

Scottish Borders **Health & Social Care** Partnership



Scottish Borders
Health and Social Care
PARTNERSHIP

Engagement Report

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



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Engagement report

“The Integration Authority must also publish a statement at the same time it publishes its strategic commissioning plan, which describes the consultation it undertook.” (From Public Bodies (Joint Working) (Scotland) Act 2014).

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Introduction

The integration of health and social care services is described as the largest change within health and social care for a generation. The Integrated Joint Board (IJB) has been, and continues to be, committed to working with the Borders community to design and provide services for those who live here. 'The Strategic Plan for Health and Social Care Integration in the Scottish Borders' has been informed and supported by three rounds of public consultations. The first round of engagement activities was conducted between October 2014 and February 2015 in order to inform staff and the general public about the concepts of integration and co-produce the Strategic plan for health and social care integration. The feedback collected was used in the development of the 'Scheme of Integration' and the first draft of the Strategic Plan which was entitled 'a conversation with you'. Once the first draft of the Strategic plan was produced, a formal consultation process followed, running from April to June 2015. Information compiled from the general public and staff during this round of consultations was used to inform the second draft of the plan. The second draft 'changing health and social care for you - a further conversation with you' was available for public consultation from October to December 2015. The feedback received during this process was used to update the final plan 'The Strategic Plan for Health and Social Care Integration in the Scottish Borders'.

Our Vision

Engaging with staff and the general public is not only a legal obligation set by the Scottish Government, it is something that the IJB value as important because health and social care concerns us all. Our vision of 'working together for the best possible health and wellbeing of our communities' to provide 'Best Health, Best Care and Best Value', cannot be fulfilled without the aid and input of the people who make up our workforce, volunteer sector and local communities. The feedback received from staff and the general public has been a vital part in the development of our strategic plan.

Users Engagement Policy

According to the National Standards for Community Engagement, engagement is 'developing and sustaining a working relationship between one or more public body and one or more community group, to help them both to understand and act on the needs or issues that the community experiences'. Using the council's definition of community, this includes everyone who lives and/or works in the Scottish Borders.

Principles of Engagement

Based on the Community Engagement Toolkit, produced by the Scottish Borders Council in April 2015, community engagement can be described by levels participation and output:

- **Informing** - telling individuals and communities what we are going to do and why
- **Consulting** - presenting information for comment
- **Involving** - working with individuals and communities to develop options and make decisions

The engagement activities conducted in the connection with the development of the Strategic Plan for health and social care fall within these three categories.

Methods of Communication and Engagement

The IJB delegated the tasks of organising the communication and engagement activities to the communication group, one out of four workforce groups formed under the IJB and the Integrated Programme Board. By utilising the exiting channels of communication and engagement established by the Scottish Borders Council (SBC) and NHS Borders, the aim was to reach as many people as possible, including people who are not online. The following channels were used:

- **Websites**

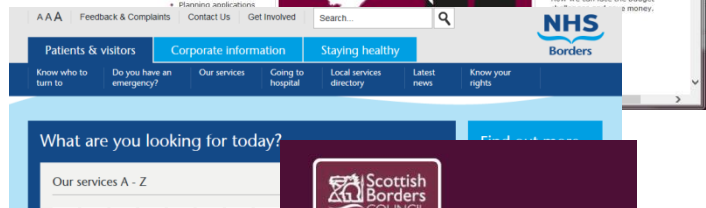
The Council's website

<http://www.scotborders.gov.uk> receives over 60,000 visitors per month. The website has a consultation section where all existing consultations and previous consultations must be hosted. The website can also be used to host surveys and contact forms for people to provide feedback (top graphic, right).



NHS Borders website

www.nhsborders.scot.nhs.uk receives an average of 21,000 visitors per month.



- **Social Media**

The Council's social media (Facebook

www.facebook.com/sbcouncil currently 10.k followers (graphic, right), and Twitter www.twitter.com/scotborders, currently 8k followers (graphic, right), accounts) are used regularly to promote council news and information. It is an effective tool to signpost users to the council's website.



