

Time for Change Conversations Summary Report

October 2023 - December 2023



Background

The scale of the challenges faced in planning and delivering health and social care services to meet need is unprecedented.

We continue to strive to balance the delivery of safe, quality care within the financial and human resources available to us, and we know that we need to start doing things differently to achieve our aims.

This may mean making some difficult decisions about the services we provide, including what we do or do not continue to provide, where services are provided from and who they are provided by.

We are committed to involving the public and our partners in the development of options and the decision-making process.

Time for Change

Community engagement is a purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change.

Effective community engagement and the active participation of people is essential to ensure that health and social care services are fit for purpose and lead to better outcomes for people.

The first phase of our Time for Change conversations happened between October and December 2023. The dual aims of the engagement were to describe the reality of the situation that we are facing and obtain information from the public and our staff on what matters most to them.

The information gathered at the sessions is being used in the preparation of NHS Borders Medium Term Plan.

How we did the engagement

Time for Change conversations took place in each of the five localities across the Scottish Borders.

This approach was consistent with the 'We Have Listened' engagement that took place to inform the development of the Health and Social Care Partnership (HSCP) Strategic Framework in 2022/23.

Two conversations took place in each locality. The first was at the [Area Partnership](#) meeting with the second conversation following a couple of weeks later with an open community conversation in the same locality.

In addition attempts were made to engage with specialist groups in order to increase participation, influence and voice from people with protected characteristics and lived experiences from across the Scottish Borders.

An overview of attendance at the community conversations can be found at Appendix 1.

A [slide deck](#) was prepared to set the scene and inform conversations if required. The content of the slide deck was informed through a co-production approach between Public Members, the Time for Change team and Board Executive Team members. It reflected some key issues/areas of interest that emerged from the 'We Have Listened' engagement exercise that took place during 2022/23 to inform the HSCP Strategic Framework.

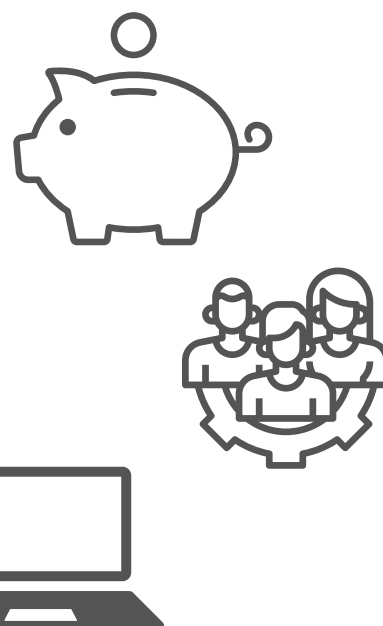
In reality it was not necessary to utilise the presentation slide deck to get the conversations started. A summary sheet of the background information was also made available to attendees at the sessions.

Key themes from the conversations

The following themes and issues emerged during the conversations which were predominantly consistent with the previous We Have Listened engagement, although finance was far more prominent this time round.

Resources

- Budget and how it gets allocated to NHS Borders by the government (NRAC)
- Does the budget reflect population needs and demographic profile of the Borders?
- Cuts?
- What decisions are we making / what is being considered for the future?
- Staff retention and recruitment
- Workforce issues
- Use of technology – benefits
- Future use of AI technology
- IT systems and patient communications



Communication

- Poor communication between services
- Poor communications with and from GPs

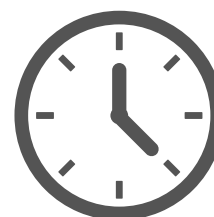


Services

- Concern about delayed discharges
- Use of Community Hospitals (too limited? / patient profile)
- Concern over future of Community Hospitals
- Importance of Value Based Health & Care
- Comments about care in the Borders General Hospital (BGH) were mostly positive
- ADHD (Attention Deficit Hyperactivity Disorder) referrals
- GP access (particularly in Duns and Peebles sessions)
- Continuity of care
- Ambulance waits and availability of ambulances (Berwickshire)
- Concerns about dental provision

