

# 20 years into the future

Health and  
social care  
in the Scottish  
Borders

Learning from our series of Third  
Sector Forums in the Scottish Borders



**ALLIANCE**  
HEALTH AND SOCIAL CARE  
ALLIANCE SCOTLAND  
people at the centre



Involving you to improve  
health and social care

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# Background

**Throughout 2021, the Health and Social Care Alliance Scotland (the ALLIANCE) has continued our work engaging with the third sector in the Scottish Borders in partnership with Borders Care Voice and the Berwickshire Association for Voluntary Service (BAVS), who form part of the local Borders Third Sector Interface (TSI).**

As of October 2021, we have organised two Third Sector Forums in partnership with Borders Care Voice and BAVS. The first of these in April gave participants the opportunity to discuss:

- Key messages they would like to communicate with the Health and Social Care Partnership (HSCP);
- Key issues their organisation, and the wider third sector in the Borders, are facing at the moment;
- As well as solutions to these key issues, which were prioritised following a vote.

Amongst these key issues, commissioning was discussed extensively. People shared their concerns around short term funding, with contracts only being 'rolled over' in 2020 for 12 months as a result of the COVID-19 pandemic. There were also frustrations around the transparency involved in statutory commissioning and the length of time it takes to secure funding. Cumulatively, these issues have led to the development of an atmosphere of uncertainty for third sector organisations and job insecurity for third sector staff.

To address these concerns around commissioning, at our second Third Sector Forum in July, Robert McCulloch-Graham, Chief Officer of the Scottish Borders HSCP, provided an overview of the Partnership's new Strategic Commissioning Plan.

To inform this plan, Robert McCulloch-Graham asked those in attendance to imagine what they and their families will look like in 2042 and think of how they would like to look after themselves and their families 20 years from now.

What followed was a thought provoking workshop around what people believed they will expect from their health and social care services 20 years from now, with people discussing:

- Community support;
- Family support;
- Carer support;
- Promotion of the Scottish Borders;
- Person centred approaches;
- Financial concerns;
- And engagement with health and social care services.

This discussion is summarised in the following report and will be submitted to the Scottish Borders HSCP to inform their new Strategic Commissioning Plan.



**The first workshop in April also uncovered learning around visibility, trust, uncertainty, digital working and place based approaches.**

**Visibility and trust of the third sector:**

- It was shared that the statutory sector, as well as the public, is recognising the value and potential of the third sector more.
- This improved during the COVID-19 pandemic, with the third sector's flexibility and community base both being seen as huge assets. It was agreed that efforts should be made to build on this progress.

**Uncertainty for the third sector:**

- Many third sector organisations and providers have faced a great deal of uncertainty as a result of COVID-19. More clarity should be provided around future funding streams to remove some of this uncertainty.
- The third sector is also facing issues with the complexity of remobilisation and the reopening of face to face services. Many organisations depend on face to face support and the mitigations required to remobilise (risk assessments, test and protect and other COVID-19 restrictions) are daunting for some volunteer led services.
- There has been a rapid loss of volunteers within the third sector as people have returned to work, following a rapid increase at the beginning of the COVID-19 pandemic. As a result, it was argued that the expectations of what the third sector in the Borders can achieve at the moment should be managed.

**Challenges of digital working:**

- There were calls for a blended approach to be taken to digital working going forward, avoiding a 'one size fits all' approach.

- Digital exclusion for the people the third sector in the Borders support is still of concern. More should be done to address the barriers which prevent people from utilising online support, whether these relate to finance, knowledge or confidence.
- It was suggested that opportunities, support and resources which support digital access for the public should be mapped across the Borders.

**Place based approaches:**

- Concerns were also raised about the extent to which organisations who are Borders-wide, but with a low number of staff, are able to get involved in local planning processes.
- Those at this first workshop called for more to be done to ensure that 'the right organisations are involved at the right locality tables.'



To address the challenges facing the third sector in the Borders, we carried out a pinpointing exercise which supported the group in attendance to discuss and then vote on their top three recommended actions that should be taken.

### Action one

**Increase the third sector's influence with the local Health and Social Care Partnership (HSCP) by building relationships and raising awareness of what the third sector can offer.**

- It was suggested that this could be achieved through organising information and development sessions for local third sector organisations and providers in partnership with the local HSCP.
- This would promote relationship building within the third and statutory sectors and create a greater mutual knowledge of what the third sector in the Borders currently provides.

