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A meeting of the **Scottish Borders Health & Social Care Integration Joint Board** will be held on **Wednesday 21 December 2022 at 10am** in the Council Chamber and Committee Room 1, Scottish Borders Council and via Microsoft Teams

AGENDA

Time	No		Lead	Paper
10.00	1	ANNOUNCEMENTS & APOLOGIES	Chair	Verbal
10.02	2	DECLARATIONS OF INTEREST <i>Members should declare any financial and non financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.</i>	Chair	Verbal
10.05	3	MINUTES OF PREVIOUS MEETING 16.11.22 30.11.22 Extraordinary	Chair	Attached
10.10	4	MATTERS ARISING Action Tracker	Chair	Attached
10.15	5	FOR DECISION		
	5.1	IJB Audit Committee Annual Report 2021/22	IJB Audit Committee former Chair	Appendix 2022-45
	5.2	Reserves Policy	Chief Financial Officer	Appendix 2022-46
	5.3	Scottish Government Multi-Disciplinary Team Funding	Chief Financial Officer	Appendix 2022-47
10.40	6	FOR NOTING		
	6.1	Monitoring of the Health & Social Care Partnership Budget	Chief Financial Officer	Appendix 2022-48

6.2	Quarterly Performance Report	Chief Officer	Appendix 2022-49
6.3	Draft Strategic Plan Progress Update	Chief Financial Officer	Verbal
6.4	Chief Social Work Officer Annual Report 2021/22	Director of Social Work	Appendix 2022-50
6.5	Borders Alcohol And Drugs Partnership Annual Report 2021-22	Strategic Lead	Appendix 2022-51
6.6	Strategic Planning Group Minutes: 01.11.22	Board Secretary	Appendix 2022-52
11.55	7 ANY OTHER BUSINESS	Chair	
12.00	8 DATE AND TIME OF NEXT MEETING Wednesday 18 January 2023 10am to 12pm Scottish Borders Council	Chair	Verbal



Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 16 November 2022** at **10am** in **Committee Rooms 2 & 3, Scottish Borders Council**

Present: (v) Cllr T Weatherston (v) Mrs L O'Leary, Non Executive (Chair)
(v) Cllr R Tatler (v) Mrs K Hamilton, Non Executive
(v) Cllr E Thornton-Nicol (v) Mr T Taylor, Non Executive
(v) Mr J McLaren, Non Executive
(v) Mrs F Sandford, Non Executive

Mr C Myers, Chief Officer
Mrs H Robertson, Chief Financial Officer
Mr N Istephan, Chief Executive Eildon Housing
Mrs S Horan, Director of Nursing, Midwifery & AHPs
Dr R Mollart GP
Mrs J Smith, Borders Care Voice
Mr D Bell, Staff Side, SBC
Mrs J Amaral, BAVs
Mr S Easingwood, Chief Social Work Officer

In Attendance: Miss I Bishop, Board Secretary
Mrs L Prebble, PA to Chief Officer
Mrs J Stacey, Internal Auditor
Mr R Roberts, Chief Executive, NHS Borders
Dr S Bhatti, Director of Public Health
Mrs J Holland, Director of Strategic Commissioning & Partnerships
Mrs J Smyth, Director of Planning & Performance, NHS Borders
Ms H Jacks, Planning & Performance Officer, NHS Borders
Mrs C Oliver, Head of Communications & Engagement, NHS Borders
Ms L Thomson, Communications Officer, NHS Borders
Mr J Ayling, Non Executive NHS Borders
Ms E Fabry, Project Manager, Scottish Borders Council (SBC)
Ms Shirley Brown

1. APOLOGIES AND ANNOUNCEMENTS

1.1 Apologies had been received from Cllr David Parker, Elected Member, Cllr Jane Cox, Elected Member, Dr Lynn McCallum, Medical Director, Mrs Lynn Gallacher, Borders Carers Centre, Ms Linda Jackson, LGBTQ, Mrs Laura Jones, Director of Quality & Improvement, NHS Borders, Mr Andrew Bone, Director of Finance, NHS Borders and Mrs Gail Russell, Partnership Representative, NHS Borders.

1.2 The Chair welcomed a range of attendees to the meeting.

1.3 The Chair confirmed the meeting was quorate.

2. DECLARATIONS OF INTEREST

2.1 The Chair sought any verbal declarations of interest pertaining to items on the agenda.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were none.

3. MINUTES OF THE PREVIOUS MEETING

3.1 The minutes of Extraordinary meeting of the Health & Social Care Integration Joint Board held on 31 October 2022 were approved.

4. MATTERS ARISING

4.1 **Action 2021-6:** The Chair noted that the action was a substantive item on the meeting agenda.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the action tracker.

5. DIRECTION: BUILDINGS BASED DAY SERVICE PROVISION IN TEVIOT AND LIDDESDALE – NEXT STEPS

5.1 Mr Chris Myers provided an overview of the content of the report. He commented that the Integration Joint Board (IJB) had a strategic commissioning plan for 2018-2023 and part of that plan was to reimagine day services. The IJB as the commissioner had the responsibility to commission services and directions against the strategic commissioning plan, however it had not enacted that process in the instance of the Teviot and Liddesdale day service provision.

5.2 He reassured the IJB that over the past year the approach to governance of the IJB had been refreshed: a Directions and Procedures Policy had been put in place; the strategic commissioning approach had been updated and enacted; and an enhanced governance process had been put in place for the IJB in relation to its commissioning role. He also advised that a number of actions had been agreed on the general responsibility of the IJB in terms of equalities and human rights and a full refresh of the Equalities Mainstreaming Report was being undertaken. The Terms of Reference for the Strategic Planning Group (SPG) would be amended to ensure the SPG considered the detail of impact assessments (IA) and looked at consultation in more detail.

5.3 Mr Myers suggested that there would be a financial impact related to the direction before the IJB and the costs were not currently clear. Work would be taken forward on the scope with service users and carers to understand the model required and the Chief Financial Officer was working with partners in SBC and NHS Borders to ensure appropriate provisions were available.

5.4 Mr Myers recorded his apologies to those affected and advised that he and the Chair had agreed to get in contact with those affected in regard to the oversight of the IJB.

5.5 A robust discussion ensued which focused on: contact with unpaid carers to apologise; direct engagement with those affected; was the Teviot spike within the "We have listened report" on the back of the closure; when listening to unpaid carers there may potentially be a requirement for a buildings based solution in the

future; the consultation for the new service would include the involvement of those affected by the closure; agreement on the need for meaningful apologies; would the inclusion of IA and consultation in the SPG terms of reference be adequate to mitigate other risks on how we work in partnership with other Borders communities; were the SPG already considering the Community Empowerment Act implications and risks of participation requests; should non voting members be made voting members to ensure their voice is valued and improve governance; and workforce supply chain issues and a need to expand the overall pool of people across the partners.

- 5.6 Mr Ralph Roberts suggested there needed to be clarity on the Direction to be issued which was asking for a piece of work to be carried out. He commented that when the outcome of that piece of work was before the IJB for decision, the IJB would need to make that decision in the context of what the impact would be in relation to all the other services.
- 5.7 Cllr Robin Tatler enquired if the unpaid carers survey data was available and if any previous surveys had been undertaken which collected the views of unpaid carers.
- 5.8 Mr Myers commented that the unpaid carers survey data was available and he would share it with the IJB for information. He was aware that previous surveys had been undertaken but was not aware of the detail of those.
- 5.9 The Chair commented that voting and non voting members were dictated by legislation however she assured the IJB that she valued the input of all views and voices around the table and would always take them into consideration when discussing matters.
- 5.10 Mr Tris Taylor suggested the direction was not completely clear and enquired if the IJB was being asked to commission a proposal or a service. Mr Roberts commented that the IJB was being asked to commission a piece of work. The outcome of that piece of work would then need to identify any implications on other service provision before the IJB could consider whether or not to commission a service.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the ruling by the Court of Session on the closure of the Teviot and Liddesdale adult day service.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the role and responsibility of the Integration Joint Board in relation to this process.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the response from the Scottish Borders Council.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that there was a need for buildings based adult day service provision in the Teviot and Liddesdale locality.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to amend the direction to read “To ask Scottish Borders Council to continue to work to develop a proposal to inform the re-commissioning of the Teviot and Liddesdale day service in line with the need in the locality and to return to the IJB in February 2023 with a plan for what might be delivered.”

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the amended Direction to the Scottish Borders Council.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that further work was being undertaken to explore other supports for unpaid carers in line with the results of the unpaid carers survey.

6. CLIMATE CHANGE DUTIES REPORT 2021-22

- 6.1 Hazel Robertson provided an overview of the content of the report. The report described the arrangements in place given the IJB did not own any buildings, fleet or undertake any direct procurement. Previous reports had placed reliance on Scottish Borders Council and NHS Borders to fulfil their climate change duties. Those partner reports were being agreed and would be included in the IJB submission report. In moving forward Mrs Robertson suggested the IJB might consider aspects of a wider duty through its commissioning role for sustainable development goals on activities that it commissioned.
- 6.2 Mr Tris Taylor commented that as a commissioner the element the IJB would be involved in would be the supply change.
- 6.3 Dr Rachel Mollart enquired if the cover paper template for the IJB should reference climate change and Miss Iris Bishop confirmed that the new template to be used from January 2023 had been revised and included a section on sustainability.
- 6.4 Cllr Elaine Thornton-Nicol suggested it should include all journeys that were undertaken on IJB business.
- 6.5 Mr John McLaren queried the reference to equalities issues.
- 6.6 Mrs Sarah Horan welcomed the report and suggested from a workforce perspective it was fundamental to what could be done to manage climate change and support staff to feel more greener through the provision of e-bikes or electric cars and a wellbeing of being greener.
- 6.7 Mrs Robertson commented that the paper was signalling a transition to a different way of reporting on climate change from the IJB. In terms of inequalities she advised that a fuller engagement process would be undertaken and more evidence would be provided.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the legal requirement for the IJB as a Public Body to submit an annual climate change duties report.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the attached report which reflects that the duties are undertaken by the Scottish Borders Council and the NHS Board as delivery bodies. These reports also set out the planned dates for achieving net zero status for our partner bodies.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that future consideration could be given to the contribution that the IJB could make regarding the climate emergency through progressing activity relating to the Sustainable Development Goals.

7. JOINT STRATEGIC NEEDS ASSESSMENT

- 7.1 Dr Sohail Bhatti provided a presentation to the Board and highlighted: the strategic issues that had been identified through the joint strategic needs assessment and community engagement; life expectancy and healthy life expectancy; ethnicity; deprivation; specialist housing and adaptations; homelessness; smoking, drugs, alcohol and obesity; loneliness; dementia; sight loss and hearing loss; mental health; palliative care; and anchor institutions.
- 7.2 Cllr Elaine Thornton-Nicol welcomed the presentation and seeing all of the information in one place. She commented that there were many people that might be on medication where it might not be the best solution for them, however she urged caution that judgemental situations were not created for those people that did need medication.
- 7.3 Discussion focused on: the benefits of social prescribing; early intervention and prevention; supporting people to come away from loneliness; future iterations of the report might have more breadth in terms of realistic medicine, health needs and provision, number of care home hours delivered, and hours for delayed discharges; self declared proportion of the workforce that declares a disability; understanding the needs of minority groups in the local population; not always enough places to signpost people to for social prescribing; and the suggestion to add living wage data to future reports.
- 7.4 Mrs Jenny Smith sought a commitment that the report would be kept updated moving forward. Dr Bhatti commented that the document was a live document and would be published and would be revised as and when new data was received. He was keen to expand the report as had been suggested and commented that it should be incorporated in everything that was commissioned.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report.

8. WE HAVE LISTENED REPORT – NDTI

- 8.1 Mrs Clare Oliver provided an overview of the content of the summary report and highlighted: the engagement process; voices of those with protected characteristics were included; locality focus of the work; effective communication; emerging priorities; and next phase of engagement.
- 8.2 The Chair suggested it was helpful to have both the Joint Strategic Needs Assessment and the We Have Listened Report together on the same agenda as they were twin pillars of work that would inform the future.

Karen Hamilton left the meeting.

- 8.3 Cllr Elaine Thornton-Nicol suggested linking into all of the discussion was space planning and what people were missing in their communities, she commented it was the whole holistic approach to humans including the ability to join things up.
- 8.4 Ms Juliana Amaral commented that community engagement and localities linked with the place making approach was a good opportunity for meaningful engagement to take place across both health and social care. She suggested in moving forward

as the plan was reviewed it would be good to integrate it fully into all aspects of living in society and communities across the Borders and would provide opportunities for health, social care and the third sector to all work together.

- 8.5 Mr Tris Taylor commented that taking into account strategic directions and the priorities within the strategic plan, how could those priorities be looked at on a locality by locality basis to determine preferences for local communities and then be feed into the overall priorities of the IJB. The Chair suggested it be discussed at the next point of developing strategic priorities.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report.

9. DEVELOPING STRATEGIC PRIORITIES

Karen Hamilton returned to the meeting.

- 9.1 Mr Chris Myers provided a presentation on the strategic framework to address strategic issues and highlighted: what had been done so far; emerging priorities; draft mission; workforce; waiting times; preventative and anticipatory planning; unpaid carers; older people; focus on activities that have an impact on services and costs; and next steps.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the presentation and the ongoing activity.

10. FINANCIAL OUTLOOK UPDATE

- 10.1 Mrs Hazel Robertson commented that in building on a forward outlook there was a need to think about how the IJB prepared its budgets and financial planning. Rather than presenting financial information in a spreadsheet she was keen to present the information in a doughnut chart and envisaged using that analogy. She further suggested looking at finance in a different way and she was keen to move to a programme management budgeting approach with a marginal analysis in future. She suggested it would enable the IJB to be able to identify those things that would provide the best value for the lowest costs and would help the IJB to redesign resources and services to best effect.
- 10.2 Mr Tris Taylor enquired if the new doughnut/bagel approach would be participatory budgeting. Mrs Robertson confirmed that she was keen to enable localities to be set up and to work with them on that.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the presentation.

