

WE HAVE LISTENED - PHASE 2

Feedback from Community
Engagement on the Strategic
Framework 2023-26

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Acknowledgements

This report details the key findings and themes from this engagement process. We would like to thank everyone who participated for their time and for sharing their views and feedback on the Strategic Framework as well as their ideas for actions and keeping people involved to help to support and monitor the delivery of the Framework.

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Introduction

Background

The Scottish Borders Health and Social Care Partnership (HSCP) published its **Strategic Framework 2023 – 26** in early 2023. This was informed by:

- Engaging and listening to local communities to understand their expressed needs – published in the **We Have Listened report** produced by NDTi in October 2022
- Understanding the public health needs of the Scottish Borders population – **Needs of our communities report**
- Reviewing performance against the **national health and wellbeing outcomes**
- Considering **current and future challenges**

The Strategic Framework together with the 'We Have Listened report' and other relevant documents can be found on:

www.scotborders.gov.uk/HSCPStrategicPlan

The Health and Social Care Strategic Framework 2023 – 2026

The Strategic Framework will be used to frame the Strategic Commissioning Plan for the Integration Joint Board, and to support the focus of delivery of delegated services for the Scottish Borders Council and NHS Borders. This Strategic Framework also guides the approach being undertaken in the 'Enjoying Health and Wellbeing' theme of the Scottish Borders Community Planning Partnership.

The 'We have Listened' engagement process found that communities wanted to be more involved and to participate in co-production of plans for health and social care. As a result, the HSCP have restated their commitment to work with and listen to the voice of local people in the ongoing co-production of plans and actions to deliver this Strategic Framework.

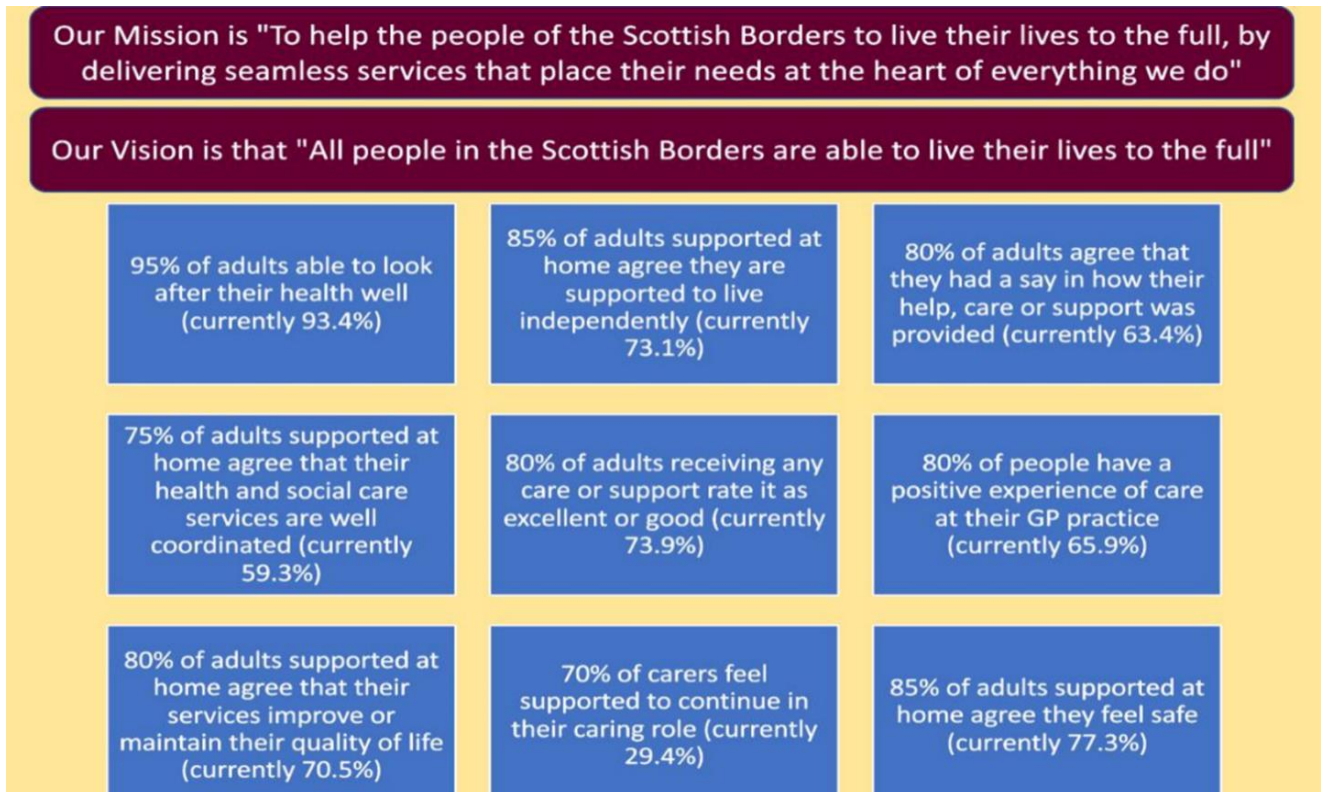
The Framework has been developed at a time of a number of significant challenges including financial challenges and workforce pressures which directly impact on the outcomes of people in the Scottish Borders.

