tackle the patterns of ill health in our communities. The present economic climate also means we have to make the most efficient use of the money we have to deliver more personalised, better services.

In order to support this new partnership we have developed an initial three-year strategy to help us plan and deliver services for both current need but also the needs of people in the future.

We want to know what people across the Borders think services should be like in the future. So that we can develop services that are more personalised and responsive to people's needs.

It is also an opportunity for you to comment and share your ideas on our proposals. We want to hear as many views as possible and would encourage you to participate and help shape our plans for the future.

This is not a static document. It is a live strategic plan and as such we look forward to engaging with all those with an interest in health and social care to deliver on our plan between now and 2018.

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

Susan Manion

Chief Officer Scottish Borders Health and Social Care Partnership
April 2015

WHAT IS...

... The Scottish Borders Health and Social Care Partnership?

The Scottish Borders Health and Social Care Partnership is an integrated partnership between Scottish Borders Council and NHS Borders which replaces the Community Health Partnership.

The Partnership will be accountable for delivering a range of nationally agreed outcomes which will apply across adult health and social care. There is also a requirement on Health Boards and Local Authorities to integrate adult health and social care budgets and to strengthen the role of clinicians and care professionals, along with charities, voluntary and community groups, in the planning and delivery of services.

... The Strategic Commissioning Plan?

The Strategic Commissioning Plan describes how the Scottish Borders Health and Social Care Partnership will make changes and improvements to develop health and social services for adults over the coming three years. It explains what our priorities are, why and how we decided them and how we intend to make a difference working closely with partners in and beyond the Borders.

The Plan is underpinned by a number of national and local policies, strategies and action plans. It will provide the strategic direction for how health and social care services will be shaped in this area in the coming years and describes the transformation that will be required to achieve this vision.

Health, wellbeing and social care are really important to communities and individuals.

... Strategic Commissioning?

“Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, links investment to all agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place.” – National Steering Group for Strategic Commissioning 2012

OUR VISION

Our Vision

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

Our aims

In order to achieve our vision, our Partnership plans to:

- Improve outcomes for service users and carers
- Make services easily accessible with clear available information
- Deliver quality services in a person's own home or community in a timely way
- Have open, transparent and understandable governance arrangements
- Make effective use of resources and delivery of agreed efficiencies across the partnership
- To develop a flexible skilled workforce
- Meet agreed performance targets

OUR CASE FOR CHANGE

Why do we need to change?

Making the case for change is at the centre of this plan. We recognise that the way we provide care needs to change in order to meet both current and future challenges. If we do nothing, health and care services as they are will not be able to deliver the high quality service we expect.

There are a number of reasons why we need to change, which include:

- Rising demand
- Services are costly
- People could get better results

Services working in partnership

Through bringing the Scottish Borders Health and Social Care together through our Partnership, we have the opportunity to improve our outcomes through joint working; better communication, improved efficiency and reduced duplication of work and effort.

The people of the Scottish Borders must be at the heart of redesigning services. They will be involved in designing changes to services which will focus on people and put them first. Through working together, we can start to tackle the issues identified in our Joint Needs Assessment, recognising the assets we have available within partnerships and through people whilst also taking advantage of opportunities such as volunteering and learning to maximise outcomes for people and improved wellbeing.

A SNAPSHOT OF THE SCOTTISH BORDERS

- 1 district general hospital
- 4 community hospitals providing 87 beds for care and rehabilitation
- 4 local authority care home
- 23 GP practices
- 28 pharmacies
- 15 opticians
- 18 dentists
- 1370 people use home care services

OUR INTEGRATED SERVICES

Which health and social care services are we integrating?

Our Partnership will be responsible for all adult social care, adult primary and community health care services and elements of adult hospital care which will offer the best opportunities for service redesign. The total resource within the Partnership is £ 136.7 million.

The Partnership has a key relationship with acute services in relation to unplanned hospital admissions and will continue to work in partnership with Community Planning Partners. This includes charities, voluntary and community groups so that, as well as delivering flexible, locally-based services, we can also work in partnership with our communities.