11. MONITORING AND FORECAST OF THE HEALTH AND SOCIAL CARE PARTNERSHIP BUDGET 2022/23

- 11.1 Mrs Hazel Robertson provided an overview of the content of the report and highlighted that she was forecasting a £6.7m overspend out of a budget of £221m. There were less allocations in the current financial year compared to previous years and there were more restrictions on allocations. She was working on a solution for

funding for the next financial year to tackle the biggest service issues facing the partnership.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast adverse variance of (£6.740m) for the H&SCP delegated services for the year to 31 March 2023 based on available information.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the forecast position included costs relating to mobilising and remobilising in respect of Covid-19, and assumed that all such costs would be funded via Scottish Government monies held in the earmarked reserve.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that a recovery plan was in development and that any expenditure in excess of delegated budgets in 2022/23 would require to be funded by additional contributions from the partners in line with the Scheme of Integration. Previously, additional contributions had not been repayable.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that set aside budgets continued to be under significant pressure as a result of activity levels, flow and delayed discharges.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the importance of ensuring that the strategic commissioning and planning process currently in progress was used to identify options for change which would improve the long term financial sustainability of the partnership whilst at the same time addressing priority needs.

12. STRATEGIC PLANNING GROUP MINUTES: 24.08.22

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the minutes.

13. ANY OTHER BUSINESS

13.1 APPOINTMENT OF EXTERNAL MEMBER OF JB AUDIT COMMITTEE: Cllr Tom Weatherston provided a brief overview of the content of the paper.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the appointment of Mr Kai Harrod as External Member of the Scottish Borders Health and Social Care Integration Joint Board Audit Committee to 31 October 2025.

14. DATE AND TIME OF NEXT MEETING

14.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 21 December 2022, from 10am to 12noon through MS Teams and in person in Council Chamber, Scottish Borders Council

Meeting concluded at 12.04.

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Minutes of an **Extraordinary** meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 30 November 2022** at 4pm via Microsoft Teams

Present:

(v) Cllr R Tatler	(v) Mrs L O'Leary, Non Executive (Chair)
(v) Cllr T Weatherston	(v) Mrs K Hamilton, Non Executive
(v) Cllr E Thornton-Nicol	(v) Mr T Taylor, Non Executive

Mr C Myers, Chief Officer
Mrs H Robertson, Chief Financial Officer
Ms L Gallacher, Borders Carers Centre
Mr S Easingwood, Chief Social Work Officer
Ms L Jackson, LGBTQ+

In Attendance:

Miss I Bishop, Board Secretary
Mrs J Stacey, Chief Internal Auditor
Mrs J Holland, Director of Strategic Commissioning & Partnerships
Dr S Bhatti, Director of Public Health, NHS Borders
Mr G Samson, Audit Scotland
Mr B Davies, Strategic Lead for Commissioning, Scottish Borders Council

1. APOLOGIES AND ANNOUNCEMENTS

- 1.1 Apologies had been received from Cllr David Parker, Elected Representative, Cllr Jane Cox, Elected Representative, Mrs Fiona Sandford, Non Executive, Mr John McLaren, Non Executive, Ms Juliana Amaral, BAVs, Dr Lynn McCallum, Medical Director, Mr s Sarah Horan, Director of Nursing, Midwifery & AHPs, Dr Rachel Mollart GP, Mr Stuart Easingwood, Chief Social Work Officer, Mrs Jenny Smith, Borders Care Voice, Mr Ralph Roberts, Chief Executive, NHS Borders, Mr Andrew Bone, Director of Finance, NHS Borders, Mrs June Smyth, Director of Planning & Performance, NHS Borders, Mr David Bell, Staff Side, SBC, Mr Nile Istephan, Chief Executive, Eildon Housing and Mrs Gail Russell, Partnership Representative, NHS Borders.
- 1.2 The Chair welcomed a range of attendees to the meeting.
- 1.3 The Chair confirmed the meeting was quorate.

2. DECLARATIONS OF INTEREST

- 2.1 The Chair sought any verbal declarations of interest pertaining to items on the agenda.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were no declarations.

3. 2021/22 ANNUAL AUDIT REPORT

- 3.1 Mr Graeme Samson advised that Mrs Gillian Woolman had presented the Annual Audit Report to the Integration Joint Board (IJB) Audit Committee meeting on Monday. He highlighted the cover letter to the report and confirmed that the outstanding items mentioned in the letter had all been received and matters were resolved. The Chief Financial Officer had provided the updated accounts and there were no changes to the annual report or the proposed independent auditors report.
- 3.2 Mrs Karen Hamilton commented that at the IJB Audit Committee it had been suggested that a narrative be included around the remuneration element. Mrs Hazel Robertson confirmed that a footnote had been added to the bottom of the table on member's expenses to clarify the NHS Borders arrangement of additional expenses being paid to Non Executives in relation to the additional work they undertook as voting members of the IJB.
- 3.3 The Chair recorded the thanks of the IJB to Mr Samson and the team at Audit Scotland for the work that had been undertaken in regard to the annual accounts.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** is noted the report.

4. SCOTTISH BORDERS INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2021/22 (AUDITED)

- 4.1 Mrs Hazel Robertson presented the annual accounts 2021/22 (audited) and advised that some minor changes had been made following on from the IJB Audit Committee held earlier in the week. She confirmed that there was no change to the overall performance outturn position. She highlighted to the IJB: the summary report of the IJB performance report; continued performance during the COVID-19 Pandemic; locality planning and development; the financial position and underlying financial performance; COVID-19 expenditure; and the remuneration element of the report.
- 4.2 The Chair assured the IJB that the Audit Committee had been thorough in its scrutiny of the annual accounts.
- 4.3 Mrs Linda Jackson enquired if a more accessible, easy read version could be produced for public consumption. She also recognised the challenges in producing the final documents and the delay in them being shared with the IJB.
- 4.4 Mrs Lynn Gallacher enquired if the Carer's Act funding of £2.4m, had been included in the IJB annual accounts and reminded the IJB that she had asked previously, prior to Mrs Robertson's appointment, about that funding being included.
- 4.5 Mrs Robertson agreed that it had been a very short turnaround time to get the papers to the Audit Committee and on to the IJB in time to meet the legal requirement to publish the audited annual accounts that day. It had been an incredibly challenging process with much dialogue between herself and the Audit Scotland team on content and presentation and it was fair to say that the audit itself had commenced quite late

and a discussion would take place with the new audit team to ensure any earlier timetable was adhered to moving forward. She further commented that the draft annual accounts were publicised for public scrutiny and that that engagement would be a good opportunity to receive feedback on any specific points, such as the carers act funding and she urged full use of that early engagement process.

- 4.6 In terms of the Carers Act funding Mrs Robertson confirmed that it was part of the IJB accounts but she had not drawn it out as an area of particular focus as she had based the pack of accounts on the format used the previous year. She confirmed that she would draw attention to them in the following year's annual accounts.
- 4.7 The Chair commented that she felt confident that now Mrs Robertson was in place there would be no delay in the production of the annual accounts moving forward. She further enquired if a headline easy read sheet could be produced for public consumption and suggested both Mrs Gallacher and Mrs Jackson might assist with that. Mrs Robertson sought confirmation from Mr Graeme Samson that the easy read sheet would not require to be audited. Mr Samson confirmed that it would not.
- 4.8 Mr Samson commented that from the auditors point of view it had been challenging in terms of timing, resource and capacity and the audit had commenced later than he would have liked. He confirmed that a new team from Audit Scotland would be the auditors from next year and suggested the audit timetable be confirmed early on between Mrs Robertson and that new team.
- 4.9 Mrs Karen Hamilton reminded the IJB that both Scottish Borders Council and NHS Borders had staff that would have expertise in formulating easy read documentation and suggested the IJB give Mrs Robertson the mandate to pursue that.
- 4.10 Cllr Tom Weatherston recorded his thanks as Chair of the IJB Audit Committee to Mrs Robertson and Mr Samson and all of those involved in the audit process.
- 4.11 Mr Chris Myers reiterated his thanks to Mrs Robertson and Audit Scotland and also advised that the Strategic Planning Group which contained a range of individuals would be an ideal group to provide a rounded view on an easy read sheet.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** recorded their thanks to Mrs Hazel Robertson and Audit Scotland for their work in producing the final Annual Accounts.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the accounts had been considered in full by the Audit Committee, with some changes made before approval.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the report and the 2021/22 Annual Accounts for signature and publication.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested that the Audit Committee consider an update report on the agreed action plan at each meeting.

5. ANY OTHER BUSINESS

5.1 There had been no notification of any further business.

6. DATE AND TIME OF NEXT MEETING

6.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 21 December 2022, from 10am to 12noon, at Scottish Borders Council with hybrid facilities.

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SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD

ACTION TRACKER

Meeting held 15 December 2021

Agenda Item: Day Services Petition and Future Provision






Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2021 - 6	10	The SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD sought a timeline for the work to be taken forward.	Stuart Easingwood	April 2022	<p>In Progress: Work to define the Carers Needs Assessment has commenced with the IJB Carers Workstream. The needs assessment and planning will be incorporated into the updated IJB Strategic Commissioning Plan, however an update on day services will be provided in advance of the conclusion to the development of the full Strategic Commissioning Plan.</p> <p>Update 15.06.22: Needs assessment questionnaire went out to unpaid carers on 06.06.22.</p> <p>Update 21.09.22: Mr Myers reported that the Court of Session had issued a legal challenge in regard to the closure of the Hawick Day Services during the pandemic on the premise of a lack of a legally compliant process. The Carers Workstream had undertaken a needs assessment and were</p>	

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Agenda Item 4

				<p>meeting the following week to consider the way forward.</p> <p>Update 31.10.22: Mr Myers provided an update to the action and reported that the matter had been considered by full Council and a paper had been drafted that took into consideration the findings of the carers survey, workstream and the judgement from the Court of Session. The paper would be discussed by the Strategic Planning Group at its' meeting to be held the following day and an update would be provided to the next Integration Joint Board meeting to be held on 16 November 2022.</p> <p>Complete 16.11.22: The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD agreed to amend the direction to read "To ask Scottish Borders Council to continue to work to develop a proposal to inform the re-commissioning of the Teviot and Liddesdale day service in line with the need in the locality and to return to the IJB in February 2023 with a plan for what might be delivered."</p> <p>The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD noted that further work was being undertaken to explore other</p>	
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					supports for unpaid carers in line with the results of the unpaid carers survey.	
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KEY:	
Grayscale = complete:	
	Overdue / timescale TBA
	Over 2 weeks to timescale
	Within 2 weeks to timescale

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*Scottish Borders Health & Social Care
Integration Joint Board*



Meeting Date: 21 December 2022

Report By:	Karen Hamilton, Chair of SBIJB Audit Committee to March 2022
Contact:	Jill Stacey, SBIJB Chief Internal Auditor (Scottish Borders Council's Chief Officer Audit & Risk)
Telephone:	01835 825036
SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE ANNUAL REPORT 2021/22	
Purpose of Report:	To provide Members with the IJB Audit Committee Annual Report 2021/22 that sets out how the IJB Audit Committee has fulfilled its remit and provides assurances to the Board.
Recommendations:	The Scottish Borders Health & Social Care Integration Joint Board is asked to: a) Approve the IJB Audit Committee Annual Report 2021/22 (Appendix 1) which sets out the performance in relation to its Terms of Reference and the effectiveness of the Committee in meeting its purpose and the assurances therein.
Personnel:	This report relates to Members of the IJB Audit Committee.
Carers:	There is no direct impact on carers arising from the contents of this report.
Equalities:	There are no direct equalities and diversities implications arising from the contents of this report.
Financial:	There are no direct financial implications arising from the contents of this report.
Legal:	<p>The Scottish Borders Health and Social Care Integration Joint Board, established as a separate legal entity as required by the Public Bodies (Joint Working) (Scotland) Act 2014, is responsible for the strategic planning and commissioning of a wide range of integrated health and social care services across the Scottish Borders partnership area, based on resources which have been delegated to it by the partners, Scottish Borders Council and NHS Borders.</p> <p>The SBIJB is therefore expected to operate under public sector good practice governance arrangements which are proportionate to its transactions and responsibilities to ensure the achievement of the objectives of Integration. The IJB Audit Committee fulfilling its terms of reference is one of the key components of good governance and is critical to the capacity of the SBIJB to function effectively.</p>
Risk Implications:	There is a risk that the IJB Audit Committee does not fully comply

	with best practice guidance thus limiting its effectiveness as a scrutiny body as a foundation for sound corporate governance. The completion of the annual self-assessment and identification and implementation of improvement actions as evidenced through this Annual Report will mitigate this risk.
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Background

- 1.1 It is important that the IJB's Audit Committee fully complies with best practice guidance on Audit Committees to ensure it can demonstrate its effectiveness as a scrutiny body as a foundation for sound corporate governance for the Scottish Borders Health and Social Care Integration Joint Board (IJB).
- 1.2 The Chartered Institute of Public Finance and Accountancy (CIPFA) issued an updated guidance note Audit Committees Practical Guidance for Local Authorities and Police 2018 Edition (hereinafter referred to as CIPFA Audit Committees Guidance) which is deemed appropriate for the IJB under the legislative framework for integration authorities. It incorporates CIPFA's view of the role and functions of an Audit Committee. The CIPFA Audit Committees Guidance includes the production of an annual report on the performance of the Audit Committee against its remit for submission to the IJB.

2 Summary

- 2.1 The Members of the IJB Audit Committee carried out self-assessments of Compliance with the Good Practice Principles Checklist and Evaluation of Effectiveness Toolkit from the CIPFA Audit Committees Guidance during a Development Session held on 14 March 2022 facilitated by the IJB's Chief Internal Auditor. The Annual Report 2021/22 appendix to this report as Appendix 1, along with the self-assessments, was considered by the Members of the IJB Audit Committee at its meeting on 19 December 2022 to demonstrate this best practice.
- 2.2 The outcome of the self-assessments was a high degree of performance against the good practice principles and a medium degree of effectiveness with evidence of improvement during the year. Further areas of improvement have been identified by the Committee.
- 2.3 The IJB Audit Committee Annual Report 2021/22 is designed both to provide assurance to the IJB's full Board on the effectiveness of the Committee in meeting its purpose and to provide some actions for the Committee to further improve its effectiveness.

**SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
AUDIT COMMITTEE
ANNUAL REPORT FROM THE CHAIR – 2021/22**

This annual report has been prepared to inform the Scottish Borders Health and Social Care Integration Joint Board of the work carried out by its Audit Committee during the financial year. The content and presentation of this report meets the requirements of the CIPFA 'Audit Committees' Guidance to report to the full Board on a regular basis on the Committee's performance in relation to its Terms of Reference and the effectiveness of the Committee in meeting its purpose.

Meetings

The IJB Audit Committee has met 4 times on a virtual basis during the financial year on 14 June, 20 October (extraordinary meeting) and 9 December 2021, and 14 March 2022 to consider reports pertinent to the audit cycle.

The remit of the IJB Audit Committee is to have high-level oversight of the IJB's framework of internal financial control, corporate governance, risk management systems and associated internal control environment.

To fulfil this remit, it sought assurance through material it received from Internal Audit, External Audit, other external scrutiny and audit bodies, and from Management, and it placed reliance on the Partners' governance arrangements and assurance frameworks.

The Committee scrutinised the IJB's unaudited Annual Accounts 2020/21 in June 2021 and the audited Annual Accounts 2020/21 in October 2021, prior to their presentation for approval by the IJB, and in doing so promoted effective public reporting to the integration authority's stakeholders and local community. The Committee also reviewed the Annual Governance Statement therein to assess whether it properly reflects the risk environment and whether the content is consistent with its own evaluation of the governance arrangements, based on evidence received during the year.

The Committee approved the Plans for work delivered by Internal Audit (provided by SBC's Internal Audit team) and External Audit (provided by Audit Scotland). It considered reports by Internal Audit and External Audit on their findings, conclusions and recommendations arising from their work, monitored the implementation of recommendations arising from Internal Audit and External Audit work, and considered assurance from relevant Internal Audit reports by Partners' Internal Auditors presented to their respective Audit Committees.

The Committee considered relevant national reports that give rise to introducing best practice arrangements or lessons learned.

The Minutes of IJB Audit Committee meetings were presented for noting by the IJB following their approval by the Committee, and the Committee referred any exceptional items to the IJB in accordance with its Terms of Reference.

The role of the IJB Audit Committee has been extended during the year 2021/22 by the IJB to include the monitoring of the delivery of the IJB's Strategic Commissioning Plan and progress against its Directions. At the 14 March 2022 meeting the IJB Audit Committee carried out a review of progress with the delivery of the IJB's Strategic Implementation Plan 2018-22, with further reports expected later in 2022 to enable the IJB Audit Committee to scrutinise progress against the IJB's Directions. This reflects the development of the Integration Joint Board's refreshed Approach to Commissioning and formal Directions Policy, both of which had been presented to the IJB Audit Committee for scrutiny and consultation in advance of their being approved by the IJB in December 2021.

Membership

The IJB appoints members to its Audit Committee, which consists of “at least four voting members of the IJB, excluding professional advisors, and one independent member appointed from an external source” as set out within its Terms of Reference. The membership, which is based on legislative requirements, does not adhere to the independence principles of good practice within CIPFA ‘Audit Committees’ Guidance for audit committees to be independent from the decision-making body for effective scrutiny. The independence of the IJB Audit Committee’s role in the scrutiny process is partly addressed through the appointment in February 2020 by the IJB of an Independent Member from the community, following an external recruitment and selection process.

The Committee membership during the year 2021/22 was Mrs K Hamilton (Chair), Mrs L O’Leary, Councillor J Greenwell (to September 2021), Councillor J Linehan (from October 2021); Councillor T Weatherston, and Mr J Wilson (Independent Member).

The attendance by each member at the Committee meetings throughout the year was as follows:

Member	14 June 2021	20 October 2021	9 December 2021	14 March 2022
Mrs K Hamilton (Chair)	√	√	√	√
Mrs L O’Leary	√	√		√
Cllr J Greenwell (to September 2021)	√			
Cllr J Linehan (from October 2021)			√	√
Cllr T Weatherston	√		√	√
Mr J Wilson (Independent Member)	√			

The meetings of the IJB Audit Committee in 2021/22 were quorate (i.e. at least three Members present) with the exception of the Extraordinary meeting in October 2021 due to unexpected absences on the day. The business was conducted of scrutinising the External Audit Annual Report 2020/21 and audited Annual Accounts 2020/21 and, whilst not quorate, the committee recommended to the IJB their formal approval, as required by legislation.

All other individuals who attended the meetings are recognised as being “in attendance” only to support the Committee. The Chief Officer, those individuals fulfilling the Chief Financial Officer role on an interim basis (with the exception of the December 2021 meeting), the Chief Internal Auditor, external auditors, and the Secretary (provided by NHS Borders) attended all Committee meetings.

Skills and Knowledge

Given the wider corporate governance remit of IJB Audit Committees and the topics covered by the external and internal audit functions, it is noteworthy that there is a range of skills, knowledge and experience that IJB Audit Committee members bring to the committee, not limited to financial and business management. This enhances the quality of scrutiny and discussion of reports at the meetings. No individual committee member would be expected to be expert in all areas.

Self-Assessment of the Committee

The annual self-assessment was carried out by members of the IJB Audit Committee on 14 March 2022 during a Development Session facilitated by the IJB Chief Internal Auditor using the 'Good Practice Principles Checklist' and 'Evaluation of Effectiveness Toolkit' from the CIPFA 'Audit Committees' Guidance. This was useful for Members to ensure the Committee can demonstrate its effectiveness as a scrutiny body as a foundation for sound corporate governance for the IJB.

The outcome of the self-assessments for the Committee was a high degree of performance against the good practice principles and a medium degree of effectiveness with evidence of improvement during the year. The following further improvements have been identified:

- Utilise the Knowledge and Skills Framework from the CIPFA 'Audit Committees' Guidance to inform future learning and development needs of IJB Audit Committee members.
- Arrange a meeting of Chairs of IJB, SBC and NHS Borders audit committees in 2022 as an opportunity to share practice and understand the governance arrangements and assurance frameworks of the Partners on which reliance is placed (for example, assurance to the IJB on the value for money arrangements and counter fraud and corruption arrangements within the Partner organisations).

Assurance Statement to the IJB

The IJB Audit Committee provides the following assurance to the Integration Joint Board:

- The IJB has received the Minutes of the IJB Audit Committee meetings throughout the year.
- The IJB Audit Committee has operated in accordance with its agreed Terms of Reference, including the new additions to the Audit Committee's remit approved by the IJB in year 2021/22, and accordingly with the best practice audit committee principles within the CIPFA Position Statement from the CIPFA 'Audit Committees' Guidance.
- It did this through material it received from Internal Audit, External Audit, other scrutiny and audit bodies, and assurance from Management, and it placed reliance on the Partners' governance arrangements and assurance frameworks. It focussed entirely on matters of risk management, internal control and governance.
- For all audit reports, the IJB Audit Committee considered whether it was satisfied that an adequate Management response was in place to ensure action would be taken to manage risk and address concerns on internal controls and governance arrangements.
- There is effective engagement by the Members of the IJB Audit Committee including appropriate scrutiny and challenge and questions relating to the business on the agendas.
- The IJB Audit Committee has reflected on its performance during the year in respect of its functions and effectiveness, and has identified areas for further improvement.

Recommendations of the Terms of Reference for the IJB Audit Committee for the coming year

None.

Karen Hamilton
Chair of IJB Audit Committee to March 2022

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*Scottish Borders Health & Social Care
Integration Joint Board*



Meeting Date: 21 December 2022

Report By:	Hazel Robertson, Chief Financial Officer
Contact:	Hazel Robertson
Telephone:	07929 760533
SCOTTISH BORDERS IJB RESERVES POLICY	
Purpose of Report:	To seek approval for an updated Reserves Policy
Recommendations:	The Health & Social Care Integration Joint Board is asked to: a) Approve the revised Reserves Policy
Personnel:	No implications
Carers:	No implications
Equalities:	No implications
Financial:	The policy sets out the arrangements for use of reserves to provide flexibility in the financial management of the IJB.
Legal:	The legal and regulatory framework for establishment and operation of reserves is set out in the policy document.
Risk Implications:	Without having an effective policy for reserves the IJB may not be able to operate with financial flexibility to support management of funds across years and targeting of available resources to priorities..
Direction required:	No Direction required

Situation

The IJB Reserves Policy was last reviewed in 2017. The attached Policy has been reviewed by the IJB Chief Financial Officer, NHS Borders Director of Finance and the SBC Acting Chief Financial Officer.

Background

The existence and application of a Reserves Policy allows the IJB to manage funds over more than one year, to set aside funds to support financial risk management, and to handle ring fenced funding allocations effectively.

Assessment

This revision reflects best current practice and available flexibility,

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RESERVES POLICY

Background

The Scottish Borders Integration Joint Board (IJB) is a legal entity in its own right created by Parliamentary Order following Ministerial approval of the Integration Scheme and has been formally constituted under a body corporate model. The IJB is expected to operate under public sector best practice governance arrangements.

The IJB has the same legal status as a local authority, i.e. a section 106 body under the Local Government (Scotland) Act 1973 Act, and is classified as a local government body for accounts purposes by the Office of National Statistics (ONS). Therefore, it is able to hold reserves.

The Chartered Institute of Public Finance and Accountancy (CIPFA) issued guidance in the form of Local Authority Accounting Panel (LAAP) Bulletin 55 – Guidance Note on Local Authority Reserves and Balances. This guidance outlines the framework for reserves, the purpose of reserves and some key issues to be considered when determining the appropriate level of reserves.

Reserves are established as part of good financial management. The purposes of reserves are as:

- a) a working balance to cushion the impact of uneven cash flows
- b) a contingency to cushion the impact of unexpected events or emergencies
- c) a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

This Reserves Policy should be read in conjunction with the Financial Regulations for the IJB, approved as part of the IJB Code of Governance.

The Borders Integration Scheme

The Scottish Borders Integration Scheme was approved by Scottish Ministers with effect from 06 February 2016. Section 8.8.1 of the Scheme states that:

“in line with (IRAG) guidance, a process for jointly agreeing, reporting and carrying forward any unused balances at the end of the financial year will operate”.

Within the Scheme, section 8.6.7 states:

“Where there is a planned underspend in operational budgets arising from specific action by the IJB it will be retained by the IJB. This underspend may be used to fund additional capacity in-year or, with agreement with the partner organisations, carried forward to fund capacity in subsequent years. The carry forward will be held in an ear-marked balance within Scottish Borders Council’s general reserve.”

Section 8.6.8 states that:

“Any unplanned underspend will be returned to Borders Health Board or Scottish Borders Council by the IJB either in the proportion that individual pressures have been funded or based on which service the savings are related to”.

This financial mechanism does not apply to notional funding for set-aside budgets.

Purpose of Reserves Policy

The purpose of a reserve policy is to:

- outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
- identify the principles to be employed by the IJB in assessing the adequacy of the IJB's reserves;
- indicate how frequently the adequacy of the IJB's balances and reserves will be reviewed; and
- set out arrangements relating to the creation, amendment and use of reserves and balances.

For each reserve there should be a clear protocol setting out:

- the reason / purpose of the reserve;
- how and when the reserve can be used;
- procedures for the reserves management and control; and
- the review timescale to ensure continuing relevance and adequacy.

Reserves transactions need to be agreed in advance with the Director of Finance (NHS Borders) and the Chief Financial Officer (section 95) of Scottish Borders Council.

Types of Reserves

Three main types of reserve may be held by the IJB if required:

- General Fund (earmarked and general)
- Repairs and Renewal
- Insurance

At present, it is expected that only a general fund reserve will be required within the Scottish Borders IJB, which can be used to support the financial strategy of the IJB. Only a small element of the budgets for premises-related costs are currently delegated to the IJB and as a result the potential requirement to defray expenditure on repairing or maintaining property-related assets is low. Similarly, no specific separate insurance arrangements have been required for the IJB.

General Fund Reserve

In Scotland, under Local Government rules, the IJB cannot have a separate earmarked reserve within the Balance Sheet, but can highlight elements of the General Fund Reserve balance which are required for specific purposes.

Two types of funding will be held in the General Fund reserve:

- General Fund earmarked for specific commitments,
- General Fund general: for the carrying of planned IJB underspends to meet unforeseen or identified future IJB financial requirements.



The General Fund reserves balance comprises three elements:

a) funds that are earmarked for specific purposes

These reserves are primarily funded from discrete allocations or funding. Spend from these reserves does not require specific approval from the IJB. The recognition of such funds can be from:

- future use of funds for a specific purpose, as agreed by the IJB;
- commitments made under delegated authority by the Chief Officer, which cannot be accrued at the year-end due to not yet being in receipt of the service or goods;

b) general funds which are not earmarked for specific purposes, but are available to the IJB to deal with unexpected events or emergencies; spend from these reserves will require IJB approval.

c) general funds held in excess of the target level of identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the IJB.

General Fund: Earmarked reserves

Balances which are essential to the IJB to enable it to meet definite commitments include:

- Funding received from external organisations with spending conditions attached and where expenditure has yet to be incurred or conditions satisfied
- Previous policy decisions of the IJB / Council / NHS Board, i.e. approval to commit to future spend on specific initiatives
- A defined commitment made prior to 31 March where services were not provided (or goods received) prior to the financial year-end.

These balances may be generated through specific management action during the financial year or at the financial year-end following a review of the final outturn position by the Chief Officer in conjunction with the Chief Financial Officer of the IJB.

Where there is a planned underspend in operational budgets arising from specific action by the IJB it will be retained by the IJB. This underspend may be used to fund additional capacity in-year or, with agreement with the partner organisations, carried forward to fund capacity in subsequent years. The carry forward will be held in an ear-marked balance in the general reserve.

Where such additional expenditure is of a recurring nature the Chief Officer and CFO should ensure a plan is established to enable the commitment to be financed in subsequent financial years.

If an underspend arises from a material error in the assumptions made to determine the initial budget, it should not be assumed that this unplanned underspend can be retained in reserves, it may need to be returned to Borders Health Board or Scottish Borders Council by the IJB in proportion to the service the underspend relates to.

These balances may be held as earmarked reserves by the IJB to plan ahead to meet the cost of potential commitments which may occur in the short to medium term. Such balances



can be held to fund capacity on a non recurring basis within service priorities as set out in the Strategic Plan.