### Action two

**Include a second Third Sector Representative at meetings of the local Integration Joint Board (IJB).**

- This would create a more equal footing on the local IJB, with those at this first workshop also arguing in favour of all IJB members being given full voting rights.
- It was also suggested that one Third Sector Representative could be given a local wellbeing outcome focus, with the role of facilitating regular Third Sector Forums on this topic.

### Action three

**Encourage the local IJB to adopt a concerted focus on co-production and engagement.**

- It was argued that this should involve greater public involvement in the IJB's own annual reviews and monitoring processes.
- To encourage a more long term focus on co-production and engagement, it was suggested that the third and statutory sectors in the Borders should aim to produce a 'Co-production Charter' in partnership which will aim to promote a closer working relationship going forward.



# Community support

**When asked about the future of health and social care in the Borders at our second Third Sector Forum in July, the most commonly raised theme was community support.**

It was argued that the local community in the Borders could be more connected, supportive, fair and tolerant, with an emphasis on empowering people to support one another. Examples were shared of previous occasions in which the community in the Borders has come together effectively, with one person recalling 'the year we were all snowed in,' in 2018, and another adding that 'they had never seen the community come together to this extent before.'

People would like to see this community spirit replicated on a more regular basis and there was a feeling that more could be done to foster and nurture this spirit. It was suggested that more central community hubs could address this need, giving people a chance to meet in central locations such as GP surgeries and learn from one another. This would also help to address isolation in the Borders by creating connections and encouraging people to become more active members in their community.

It was argued that health and social care services should ideally be 'the last point of contact, because all my needs have been met before that point, through the community and through wellbeing programmes... And because prevention has been so effective.'

There was also widespread agreement at this forum in favour of support being put in place to enable people to receive services in their community and, specifically, in their own homes. One person in attendance with a long term neurological progressive condition shared that they would like to be reassured that their home would be adapted if needed and that they would not have to move.

Health and social care services should be more accessible and people should not be compelled

to enter a communal care setting if this is not necessary to meet their needs: 'A communal care setting isn't an appealing one to me. It is important to have your family with you and your partner with you for support.'

## Family support

**It quickly became obvious during this workshop that family was a priority for most people in attendance. As outlined above, people see family as a crucial aspect of their support system.**

People would like to see their parents and grandparents well cared for, ideally at home if this is possible. There should also be more options available to families in terms of childcare. Those in attendance shared that they loved spending time with and looking after their grandchildren, and other children within their family, however they did not agree with 'the current reliance on grandparents.'

Ideally, providing childcare should be optional, and not a duty that takes away from older people's ability to work, volunteer and support the community in the Borders. A number of people at this workshop noted that they have far fewer volunteers who are older or retired than they had in the past, with many volunteers who were unable to continue their role citing childcare responsibilities.



# Carer support

**Everyone in attendance was in agreement on the need to build upon the support available to carers in the Borders, to ensure that they are able to carry on their vital roles.**

Respite, in particular, was highlighted as a matter of concern. Many of the people in attendance who work with carers in the Borders noted the extreme pressure carers were put under during the COVID-19 pandemic. As health and social care services were suspended, carers were expected to take on greater responsibilities and this has had a negative impact on carers' mental health. To alleviate this stress, it was argued that the issue of respite for carers should be considered urgently.

The Scottish Borders Council's decision to close all buildings based day services, which catered for people with higher levels of need, was also discussed. People shared that, as well as giving structure and purposeful activity for individuals away from the home (particularly people living with dementia), this was a crucial aspect of regular respite for carers. This pressure has been compounded by COVID-19 and is leading to carer burnout and increased hospital admissions.

The ALLIANCE has carried out previous engagement work in the Borders, gathering views on carers' experiences of integration. [The Integration Support team published a report following this engagement work which is available to read on the ALLIANCE website](#)

The views shared at our Third Sector Forum in July echoed these findings. However, there were concerns at our forum in July that the support available to carers has actually regressed over the last year and a half and that 'more needs to be done just to rebuild what has been lost during the lockdowns' that were put in place during the COVID-19 pandemic.



## Person centred approaches

**When discussing their expectations of future health and social care services, the importance of choice was repeatedly stressed.**

People advocated the use of person centred approaches, adapting services to meet people's unique needs. Echoing the ALLIANCE's principle of putting people at the centre, it was repeatedly stated that more should be done to incorporate the voice of lived experience into strategic planning and commissioning.

More should be done to engage with people, involving them in the planning of their care to improve their quality of life: 'It shouldn't be done to people. It should be done with them.' This may require a culture change with one attendee claiming that 'a change of attitude is needed. Instead of refusing to make changes because this is the way we have always done it.'