These have been taken into consideration alongside the views of communities on their priorities in health and social care and the nine National Health and

Wellbeing Outcomes agreed by the Scottish Government that the HSCP is required to deliver against.

The diagram below outlines the HSCP's Mission, Vision and ambitious outcomes that the Strategic Framework aims to achieve. Over the next three years.

What is the Strategic Framework aiming to achieve?



The 'We Have Listened' report showed that although improving some outcomes would need resources, others required a person centred way of working and better communication. These are reflected in the ways of working highlighting the importance of dignity, respect, care and compassion shown in the following graphic.

Objectives and Ways of Working





Community engagement

Aims of engagement

The engagement process was designed to provide opportunities for people to give further views on the Strategic Framework and to indicate how they would like to continue to be involved in delivering actions and monitoring progress going forward.

The Health and Social Care Partnership (HSCP) publicised the Framework and how people could give feedback and get further involved on their website.

The National Development Team for Inclusion (NDTi) were commissioned to undertake community engagement with **locality organisations and stakeholder groups**.

The **aim of the engagement** was to hear from groups about:

- Their views on the Framework – is there anything missing?
- Continuing to be involved in developing the Framework and actions?
- Monitoring the implementation and impact at a community/ local /Borders wide level?

We explained to the groups that ways of being involved included joining the HSCP's 'Hear From You Network', expressing an interest in joining a Locality Working Group (being set up in the near future), asking for the group to be kept in touch with regular updates, or making other suggestions for ongoing involvement.

Localities

The 'We Have Listened' report included a locality perspective, which drew on a locality analysis of survey results followed by drop-in sessions and online meetings for each locality

- Berwickshire (e.g. Eyemouth, Duns, Coldstream)
- Cheviot (e.g. Kelso, Jedburgh).
- Eildon (e.g. Galashiels, Selkirk, Melrose)
- Teviot and Liddesdale (e.g. Hawick, Newcastleton)
- Tweeddale

We followed up this earlier engagement with a further discussion on the Strategic Framework at each of the **Community Meetings and Area Partnership meetings being held in the five localities** during February to April 2023. These were either online or face to face meetings except for collecting email responses from members of Tweeddale Area Partnership as a suitable meeting date to discuss the Strategic Framework was not available.

In total, we engaged with **116 people at Area Partnership and Community Meetings**.

Stakeholder groups

We engaged with **47 people from six groups of stakeholders**, who had shared their experiences and priorities with us for the We Have Listened report. The groups were:

- Physical Disability Strategy Group
- See Hear Group
- Self-Directed Support (SDS) representatives
- Dementia Working Group
- Borders Older People's Partnership
- LGBTQ+ Equalities Meeting

In the sessions (some face to face, some online, some hybrid, some through inviting email responses) we encouraged people to:

- give **feedback on the Framework**, including whether they felt there was anything missing
- suggest their **top priority actions to help deliver on the objectives of the Strategic Framework**
- think about **how they would like to be involved** in delivering and monitoring the Framework going forward – as a group and as individuals.

As we were not able to attend or arrange meetings with all the planned stakeholder groups, we made contact with the Mental Health Forum, People with Learning Disabilities (from Local Citizens Panels), Carers and employees at Farne Salmon, who are people from Ethnic Minorities, to ensure that they were aware of the Framework and to encourage individual or group feedback.

A list of engagement sessions with the numbers attending each one is appended.

The following two sections of this report present our findings from the community engagement exercise. The first section gives responses from each locality (combining the discussions from the Community Meeting and Area Partnership). The second section presents findings from each of the

stakeholder groups, which highlights specific views and needs of people with protected characteristics.

The final section of the report summarises the key common areas of feedback from across all the groups, considers the suggestions that have been made for ongoing involvement in the Framework and co-production of the plans that will deliver the key actions, and suggests some implications for the HSCP in moving forward.



Locality engagement and feedback

This section presents the feedback from discussions with the Area Partnership and Community Meeting in each of the five localities. The Tweeddale Area Partnership, which was unable to accommodate a discussion on its already full agenda, was sent the presentation and members were asked for feedback by email. Unfortunately, no feedback was received.