Reclassification of earmarked balances

Balances may have been earmarked for a specific purpose which no longer exists and therefore the balances remain uncommitted. These should be subject to annual review by the IJB and any change in classification agreed.

Level of Balances Held

The Integration Scheme states that the Chief Financial Officer is responsible for advising on the targeted optimum levels of reserves that the IJB would aim to hold, known as the prudential target figure. The IJB, based on this advice, should then approve the appropriate reserve strategy as part of the budget process.

This Policy requires the IJB to review balances and reserves strategy on an annual basis as part of the preparation of the Annual Accounts and the Financial Plan. This will involve examination of the level and detail of balances held. This will include both earmarked and unallocated reserves.

CIPFA recommends that the level of reserves which require to be established and carried should be determined by an estimate of the potential impact of identified strategic and operational risks faced by the IJB.

- Within the general reserve, good practice indicates that balances should be between 2% and 3% of revenue expenditure.
- The IJB should, in total, hold no more than 4% of revenue expenditure as reserve balances.
- Assessment and quantification of the financial risks to which the Partnership is exposed will play a key role in the determination of acceptable level of reserves.
- A finance risk assessment will be conducted as part of the financial planning and budget setting process,
- This assessment will inform the level of general reserve to be maintained.

Where unallocated balances are significantly in excess of this or not identified for future anticipated liabilities or projects, the IJB may consider transfer of the excess to fund specific projects. In the event that the IJB is unable to identify appropriate projects, excess balances may, with IJB approval, transfer to partners in the same proportion as individual parties contribute to joint pressures unless it can be clearly demonstrated that the reserve is directly attributable to an individual partner's contribution.

Any financial recovery plan will take account of earmarked and general reserves balances available to the IJB.

Managing Funds and Reporting Balances

Where a balance has been committed for a specific purpose and expenditure has been incurred or grant conditions met a request should be made to the CFO to draw the balance down and match against expenditure incurred. The subsequent Financial Management Report to the IJB will note the IJB's direction of reserves.



In order to demonstrate movement in specific balances it is important that drawdowns are requested even where the IJB is reporting an in-year underspend.

Where the ear marked balance exceeds the expenditure incurred then the remaining balance will be reclassified as an uncommitted balance and treated accordingly.

The annual accounts will provide details of and the reason for retaining existing balances.

Financial Management and Financial Reporting Arrangements

The IJB will receive an update on reserves balances and reserves utilised as part of quarterly financial monitoring reports. This will include an update on the finance risk assessment and an assessment of any planned or anticipated changes in reserves;

Review of Reserves Policy Document

This document will be reviewed every four years or earlier if required.

Hazel Robertson

**Chief Financial Officer
Scottish Borders Integration Joint Board**

September 2022

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*Scottish Borders Health & Social Care
Integration Joint Board*



Meeting Date: 21 December 2022

Report By:	Chris Myers, Chief Officer	
Contact:	Chris Myers, Chief Officer	
Telephone:	<i>By Microsoft Teams</i>	
SCOTTISH GOVERNMENT MULTI-DISCIPLINARY TEAM FUNDING		
Purpose of Report:	To update the Integration Joint Board on the recent multi-disciplinary team funding from the Scottish Government, and to seek the support of the Integration Joint Board on the proposed approach to its allocation.	
Recommendations:	<p>The Health and Social Care Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> a) Note the new recurrent funding allocation, its scope and desired impacts b) Note the process undertaken to rapidly review potential initiatives c) Note the limitations outlined to our process within this paper d) Agree in principle to the earmarking of £312k recurrent funding from the allocation for the Community Equipment Store (£159k), and the Rapid Assessment and Discharge Service (£153k), pending further review by the Integration Joint Board's Strategic Planning Group. The Strategic Planning Group will also review associated directions. e) Agree to the approach of prioritising the £205k remaining MDT funding following further engagement at the Urgent and Unscheduled Care Programme Board with key stakeholders. 	
Personnel:	This will have an impact on staff by converting the need for staff to provide cover into the Rapid Assessment and Discharge service via a voluntary rota at weekends, to instead recruiting staff onto the rota of the Rapid Assessment and Discharge service.	
Carers:	Unpaid Carers must be fully engaged by the services described within this paper. It is expected that the review by the Strategic Planning Group will ensure that the views and contribution of carers are taken into account, and that the .	
Equalities:	Stage 1	A Stage 1 Integrated Impact Assessment is requested to be undertaken by the Rapid Assessment and Discharge Service and Community Equipment Store prior to review by the Strategic Planning Group.
Financial:	The Scottish Government notes that "Given the overall financial	

	<p>pressures across health and social care it is prudent to use existing reserves before allocating new funding. On that basis, Integration Authorities (IAs) would be expected to draw down existing reserve balances in the first instance before accessing new funding, to avoid a build up being carried forward into future financial years.”</p> <p>The letter also notes that “In the event of any underspend at year end, funds may be passed back to the Scottish Government or held in an earmarked reserves.”</p> <p>As a result, there was a need to work this proposal up quickly to ensure effective use of the funding. Rather than allocating funding, the paper recommends that funding is earmarked.</p>
Legal:	<p>The Directions take into consideration:</p> <ul style="list-style-type: none"> • Public Bodies (Joint Working) (Scotland) Act 2014 • Equality Act 2010 • The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 • Fairer Scotland Duty 2018
Risk Implications:	<p>In line with the short turnaround timescales having received the funding letter last month, a rapid process has been undertaken, which has consulted with a number of key urgent and unscheduled care subject matter experts, but has not been fully consultative with all of our relevant communities, including General Practitioners, Unpaid Carers and the general public.</p> <p>This risk needs to be balanced in the context of:</p> <ul style="list-style-type: none"> • the need to act rapidly to help reduce the current significant system pressures which are impacting on the outcomes of our communities • the fact that in the event of any underspend at year end, funds may be passed back to the Scottish Government <p>In recognition of these risks, a balanced approach is suggested for the allocation of recurrent MDT funding. This has been undertaken by:</p> <ul style="list-style-type: none"> • recommending that funding is earmarked rather than allocated for the Community Equipment Store and Rapid Assessment and Discharge Service pending further review, and; • holding back the remaining £205k funds for prioritisation at a later date, with a broader set of stakeholders, including General Practitioners, Unpaid Carers and Public members.
Direction required:	<p>Not at this stage, however a Direction will be required following review by the Strategic Planning Group:</p> <ul style="list-style-type: none"> • to Scottish Borders Council (Community Equipment Store) • to NHS Borders (Rapid Assessment and Discharge Service)

1 Situation

- 1.1. £948k of recurrent funding has recently been made available by the Scottish Government to the Scottish Borders Health and Social Care Integration Joint Board to support the development of HSCP MDTs in order to reduce risk/pressures across the health and social care system:
- £469k funding was announced for the Scottish Borders HSCP last November, of which:
 - £150k has been allocated by the Integration Joint Board to develop a new Polypharmacy review service for social care service users
 - £300k has been earmarked for the development of a new Hospital at Home service, subject to approval of the business case in quarter 4 2022/23
 - £19k is currently unallocated, and is supporting MDT associated funding pressures on a non-recurrent basis
 - £498k is new recurrent funding, announced on 3 November 2022

2 Background

- 2.1. A letter was received on 3 November 2022 from the Scottish Government relating to additional funding to Integration Authorities for Multi-disciplinary Teams. The Scottish Government note that “Given the overall financial pressures across health and social care it is prudent to use existing reserves before allocating new funding. On that basis, Integration Authorities (IAs) would be expected to draw down existing reserve balances in the first instance before accessing new funding, to avoid a build up being carried forward into future financial years.”
- 2.2. The letter also notes that “In the event of any underspend at year end, funds may be passed back to the Scottish Government or held in an earmarked reserve.”
- 2.3. This recurrent multi-disciplinary team funding has been allocated associated to the Adult Social Care Winter preparedness plan: 2021-22¹. The funding letter is enclosed in Appendix 1.
- 2.4. The letter notes the aims of this funding stream:
- “Recurrent funding is being provided to support and strengthen multi-disciplinary working across the health and social care system, to support timely discharge from hospital and prevent avoidable admissions to hospital, ensuring people can be cared for at home or as close to home as possible.”
- 2.5. The outcomes sought are:

¹ Scottish Government Adult Social Care Winter preparedness plan: 2021-22. Available from: <https://www.gov.scot/publications/adult-social-care-winter-preparedness-plan-2021-22/pages/1/>

“Expanding a fully integrated MDT approach to reduce delayed discharges from hospital and to meet the current high levels of demand in the community and alleviate the pressure on unpaid carers.”

2.6. In achieving these outcomes:

- MDTs should support social care assessments and augment hospital-to-home, transition and rapid response teams in the community
- Integrated Discharge Teams and Hubs should be established to support hospital discharge
- Dedicated hospital-to-home teams, involving third sector organisations where appropriate, to support older people home to be assessed in familiar surroundings, avoiding assessing people’s long-term needs in an acute hospital.
- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers
- Enable additional resources for social work to support complex care assessments and reviews.
- Additional support to speed up the process associated adults with incapacity legislation
- Creating or expanding a rapid community response to prevent avoidable presentation to hospital.
- Provide support to care homes and care at home services so that they are responsive to changing needs.

2.7. The Key Performance indicators are noted below:

- Significant reductions in delayed discharge and occupied bed days
- Number of NHS staff recruited at bands 3 and 4, to roles across community services and acute
- Increase in assessments carried out at home rather than hospital.
- Evidence of a reduction in the number of people waiting for an assessment.
- Evidence of a reduction in the length of time people are waiting for an assessment.

3 Assessment

Rapid assessment of potential initiatives

- 3.1. Due to the timescales outlined within the funding letter and the need to maximise impacts to reduce existing pressures, there was a need to undertake a rapid review of appropriate initiatives.
- 3.2. Due to the need to make progress quickly; rather than considering new developments, the Urgent and Unscheduled Care Programme Board opted to consider existing successful services / workstreams that aligned to the aims outlined by the Scottish Government, which are at risk due to the nature of their funding streams.

- 3.3. The Urgent and Unscheduled Care Programme Board recommended that on this basis, the following two initiatives are prioritised by the Integration Joint Board for recurrent funding:
- Community Equipment Store
 - Rapid Assessment and Discharge Service

Limitations

- 3.4. The turnaround timescales have resulted in a rapid process being undertaken, which has meant that the level of engagement with a number of stakeholders from our wider communities has been limited.
- 3.5. The Urgent and Unscheduled Care Programme Board consists of representatives from Primary and Community Services, Social Work and Practice, Social Care Commissioning, Mental Health and Learning Disabilities and Acute Services. At the time of the meeting, the group did not include wider representation from key stakeholders in our communities, including General Practitioners, Unpaid Carers or wider public members. The Urgent and Unscheduled Care Programme Board membership is being developed to include these key stakeholders.
- 3.6. As a result, in recognition of this, rather than allocating the funding, this paper makes a recommendation on earmarking the partial allocation of the recurrent funds (£312k of the remaining £517k funding). Slippage will be used to non-recurrently fund pressures aligned to the terms of the Scottish Government's MDT allocation.
- 3.7. As the Urgent and Unscheduled Care Programme Board develops its membership to fully include all relevant stakeholders, the remaining £205k recurrent funds will be reviewed, and recommendations will be made to the Integration Joint Board via the Strategic Planning Group.
- 3.8. Due to the timescales, the Integration Joint Board's Strategic Planning Group has not been consulted on the recommendations contained within this paper. As a result, in line with the Directions Policy and Procedure, Directions have not been developed as they need to be appropriately considered by the Integration Joint Board's Strategic Planning Group in the first instance.

Community Equipment Store

- 3.9. The Community Equipment Service provides a critical function to our communities. Through provision of a wide range of equipment, it prevents admission by facilitating clients to remain within their own homes and supports timely discharge from hospital. Equipment is purchased from new, delivered to the community, maintained, uplifted, decontaminated and recycled back in to use.

- 3.10. As members of the National Association of Equipment Providers the service is able to benchmark its service levels and return and recycle rates are exceptionally high.
- 3.11. A sustained increase in demand for equipment, plus supplier price increases of up to 25% have resulted in a requirement to increase funding to the equipment budget for the Community Equipment Service.
- 3.12. The equipment budget has been under significant pressure for a number of years and this pressure has escalated since the start of the Coronavirus pandemic in March 2020. The pandemic has resulted in four new pressures:
- More patients were being supported at home for longer resulting in extended equipment loans and higher volumes of equipment being used.
 - Introduction of new programmes such as Single Handed Care and Postural Care has resulted in more equipment of a higher value being distributed.
 - Changing practice in care homes has resulted in the loan of more items, of higher value, for longer. This demand can only be met through purchase of additional stock.
 - Since April 2021 the situation has been compounded by sustained increases in supplier prices resulting from supply chain shortages. In most cases these increases are up to 25% with a few, specialist products, now commanding a 50% increase in price. Suppliers are warning of further price rises to come
- 3.13. Initially these pressures were met by use of contingency stock which had been purchased in anticipation of supply chain interruptions resulting from Brexit. Subsequently the pressure has been met through use of Government COVID funding which will be coming to an end (£159k in Full Year 21/22). By not identifying a recurrent funding stream to cover this pressure, this will impact by reducing the capacity within the service.
- 3.14. £159k of the allocation is requested to be earmarked to support the staffing of the ongoing core provision of this service, to enable associated funding for equipment, and to support service user outcomes.

Rapid Assessment and Discharge Service

- 3.15. The Rapid Assessment and Discharge service is based with the Medical Assessment Unit (MAU) and Emergency Department (ED) within the BGH. Currently the RAD team work core hours Monday to Friday 8.30 am – 4.30 pm. Patients presenting to the ED after the hours of 3.30pm are therefore not assessed by physiotherapy/ occupational therapy until the following day. Weekend rotas are covered on a voluntary basis and paid as additional hours. The leaves continuity of the weekend service at risk and vulnerable in terms of sickness absence and at peak times of annual leave.
- 3.16. The RAD funded establishment currently sits at 2.6 Whole Time Equivalent which includes provision of a volunteer weekend rota from wider AHP staffing. This model does not support uplift for predicted absence and therefore service provision drops significantly during periods of leave such as sickness absence

and vacancy cover. During these periods RAG status for RAD often reduces from amber to red. It is not uncommon to have only 1 therapist on MAU, with unmet demand greater than 40%.