NHS Borders social media accounts

(Facebook www.facebook.com/NHSBorders, currently 900 followers (graphic, right) and Twitter www.twitter.com/NHSBorders, currently 1200 followers, are used to promote news and information with links to press releases and additional information .



- **Media releases**

Media releases are issued to local and national press. These are also promoted as news items for the websites, and through Facebook and Twitter.

- **SBCConnect**

The Council's community newspaper (right) is delivered to every household in the Borders (52,498, Scotland Census, 2011) three



times per year. It is a useful way to reach residents who are not online.

- **Internal communication**

The Council has a staff magazine, SBScene staff (right), intranet and fortnightly staff e-bulletin which are all used to encourage engagement among staff and elected members (right).



An NHS internal newsletter is issued monthly to all staff via global email (also viewable on the Communications Microsite) containing good news stories, staff information and upcoming local/national health campaign dates.

- **Health and social care news update**

A dedicated newsletter has been established and issued to staff and key stakeholders.



The engagement activities were mainly based on two principles: inviting the target audiences to come to attend an event or going out to meet the audiences where they were. Different venues were used based on a set criteria and intended use: council halls and buildings, Borders General Hospital, public cafes, libraries, supermarkets, transport hubs and established events organised by third parties.

Communications Principles and Standards

All communication must be:

- Plain English and available in a range of formats.
- Consistent, regular and accessible.
- Publicised widely so that people know they exist.
- People know how and to whom they can give feedback.
- Monitored and evaluated for their effectiveness.

Target Audience

The aim has been to consult those who have an interest in the delivery or receipt of health and social care. These have been identified as the following:

- Health professionals
- Staff
- Patients / Service users
- Carers
- Third and independent sector providers
- Providers of social housing
- Recognised representative bodies, representing the interests of specific age, condition or illness groups.

The following groups are also considered relevant:

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

Role of the Strategic Planning Group

As required by legislation, the Partnership to set up a Strategic Planning Group (SPG) to support the development of the new integrated arrangements. The Borders SPG, chaired by the Chief Officer, was established in May 2014. The group built on existing consultative groups. Reflecting the range and diversity of health and social care stakeholders in the Borders, the group is made up of representatives from the following:

- People who use healthcare and/ or social care services (2 reps)
- Carers of people who use healthcare and/or social services (2 reps)
- Commercial and non-commercial bodies providing health and/or social care services (2 reps)
- Health professionals (2 reps – one of which will be a G.P)
- Social care professionals (1 rep)
- Non-commercial social housing providers (1 rep)
- Third sector bodies carrying out activities related to health or social care (1 rep)
- Staff (2 reps)



The Group has an advisory role to the IJB. Its main purpose is to ensure that all stakeholder groups have their say in the process of developing, reviewing and renewing the Strategic Plan.

The SPG met for the first time on 22 May 2014 and has continued to meet on a monthly basis. Staff are represented on the Group through two staff representatives, as well as through professional representatives.

Joint Staff Forum

The Scottish Government directed all partnerships to establish a Joint Staff Forum (JSF) to provide a facility for relevant staff across NHS and the councils (primarily Social Work in the first instance) to meet together with key managers to discuss the joint future working agenda and any issues which impact on this. This occurred within the context of partnership, transparency and openness and recognised the role of staff in planning and implementing the joint working agenda. The forum does not replace the formal negotiating processes of either organisation used for the purpose of consultation and collective bargaining.

JSF is made up of equal representation of staff representatives from the recognised Trade Unions and professional bodies from NHS Borders and SBC. There is an equal representation of senior managers from both organisations. Staff representatives also sit on the work stream groups which deal with specific issues such as Workforce Development, Finance, Governance, ICT and Performance, Project Planning, Communications and Strategic Planning, in addition to the Integrated Joint Board (IJB).