Berwickshire

Berwickshire Locality

Feedback on the Framework

- Priority areas in the Framework were felt to be **reflective of the previous issues highlighted** in the 'We Have Listened Report' including access to GPs, dental care and transport
- Keen to understand more about **how the strategic plan links with other plans**
- More linkages need to be made with **local initiatives in Berwickshire** including NHS Whole Systems Approach, About Berwickshire project, Warm hubs, Place Making approach, and transport initiatives.

Key local priorities:

- Access to health services – including GPs, Dentists; through better transport
- Prevention– social isolation a real issue
- Social care support / care in the community – lack of care home and nursing home places
- Workforce / staffing – need for a local plan to attract, recruit and keep key staff.

Future Engagement

- There is an **appetite for ongoing information and engagement** in the area including through Locality Working Groups
- A **follow up meeting** was requested by the Area Partnership with key priority actions, timescales and outcomes.

Cheviot Locality

Feedback on the Framework

- Better **local transport** is needed for people to access services but transport is not mentioned in the Framework
- Need to have a **preventative approach** to catching health problems early – would be more cost effective
- **Social prescribing** needs community referrals and transport/help with access
- Some of the **satisfaction targets** in the Framework are not ambitious enough (e.g. 80% satisfaction with GP services means 20% not satisfied)
- **Measure impact** of services (e.g. Edinburgh/Warwick scale for specific initiatives)
- **The next stage of the Framework** will be important to provide more detail, especially on **how organisations will be joining up** their plans and services (e.g. 3-year Mental Health Plan).

Key local priorities:

- **Transport** is a major issue – especially for isolated older adults and people with long term conditions. Community transport is limited and taxis are too expensive
- **Address the postcode lottery** (services are worse in the east and the **ageing demographic** is worse in Cheviot than other parts of the Borders)
- Funding from the Scottish Government to invest in **services for older people**.
- **Community/locality perspective** very important for **National Care Service Bill**
- **Better coordination of adult care services** – how does the HSCP measure quality?
- Lack of **local resource/Hub in Jedburgh** - **how do people get information?**

Future Engagement

- **Locality Working Groups** would be very useful to restart. They would bring the right people together and would comply with legal requirements on local authorities. The Area Partnership would like to find out more about them.
- The **Community Partner Meeting** could **support the community to feedback on what's making a difference/impact** (e.g. on social prescribing). Use informal gatherings with sandwiches etc. and Place Plans, which cover health and social care.

Eildon Locality

Feedback on the Framework

Agreement that **prevention is important** as a key principle

- **Need for social work to change culture** and address waiting lists and reduce bureaucracy
- **Importance of supporting carers** – little respite available locally and then only in a crisis
- **Focus on inequalities important** – and some key elements missing from the Framework relevant to addressing equalities (as below)
- **Importance of transport** – needs to be more explicit as it is a key factor in reducing inequalities and accessing services
- **Mental health** should also appear more explicitly in the Framework
- **Importance of sharing information** and knowing what is going on locally and Borders wide
- **Importance of targets** – these are challenging and will need to be reviewed regularly.

Suggestions for Action:

- Further develop **Community Led Support /What Matters Hubs** and local information
- **Need to capture unmet need** to help to shape future actions
- **Adopt a whole family approach** – there needs to be closer links with children and families, and transitions
- **Need to continue to engage the public** on the agenda and hear their views.

Future Engagement

- **Ongoing discussion with the local groups**
- **Locality Working Groups** would be a positive way to stay engaged and get feedback on the Framework and impact locally
- **Community Learning and Development (CLD)** are keen to get involved in the agenda and how they can contribute to the agenda.

Teviot and Liddesdale

Teviot and Liddesdale Locality

Feedback on the Framework

- **General agreement on the principles of the Framework**
- **Recognised the importance of the workforce challenges**
- **Agreement with lack of preventative work** and need to do more of this
- **Cost of living** a key issue for people to manage
- **Agreed that the key issue is how the Framework will be moved forward.**

Suggestions for Action:

- **Importance of volunteering** – need to get local people involved to support the actions in the Framework
- **Workforce challenges need improved commissioning arrangements to address barriers** – e.g. this could be improved by providing better co-ordination between care agencies, terms and conditions to be improved, induction and training
- **Improved dissemination of information** about what is happening locally
- **Transport is key** to access all community activities/ services in a rural area if you can't drive or have a car
- **Benefits situation is complex for people with disabilities** – need clearer information and what hours people can work and how to manage child care.