NHS

- Allied Health Professionals Services
- Community Addiction Services
- Community Geriatric Services
- Community Learning Disability Services
- Community Palliative Care
- Continence Services
- Mental Health Services
- General dental services
- GP Out of hours
- Kidney dialysis (outwith hospitals)
- Public Dental Service
- Primary medical service provided under a general medical services contract
- Community Pharmacy Services
- Ophthalmic Services
- Services provided by health professionals that aim to promote Public Health

SCOTTISH BORDERS COUNCIL

- Social Work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Community care assessment teams
- Care home services
- Adult placement services
- Health improvement services
- Re-ablement services
- Aspects of housing support including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services

It is forecasted that 1 in 4 people born now will live to be over 100 years old.

OUR OBJECTIVES

Our local strategic objectives

1. We will make services more accessible and develop our communities
 - We want to improve access to our services, but also to assist people and communities to help and support themselves too.
 - We will develop local responses to local needs.
 - We will communicate in a clear, open and transparent manner

Strong communities are a real asset of the Scottish Borders. Community capacity building has the potential to significantly improve the health and independence of people with health and social care needs.

2. We will improve prevention and early intervention
 - We will prioritise preventative, anticipatory and early intervention approaches.
 - We want to shift and focus services towards the prevention of ill health, to anticipate at an early stage the need for support and to react where possible to prevent crisis.

Ensuring people who are struggling to manage independently can be rapidly supported through a range of services that meet their individual needs has been a focus for the development of new ways of working.

3. We will reduce avoidable admissions to hospital
 - We want to reduce unnecessary demand for services including hospital care. If a hospital stay is required we will minimise the time that people are delayed in hospital.

By having the appropriate support in the right place at the right time, we can ensure people are supported to remain in their own homes.

OUR OBJECTIVES cont...

Our local strategic objectives (continued)

4. We will provide care close to home

- We will support people to live independently and healthily in local communities.

Easily accessible care which meets the needs of the local communities allows people to receive their care close to home and build stronger relationships with care providers.

5. We will deliver services within an integrated care model

- We will ensure robust and comprehensive partnership arrangements are in place.
- We will pro-actively integrate health and social care services and resources for adults.
- We will integrate services and staff supported by the development of integrated strategy, systems and procedures

Through working together, services will become more efficient and effective providing a better service to people who use their services and more satisfaction to those who provide the service.

6. We will seek to enable people to have more choice and control

- We will ensure the principles of choice and control, as specified in Self Directed Support, are extended across all health and social care services.

Allowing people to have more choice and control of their health and social care services means they can receive the services they want to receive at times they want to receive them.

7. We will further optimise efficiency and effectiveness

- We will institute a transformational change programme across the functions delegated to the Partnership.
- We will efficiently and effectively manage resources to deliver Best Value.
- We will support and develop our staff.

Strategic Commissioning requires us to constantly analyse, plan, do and review our services allowing us flexibility to change the way we do things if certain ways aren't working and to share.

8. We will seek to reduce health inequalities

- We want to reduce inequality in particular health inequality, and support and protect those vulnerable in our communities.

Ensuring that people do not miss out on services because for example of a lack of easy access to transport or a health condition.