- 3.17. This core staffing provides a clinical capacity of 44 assessments per week. Winter funding 21/22 enabled a test of change/pilot of an Advanced Physiotherapy Practitioner (APP) frailty in the Emergency Department. Current enhanced staffing due to winter funding has increased capacity to 72 assessments per week.
- 3.18. The most significant Key Performance Indicator within RAD is the number of discharges from MAU and ED. Secondary Key Performance Indicators include: assessment to discharge ratio, onward referral to community services, and re-admission rates.
- 3.19. When core RAD staff deliver this service, the ratio of assessment to discharge is approximately 50%. When staffed by non-core RAD staff (e.g. staff volunteering on a rota to cover weekends), the conversion rate is approx. 20%. It is expected that recurrent of funding for this service will increase the conversion rate of assessment to discharge, thus reducing unnecessary hospital admissions, deconditioning, hospital occupied bed days and the demand for care.
- 3.20. £153k of the allocation is requested to be earmarked to support the recurrent funding of this service, which will increase its productivity and impacts, and improve service user outcomes.

4 Recommendations

- 4.1. The Health and Social Care Integration Joint Board is asked to:
 - a) Note the new recurrent funding allocation, its scope and desired impacts
 - b) Note the process undertaken to rapidly review potential initiatives
 - c) Note the limitations outlined to our process within this paper
 - d) Agree in principle to the earmarking of recurrent funding from the allocation for the Community Equipment Store (£159k), and the Rapid Assessment and Discharge Service (£153k), pending further review by the Integration Joint Board's Strategic Planning Group. The Strategic Planning Group will also review associated directions
 - e) Agree to the approach of prioritising the £205k remaining MDT funding following further engagement at the Urgent and Unscheduled Care Programme Board with key stakeholders

Appendix 1: MDT funding letter



MDT Funding letter
2223 0311.pdf

Appendix 2: Bids from the Community Equipment Store and Rapid Assessment and Discharge services



RAD proposal.docx



CES SBAR (updated
08.04.22) JY.docx

**Social Care and National Care Service
Development Directorate**

Angie Wood, Director



Scottish Government
Riaghaltas na h-Alba
gov.scot

E: angie.wood@gov.scot

HSCP Chief Officers
HSCP Chief Finance Officers
NHS Directors of Finance
Local Government Directors of Finance

via email

03 November, 2022

Funding for Multi-Disciplinary Teams

Colleagues

I am writing to provide detail on the funding arrangements for MDTs as announced as part of the Adult Social Care - Winter Preparedness Plan: 2021-22.

As noted in the 23 June 2022 letter, the funding being made available in 2022-23 is £40 million on a recurring basis.

Given the overall financial pressures across health and social care it is prudent to use existing reserves before allocating new funding. On that basis, Integration Authorities (IAs) would be expected to draw down existing reserve balances in the first instance before accessing new funding, to avoid a build up being carried forward into future financial years.

Annex A of this letter sets out the distribution of the total funding available for MDTs for 2022-23, as well as the first tranche of funding being allocated. Tranche 1 will be 75% of the total allocation and be distributed to Health Boards on a GAE basis. This must be passed in full to Integration Authorities.

Should the further 25% of the allocation be required within this financial year, it will be made available. However, we ask that you continue monitor your MDT earmarked reserve position closely and ensure tranche 1 is fully committed before confirming any tranche 2 allocations.

In the event of any underspend at year end, funds may be passed back to the Scottish Government or held in an earmarked reserves.

Yours sincerely

Angie Wood
Interim Director Social Care and National Care Service Development Directorate





Annex A – MDT Funding

	All Adult Social Care 2022/23 GAE %	Full Allocation (£)	Tranche 1 Allocation (£)
Aberdeen City	3.76%	1,504,000	1,128,000
Aberdeenshire	4.25%	1,700,000	1,275,000
Angus	2.40%	960,000	720,000
Argyll & Bute	1.83%	732,000	549,000
Clackmannanshire	0.94%	376,000	282,000
Dumfries & Galloway	3.29%	1,316,000	987,000
Dundee City	2.85%	1,140,000	855,000
East Ayrshire	2.32%	928,000	696,000
East Dunbartonshire	2.04%	816,000	612,000
East Lothian	1.93%	772,000	579,000
East Renfrewshire	1.75%	700,000	525,000
City of Edinburgh	8.88%	3,552,000	2,664,000
Falkirk	2.83%	1,132,000	849,000
Fife	6.98%	2,792,000	2,094,000
Glasgow City	11.07%	4,428,000	3,321,000
Highland	4.45%	1,780,000	1,335,000
Inverclyde	1.64%	656,000	492,000
Midlothian	1.52%	608,000	456,000
Moray	1.86%	744,000	558,000
Na h-Eileanan Siar	0.61%	244,000	183,000
North Ayrshire	2.76%	1,104,000	828,000
North Lanarkshire	5.81%	2,324,000	1,743,000
Orkney Islands	0.45%	180,000	135,000
Perth & Kinross	3.19%	1,276,000	957,000
Renfrewshire	3.32%	1,328,000	996,000
Scottish Borders	2.37%	948,000	711,000
Shetland Islands	0.39%	156,000	117,000
South Ayrshire	2.50%	1,000,000	750,000
South Lanarkshire	5.87%	2,348,000	1,761,000
Stirling	1.62%	648,000	486,000
West Dunbartonshire	1.66%	664,000	498,000
West Lothian	2.86%	1,144,000	858,000
Total	100%	40,000,000	30,000,000

Annex B – Purpose of Funding

The below has been extracted from the original funding letter from Richard McCallum, sent on 4 November 2021:

“Multi-Disciplinary Working

Overview: The development of Multi-Disciplinary Team has been a key factor of integration, bringing together members of different professional groups to improve person centred planning and increase efficiency in assessment, review and resource allocation. Members generally include Social Workers, Healthcare Professionals, Occupational Therapists, as well as voluntary sector organisations who bring an additional level of local expertise, particularly in the art of the possible. Good MDTs will also have effective links with other relevant teams such as housing and telecare colleagues.

Territorial health boards are being asked to recruit 1,000 staff at AfC bands 3 - 4 over the next 3-4 months, to provide additional capacity across a variety of health and care services.

Boards are being asked to recruit staff, to assist with the national programme of significantly reducing the number of delayed discharges. New recruits, principally at bands 3 and 4, can be allocated to roles across acute and community services, working as part of multi-disciplinary teams providing hospital-to-home, support with care assessment and bridging care services. Where required, Boards can take forward some Band 2 roles to support acute health care services.

Recurrent funding is being provided to support and strengthen multi-disciplinary working across the health and social care system, to support timely discharge from hospital and prevent avoidable admissions to hospital, ensuring people can be cared for at home or as close to home as possible.

Outcome: Expanding a fully integrated MDT approach to reduce delayed discharges from hospital and to meet the current high levels of demand in the community and alleviate the pressure on unpaid carers.

In achieving this outcome:

- MDTs should support social care assessments and augment hospital-to-home, transition and rapid response teams in the community.
- Integrated Discharge Teams and Hubs should be established to support hospital discharge.
- Dedicated hospital-to-home teams, involving third sector organisations where appropriate, to support older people home to be assessed in familiar surroundings, avoiding assessing people’s long-term needs in an acute hospital.
- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers
- Enable additional resources for social work to support complex care assessments and reviews.
- Additional support to speed up the process associated adults with incapacity legislation.
- Creating or expanding a rapid community response to prevent avoidable presentation to hospital.
- Provide support to care homes and care at home services so that they are responsive to changing needs.

Key Performance Indicators:

- Significant reductions in delayed discharge and occupied bed days
- Number of NHS staff recruited at bands 3 and 4, to roles across community services and acute.
- Increase in assessments carried out at home rather than hospital.
- Evidence of a reduction in the number of people waiting for an assessment.
- Evidence of a reduction in the length of time people are waiting for an assessment.”



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SBAR Community Equipment Service – Pressures on Equipment Budget

Paul Cathrow

10 Jan 22

Revised John Yallop 8 Apr 22

Situation

A sustained increase in demand for equipment, plus supplier price increases of up to 25%, have cumulatively resulted in a requirement to increase joint funding to the equipment budget for the Community Equipment Service.

Background

The Community Equipment Service provides a critical function. Through provision of a wide range of equipment, it supports timely discharge from hospital and prevents admission by facilitating clients to remain within their own homes. Equipment is purchased from new, delivered to the community, maintained, uplifted, decontaminated and recycled back in to use. As members of National Association of Equipment Providers we are able to benchmark our service levels and return and recycle rates are exceptionally high. This is also evidenced by an NSS audit undertaken in 2016.

The equipment budget has been under significant pressure for a number of years and this pressure has escalated since the start of the Coronavirus pandemic in March 2020. The pandemic has resulted in four new pressures:

1. More patients were being supported at home for longer resulting in extended equipment loans and higher volumes of equipment being used.
2. Introduction of new programmes such as Single Handed Care and Postural Care has resulted in more equipment of a higher value being distributed.
3. Changing practice in care homes has resulted in the loan of more items, of higher value, for longer. This demand can only be met through purchase of additional stock.
4. Since April 2021 the situation has been compounded by sustained increases in supplier prices resulting from supply chain shortages. In most cases these increases are up to 25% with a few, specialist products, now commanding a 50% increase in price. Suppliers are warning of further price rises to come

Initially these pressures were met by use of contingency stock which had been purchased in anticipation of supply chain interruptions resulting from Brexit. Subsequently the pressure has been met through use of Government COVID funding (£159k in FY 21/22).

Assessment

The Community Equipment Service remains an efficient service delivering best value. The majority of our procurement is through national framework agreements which result in best available value. Those purchases outside of frameworks are undertaken with every effort to ensure best value. The return and recycle rates are amongst the best in the industry.

The Professional Leads in the Equipment Service work closely with Referrers to scrutinise every non-core order and to agree lower cost alternatives wherever possible.

Demand changes resulting from Coronavirus will continue irrespective of pandemic status, this is now our new demand model. Continued demographic growth, pressures on community services and supply chain price increases will result in ongoing budgetary pressure which cannot be absorbed within existing budgets, which are 50/50 funded from Scottish Borders Council and NHS Borders. It is therefore necessary to increase the equipment budget.

It should be noted that increasing equipment purchase levels will result in an increase in associated storage, cleaning and distribution costs. This increase will be a step-change in nature and the service is rapidly approaching the point where additional staff and transport are required. Work will begin shortly in determining what this increase in operational costs will look like.

Recommendations

It is recommended that:

1. The equipment budget for FY 22/23 be increased by £159k to match spend from FY 21/22. Funding of this budget increase should be on the existing 50/50 basis between Scottish Borders Council and NHS Borders.
2. The H&SCP is note the risk that further increases may be required throughout the year if supplier prices continue to increase above inflation and at short notice.
3. A further report will be considered in the near future which will identify further funding required to cover additional operational cost increases.

Unscheduled Care: Resetting the System Business Case

Section 1 (This section is mandatory)

1. Proposal description

1.1. Proposal title

Increase Occupational Therapy and Physiotherapy workforce within Rapid Assessment for Discharge (RAD) and frailty team to become a 52 week/ 7 day service 7am – 6pm.

1.2. Name of the person leading the Workstream

Lorna Darrie (Physiotherapy Service Lead)

Joanna Stewart (Occupational Therapy Service Lead)

2. What is the proposal intended to do?

2.1. Proposal description

The RAD AHP serviced is based with the Medical Assessment Unit (MAU) and Emergency Department (ED) with the BGH. Currently the RAD team work core hours Monday to Friday 8.30 am – 4.30 pm. Patients presenting to ED after the hours of 3.30pm are therefore not assessed by physiotherapy/ occupational therapy until the following day. Weekend rotas are covered on a voluntary basis and paid as additional hours. The leaves continuity of the weekend service at risk and vulnerable in terms of sickness absence and at peak times of annual leave. Winter funding 21/22 has enabled test of change/pilot of an Advanced Physiotherapy Practitioner (APP) frailty in the Emergency Department. The data presented in 2.3 and financial calculations in 2.4.4 are based on this test of change.

Nationally, this proposal will deliver a positive impact within the unscheduled care workstream; optimising flow and 'Discharge without Delay'

- Increase in Prevention of Admission of people presenting to the Emergency Department
- Reduction in Length of Stay of people admitted to Medical Admissions Unit (MAU) and ward inpatients.

Locally, it is anticipated that this proposal will deliver a positive impact on the Acute Recovery Programme Board Priorities:

- 1) Increase Frailty Provision in ED and MAU
- 2) Impacting 'Productive Ward' by improving ward communication
- 4) Impacting Elective Bed Model by facilitating patient flow.
- 5) Development of Pathways from ED Direct to Speciality

It is proposed that an increase in registered Occupational Therapy, Physiotherapy and HCSW workforce within the RAD and Frailty team would facilitate new working patterns as follows:

- working 52 weeks a year
- working across 7 days
- working different daily shift patterns (Early 7am – 3pm, Late 10am – 6pm)

- Workforce establishment uplift of 21% to ensure annual leave and absence cover.



RAD rota and
staffing calculations.d

In order to deliver a service as described above the team will require the workforce skill-mix described in **fig. 1**.

Staff Grade	Current Staffing	Current Cost to Employ (22/23)	Proposed staff requirement	Proposed Cost to Employ (22/23) incl 21% headroom	Increase Required (WTE)	Funding Requirement
Band 7	1	59,959.00	3	£217,650	2	£157,691.00
Band 6	1.6	£79,393.60	1	£60,041	-0.6	-£36,024.60
Band 5	0	£0.00	1	£48,398	1	£48,398.00
Band 4	0	£0.00	2	£80,211	2	£80,211.00
Band 3	0	£0.00	1	£36,870	-1	£36,870.00
Temp 7	1	59,959.00	0	0	-1	-£59,959.00
Temp 3	2	£60,942.00	0	0	-2	-£60,942.00
TOTAL	4.6	£260,253.60	8	£443,170	3.4	£166,245

Fig. 1

Note – See embedded doc for details of workforce skill-mix



Proposed RAD
Workforce Skillmix.dc

2.2. Proposal category

Prevent admission

2.3. Baseline and impact

2.3.1. Current baseline

Data for the period 10/01/2022 – 04/02/2022	
Number of ED POA (prevention of admission)	34
Number of RAD Assessments in ED	68
Known unmet Need ED (based on Out of Hours/weekend presentations) *	16
Total Number of RAD Assessments in MAU	190
Number of RAD led D/Cs from MAU	49
Unmet need MAU (data collected 16/03/22 – 13/04/2022)	134 (not Ax within 24 hours)

* Unmet need numbers anticipated to be significantly higher than currently identified.