Future Engagement

- **Need to have ongoing discussions** about how the plan is progressing with key groups
- **Suggestion that a theme/ one priority area is focused** on and discussed with existing groups throughout the life of the plan.

Tweeddale

Tweeddale Locality

Feedback on the Framework

- The Framework is about processes, challenges and targets but **should be about people**
- Need **better training and development to get people into the care sector** (especially people like unpaid carers who have been out of the workforce for some time)
- **Voluntary and community sector (VCS)** should have a voice in development of the Framework.

Key local priorities:

- **HSCP/statutory sector should partner the Third sector** – and fund it appropriately - so the sectors are working alongside each other
- **Learn from good practice in care sector to improve staffing levels.**

Future Engagement

- **The Community Partner Meeting/Third Sector Interface (TSI) could bring together grassroot organisations** as a focus group – or the **Locality Working Group** when it starts to act as a platform for community voices
- People are more likely to take part in consultations and feed in their views if they then get **feedback from HSCP.**



Stakeholder engagement and feedback

The engagement for the 'We Have Listened' report included meeting with stakeholder groups of people with protected characteristics or other equalities considerations. For this second phase of engagement, we wanted to give all these groups an opportunity to discuss the Strategic Framework, provide feedback on the priorities that they had raised, suggest actions that would help the Framework meet its objectives and targets, and express their interest in continuing to be involved in the Framework and the best ways of doing this.

We offered to attend or arrange a meeting with each group – online or in person – to ensure their voice was heard. This was possible with most groups and the report details specific feedback from the Physical Disability Strategy Group, LGBTQ+ community, Dementia Working Group, See Hear Group and Borders Older People's Partnership (BOPP).

Feedback was also received directly at a Carers Workstream meeting where it was reiterated that the best way to support unpaid carers is to get services right for the cared for person.

Within the short timescales for the engagement exercise, it was not possible to attend some groups' meetings as they did not have any scheduled during the engagement period.

To address this, we reached out in other ways to groups we could not meet with and encouraged individual feedback either direct to NDTI or via a short Microsoft Forms survey link where people could leave comments and/or their details if they wished to have ongoing involvement.

We made contact with a large employer of minority ethnic workers who had contributed to our previous engagement work for 'We Have Listened' and they displayed information about the Framework on their information boards and electronic displays. Contact was also made with a Polish Group in the Hawick area.

A summary presentation about the Framework was sent for distribution to the Mental Health Forum, which did not have a meeting planned during the engagement. Similarly, the Learning Disability Citizens' Panels were not meeting during this period but an Easy Read version of the Framework was made available along with details of how to make comments on the Framework.

Despite reaching out to these groups in this way there was limited feedback specifically from these communities and further engagement of these key equality groups will need to be a priority during the three year period of the Strategic Framework.

1. Physical Disability Strategy Group

PHYSICAL DISABILITY STRATEGY GROUP

Feedback on the Framework

- **Transport** is essential for 'improving access to services' and 'reducing poverty and inequalities' (two Framework objectives). 'Accessible taxis' are often not so for people using wheelchairs, buses are not coordinated (between the two companies running them), eligibility for hospital/patient transport is limited and taxis are too expensive for many people.
- **Access to GP services** is very variable with people having problems getting help for long term conditions (e.g. Type 1 diabetes) from their local GP surgery and a perception that reception staff seem to make clinical decisions and prevent access to a GP.

Suggestions for Action:

- **HSCP to address transport for disabled people**, including buses and taxis, as part of an anti-poverty approach in the Framework including:
- **HSCP to engage with Ability Borders' findings** on transport and banking for disabled people
- **HSCP to require and provide training for GP receptionists** – in person and covering role and communication
- **Physical Disability Group to try to meet with GPs** (possibly at GP Sub Committee)

Future Engagement

- **Need presence of service users and Third Sector on NHS bodies** e.g. GP sub-committee.
- **Engagement of patient reps to be encouraged through avoiding acronyms** used in reports and at the meetings
- **Action– HSCP to develop more effective ways of involving Physical Disability Strategy Group, Ability Borders and other Third Sector organisations and service users in ongoing engagement and decision-making forums.**

2. See Hear Group

SEE HEAR GROUP

Feedback on the Framework

- **Sight and hearing loss does not feature in the Framework** – it is estimated than 1 in 5 people in the Borders has some degree of hearing loss, which doubles the likelihood of developing dementia).
- **Audiology services** - should be customised to each individual (e.g. through offering a range of hearing aids) if ‘people at the heart of everything we do’
- **Third sector** - very important for services and support for people with sensory impairment but no mention of partnership working in the Framework, which can help with staffing/resourcing challenges
- More information needed about **plans for ‘Improving access to services’**, as a Framework objective
- **Low awareness of sensory impairment** throughout SCB/NHS workforce