At JSF meetings, representatives have provided input to current consultations and offered suggestions to the direction of future projects. Managers who have brought papers to the JSF, despite some initial reservations on attending the forum, have found the input invaluable, as it has been able to provide an early indication of how staff will view plans. The JSF also provided support at the staff engagement events, either acting as facilitators or scribes. Representatives from the JSF have also been available to answer questions from staff at these events and generally publicise Integration to staff.

Formal Engagement Activities

Round 1: October 2014 to February 2015

Based on the principles of coproduction a series of workshops were held for staff and for the third sector during October and November 2014. The object of these events was to gain insight, have discussions about status quo and to provide direction for the future.

Staff workshops were well attended with over 300 staff attending across the six events. Third sector workshops were less well attended with only 16 people attending, 8 of which attended the Kelso session.

Each workshop comprised of an opening session followed by facilitated group work that focused on three main areas:

- What currently works well
- What could we do better
- What are the challenges and opportunities

Each facilitator was allocated a scribe to capture the views of those attending. The following key themes have emerged:

- Information and technology
- Transformation and change
- Transport
- Workforce
- Communication and engagement
- Strategic Planning

Similar events were held in February for the general public in order to invite the public to submit their ideas and suggestions for improving health and social care. The information was passed to relevant work streams and also used to inform the first draft of the strategic plan.

Round 2: 10 April to 5 June 2015

'Draft strategic plan, 2015-18, a conversation with you' was published April 10, 2015 on the websites of Scottish Borders Council and NHS Borders formally marking the start of the consultation period. The publication was promoted through a press release and social media posts. At the same time, printed copies were distributed to key stakeholders including councillors, community councillors, area forums, GP practices, libraries and library contact centres as well as other identified key stakeholders.

Public events were widely advertised in media, on Council and NHS websites and on social media. The events also received coverage in the local press. 38 key stakeholders attended the kick-off event for the housing organisations in the Borders. The housing event was followed by presentations at 12 different localities in the five council forum areas between May 8 and June 9, 2015. Due to a request, a final event was held after the formal consultation period ended. The data from this event was included in the feedback. The attendance numbers at these meetings varied and were particularly low at some of the public events, however in total almost 200 people attended the events and the feedback received was extensive and of good quality.

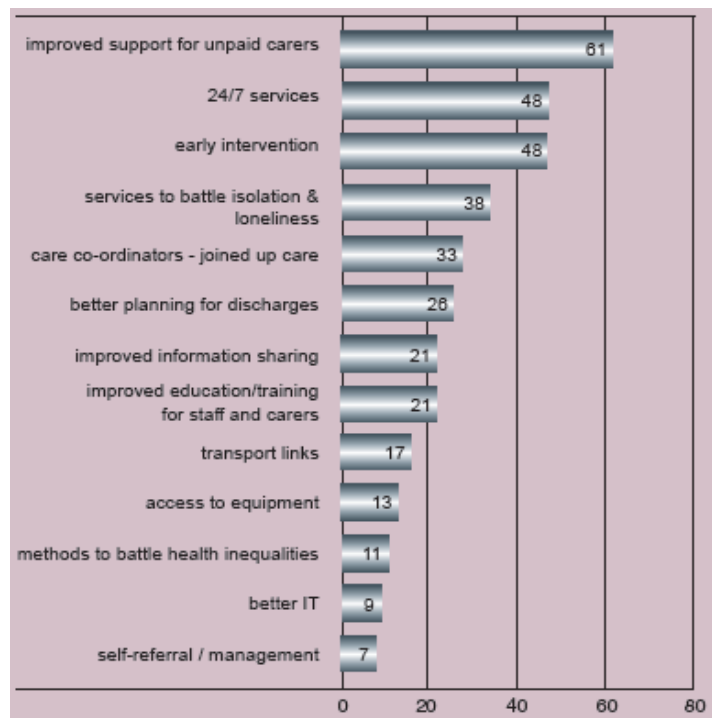
The feedback fell into the following categories:

- Access to services
- Access to services – equipment
- Carers (paid)/homecare
- Carers (unpaid)
- Communications
- Community capacity
- Cross-border arrangements
- Decision making
- Discharge Planning
- Early intervention and prevention
- Education/training
- Eligibility Criteria
- Housing

- Information sharing
- Information technology
- Integrated/coordinated/co-located/multi-disciplinary/locality teams
- Population demographics and diagnosis
- Private sector
- Research and evaluation /performance
- Resources
- Self-management and self-referral
- Social isolation, loneliness and deprivation/inequality
- Transport
- Voluntary sector
- Volunteers
- Other

In addition to the mentioned public events, the partnership had a presence at the Border Union Show, the largest agricultural show in the Borders. The show, held July 24 and 25, 2015, took place after the formal consultation period had ended, however, since the feedback received at this event was extensive and strengthened an already clear trend, it was included in the formal consultation feedback.

At the show, the public were asked what was most important to them based on the 13 top priorities gathered from the formal engagement events with staff and general public. More than 300 people visited the stand during the two days, and about 120 people took the time to give feedback. They ranked 'improved support for unpaid carers' as the most important, followed by '24/7 services' and 'early intervention' which were ranked equally (graphic right).



Based on the feedback compiled from the events held during the summer of 2015, another objective was added to our local objectives. Objective 9; 'We

want to improve support for unpaid carers to keep them healthy and able to continue in their caring role'. In the second draft of the strategic plan, entitled 'changing health & social care for you – a further conversation', each of the nine objectives is listed along with the following information:

- What we heard you say is important to you
- What we want to do
- This is how we intend to do this through our current services and strategies
- These are the changes that we have started to make
- What you can expect to see over the next three years

Round 3: 20 October to 11 December 2015

The Second Draft of the Strategic Plan for Health and Social Care Integration ‘changing health and social care for you – a further conversation’ was published on 20 October, 2015. The consultation ended on 11 December, 2015. The documents, including a summary version, were printed and distributed to key stakeholders. In addition, the documents along with the formal consultation questions were published online and sent electronically to identified stakeholders (Appendix 1). All activities were supported by communications activities to promote the events, including direct emailing, press releases and regular social media content.

Activities for Staff and Public

The engagement activities were broadly divided into two categories: staff and general public.

Staff

In terms of staff, the major challenge for communicating was the huge number of staff affected, across a wide range of areas and locations. These staff also have varied roles, shift patterns, accessibility to online information and ways of communicating with each other and their line managers. Therefore, there was no identified ‘one communication method that fits all’ in this situation.

As a result, it was agreed that responsibility should be placed on managers who were to be given the ‘tools’ to have conversations with their staff in the most appropriate and effective way.

To prepare managers and other key opinion leaders for this, two launch events were held in early November 2015 and a total of 50 people attended. The participants came from 35 different departments/organisations/groups (Appendix 2). The main objective of these events was to update attendees on integration and the strategic plan and give them the relevant materials so that they in turn could inform their own staff and networks, have conversations with their staff and colleagues and report back. (Photo from event below)



All the managers were provided with one of our Health and Social Care Partnership bags (which were produced for the previous phase of consultation) which included a copy of the plan, summary document, questions, conversation prompts, briefing notes, and a feedback form. They were also emailed all the materials as well as the presentation given by the Chief Officer.

General Public

For the general public, the activities were based on the principle of taking information to people instead of asking people to attend a specific event. Members of staff met people in all five localities, having pop-up information booths at the following locations:

- Local food market - Jedburgh
- Popular café - Hawick
- Transport Interchange - Galashiels
- Library - Duns
- Supermarket - Peebles

A simplified questionnaire was developed for the pop-up events. In an attempt to encourage drop in attendance, an A1 sign (right) was placed outside the pop-up locations to inform people of the on-going events and encourage them to come in and take part. Posters based on the same design were displayed at key localities before the events.