Fig.2

Type of Clinical Presentations	
Fall/Frailty (national data average LOS 35 Days)	42
Medical	15
Neuro	3
Palliative	1
MSK	5

Fig.3

2.3.2. Expected impact

Enhanced workforce 7am – 6pm across 7 days will greatly impact on number of patients assessed, treated and discharged which will reduce their length of stay and prevent admission to hospital. A 7-day service will provide continuity and efficiencies to service delivery with reduction in handover time.

The RAD team are experts in complex discharge planning and will provide education to staff working across acute services in turn, promoting discharge to assess model. The team will also provide an out-reach model by supporting patients to return home and providing community follow up and rehabilitation, thus supporting the Home First ‘Discharge to Assess’ approach.

2.3.3. How will the impact be measured and evaluated against the baseline?

Robust data collection of time to first assessment, onward referral and discharge data will be measured and evaluated. This will provide accurate data which will be measured against current baseline data which will highlight financial impact, patient flow, increased discharges and reduction of admission.

2.4. Benefits

2.4.1. Benefits to service users

Prevention of Admission (PoA) = improved person-centred outcomes and self-management closer to home or homely setting

Reduction in Length of Stay - earlier identification of frailty, earlier identification of Planned Discharge Date (PDD) = reduction in LoS and Hospital Acquired Deconditioning (HAD) and Hospital Acquired Infection (HAI), reduction in falls and harm.

2.4.2. Benefits to staff

Continuity of service over 7 days will provide return on investment by reducing the weekend build up of referrals and assessments on Monday. This has potential to enhance staff wellbeing, reduce stress and work related anxiety, increase job satisfaction, team working and staff recruitment and retention.

2.4.3. Benefits to the system (non-financial)

- Potential to support BUCC/ ambulatory care through PT input for soft tissue injury, walking aid/equipment prescription, assessment of acute on chronic pain presentations
- Move from volunteer weekend service to rostered service provides potential to develop community based weekend model therefore increasing community capacity. This is currently limited by the number of available ‘volunteers’.
- Improved more rapid multidisciplinary decision making

- Enhanced ability to meet DWD priorities; 'Home First' Principles, PDD and Pathways model approach to discharge planning
- Improved profile and understanding of role and contribution of OT/PT and HCSWs
- Improved communication across the whole system into Primary & Community Services Teams and Social care

2.4.4. Benefits to the system (financial)

Based on the data detailed in 2.3.1 the following assessment can be made on costs associated with Prevention of Admission directly linked to our service.

APP Test of Change 10/01/22 – 04/02/22					
Acute Bed - cost per day	Average LOS (Fall / Frailty)	TOTAL	ED POA x 1 WTE APP (Current 5 Day Week)	Predicted Cost Saving POA	Annualised
£450.00	35	£15,750.00	34	£535,500.00	£6,426,000.00

Fig.4

Expected Impact of proposal					
Acute Bed - cost per day	Average LOS (Fall / Frailty)	TOTAL	ED POA x 2 WTE APP (Proposed 7 Day Week)	Predicted Cost Saving POA	Annualised
£450.00	35	£15,750.00	47.6	£749,700.00	£8,996,400.00

Fig.5

Based on the above test of change, increasing ED staffing resource as per our proposal detailed in 2.1 a further annual prevention of admission cost saving of £2,570,400.00 could be achieved.

Net of increased staff costs at £166,245.00 = **£2,298,151 cost saving based on inpatient bed days saved**

Further predications can be calculated as follows:

- Unmet need within MAU for period 16/03/2022 – 13/04/2022 = 134 not assessed within 24 hours
- No unmet need recorded when the team are staffed with 3 registered staff and 1 HCSW = optimal staffing levels – reflected in example RAD rota embedded within section 2.1
- Unmet need within ED for period 10/01/22 – 04/02/22 = 15 (estimated as unmet need data collection at weekend is variable). Annualised = 180 referrals for RAD Ax unmet.
- Based on Test of Change (see **Fig. 2**) approx 50% of RAD assessments in ED result in Prevention of Admission = 90
- Based on proposed workforce and average length of stay this has potential to save 3150 inpatient bed days.
- 3150 x £450 (average acute cost bed per day) = a further **£1,417,500 potential cost saving based on inpatient bed days saved**

2.5. Proposed Measures (KPIs/QPIs)

Emergency Access Standard

Length of time to 1st Assessment

Delayed Discharges

Patient Experience

Staff Experience

Earlier identification of frailty (implementation of frailty score/competencies)

2.6. Alignment to national / local strategies or workstreams / IJB directions

Discharge without Delay

2.7. Alignment to National Health and Wellbeing outcomes

Please note all national health and wellbeing outcomes that this proposal would impact upon

N	Description	Mark X for all that apply
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	x
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	x
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	x
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	x
5	Health and social care services contribute to reducing health inequalities.	x
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	
7	People who use health and social care services are safe from harm.	x
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	x
9	Resources are used effectively and efficiently in the provision of health and social care services.	x

3. Proposal feasibility/impact assessment

3.1. Expected feasibility

High

3.2. Expected impact

High

3.3. Expected effort

Medium

3.4. Expected delivery timescales

Long-term

3.5. Is an Equalities / Human Rights Impact Assessment required?

No - if not, explain why RAD team already exists, this is to enhance the existing structure.

3.6. Is any project management support required?

No.

3.7. Key risks to delivery

Risk description	Likelihood (1-5)	Impact (1-5)	Mitigation	Residual likelihood (1-5)	Residual impact (1-5)
Inability to recruit to new posts if these are fixed term temporary	5	5	Permanent appointments	1	2
Lack of community capacity (Home First, social care, third sector) limiting the impact of POA and therefore reducing benefit	3	3	Ongoing work to develop Home First in tandem with RAD in order to maximise capacity across the system	2	2

4. Financial requirements

Please complete all parts of section 4 following discussion with your finance business partner

4.1. Does this align to an existing financial workstream/source?

Yes - Discharge without Delay

4.2. Expected costs

Proposed Establishment					
Grade	Indicative*			Indicative*	
	1 x WTE 21/22 Cost £	2 x WTE 22/24 Cost^ £	WTE	Total 22/23 Cost^ £	Indicative* Cost Incl. 21% Headroom £
B7	58,783	59,959	3.0	179,876	217,650
B6	48,648	49,621	1.0	49,621	60,041
B5	39,214	39,998	1.0	39,998	48,398
B4	32,495	33,145	2.0	66,290	80,211
B3	29,874	30,471	1.0	30,471	36,870

	366,257	443,170

Current Substantive Establishment					
Grade	Indicative*			Indicative*	
	1 x WTE	2 x WTE		Total	
	21/22	22/24		22/23	
	Cost	Cost^		Cost^	
	£	£	WTE	£	
B7	58,783	59,959	1.0	59,959	
B6	48,648	49,621	1.6	79,394	
				139,352	139,352

Additional Funding Requirement	226,904	303,818
---------------------------------------	----------------	----------------

4.3. Recurrent or Non-recurrent funding required

Recurrent

5. Support for business case

5.1. Please provide the list of stakeholders who support this bid

Paul Williams (Associate Director AHPs, NHS Borders)

Lynne McCallum (Medical Director, NHS Borders)

Janet Bennison (Associate Medical Director, NHS Borders)

Rachel Stewart (Consultant Geriatrician, NHS Borders)

Eva Palik (Consultant Acute Medicine, NHS Borders)

Colm McCarthy (Consultant Emergency Medicine, NHS Borders)

Louise McIntosh (Senior Charge Nurse, MAU, NHS Borders)

Lesley Anderson (Senior Charge Nurse, ED, NHS Borders)

James Taylor (Locum General Medicine Consultant)

5.2. Finance business partner sign-off

Paul McMenemy (PCS Finance Business Partner)

5.3. Director sign-off

Insert name here

5.4. Contact details for person submitting the case

Lorna.darrie@borders.scot.nhs.uk

Joanna.stewart@borders.scot.nhs.uk

Section 2 (Complete this section if/once the proposal is approved by the panel)

6. How will the Integration delivery principles be carried out?

This section only needs to be completed if the proposal is shortlisted.

The integration delivery principles are:	
The main purpose of services is to improve the wellbeing of service-users, and services should be provided in a way that:	Describe how you will achieve this in the rows below
<ul style="list-style-type: none"> is integrated from the point of view of service-users, 	
<ul style="list-style-type: none"> takes account of the particular needs of different service-users, 	
<ul style="list-style-type: none"> takes account of the particular needs of service-users in different parts of the area in which the service is being provided, 	
<ul style="list-style-type: none"> takes account of the particular characteristics and circumstances of different service-users, 	
<ul style="list-style-type: none"> respects the rights of service-users, 	
<ul style="list-style-type: none"> takes account of the dignity of service-users, 	
<ul style="list-style-type: none"> takes account of the participation by service-users in the community in which service-users live, 	
<ul style="list-style-type: none"> protects and improves the safety of service-users, 	
<ul style="list-style-type: none"> improves the quality of the service, 	
<ul style="list-style-type: none"> is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care), 	
<ul style="list-style-type: none"> best anticipates needs and prevents them arising, 	
<ul style="list-style-type: none"> makes the best use of the available facilities, people and other resources. 	

RAD Business Case proposal for MDT funds

Written by: Paul Williams (Associate Director AHPs)

Bhav Joshi (GM Unscheduled Care)

Situation

This paper outlines an alternative workforce proposal at significantly reduced cost from an original frailty / RAD business case submitted to HCSP leadership team in April 2022. (See embedded document)



SBHSCP RAD-Frailty
Business Case2 (003)

The RAD team is comprised of Occupational Therapists, Physiotherapists, HCSW and form part of the wider multi-disciplinary team across ED and MAU. The team's primary function is to facilitate assessment, treatment and discharge across front door services through complex physical, social and medical assessment. The value and necessity of this team has been supported by clinicians, ward staff and Acute Hospital Management.

The AHP skills, knowledge and experience required to deliver this service is outwith core physiotherapy and occupational therapy competency due to the specialist and cross-professional boundary skills that are required. This requires specialist staff and senior clinical decision makers to be based within the service, and also necessitates training and development across wider Physiotherapy and Occupational Therapy staffing groups across Acute services.

A Winter bid for additional staffing from Dec 21- present has allowed an increase in RAD staffing resource from 2.6wte to 4.6wte incorporating an APP based in ED.

Activity/ KPIs

The most significant KPI within RAD is the number of discharges from MAU/ED. Secondary KPIs include: assessment to discharge ratio, onward referral to community services, and re-admission rates. When core RAD staff are delivering this service, the ratio or assessment to discharge is approximately 50%. When staffed by non-core RAD staff, the conversion rate is approx. 20%.

Demand

Activity data is captured and reported through EMIS-web.

Average activity Jan-Nov 22 (with enhanced staffing in place)

- Average weekly ED assessments – 21
- Average weekly MAU assessments – 64
- Average weekly discharges from ED – 13
- Average weekly discharges from MAU – 29

[Type here]

Average Demand Jan- Nov 22

Average weekly ED referrals – 26

Average weekly MAU referrals - 75

Capacity

RAD funded establishment currently sits at 2.6wte which includes provision of a volunteer weekend rota from wider AHP staffing. This model does not support uplift for predicted absence and therefore service provision drops significantly during periods of leave such as sickness absence and vacancy cover. During these periods RAG status for RAD often reduces from amber to red. It is not uncommon to have only 1 therapist on MAU, with unmet demand greater than 40%.

This core staffing provides the following clinical capacity (when accounting AL/ sickness absence/ vacancy):

- Average total assessment time to facilitate discharge: 65mins
- Daily Capacity per therapist: 4-6 assessments
- 'Core' service capacity: 44 assessments per week

Current enhanced staffing due to winter funding has increased capacity to (when accounting AL/ sickness absence/ vacancy):

- Current 'enhanced' service capacity: 72 assessments per week

Unmet need

The above demand and capacity mismatch is confirmed through unmet need (those patients who could have achieved same day discharge if assessed) captured during the Kaizen project and during reduced 'core' staffing levels.

- Weekly unmet need (core staffing) – 32 **
- Weekly unmet need (enhanced staffing) – 8 *

* Data from MAU Kaizen project

** snapshot from 7/11/22 when staffing equated core staffing due to sickness absence

Proposal

The following skill mix is required to meet current service demand and KPIs.

Core establishment

- 1 wte B7 Team Lead (in post)
- 0.6 wte B6 Physiotherapist (in post)
- 1.0 wte B6 OT (in post)

Additional staffing required

- 1 wte B7 APP in ED (to prevent admission to MAU)

[Type here]

- 1 wte B5 OT (to enable 7 day cover)
- 0.4 wte B6 Physio (to enable 7 day cover)
- 1 wte B4 HCSW (increase capacity throughout week, release specialist staff time)

Benefits

The above staffing proposal will bring the following benefits:

- Ability to meet current demand across ED and MAU in order to facilitate the maximum number of discharges across 7 days
- Weekend service to be staffed predominantly from RAD core staff thus providing consistency and maximising assessment: discharge ratio. Wider AHP staff to supplement rota as required.
- Core staff working 5 over 7 pattern to negate the necessity to rely on volunteer rota
- Increased resilience to mitigate risk of service entering red RAG status
- Increased service capacity to ensure 'RAD principles' are promoted across BGH downstream wards and community teams.