Suggestions for Action:

- **Framework should make issues/actions around sight and hearing loss explicit**
- NHS to ensure that **individual care plans** are in place for users of audiology services
- Framework to specify **how the Third Sector will be involved** in developing and delivering objectives and priorities
- Introduce ability to **contact/make NHS appointments directly** and for **NHS to text appointment reminders** (could reduce missed appointments and save money)
- **Improve accessibility of information** for older people with sight loss e.g. large print
- **Investigate better transport options** for older people with sight/hearing loss
- **Improve access to care homes** so residents can connect with health services
- **Revive disability awareness training** for all workforce with sensory impairment as a specialist/specific element and seek funding to put on mandatory training list.

Future Engagement

- Need **NHS presence at the See Hear Group** - would provide opportunity for NHS (as well as SBC) to link with local and national Third Sector organisations and service users.
- **Action - NHS to provide representation to See Hear Group to ensure an ongoing connection.**

3. Self-Directed Support Forum

SELF-DIRECTED SUPPORT (SDS) MEETING

Feedback on the Framework

- **Group welcomed the opportunity to comment** on the Strategic Framework
- **Agreement with the key principles** in the Framework and focus on **Prevention important and need to address social isolation**
- **Ways of working important** – and focus on **care and compassion**
- The importance of the Framework translating into actions and **seeing positive change on the ground for people.**

Suggestions for Action and Priority areas:

- **Communication and accessible information** important so people know what is available themselves – one source to find information would help
- **Needs of unpaid carers** important – key is the need to understand and listen to carers – empathy important
- **Need to ensure that services are accessible for people** – including physical access for people in wheelchairs but also transport to get to services
- Focus on people being able to live a **healthy life and be as independent as possible**
- Use of **social prescribing monies** to help people themselves live a healthy life would be useful – need to make sure monies provide new opportunities not replacement funding
- Need for **funds for organisations to market their own groups or activities in communities**
- **More joined up working and co-ordination of community support** would be beneficial to avoid duplication
- Need to understand **key actions** that come out of the Framework – a clear action plan which is measurable.

Future Engagement

- **Very positive** about ongoing commitment to engage with communities
- **Annual Reporting on progress** would be useful.

4. Dementia Working Group

DEMENTIA WORKING GROUP (DWG)

Feedback on the Framework

Framework needs to be able to take forward the DWG's priorities, reflecting the different stages in the dementia journey, which are:

- **Before diagnosis** - good advice and screening services
- **Getting a diagnosis** - recognising the emotional impact on all involved
- **Post diagnostic care** - key contacts, consistent support, and information
- **Living with dementia** - more support from registered day and night support services: support for carers and meaningful activities for the cared for person
- **Integrated care and support** - professional navigators, reassessment, and reviews
- **Advanced care planning** – financial advice, future care planning and crisis plan

Suggestions for Action:

Will help take forward Framework objectives of *Improving access to services*; *Focusing on prevention and early intervention (better anticipation)*; and *Supporting unpaid carers*

- **Allocate a named key contact for everyone living with dementia** - could be a social worker or nurse but must understand/ be trained and experienced in dementia and get to know the person with dementia and their family/carer(s). Assigned post diagnosis but continue between one year. Role would include 'navigating the system' and providing carers with emotional support
- **Regular clinical reviews for people living with dementia** - include reassessment and medication review every six months/once a year following post -diagnostic support
- **Day service support for people with advanced dementia/complex needs** – with personal care and social activities for person with dementia, and respite for carers
- **Appropriate night services to support people living with dementia** - concern that current service may be reduced, and some people can't access/afford an alarm system/other IT-based services.

Future Engagement

DWG would like to stay involved in putting the Strategic Framework into practice by:

- **Receiving updates** on the progress of the Framework and **giving feedback** on whether/how it is making a difference to people living with dementia and carers
- Sharing progress/coproduction on developing **workstreams of the Dementia Plan**
- **Joining a Locality Working Group** – through individuals from the DWG from different areas attending their LWG to help DWG input into local plans
- **Feeding into other local discussions** e.g. Community Meetings and Area Partnerships (currently difficult to access/get response from Councillors).

5. Borders Older People's Partnership

BORDERS OLDER PEOPLE'S PARTNERSHIP (BOPP)

Feedback on the Framework

- **Positive comments about the Framework** which does fit in with other plans/ strategies
- **Consistent themes important to older people** are raised in the Framework – e.g. community support, employment and volunteering
- There is a **need to see linkages with all the individual plans** and a jigsaw may help to make the linkages and connections
- There are strong links too with the **Anti-Poverty Strategy**.