NATIONAL OUTCOMES

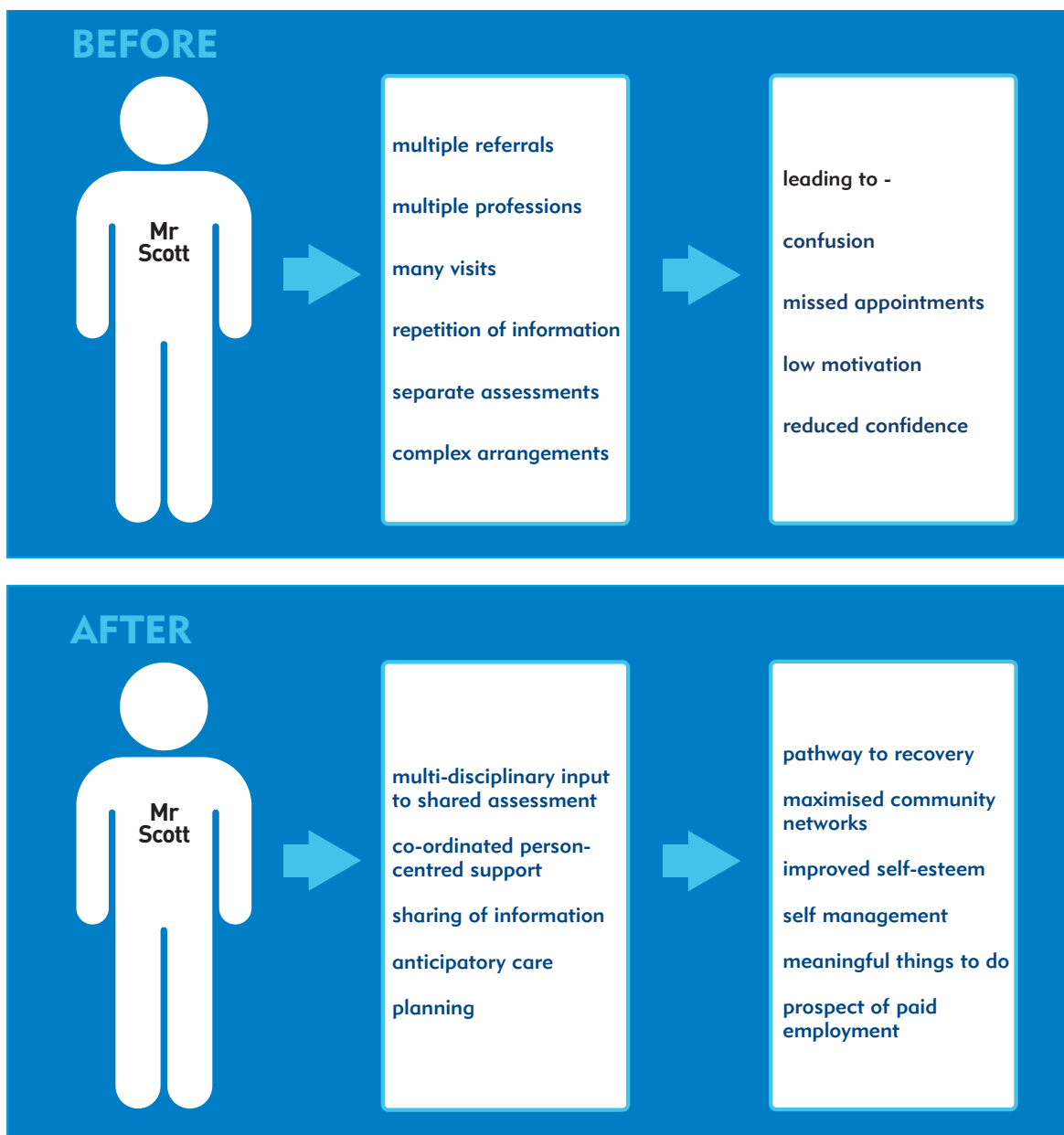
What are the National Health and Social Care Outcomes?

There are nine National Outcomes agreed by the Scottish Government that our Partnership will need to deliver against:

Nine National Outcomes	
1 Healthier living	People are able to look after and improve their own health and wellbeing, and live in good health for longer
2 Independent living	People, including those with disabilities, long-term conditions, or who are frail, are able to live as far as reasonably practicable, independently at home, or in a homely setting, in their community. This outcome aims to ensure delivery of community based services, with a focus on prevention and anticipatory care, to mitigate against avoidable emergency admissions to hospital. It recognises that independent living is key to improving health and well-being
3 Positive experiences and outcomes	People who use health and social care services have positive experiences of those services, and have their dignity respected. It is important that health and social care services take full account of the needs and aspirations of the people who use services. Person centred planning and delivery of services will ensure that people receive the right service at the right time, in the right place, and services are planned for and delivered for the benefit of people who use the service
4 Quality of life	Health and social care services are centred on helping to maintain or improve the quality of life of service users. Everyone should receive the same quality of service no matter where they live. This outcome provides for any on-going focus on continuous improvement in relation to health and care services.
5 Reduce health inequality	Health and social care services contribute to reducing health inequalities. This outcome is focussing upon the role of services in seeking to reduce the gap in health inequalities.
6 Carers are supported	People who provide unpaid care are supported to reduce the potential impact of their caring role or their own health and well-being. This outcome acknowledges the support carers require including the maintenance of their own health and well-being.
7 People are safe	People who use health and social care services are safe from harm. In carrying out our responsibilities, we must ensure that the planning and provision of health and social services and supports protects individuals from harm.
8 Engaged workforce	People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide, and feel engaged with the work they do
9 Resources are used effectively and efficiently	To deliver Best Value Services and Supports