As well as this, more should be done to involve the voice of lived experience in higher level decision making within the Scottish Borders HSCP. It was suggested that the connections required to involve the voice of lived experience at strategic groups already exist and it would simply be a case of utilising these current links on a more regular basis.

## Financial concerns

**Looking to the future, people shared concerns around the finances that will be available to the third sector as well as health and social care services 20 years from now.**

Concerns were raised that 'services and care packages which were scaled back during the pandemic will not be restored.' These fears should be allayed, with people made aware that these changes are not permanent and were made in response to the crisis of the COVID-19 pandemic.

However, there is an impression that services have not expanded over the last 20 years, and have instead been reduced, with one attendee claiming that 'back in 2001, it felt as if we delivered a broader range of care. It felt like there was more money then.'

People also spoke about the importance of their own financial security, and that of their family, which is closely tied to their health and wellbeing.

opportunities elsewhere. By developing career pathways for young people it is hoped that more will choose to stay in the Borders.

Certain career choices, such as working in social care, could also be far more valued to combat this. There is a feeling that social care is currently 'underfunded and undervalued,' discouraging people from pursuing this as a career. Many shared their hopes that the Feeley report, if 'brought to life,' may begin the transformation of social care in Scotland but more could already be done locally in the Borders to begin this journey.

It was suggested that infrastructure within the Borders could be improved to attract more residents, with a better road network and public transport links needed. Internet access and connectivity can also be an issue locally, particularly in rural areas. This will be increasingly important as more and more health and social care services are delivered online.

Lastly, it was highlighted that the Borders' housing stock 'is notoriously old and difficult to adapt,' creating issues for people with long term conditions who wish to be supported in their own homes.

## Engagement with health and social care services

**Those in attendance then discussed how they would like to engage with health and social care services in 2042.**

People seemed unsure of how primary care will be structured 20 years from now and questioned what role GPs will play in the future. Currently, GPs act as a link to different specialists. There was a

## Promotion of the Scottish Borders

**Many people shared concerns around the appeal of the Borders as somewhere to live and work in the future. It was agreed that work needs to be done over the next 20 years to promote the Scottish Borders.**

With the population of the Borders ageing, it was argued that more could be done to keep younger people in the Borders. At the moment many young people leave the area for career





suggestion that nurses have already begun to take on some of this role and that technology may be used in the future to perform some of these responsibilities to 'connect the dots' between services.

There was agreement that these connections need to improve, with better communication between health and social care professionals and services. A common complaint, that 'people don't want to tell ten people the same thing' and would instead prefer a single point of contact to facilitate their support, has still not been addressed. People appeared to be frustrated with the progress of health and social care integration and would like services to work together more closely in partnership.

There were welcome changes during the COVID-19 pandemic, including a shift towards online and telephone support. People would like to see these adaptations continue, with more technology incorporated into health and social care services over the next 20 years. However, these changes should not come at the expense of face to face services. People do not want to lose the 'human contact' of speaking to a GP or health and social care professional in person. And there was concern that symptoms, for example, may be missed over the phone or during an online appointment.

There were also calls to learn from international approaches. In the Netherlands, for example, the community is built around the needs of people with dementia to ensure that they have a safe environment in which to live, rather than vice versa. This raised the question of accessibility in the Borders. People in attendance said that they would like to see progress in this regard in the future, with services, and the buildings in which services are delivered, made to be as accessible as possible.

## Summary

**There was a real positivity during this workshop that almost everything people would expect from their health and social care services in 2042 is achievable right now.**

People would like to see:

- Support in place which enables people to remain in their own community and, specifically, in their own homes;
- Their families well cared for, with adequate home care and childcare in place to ensure parents and grandparents are able to work, volunteer and support the community in the Borders;
- The support available to carers expanded to ensure that they are able to carry on their vital roles;
- Person centred approaches utilised to meet people's unique needs, with the voice of lived experience incorporated into strategic planning and commissioning;
- Greater financial resources allocated to the third sector and health and social care services;
- More to be done to promote the Borders as somewhere to live and work in the future;
- And fully integrated health and social care services which offer a choice of face to face, online and telephone support.

The ALLIANCE intend to continue our partnership work with Borders Care Voice and BAVS, with another Third Sector Forum due to take place in November 2021. This forum will continue to promote the voice of the third sector in the Borders and ensure that the local HSCP engage with the third sector meaningfully and on a regular basis. In partnership with Borders Care Voice, BAVS and the local HSCP, we intend to use this forum in November to support the production of a Co-production Charter which will promote a long term closer working relationship between the third and statutory sectors in the Scottish Borders.

# About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of over 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.



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