Suggestions for Action and Priorities:

- Everyone, including **older people need to have enough money to live on** in order to keep healthy – need to promote pension credit
- Appropriate **support for informal carers** is important including respite services
- Low level **preventative support** important – including transport to get to activities – but this needs to be funded
- Need to consider use of **Social Prescribing** monies and small grants to provide “happier, healthier, stronger” communities
- Important to communicate **information about what is available** and how to get support
- **Promote what is already in place** e.g. role of Local Area Co-ordinators, What Matters Hubs – often word of mouth is the best way.

Future Engagement

- Important to use **existing networks** and groups to avoid duplication
- **Community Councils** have a communication tool in place and can place minutes on notice boards
- Ongoing engagement with **Area Partnerships**
- Connect with **Place Making agenda** – developing town teams
- Use of Learning Disability Citizen's Panels
- **Locality Working Groups** could be used to support future engagement at local level.

6. People in the LGBTQ+ community

LGBTQ+ EQUALITIES MEETING

Feedback on the Framework

- The group very much **welcomed the opportunity to comment on the Strategic Framework**
- **Agreement with the key principles in the Framework** particularly those about the need for dignity and respect
- **The importance of the Framework translating into actions and seeing positive change** on the ground for people.

Suggestions for Action and Priority areas:

- **Staff education** - Awareness training to include dignity and respect training – this needs to be ongoing training as there are new staff joining all the time
- **Raising the profile of LGBTQ+ issues** – e.g. more materials in GP surgeries to give the message that the community are being supported
- **Link person for the LGBTQ+ community** or resource worker i.e. someone that could be identified as a key LGBTQ+ link to assist with ongoing communication and engagement needed to ensure regular engagement and involvement.
- **Invest in the community** – and encourage people to take responsibility for their own care but local information is needed to do so
- Importance of **enabling people to get together** and meet other people for mutual support. A LGBTQ+ centre or central point to meet
- Café Polaris is a positive initiative but these developments need resourced- role for the Social Prescribing monies
- Development of robust **Equality Impact Assessments** informed by people/ groups with protected characteristics.

Future Engagement

- **Regular communication** with the LGBTQ+ Equalities group and broader population welcome
- **Six monthly regular updates** could be provided (annual update may be too long a timeframe)
- Interest expressed in joining **Locality Working Groups** to enable local feedback on the plan and effectiveness
- **Identified link workers** for the Council and NHS may assist ongoing engagement and involvement.



Summary and conclusions

Consistent feedback themes from the engagement sessions

The analysis of feedback from localities and stakeholder groups showed considerable agreement over key aspects of the Framework. These included general positive views about the Framework but also raised a few additional queries, such as how it would be used and linked with other plans, and common themes and issues that people thought would need to be addressed for the Framework to meet its objectives and targets. These are discussed below.

Overall response to the Framework

There was a **positive response to the production of the Framework**. People felt that the ‘Strategic Issues’ and ‘Objectives’ covered the priorities that many of them had raised as part of the ‘We Have Listened’ engagement exercise.

Although people understood that the Framework itself is not a plan, but guides and aligns to other plans and strategies, most discussions raised questions about **how** the Framework would make the **links to other plans and strategies**. For example, the Dementia Working Group was interested in how the various workstreams of the Dementia Plan that are being developed would be linked to the Framework, particularly as they could help objectives such as ‘Supporting Unpaid Carers’ and ‘Focusing on Prevention and Early Intervention’.

The Borders Older People’s Partnership (BOPP) suggested that the Framework could be seen at the centre of an interlocking **jigsaw of plans**. Other groups asked about the process by which the HSCP would align plans with the Framework so it could identify **actions that could help meet its objectives and targets**.

One Area Partnership agreed that the key question was “How is the Framework going to be moved forward?”. Other meetings raised similar questions which included not only wanting to know how the Framework would be aligned with individual SBC, NHS and CPP plans but also **how it would be monitored** to assess whether process was being made. This was seen as crucial given that some targets (e.g. for unpaid carers feeling supported) are very ambitious.

There was a strong interest in receiving regular either annual or half yearly **updates on progress** on 'action on the ground' and giving information against the Framework's objectives and targets. There were suggestions this could be combined with ongoing engagement and feedback on the Framework, which is discussed below.

Key themes and issues

As noted above, there was considerable agreement with the strategic issues, objectives, and ways of working that have been prioritised in the Framework.

Some of these stimulated further discussion about actions that could take them forward. There were also concerns that some themes and issues were not mentioned explicitly in the Framework and/or their importance in helping to deliver the Framework was not recognised sufficiently. The themes and issues that were consistently raised are listed below.