CASE STUDY: MR SCOTT

Mr Scott is a 40-year old man who lives in the Borders. As a result of a range of long-term health and social care problems, he needs care and support. His problems include a diagnosis of Bipolar illness, obesity, type 2 diabetes and a lack of physical and social activity. He is currently unemployed and lives alone. Mr Scott's elderly father recently passed away and as a result he moved from Peebles to Duns to make a new start. Mr Scott is currently claiming welfare benefits.



POPULATION 2013

All people
113,870



58,563

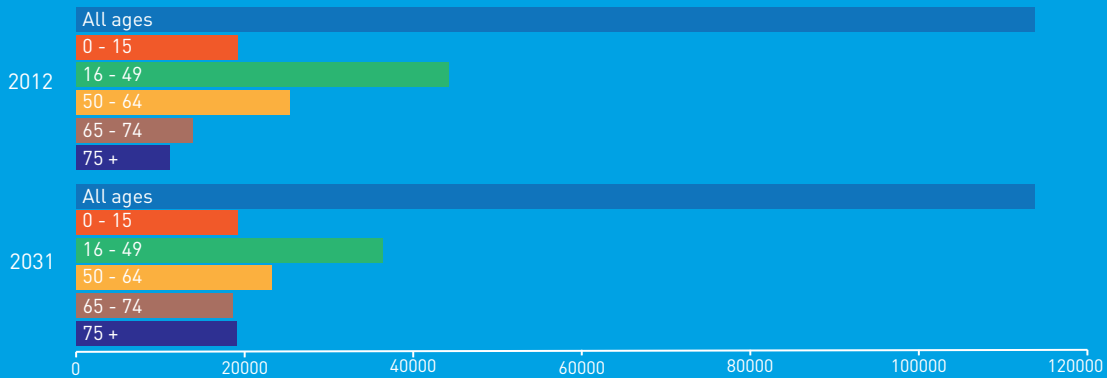


55,307

Age 0-15	19,029	17%
Age 16-49	43,617	38%
Age 50-64	25,522	22%
Age 65-74	14,422	13%
Age 75 +	11,280	10%

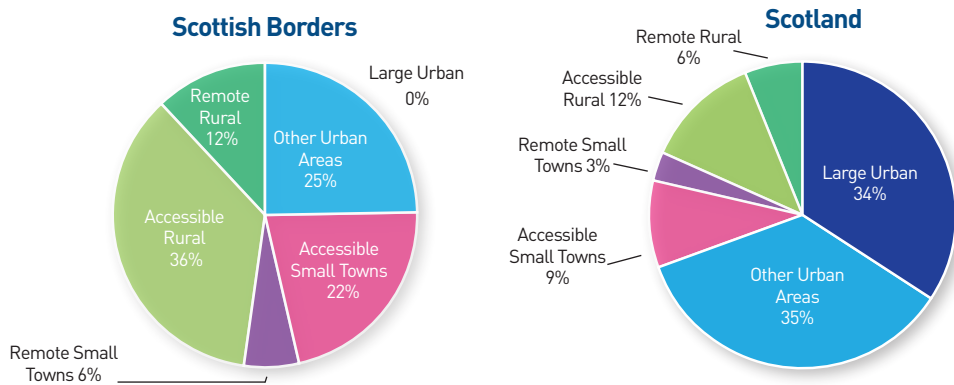
Source: National Records of Scotland, mid-year population estimates