Presentations were also given to key stakeholders at Area Forum meetings, independent and third sector organisations and selected community groups. At these meetings, copies of the strategic plan and summary document were also distributed.

Our Future Workforce



A presentation/workshop was held at the Borders College in Galashiels in early December for the students studying health and social care. The purpose of this was to reach those who may become our future workforce – to tell them about what Integration is and also encourage their feedback. The programme director made the event mandatory for the students and a total of 65 students and staff attended. A joint press release between the partnership and Borders College was issued after the event and promoted on website and social media to highlight the success of the event.

Future Students
Find out about College

Current Students
Information and advice

Business and Employers
Opportunities for your business

News and Events

- » Current News
- » Archive
- » Open Days 2015/2016

Consultation with students on draft Strategic Plan

Susan Manion Chief Officer for Integration of Health and Social Care, Scottish Borders and Carin Petterson from Scottish Borders Council came to Borders College recently to meet with students studying HNC Care and Administrative Practice, HNC Social Care, Higher Health, Access to Nursing and Higher Social Care, to consult on the new draft strategic plan for the partnership between Health and Social Care.

Hard Copies Distributed

Few copies remain of the 450 copies of the Strategic plan and the 1350 copies of the summary (both right) printed in connection with this consultation. In addition to copies distributed at public engagement events, area forum meetings and community councils, hard copies of the plan and the summary document have been sent to all libraries, library contact centres and registered GP practices in the Borders (Appendix 3). The Borders Carers Centre mailed out 700 copies of the summary to their carers.



Media Coverage

In connection with the publication of the Strategic plan on 20 October, a news release with accompanying photograph was sent out to media partners. It was picked up by local newspapers for their on-line versions and articles were also published in the paper editions of the Berwickshire News and the Southern Reporter (right). The Integration team at the Scottish Government picked up the news story that appeared in the Hawick News on-line edition and mentioned our events in their monthly national newsletter that went out the following week. The Scottish Government’s newsletter also included a blog post written by our own dedicated Communications Officer for integration (Carin Petterson) about our engagement activities in the Scottish Borders.



Another news release was issued to announce the public consultation events. The announcement was picked up by Hawick News and appeared in their printed edition.

Social Media

All engagement activities were supported by social media coverage on both Facebook and Twitter. A total of 14 messages were published on SBC's Facebook page (currently 10.k followers) and another 14 were published on SBC's Twitter (currently 8k followers). The campaign was kicked off by two messages on Facebook and two on Twitter during the first week (right), followed by three on each of the two channels the following week. The week of December 11 when consultation ended, a total of 8 messages were published, four on each channel. A short link to the consultation on the Council's website was created and included in all posts.



Plasma Screen Message

The Council has plasma information screens which are regularly used to promote events, news and consultations. A screen message (right) informing of the consultation was displayed on all screens December 9, 10 and 11.

The Council has screens in the following locations:

- Coldstream Library Contact Centre
- Duns Library Contact Centre
- Eyemouth Contact Centre
- Galashiels Contact Centre
- Hawick Contact Centre
- Newtown St. Boswells HQ Reception Desk
- Innerleithen Library Contact Centre
- Jedburgh Library Contact Centre
- Kelso Library Contact Centre
- Peebles Contact Centre



The messages were also promoted on the plasma screens within the Borders General Hospital.

Feedback Received

Responses were not received from all those contacted. This may be because they felt their comments from the previous consultation on the Plan had been reflected in the final draft or they felt that the Plan was fit for purpose.