Equalities

Despite a commitment to equalities through the objective '*Reducing poverty and inequalities*', several groups were concerned that the importance of equalities and human rights was not made explicit in the text of the Framework. In particular, the See Hear Group pointed out that **sensory impairment** was not mentioned at all and some of the Locality groups were surprised that **mental health** was not discussed.

People who made these comments would have liked to see some recognition of the specific barriers that groups of people with protected characteristics face when trying to access services. These include physical barriers such as the limited information available in a range of languages and/appropriate for people with sight or hearing loss, or inadequate transport provision (discussed below). There are also less tangible barriers, as raised by the LGBTQ+ Equalities meeting and See Hear group, due to a lack of awareness from staff around how to treat all groups of people with dignity and respect and ensure that services meet individuals' needs.

The effects of low incomes on inequalities and the current **increases in the cost of living** were raised by people as an additional barrier to accessing services.

Suggestions for action to ensure equalities are fully addressed in the Framework include those noted under the paragraphs on Transport and Information below. Others include:

- Ongoing awareness training for all staff to include dignity and respect training and also specific modules such as on sensory impairment

- Appointment of a link person/key contact for the LGBTQ+ community to assist with ongoing communication and engagement needed to ensure regular engagement and involvement
- Improve access to information on welfare benefits, especially for disabled people and carers
- Robust Equality Impact Assessments for all new services and initiatives
- Make explicit links between the Framework and plans relevant to people with protected characteristics such as the Dementia Plan, Physical Disability Strategy and Mental Health Plan

Prevention

The objective of ‘*Focusing on prevention and early intervention*’ was thought to be very important by most locality and stakeholder meetings. These discussions showed that prevention covers a wide range of approaches and that all are necessary for promoting wellbeing and reducing crises, with early intervention likely to be more cost-effective.

Several groups raised the **role of the Third Sector** as being particularly important to a preventative approach and were concerned that partnerships with the Third Sector are not referred to in the Framework. Suggestions for preventative actions included:

- Use of SDS for social prescribing – to customise the approach to individuals
- Key workers for people living with dementia – beyond one year post diagnosis
- Information and transport to help connections – and prevent social isolation
- Partnering with the Third Sector for a preventative, community-based approach

Communication

Relevant to ‘*Focusing on prevention and early intervention*’ and also ‘*Improving access to services*’, the need to improve communication came up frequently during the engagement exercise. At the heart of this is recognising that different people need information in different formats and through different media. Examples and suggestions included:

- Need for better information about services in appropriate formats for people, for example, those with sensory impairment or those whose first language is not English
- Too much reliance on digital information for people who cannot access the internet

- Advantages of using local word of mouth and paper-based information in local areas
- Enable people to make NHS appointments directly (e.g. by phone/online rather than having to wait to be given an appointment which may be inconvenient)
- Introduce text reminders ahead of appointments - which could be cost effective through reducing missed appointments.

Workforce recruitment and retention

All groups we spoke to were very aware of staff shortages, particularly in the care sector and agreed with the objective of 'Rising to the workforce challenge'. There were concerns that the staff shortages have been around for a time and are getting worse. One representative from DWP stressed that a joined-up strategy was required and offered to join any inter-agency group set up to work on this. Several suggestions were made about specific actions that could be taken to address recruitment, retention, training and skills, and the use of volunteers. These included:

- Learning from good practice to recruit people who were previously unpaid carers to the care sector through better training and induction
- Incentivising people to move to the Borders through information/assistance with housing, education, transport etc.
- Developing a volunteer programme that supports and trains volunteers to complement paid care roles

Transport

Transport was raised by most groups, some of which were surprised that it is not explicitly mentioned in the Framework given that it is essential for accessing services and community activities. It is more of a problem for people without a car and/or living in the most rural areas, people with a disability, and people on low incomes. Improving transport would help deliver several of the Framework's objectives, especially 'Improving access to services' and 'Reducing poverty and inequalities'. Where there were some local transport initiatives in place, such as in Berwickshire, people were not always aware of these.

The Physical Disability Strategy Group reported that 'accessible taxis' are often not so for people using wheelchairs, buses are not coordinated (between the two companies running them), eligibility for hospital/patient transport is limited and taxis are too expensive for many people. Locality meetings in Berwickshire and Cheviot were particularly concerned about the lack of transport acting as a barrier to accessing services.

Suggestions for improving transport included:

- Aligning transport plans and procurement with the Strategic Framework
- Supporting Community Transport initiatives including through attracting and training volunteer drivers
- Liaising with Ability Borders on their forthcoming report on transport and banking for disabled people

Access to services

The effects of transport, information, and equalities on access to services have been mentioned above. In addition to these, the engagement exercise highlighted problems with accessing some specific services.