Finance required

Additional Staffing	Annual Cost	Overall cost
1.0 WTE Band 7 Advanced Practitioner - ED	£59,959.00	£152,979
0.4 WTE Band 6 Physiotherapist	£19,848	
1 WTE Band 5 Occupational Therapist	£39,996	
1 x WTE Band 4 Therapy Support Worker	£33,144.00	

Risks/ Contingencies

RAD input to ED/MAU remains an area of clinical importance regarding hospital flow. The risks and mitigations for the service moving forward include:

Risk	Impact	Grade	Mitigation
Staffing returns to established 2.6wte	Unable to guarantee weekend cover and poor resilience without predicted absence allowance. Risk of 40%+ unmet need with MAU equating to 30+ missed discharges per week	High	Unable to mitigate within service
Direct RAD input to ED stopped	Significant reduction in admission prevention (In sept	High	Unable to mitigate within service

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	2022, 101 assessments and 70 discharges direct from ED (avoiding admission)		
Hospital flow impacted by reduction/ lack of resilience within RAD team	Increased pressure across MAU/ ED and emergency access standards. Increased pressure across downstream wards and Home First regarding discharge profile.	High	Other services flexing to accommodate flow pressures but limited due to bed/ service capacity.
RAD establishment increased to 5wte as per proposal but without 22% predicted absence allowance	Intermittent unplanned short term absence to move service from green to amber. Intermittent necessity to utilise volunteers to fill weekend rota in this instance.	Medium	5 over 7 working pattern to ensure core RAD staff populate weekend rota, with enhanced training to support wider AHP services to fill any weekend gaps. In order to fully mitigate, staffing would need to significantly increase in line with original business case.
RAD service does not currently provide extended hours coverage (8am- 8pm)	Some discharges may be delayed by RAD staff working core 8:30-4:30pm hours	Low	Month long pilot demonstrated minimal benefit of extended hours due to the limitations of other core services beyond 4:30pm (Home First/ START/ pharmacy/ transport)
Workforce recruitment to support additional roles	Ongoing national recruitment challenges across AHP services, and risk of not recruiting to these roles.	Low	RAD clinical roles seen as desirable within AHP services and therefore recruitment not seen as a high risk. If internal staff move into these roles, it is easier to cover downstream roles through agency/ bank staff.

*Scottish Borders Health & Social Care
Integration Joint Board*



Meeting Date: 16 November 2022

Report By	Hazel Robertson, Chief Finance Officer IJB
Contact	Hazel Robertson, Chief Finance Officer IJB
Telephone:	07929 760533
MONITORING AND FORECAST OF THE HEALTH AND SOCIAL CARE PARTNERSHIP BUDGET 2022/23 AT 30 SEPTEMBER 2022	
Purpose of Report:	The purpose of this report is to update the IJB on the year to date and forecast year end position of the Health and Social Care Partnership (H&SCP) for 2022/23 based on available information to 30 September 2022.
Recommendations:	<p>The HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD is asked to:</p> <ul style="list-style-type: none"> a) Note the forecast adverse variance of (£6.740m) for the H&SCP delegated services for the year to 31 March 2023 based on available information. b) Note that the forecast position includes costs relating to mobilising and remobilising in respect of Covid-19, and assumes that all such costs will be funded via Scottish Government monies held in the earmarked reserve. c) Note that a recovery plan is in development and that any expenditure in excess of delegated budgets in 2022/23 will require to be funded by additional contributions from the partners in line with the Scheme of Integration. Previously, additional contributions have not been repayable. d) Note that set aside budgets continue to be under significant pressure as a result of activity levels, flow and delayed discharges. e) Agree the importance of ensuring that the strategic commissioning and planning process currently in progress is used to identify options for change which will improve the long term financial sustainability of the partnership whilst at the same time addressing priority needs.
Personnel:	There are no resourcing implications beyond the financial resources identified within the report. Any significant resource impact beyond those identified in the report that may arise during 2022/23 will be reported to the Integration Joint Board.
Carers:	N/A

Equalities:	There are no equalities impacts arising from the report.
Financial:	<p>No resourcing implications beyond the financial resources identified within the report.</p> <p>The report draws on information provided in finance reports presented to NHS Borders and Scottish Borders Council. Both partner organisations' Finance functions have contributed to its development and will work closely with IJB officers in delivering its outcomes.</p>
Legal:	Supports the delivery of the Strategic Plan and is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
Risk Implications:	Reviewed in line with agreed risk management strategy. The key risks outlined in the report form part of the risk register for the partnership.

Background

- 1.1 The report provides the year to date financial position and an initial forecast position for functions delegated to the H&SCP (the "delegated budget") and the budget relating to large-hospital functions retained and set aside for the population of the Scottish Borders (the "set-aside budget").
- 1.2 The forecast is based on the available information presented to Scottish Borders Council and the Board of NHS Borders. It highlights key variances at month 6 compared to budget. NHS Borders and Scottish Borders Council, at the time of writing this report have considered the financial position at month 6.
- 1.3 Finance reports are prepared quarterly and brought to the IJB for consideration. As the year progresses, further analysis and refinement will allow the IJB to assess the likelihood of achieving breakeven relative to the budget approved in June 2022.
- 1.4 A process for financial evaluation of spending plans has been developed and approved by the Strategic Planning Group. The proposal will ensure that financial plans which underpin the Strategic Commissioning Plan will cover disinvestment as well as investment. This will be essential in moving towards achievement of recurrent financial balance.

Overview of Monitoring and Forecast Position at 30 September 2022

2.1 The paper presents the consolidated financial performance at the end of September 2022 (period 6). Members should be aware that the forecast is subject to risks and uncertainties which will be revised over the coming months.

2.2 Table 1 shows the end of September actual spend across the partnership.

Table 1 end June 2022	Actual £000s	Key issues
Healthcare delegated	68,392	Vacancies, unachieved savings, risk re drugs prices
Social Care delegated	20,364	Receipt of additional funding from SG
Hospital set aside	15,417	Additional nursing and medical staffing, additional beds to deal with delays

2.3 Table 2 shows the current year end forecast.

Table 2 forecast year end	Forecast £000s	Key issues
Healthcare delegated	(4,904)	Unidentified savings (4,839), significant vacancies, which when filled will reduce underspends
Social Care delegated	0	Forecast achievement of budget and savings. Earmarking funds into 2023/24
Hospital set aside	(1,836)	Additional nursing and medical staffing, additional beds to deal with delays

2.4 Forecasts include the estimated impact of non-delivery of savings plans. The NHS forecast continues to be subject to detailed review. As such, members should recognise that the forecast is an indication of current expenditure trend and is unlikely to be a full representation of the likely outturn. An assessment of financial risk for this year will be developed based on the Quarter Two outcomes and ongoing review and challenge of assumptions across Scottish Borders Council's Fit for 2024 and NHS Borders' Financial Turnaround Programmes. A review of reserves brought forward has identified a potential contribution of £0.7m to the forecast outturn.

Significant issues at 30 September 2022

Healthcare functions

3.1 Currently, NHS Borders' is presenting £1m delivery of forecast savings. Beyond the additional costs of Covid-19, including the non-delivery of planned savings on which the financial plan is predicated, operational functions are still reporting a reduction in core activity such that net of the additional costs of Covid-19 and undelivered savings, results in a £350k favourable position at the end of period 6.

3.2 IJB have previously been advised of the tightening of the Primary Care Improvement Programme (PCIP) allocation. The current programme has been reprioritised to live within existing resources for this financial year. We have not yet received tranche 2 funding for the current year. There is a projected annual

shortfall of £2.5m to fund the full programme. We do not know what the government plans are for base-lining this programme.

Social Care functions

- 3.3 The unusual position of reporting net income for older peoples services instead of spend is due to the upfront transfer of social care funding and health board resource transfer from NHS Borders during the first quarter for the whole of the financial year. Other income factors are Covid-19 funding for social care sustainability and the offset of 2021/22 funding allocations brought forward into 2022/23.
- 3.3 The SBC forecast assumes all Covid-19 costs included within the Local Mobilisation Plan, including undelivered efficiency savings, will be funded by the Scottish Government in full.

Large Hospital functions retained and set-aside

- 3.4 Accident and Emergency is experiencing significant cost pressure as a result of additional nurse staffing to meet increased activity / triage, flow issues within the BGH and a heightened level of delayed discharges. To date, as a result of capacity issues, little progress has been made in planning or delivering the set-aside share of the recurring savings target.

Scottish Government Emergency Budget

- 3.5 The Emergency Budget Review (EBR) for 2022-23 identified significant investment in public sector pay deals – delivering higher increases in pay for low earners to help individuals deal with the cost of living crisis. Additional savings of £615m were identified to enable enhanced public sector pay offers and balance the books. This includes £400m reprioritisation of spend in Health and Social Care. The outlook for 2023 and beyond is clearly even more difficult as many of these measures are non-recurrent. Specific implications for the Health and Care portfolio are outlined in Appendix 6.

General

- 3.6 Additional costs of Covid-19 to date, together with the opportunity cost of undeliverable financial plan savings, continues to outweigh any financial benefit and reduced cost within core operational services arising from a reduction in activity during the first quarter of 2022/23. The position regarding funding allocations from the Scottish Government continues to be much tighter than in previous years, with allocations often being split over the year and contingent on brought forward reserves.

Reserves

- 4.1 The IJB can hold ring-fenced reserves to retain planned underspends. Within Scottish Borders IJB there are significant accumulated reserves in relation to COVID recovery, Scottish government health portfolio commitments, and legacy balances retained from historic transformation funds. The COVID recovery reserve is held on a whole system basis (including non-delegated functions) in line with Scottish Government guidance.
- 4.2 The majority of reserves relate to government provided ring fenced allocations. The funding position for the SG Health Portfolio is increasingly challenging as exemplified in the Emergency Budget Statement. As a result, the scrutiny over ring

fenced allocations is increasing, with SG being more directive about how these may be used, or returned if not utilised.

- 4.3 At end September the IJB earmarked reserves remain at £25.546m, which includes the Covid reserves of £11.048m. A review of earmarked reserves brought forward has been completed, which shows that around £0.7m is available to offset expenditure to date. This has not yet been factored into the monitoring position. This excludes the Covid reserve where no flexibility is assumed at this time.

Recovery Plan and Forward Outlook

- 5.1 Where there is a forecast overspend in delegated functions, the Chief Officer and the Chief Financial Officer of the IJB must agree a recovery plan to address the overspending budget. NHS Borders and Scottish Borders Council are expected to work in partnership with the Chief Financial Officer and Chief Officer to facilitate the development of this plan, and to share progress against the plan with the IJB.
- 5.2 Savings plans will proactively consider any impacts on:
- the National Health and Wellbeing outcomes
 - the Integration Delivery Principles and
 - the 'Triple Aim' (i.e. Improving Population Health, Improving Value for Money and Improving Service User Experience).
- 5.3 Required savings plans for 2022/23 comprise £1.3m for SBC services and £4.7m for NHSB services. The savings target for NHSB includes accumulated non-delivery of prior year savings targets for services delegated by the IJB. The Health Board has deferred setting of increased savings targets pending further development of its medium term (three year) financial plan.
- 5.4 The CFO and other senior officers will continue to engage with other partnerships, health boards, and local authorities to identify options for consideration, and, in particular, with the Scottish Government over likely funding scenarios. Scottish Government are implementing a Value and Sustainability programme and both the IJB CFO and the NHS DOF are members of this programme.
- 5.5 In the context of the Emergency Budget the Scottish Government are being more proactive in reviewing spend against allocations and requiring unspent allocations to be returned. In this context, existing or hoped for allocations may be at risk going forward.
- 5.6 The recovery plan will include a review of the monitoring position at end September, challenge and remodelling of savings delivery and options, and utilisation of reserves.
- 5.7 The Scheme of Integration (SOI) makes provision for partner organisations to provide additional resources to the IJB where its recovery plan has been unsuccessful in a given year. Under the terms of the SOI amounts provided to meet this gap are repayable to the partners in future periods. To date this repayment provision has not been used.

Conclusion and Recommendation to IJB Board


- 6.1 Currently the financial forecast holds significant risk: non delivery of financial savings targets in healthcare delegated services and continued pressures in the set aside budgets due to excess activity. There is also emerging risk around government funding allocations. A more detailed review of the level of financial risk is underway. Further work will include:
- Ongoing analysis and reporting of the H&SCP (and NHS Borders' and Scottish Borders Council's) local mobilisation plan financial models
 - Further review, challenge and remodelling of planned efficiency savings programmes
 - Review of all costs, expenditure profiles, future commitments and refinement of assumptions for projected expenditure to the end of the year
 - Continued review of reserves and governmental income assumptions
 - Consideration of financial position alongside activity levels.
- 6.2 Critically, the IJB should ensure that the strategic planning process currently underway is used effectively to identify, quantify and evaluate options for change which will ensure the partnership is able to move into a position of financial sustainability. This will therefore by necessity include options for decommissioning as well as changes to the services that are currently commissioned.