Written and/or detailed responses were received from:

- Berwickshire Association for Voluntary Services (BAVS)
- Borders College, health and social care students and staff
- Borders Equality Forum
- Encompass

- Eyemouth Town Community Council
 - Gavinton, Fogo & Polwarth Community Council
 - Kalewater Community Council
 - Lammermuir Community Council
 - Lilliesleaf, Ashkirk & Midlem Community Council
 - Mental Health & Wellbeing Forum (via BVCV)
 - NHS Borders Training & Professional Development
 - Public Health Department
 - SAMH
 - Scottish Care
 - Swinton & Ladykirk Community Council
 - User & Carer Working Group (via BVCV)
-
- 24 responses from individuals
 - Approximately 220 questionnaires from the pop-ups engagement events

Information Quality

Feedback received was both qualitative and quantitative. The questionnaires used at the pop-up information sessions were designed to give a quantifiable indication. Whether or not this will be possible depends on the quality of the data received. The data has not yet been fully analysed, but it is believed that the data will be useful in the future localities planning.

The formal consultation questions and other feedback received mainly fall into the qualitative category. Whenever possible the qualitative information has been used to inform the final draft of the strategic plan or retained for future use. Please see Appendix 4 for an overview of the main themes in the last round of consultation feedback.

Risks

The engagement activities have been designed and organised in order to reach as many people as possible both within the affected organisations as well as the general public. However, there is always a risk that certain marginalised groups have not been reached. Please view the Impact Quality Assessment for details.

Conclusion

It has been the aim of Scottish Borders Health and Social Care partnership to engage with as many people as possible in order to coproduce the Borders Strategic Plan for Health and Social Care Integration. As described here, a range of activities have been organised to cater to different needs using both pull and push methods, utilising a range of different channels. The two main strategies have been to invite the audience to come and receive information, and to go to where people are in order to engage with them in their local environment.

It is believed that the information gathered and received during these rounds of engagement is of high quality. Information collected from these activities has been used to develop our strategic plan. An additional local objective was added directly due to feedback received from the public. It is also believed that information gathered from these activities will be useful in further planning.

Community engagement is however about more than just receiving feedback or consulting by presenting information for comment, it is also about informing and involving individuals and communities.

The feedback received does not equal the number of people who have received information about the plan, nor does it give any quantifiable indication of how many people who have reviewed the plan, but decided to, for whatever reason, not to comment.

Based on the number of copies distributed, the attendance at the engagement events and the number of presentations held, it can be assumed and acknowledged that the number of people who know something about health and social care integration is substantial.

Appendix 1

Health & Social Care Integration Strategic Plan

Consultation on final draft

Stakeholders consulted

Information was distributed electronically, in the first instance, to groups and individuals across the Borders. These included both service providers and service users.

The following groups were consulted with information being sent via named contacts (the assumption has been made that these contacts have distributed information as requested):

- Scottish Borders Councillors
- NHS Non-Executive Directors
- NHS Public Partnership Forum (including some individual members)
- NHS Public Participation Network
- NHS Borders Public Reference Group
- BGH Participation Group
- Community Councils
- Borders Voluntary Care Voice
- Borders Carers Centre
- Third Sector Interface
- Scottish Borders Community Planning Partnership
- Senior Managers - NHS Board Executive Team
- SBC Corporate Management Team
- Police Scotland
- Scottish Fire & Rescue Service
- Social Care staff
- Social Workers
- Mental Health Officers
- RSLs
- GPs/GP Practice Managers
- Community Dentists
- Private Dentists
- Opticians
- Social Care staff – Care Homes
- A&E Staff
- Out of Hours staff
- AHPs
- Outpatient staff
- Public Health Professionals
- Nurses
- Community Hospital staff
- Pharmacists
- Department of Medicine for the Elderly
- Hospital based pharmacists
- Friends of the BGH
- Sensory Services Team
- User/carer working group (BVCV)
- Parent/carers working group

- Citizens Panels
- Youth Voice
- Equality Forum
- Borders LGBT Equality Forum
- Borders Talking Newspaper
- NHS Public Governance Committee
- Volunteer Centre Borders
- Social Care staff – Third Sector
- Joint Staff Forum
- Medicines Resource Group
- Area Clinical Forum
- Mental Health Professional Nurses Forum
- Physical Disabilities Strategy Group
- Alzheimer Scotland – Borders Services

Individual stakeholders that attended previous consultation meetings in Duns, Galashiels, Hawick, Peebles and Kelso were also sent information.