As reported in 'We Have Listened' there is widespread concern about difficulties in accessing **GP services**. This was highlighted as a major issue in the Berwickshire and Cheviot localities, in the Physical Disability Strategy Group, the Dementia Working Group and the LGBTQ+ meeting. Specific problems include a perception of receptionists who were 'gatekeeping' GPs, a lack of face-to-face appointments following Covid, accessing GP reviews for long term conditions, including dementia, and a lack of dignity and respect for some groups of patients, including those from the LGBTQ+ community.

Other services that people find difficult to access include **NHS dentistry and hospital appointments**. Actions that were suggested to address these issues included:

- Training for GP receptionists on their role and communication skills
- Direct communication to arrange NHS appointments (e.g. by phone, online)
- Tackling staff shortages in GP practices and NHS dentistry
- Encouraging staff in all people-facing services in new ways of working, specifically in dignity and respect, and care and compassion.

Suggestions for ongoing involvement and co-production

All the groups we spoke with were pleased to be consulted on the Strategic Framework and most people wanted to continue to be involved in the development of the Framework.

The main suggestions for the principles and methods of future engagement were:

- People want to have regular updates (e.g. six-monthly) on the Framework to hear about relevant actions that are being delivered and what progress is being made

- Some groups would be willing to use their members' experience to provide feedback on the difference the Framework is making and help monitor impact
- There is support for Locality Working Groups (LWGs) but they need to be adequately supported and have a clear remit
- The HSCP could connect the Framework to 'placemaking' through the Community Planning Partnership and LWGs
- It makes sense to engage with existing groups and organisations and strengthen relationships with these. (We heard from most sessions that Third sector organisations, community groups and staff teams (e.g. in Adult Social Care) wished to be kept up to date through ongoing communication rather than setting up yet more meetings)
- Some groups were keen to have representatives from the Council and NHS as regular and/or invited participants
- Community Councils and Area Partnerships could act as a conduit between the HSCP and local communities
- Several Community Meetings were keen to work with the Third Sector interface (TSI) and specific Third Sector organisations to involve the local community in hearing about updates on the Framework and monitoring its progress in making a difference

Implications for taking forward the Strategic Framework

This engagement exercise has shown that locality organisations and stakeholder groups were pleased to be engaged in discussing the Strategic Framework and would like to continue their involvement.

This section of the report highlights key themes and suggested actions relevant to taking forward the Framework. More details on these are contained in the previous sections.

We hope it will be possible for the HSCP to enable these suggestions to be heard and taken on board including through co-production of services and plans relevant to the Framework.

In addition, the engagement exercise identified a number of interested and willing individuals and groups that wanted to stay involved in the development of the Framework. We have made the contact details of these available to the HSCP so these can be followed up.

The engagement exercise has also raised some wider, more strategic implications for the HSCP in four key areas. These are:

- The need to **carry out a pro-active mapping exercise to show how the various plans and strategies link to the Framework** and which priority actions in these could make a significant difference to meeting the Framework's objectives and targets
- Taking the opportunity for a **joined-up, inter agency approach to addressing the workforce challenge**. This would cover recruitment and retention issues as well as 'ways of working'. It would need to involve SBC, NHS, DWP and the Third Sector
- Developing a **plan to continue community engagement** on the Framework. This should include regular updates (six-monthly or annual) and opportunities for community feedback and co-production of actions to progress the Framework. It will also require a commitment from SBC and the NHS to engage directly with local communities as well as relevant staff teams and other stakeholders
- **Monitoring of the progress and impact of the Framework**. This will need a range of methods to be used to provide reports that can feed into communicating regular updates (as above) and enable accountability to the community throughout the life of the Framework from 2023 – 2026.



Appendix – Who we engaged with

Engagement session	Type of meeting	Number of participants
Berwickshire Area Partnership	In person	19
Berwickshire Community Meeting	Online	12
Cheviot Area Partnership	Online	19
Cheviot Community Meeting	Online	7
Eildon Area Partnership	Hybrid	15
Eildon Community Meeting	Online	10
Teviot and Liddesdale Area Partnership	Online	17
Teviot and Liddesdale Community Meeting	Online	11
Tweeddale Area Partnership	-	-
Tweeddale Community Meeting	Online	6
Physical Disability Strategy Group	Hybrid	15
See Hear Group	Online	8
SDS Forum	Online	4
Dementia Working Group	In person	11
BOPP	Online	4
LGBTQ+ Equalities meeting	Online	5
Totals		163