PROJECTED CHANGES IN POPULATION BY AGE GROUP 2012 TO 2031



Source: National Records of Scotland, 2012-based population projections

POPULATION SHARES (%) BY URBAN/RURAL AREA 2012



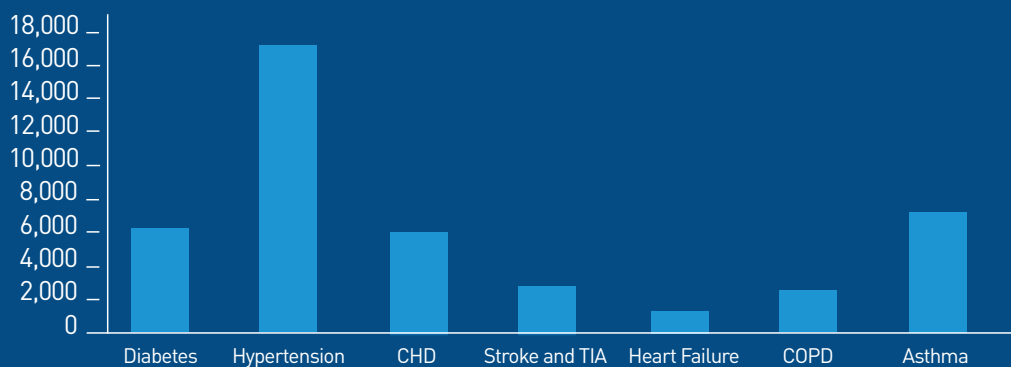
Source: Scottish Government Urban/Rural Classification 2013/14 and National Records of Scotland

HOUSEHOLD COMPOSITION

	Scottish Borders	Scotland
One-person household, aged under 65	19%	22%
One-person household, aged 65+	15%	13%
Couple/family everyone aged 65+	10%	8%

Source: Scotland Census 2011

LONG TERM CONDITIONS



Sources: Scottish Diabetes Survey; QOF

DEMENTIA

People known to GP practices as having dementia (2014)

1,027

Over the coming years, the total number of people with dementia in Borders is predicted to

More than double

Sources: QOF; Scottish Government projections based on Alzheimer Scotland methodology

DISABILITIES AND SENSORY IMPAIRMENT

601

people with Learning Disabilities known to Scottish Borders in 2013

6,995

people with a physical disability in 2011 (Scotland Census)

500

people estimated who are blind or have severe sight loss

1,800

people estimated with severe or profound hearing loss

Sources:

Electronic "Same as You" report 2013

Scotland Census 2011

Estimated hearing loss/sight loss prevalence rates for UK, applied to Scottish Borders population

HOSPITAL INPATIENT CARE 2010-2012

27,734 Emergency admissions to hospital

3,520 Patients aged 65+ with two or more emergency admissions in a year

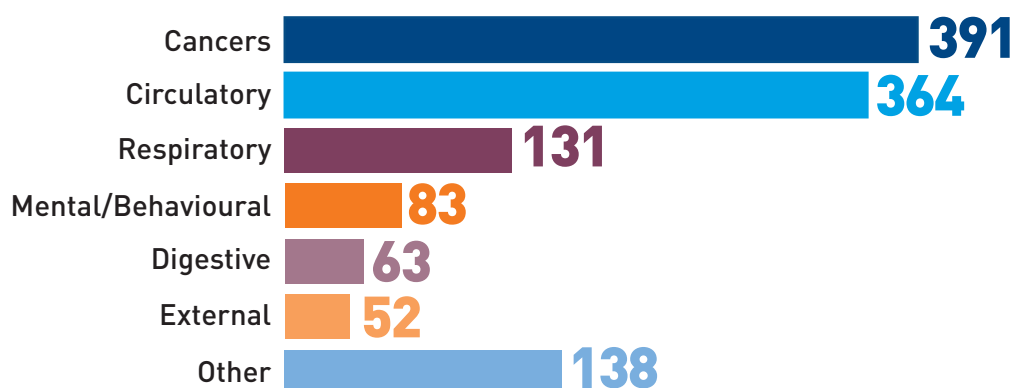
1,695 Patients hospitalised with coronary heart disease (CHD)

1,075 Patients hospitalised with cerebrovascular disease (including stroke)