Information was also sent to organisations working in the following fields:

- Care homes
- Drugs and alcohol
- Housing support
- Sheltered housing
- Homecare
- Older people
- Learning disability

Appendix 2

Key stakeholders were invited to two launch events held in early November. The people attending were asked to inform their own staff and networks. Participants came from the following areas:

| |
|--|
| AMD, BGH |
| BGH Local Partnership Forum |
| Business & Performance, Social Work, SBC |
| Children & Young People, SBC |
| Clinical Service, NHS |
| Communal mental health, NHS Borders |
| Communications , NHS Borders |
| Community Nurse, P&CS, Hawick Health Centre |
| Delivery Support, NHS Borders |
| Director of Integration |
| Gala Resource Centre and Mental Health Local Area |
| Health & Social Care Integration Programme, SBC |
| Housing and Care Services |
| Integrated Joint Forum |
| ISD, NHS, National Service Scotland |
| Learning Disability Service |
| Local Integration - Falkirk and Scottish Borders |
| Mental Health & Addictions |
| Mental Health Local Partnership Forum |
| Mental Health, NHS Borders |
| NHS Borders |
| Nursing, NHS Borders |
| Org & Change Business, SBC |
| PACS Local Partnership Forum |
| PH Dept, NHS Borders |
| Planned Care and Commissioning, NHS Borders |
| Planning & Performance, NHS Borders |
| Primary & Community Services, Borders General Hospital |
| Procurement, Estates & Facilities, NHS |
| SB Cares |
| Social Care & Health, SBC |
| Social Work Services, SBC |
| Training & Professional Development, NHS Borders |
| Work & Well-Being, NHS Borders |
| Workforce & Planning, NHS Borders |

Appendix 3

List of General practitioners within the NHS Borders

| | |
|---|---------------------|
| Merse Medical Practice, South Crofts | CHIRNSIDE |
| Coldstream Medical Practice | COLDSTREAM |
| Merse Medical Practice | DUNS |
| Duns Medical Group, The Knoll | DUNS |
| Earlston Medical Practice, Kidgate | EARLSTON |
| Eyemouth Medical Practice, Houndlaw Park | EYEMOUTH |
| Waverley Medical Practice Centre, Currie Road | GALASHIELS |
| Braeside Medical Practice, Currie Road | GALASHIELS |
| The Ellwyn Medical Practice, Currie Road | GALASHIELS |
| Glenfield Medical Practice, Currie Road | GALASHIELS |
| Roxburgh Street Surgery, 10 Roxburgh Street | GALASHIELS |
| Greenlaw Surgery, Duns Road | GREENLAW |
| Teviot Medical Practice, Teviot Road | HAWICK |
| The O'Connell St Medical Practice, O'Connell Street | HAWICK |
| St.Ronan's Practice | INNERLEITHEN |
| Jedburgh Medical Practice Queen Street | JEDBURGH |
| Kelso Medical Group Practice, Health Centre | KELSO |
| Stow & Lauder Health, The Surgery, 1 Factors Park | LAUDER |
| The Health Centre, St Dunstan's Park | MELROSE |
| Newcastleton Health Centre, Moss Road | NEWCASTLETON |
| The Neidpath Practice | PEEBLES |
| The Tweed Practice, Neidpath Road | PEEBLES |
| Eildon Surgery, Auction Mart | NEWTOWN ST BOSWELLS |
| Selkirk Medical Practice, Viewfield Lane | SELKIRK |
| Stow & Lauder Health, Station Road | STOW |
| West Linton Medical Practice, Deanfoot Road | WEST LINTON |

Appendix 4

Main themes in consultation feedback

The feedback on the second consultation was detailed and varied. The table below lists the main themes that were mentioned in multiple sets of feedback. There are many more instances of individual, often very specific comments, which are not reflected here.