Waiting times

- Backlog and waiting times (impact on patient health and wellbeing)
- Some acceptance of treatment waits
- Waits were an issue for See Hear group (cataracts and low vision clinic)



Social Care

- Lack of availability of care packages
- Lack of availability of Care Home places

Partnership opportunities & personal responsibility

- Early intervention / preventative work including in schools
- Partnership working with Third Sector organisations
- People were interested to hear about what the community can do to play their part
- Opportunities to link in with other work taking place in community settings e.g. Place Making



Feedback from attendees

Community conversations operated on a drop in basis and the team made an effort to speak to everyone as they were leaving to ask them about their experience. Had they found the conversation interesting? How was the format? Did they get to raise their point / ask their question? Was there anything we could do differently?

In general the feedback was really positive, with people particularly grateful for having the opportunity to have direct conversations with members of the Board. The openness and honesty of board members in describing the challenge we are facing was also appreciated.

There was interest from a few attendees about becoming more involved e.g. as an NHS Borders public member. These expressions of interest are being followed up. We were also asked how else we were reaching out e.g via surveys or online events.

Representation

The majority of attendees at the Time for Change conversations were over the age of 55. Age profiles from each session are provided in appendix 1. In addition to the locality based conversations approaches were made to specialist groups to hear the influence and voice from people with protected characteristics and lived experiences from across the Scottish Borders. Meetings with three groups took place (detailed in appendix 1) with further meetings to be arranged once the approach for Phase 2 is agreed.

Information gathered to date will contribute to future Equality and Human Rights Impact Assessments (EHRIsAs) taking place in relation to Time For Change.

Staff Engagement

In addition to the public engagement sessions, six Time For Change sessions took place with staff. One in person session in each of the localities on the same day that the community conversation took place, and a session in the BGH. In addition there was a discussion at the online November management engagement session.

With the exception of the session at the BGH which was very poorly attended, there was a good attendance at the management engagement session and generally good uptake in the community settings which was really encouraging. The sessions were run without an agenda and gave staff an opportunity to raise any issues or ask any questions that they wanted to.

It should be noted that the staff conversations took place within the same time frame that the community hospital medical cover review was announced, which had an impact on the issues raised by staff.

Key themes from the staff conversations

Resources

- Budget and how it gets apportioned (NRAC)
- Delays due to problems recruiting care staff
- Under utilisation of staff skills within community settings (including community hospitals)
- Allied Health Professional vacancy rates and inability to recruit
- Pensions
- Job security



Communication

- Needing cooperation of families to help people move on from Community Hospitals



Services

- Concerns about the future community hospitals
- Defining what the Community Hospital is for and what the public perception of the Community Hospital is
- Step down of patients due to backlogs and impact on patient mix
- Lack of consistency in the way Community Hospitals operate



Social Care

- Availability of care placements

Reflection

Time For Change was designed as a public involvement programme which was extended to capture staff views. Although, as the key themes show, there was some consistency with the themes raised by the public, there were some very specific issues raised by staff, particularly in relation to workforce pressures and community hospitals.

Moving forward it has been agreed that the staff engagement element of the Time for Change work will be progressed within the Staff Quality Management System pillar.

Next steps

The themes that came up in the Time for Change conversations will be reflected in the NHS Borders Medium Term plan which is currently being drafted.

Appendix 1

Demographics of Attendees at Community Conversations (excluding Area Partnerships)

Number of Participants								
	Tweeddale	T&L	Eildon	Cheviot	Berwickshire	Total		
Public	18 * Actual >100	8	13	19	12	70	*Only recorded attendees up to 3pm	
Staff	6	12	6	13	13	50		
Demographics - Public								
Male	8	3	6	12	4	33		
Female	10	5	7	7	8	37		
Age of Participants - Public								
Public	18-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
	0	2	7	5	7	32	16	1

Special Interest Groups Attended:

- Borders Older Peoples Partnership (28 November 2023)
- See Hear Group (6 December 2023)
- Physical Disability Group (14 December 2023)

Protected Characteristics to be approached for next sessions:

- Young People
- Travelling Community
- LGBTQ+
- Ethnic Groups
- Religion
- Carers