665 Patients hospitalised with chronic obstructive pulmonary disease (COPD)

Source: ScotPHO Health and Wellbeing Profiles 2014

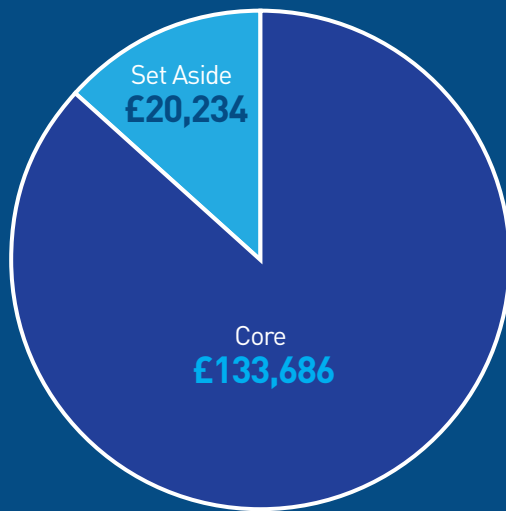
NUMBERS OF DEATHS BY CAUSE IN 2013



Source: National Records of Scotland

HEALTH AND SOCIAL CARE SPENDING

2012/13



Learning Disability	£18,130
Mental Health	£15,065
Community Hospitals	£4,690
GP Prescribing	£21,552
AHP Services	£5,364
General Medical Service	£15,887
Dental Service	£4,184
Community Pharmacy	£3,690
Older People	£26,669
Physical Disability	£2,897
Localities	£2,636
Other	£15,922

YOUR VIEWS AND CONTRIBUTION

We want to hear your thoughts and views and help us shape our Strategic Plan moving forward. What matters to you is important to us and this is your opportunity to influence the way our services are delivered through Health and Social Care.

Please return this response sheet by xx at the latest to the FREEPOST address detailed below. Alternatively, you can complete the Electronic Feedback Form which you will find by clicking on the following link: xx

QUESTION 1: Do you understand why we need to join up our services?

QUESTION 2: Do you understand the need for change and why this is important for future services?

QUESTION 3: What do you think are the key challenges in your area in delivering health & social care services?

QUESTION 4: Do you agree with the comments outlined within the draft plan?

QUESTION 5: Are there any objectives missing, if so can you please provide an example?

QUESTION 6: Do you have any other comments you wish to make?

Alternative format/language paragraph

You can get this document on tape, in large print, and various other formats by contacting us at the address below. In addition, contact the address below for information on language translations, additional copies, or to arrange for an officer to meet with you to explain any areas of the publication that you would like clarified.

其他格式 / 外文譯本

這份資料冊另備有錄音帶、大字體版本以及多種其他格式。你可以透過以下地址與我們聯絡，索取不同版本。此外，你也可以聯絡以下地址索取本資料的中文和其他外文譯本或索取更多拷貝。亦可要求我們做出安排，由我們的工作人員當面為你解釋你對這份出版物中的不明確之處。

[Alternatywny format/język]

Aby uzyskać kopię niniejszego dokumentu w formacie audio, dużą czcionką, oraz innych formatach prosimy o kontakt na poniższy adres. Używać tam można również informacje o tłumaczeniach na języki obce, otrzymaniu dodatkowych kopii oraz zaaranżowaniu spotkania z urzędnikiem, który wyjaśni wątpliwości i zapytania związane z treścią niniejszej publikacji.

Parágrafo de formato/língua alternativos

Pode obter este documento em cassete audio, impressão aumentada e vários outros formatos contactando a morada indicada em baixo. Pode ainda contactar a morada indicada em baixo para obter informações sobre traduções noutras línguas, cópias adicionais ou para solicitar uma reunião com um funcionário para lhe explicar quaisquer áreas desta publicação que deseje ver esclarecidas.

Параграф об альтернативно формате языковой версии

Чтобы получить данный документ в записи на пленке, в крупношрифтовой распечатке и в других различных форматах, вы можете обратиться к нам по приведенному ниже адресу. Кроме того, по данному адресу можно обращаться за информацией о переводе на различные языки, получении дополнительных копий а также с тем, чтобы организовать встречу с сотрудником, который сможет редставить объяснения по тем разделам публикации, которые вам хотелось бы прояснить.

SCOTTISH BORDERS COUNCIL

Council Headquarters | Newtown St Boswells | MELROSE | TD6 0SA

email: integration@scotborders.gov.uk

www.scotborders.gov.uk/integration