| Theme | Action(s) |
|---|--|
| <p>The work mentioned under the nine Local Objectives does not just relate to the care group given in brackets – it does and should relate to me/us/other users too.</p> | <p>Strategic Plan updated:-</p> <ol style="list-style-type: none"> 1. Objectives section extended to include additional examples of work against each objective. 2. Text added to objectives section to note that although many examples give the name of a particular service or strategy in brackets, all of the objectives relate to all of our client/patient groups and we intend that they all benefit from these approaches. 3. Text added to emphasise that the examples/detail are not exhaustive and this high-level Plan will be supported by the implementation of Strategies related to specific themes (such as Dementia, Mental Health) and Locality Plans that reflect differing patterns of need across the Borders. |
| <p>Mixed feedback regarding the targets referred to in respect of the nine Local Objectives. Mix being:-</p> <ul style="list-style-type: none"> • Targets too ambitious • Targets not ambitious enough • Not enough targets • More evidence required for targets and how they link to the objectives. | <p>Further work to be done around Performance Monitoring.</p> <p>The targets outlined in the Strategic Plan are a starting point, based on the “Core Suite” List of integration indicators prescribed by the Scottish Government. Further work will be done to develop the Performance Monitoring Framework for the Health and Social Care Partnership.</p> |
| <p>The Strategic Plan is not detailed enough with respect to actions, partnership resources, monitoring/evaluation of the work undertaken.</p> | <p>The Strategic Plan has been developed under the direction of the IJB as a high level document (and its high level nature is emphasised in the final version). It is anticipated that related strands of the work in relation to commissioning, implementation and performance monitoring (amongst others) will start to provide additional detail.</p> |

| | |
|---|--|
| <p>Doubts that everything set out in the Strategic Plan is achievable. For example, how will it all be affordable? It tries to be “everything to everyone”. The partnership needs to be more up-front about what it will deliver and what it can’t. Some contrary views also expressed – don’t cut anything, increase spending on everything!</p> | <p>This is work that the Partnership needs to consider further over successive months.</p> |
| <p>The Plan should make more reference to the third sector and other partners, and the partnership should build closer links with the third sector.</p> | <p>Discussions are in progress with third sector colleagues to improve links and communications, and work together more closely.</p> |
| <p>Communications need to be more joined up. This was particularly in respect of the various health and social care teams/disciplines communicating with each other, the recipient of care and their Carer. Suggestions included having a key worker/single main point of contact.</p> | <p>This is work that the Partnership needs to consider further over successive months.</p> |
| <p>Transport issues are a key factor for many patients/clients and/or their Carer. Telecomms/telecare may be useful in some instances, but in others connectivity is slow and/or not very accessible to all in our population. Challenges around rurality are a significant concern.</p> | <p>ICF-funded transport hub project is underway. Partnership to consider further work required in respect of this often-repeated feedback.</p> |
| <p>Needs vary across Borders and between towns/rural areas and you need to take account of this.</p> | <p>Locality Planning work that will be done in 2016 will need to recognise and address this. The Strategic Plan commentary has been extended to outline the partnership’s arrangements for Locality Planning.</p> |
| <p>Carers need to be referred to under the list of priorities, have greater recognition and support, and be supported to be more involved.</p> | <p>Strategic Plan has been updated – with support for Carers referenced under the “Planning for Change – Key Priorities” section. Other references to Carers – in the Scottish Borders profile and the section on the Local Objectives - have been extended.</p> |
| <p>Awareness (e.g. by the primary care/acute care team) of who the Carers are is low, and can feel like a tick box exercise.</p> | <p>This is work that the Partnership needs to consider further over successive months.</p> |
| <p>Social isolation/loneliness is a concern for many. A variety of methods are likely to be required to help alleviate this.</p> | <p>Community Capacity Building work is in progress. Suggest that the Partnership needs to consider this theme further over successive months.</p> |