Appendix 1 Monthly Revenue Management Report

MONTHLY REVENUE MANAGEMENT REPORT					
Summary	2022/23	At end of Month:		Sept	
	Annual Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000
Generic Services	82,307	46,729	91,474	90,789	685
Older People Service	27,258	(1,204)	21,127	16,206	0
Prescribing	23,132	11,846	23,132	23,532	(400)
Joint Learning Disability Service	21,383	11,185	23,816	24,387	50
Joint Mental Health Service	20,767	11,003	24,462	25,962	(1,500)
SB Cares	13,675	7,706	15,922	15,922	0
Physical Disability Service	2,533	1,491	2,749	2,749	0
Targeted Savings	(4,739)	0	(4,739)	(1,000)	(3,739)
Large Hospital Functions Set-Aside	27,038	15,417	28,998	30,834	(1,836)
Total	213,354	104,173	226,941	229,381	(6,740)



Appendix 2 Monthly Revenue Management Report – Social Care

MONTHLY REVENUE MANAGEMENT REPORT								
Delegated Budget Social Care Functions		2022/23	At end of Month:				Sept	
	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Proposed Virement £'000	Projected (Over)/Under Spend £'000	Summary Financial Commentary
Joint Learning Disability Service	17,801	9,126	20,267	20,888	(621)	621	0	Allocation of £621k additional Scottish Government funding for Health & Social Care. This leaves a balanced outturn forecast and includes funding for both operational pressures and savings deemed to be undeliverable.
Joint Mental Health Service	1,956	903	2,036	2,036	0	0	0	The service is forecasting a £31k overspend which is anticipated will be addressed by the service during the remainder of the year.
Older People	27,258	(1,204)	21,127	16,206	4,921	(4,921)	0	Service is forecasting a balanced position, following budget virements from additional Scottish Government funding to Joint Learning Disability service (£621k) to cover operational pressures and undeliverable savings; £1.8m to repay IJB pressures that are now funded by Scottish Government and to earmark £2.5m additional Scottish Government funding into 2023-24 in line with spend forecasts.
SB Cares	13,675	7,706	15,922	15,922	0	0	0	Continued pressures relating to the continued increased PPE requirement in Care Homes and Home Care settings to be funded through the LMP. Additionally, staffing pressures related to increased use of overtime and agency staff due to recruitment issues is anticipated to be managed from within the service or other IJB delegated
Physical Disability Service	2,533	1,491	2,749	2,749	0	0	0	The service is reporting a marginal overspend against budget, this will be managed throughout the year.
Generic Services	6,958	2,342	8,449	8,449	0	0	0	The service is forecasting a £270k pressure relating to staffing and locality based client specific expenditures. It is anticipated that ongoing work to re-base locality budgets in Generic Services as well as Older People and People with Physical
Total	70,181	20,364	70,550	66,250	4,300	(4,300)	0	

Appendix 3

Monthly Revenue Management Report – Healthcare




MONTHLY REVENUE MANAGEMENT REPORT

Delegated Budget Healthcare Functions	2022/23	At end of Month:	Sept
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	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Joint Learning Disability Service	3,582	2,059	3,549	3,499	50	Likely small underspend at year end due to vacancies, primarily service manager vacancy since the start of the year.
Joint Mental Health Service	18,385	9,886	22,000	23,500	(1,500)	Likely that outturn will be a worsening position due to undelivered savings of £1.1m, medical vacancies, locums £0.35m and drugs £0.1m
Joint Alcohol and Drugs Service	426	214	426	426	-	Slippage could be around £0.7m which will be carried forward in earmarked reserves
Prescribing	23,132	11,846	23,132	23,532	(400)	Spike in demand in August and unit costs increased due to short term supply constraints, which is expected to ease. Some issues with PRISMS data.
Unidentified savings	(4,739)	-	(4,739)	(1,000)	(3,739)	Anticipated £1m achieved of which £0.5m will be recurring.
Generic Services	75,349				-	
Independent Contractors		18,032	33,787	33,787	-	AHP service is mainly vacancies which are being recruited to. Similarly
Community Hospitals		2,950	6,032	5,900	132	District Nursing reflects a number of vacancies within School Nursing and
Allied Health Professionals		3,850	7,864	7,700	164	Community Healthcare Teams, which are being recruited to. PCIP spend level
District Nursing		2,146	4,181	4,292	(111)	will reflect a combination of brought forward reserves and in year allocations.
PCIP		949	2,342	2,342	-	In year allocation is insufficient to cover all the workstreams, ongoing
Generic Other		16,460	28,819	28,319	500	engagement with Scottish Government regarding level of recurring resource.
						Underspend in dental due to level of vacancies.
Total	116,135	68,392	127,393	132,297	(4,904)	

Appendix 4

Monthly Revenue Management Report – Large Hospital Set Aside

MONTHLY REVENUE MANAGEMENT REPORT						
Large Hospital Functions Set-Aside		2022/23	At end of Month:		Sept	
	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Summary Financial Commentary
Accident & Emergency	3,149	2,385	3,658	4,770	(1,112)	Overspend due to additional nursing staff and supplies. In the main due to the number and length of time we are having to hold patients in A&E due to flow issues within the BGH. This is a direct result of delayed discharges within the acute and community hospitals (on average 60 to 70 patients). The projection assumes no change between now and the end of the year.
Medicine & Long-Term Conditions	17,229	9,573	18,830	19,146	(316)	Overspend of £237k without savings relates to additional junior medical staff, nursing and supplies within MAU. The medical staffing is funded from August. The overspend in nursing in MAU relates to 7 additional beds currently open to deal with delayed discharges. As with the additional costs in ED it is anticipated that this will continue to the end of the financial year.
Medicine of the Elderly	6,660	3,459	6,510	6,918	(408)	There is a small underspend in the DME department over both pays and supplies. This underspend will reduce between now and the end of the year.
Unidentified Savings	-	-	-	-	-	
Total	27,038	15,417	28,998	30,834	(1,836)	

Appendix 5 IJB Reserves by Portfolio Area

Portfolio	Ring Fenced Allocations (RRL)	Additional Commitments (NHSB)	Total Balance held in Reserves
	£	£	£
Alcohol & Drugs	368,740	605,782	974,522
BBV	0	97,329	97,329
Mental Health	2,287,674	0	2,287,674
PCIP	1,522,980	0	1,522,980
PC Digital	182,369	164,158	346,527
PC Premises	148,831	191,047	339,878
PC Other	531,524	37,155	568,679
Public Health	36,134	108,771	144,905
Regional Diabetes	1,342,059	150,939	1,492,998
Urgent & Unscheduled Care	871,566	0	871,566
Vaccines	0	153,687	153,687
Winter	0	427,468	427,468
Workforce & Wellbeing	687,261	0	687,261
Community Living Change Fund	377,966	0	377,966
Other	275,052	209,001	484,053
HB Support	0	3,720,613	3,720,613
COVID	11,048,000	0	11,048,000
	0	0	0
	19,680,156	5,865,950	25,546,106

Appendix 6 Reduction in Government Reserves by Portfolio Area

Portfolio by Budget Line	£m	Description
Health and Social Care		
Covid	116.0	A range of actions relating to Covid expenditure on vaccinations, test and protect, PPE and additional capacity to drive down additional costs.
Social Care and National Care Service (NCS) re-profiling	70.0	Continuing to progress the commitment to fair work and adult social care, with a one-off saving released this financial year as we work with stakeholders on delivery mechanisms for future years. Re-phasing of NCS development from the Financial Memorandum based on recruitment profile and data and digital investment.
Primary Care	65.0	This has been achieved by a reduction in the planned growth rate for the Primary Care Improvement Fund, including a one-off utilisation of reserve funding held by integration authorities. In addition, it includes re-phasing of some elements of the planned enhancements to community optometry and audiology services.
Re-phasing and pausing of other programmes	63.0	Includes Scottish Trauma Network, Genomics programmes and improvement programmes on older people, clinical audit and education and development.
Mental Health	38.0	This has included continuing to support overall increases to mental health spending as well as delivery of dementia, learning disability and autism services, and cross-cutting trauma work at level of last year's spend. Within the revised budget we will seek to focus on progressing existing commitments including clearing CAMHS and psychological therapies waiting times backlogs.
SG Staff Reductions and other central savings	21.0	Includes vacancy freezes and tightening of recruitment controls at a central level. This does not apply to NHS staff.
Digital	14.0	Reprioritising of work across projects such as Digital prescribing and Microsoft Office updates.
Population Health	13.0	Re-phasing of commitment to double investment in sport, reprioritisation of health improvement spending.
Total	400.0	

*Scottish Borders Health & Social Care
Integration Joint Board*



Meeting Date: 21 December 2022

Report By:	Chris Myers, Chief Officer Health & Social Care
Contact:	Hayley Jacks, Planning & Performance Officer, NHS Borders
Telephone:	via MS Teams
QUARTERLY PERFORMANCE REPORT, DECEMBER 2022 (latest available data at October 2022)	
Purpose of Report:	To provide a high level summary of quarterly performance for Integration Joint Board (IJB) members, using latest available data. The report focuses on demonstrating progress towards the Health and Social Care Partnership's Strategic Objectives.
Recommendations:	The Health & Social Care Integration Joint Board is asked to: <ul style="list-style-type: none"> a) Note and approve any changes made to performance reporting. b) Note the key challenges highlighted. c) Direct actions to address the challenges and to mitigate risk
Personnel:	N/A
Carers:	N/A
Equalities:	A comprehensive Equality Impact Assessment was completed as part of the strategic planning process. Performance information supports the strategic plan.
Financial:	N/A
Legal:	N/A
Risk Implications:	N/A

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Scottish Borders
Health and Social Care
PARTNERSHIP

Quarterly Performance Report for the
Scottish Borders Integration Joint Board December 2022

SUMMARY OF PERFORMANCE:
Latest available Data at end October 2022

Structured Around the 3 Objectives in the Strategic Plan:

Objective 1: We will improve health of the population and reduce the number of hospital admissions

Objective 2: We will improve patient flow within and outwith hospital

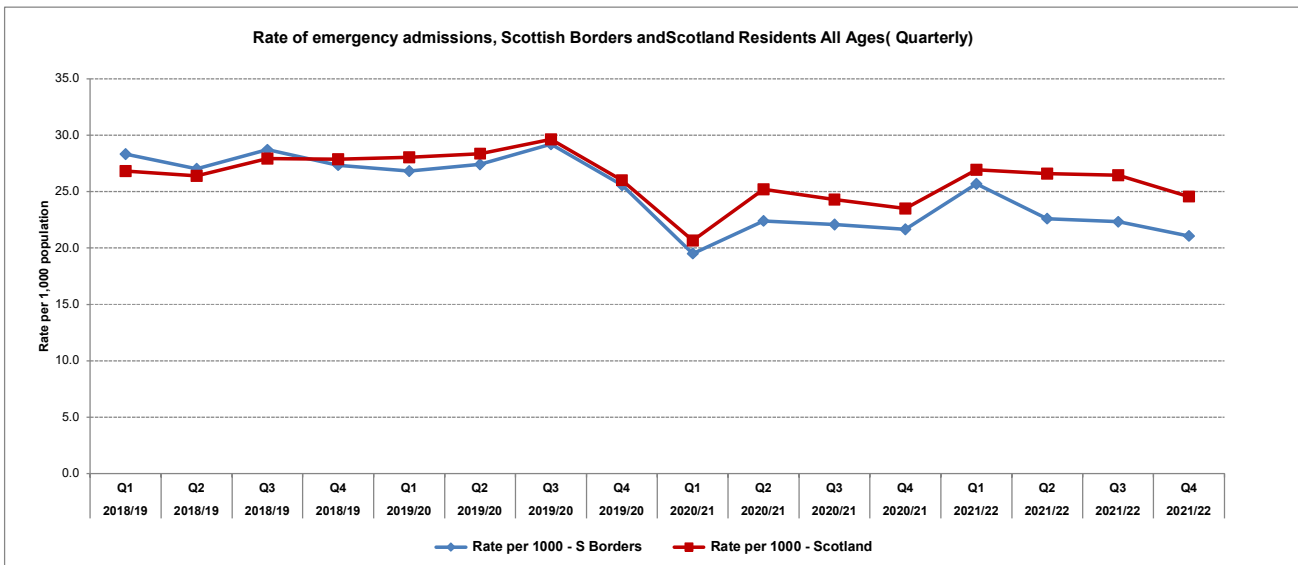
Objective 3: We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

Objective 1: We will improve health of the population and reduce the number of hospital admissions

Emergency Admissions, Scottish Borders residents All Ages

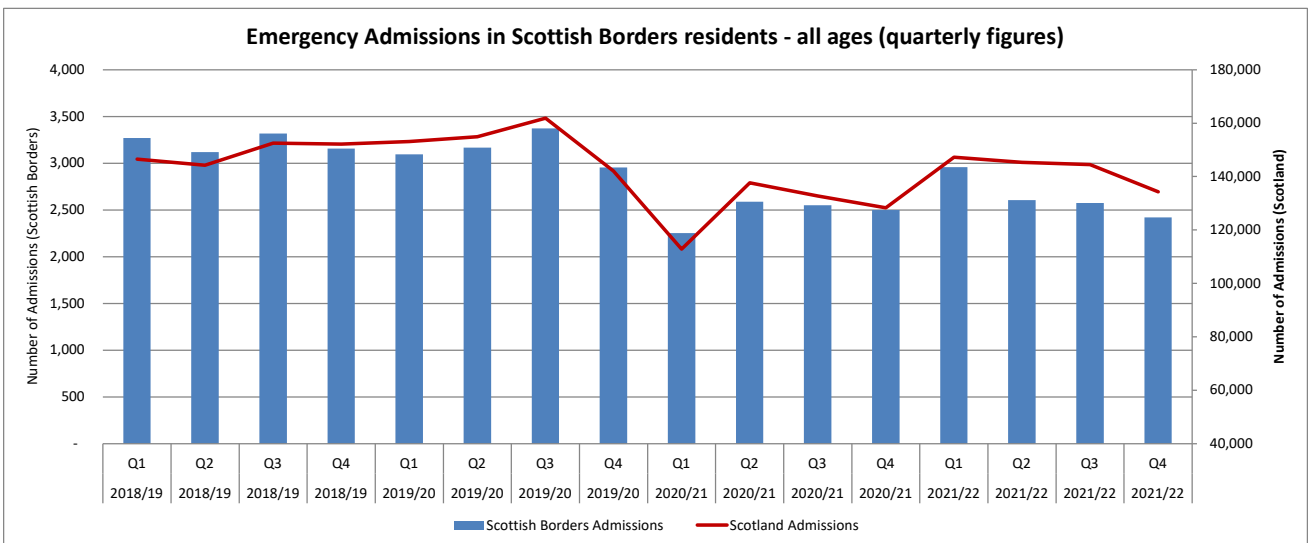
Source: MSG Integration Performance Indicators workbook (SMR01 data)

	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22
Scottish Borders - Rate of Emergency Admissions per 1,000 population All Ages	27.5	26.9	27.5	29.3	25.6	19.6	22.4	22.1	21.6	25.7	22.6	22.3	21.1
Scotland - Rate of Emergency Admissions per 1,000 population All Ages	28.1	28.2	28.5	29.8	26.1	20.6	24.6	24.3	23.5	26.9	26.6	26.4	24.6



Source: MSG Integration Performance Indicators workbook (SMR01 data)

	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22
Number Scottish Borders Emergency Admissions - All Ages	3,158	3,097	3,166	3,372	2,953	2,254	2,586	2,547	2,500	2,959	2,605	2,573	2,428
Number Scotland Emergency Admissions - All Ages	152,223	153,176	154,966	161,865	142,079	112,034	133,783	132,773	128,364	147,240	145,321	144,567	134,263



Please Note: where two areas are concerned it is not possible to show values as a control chart.

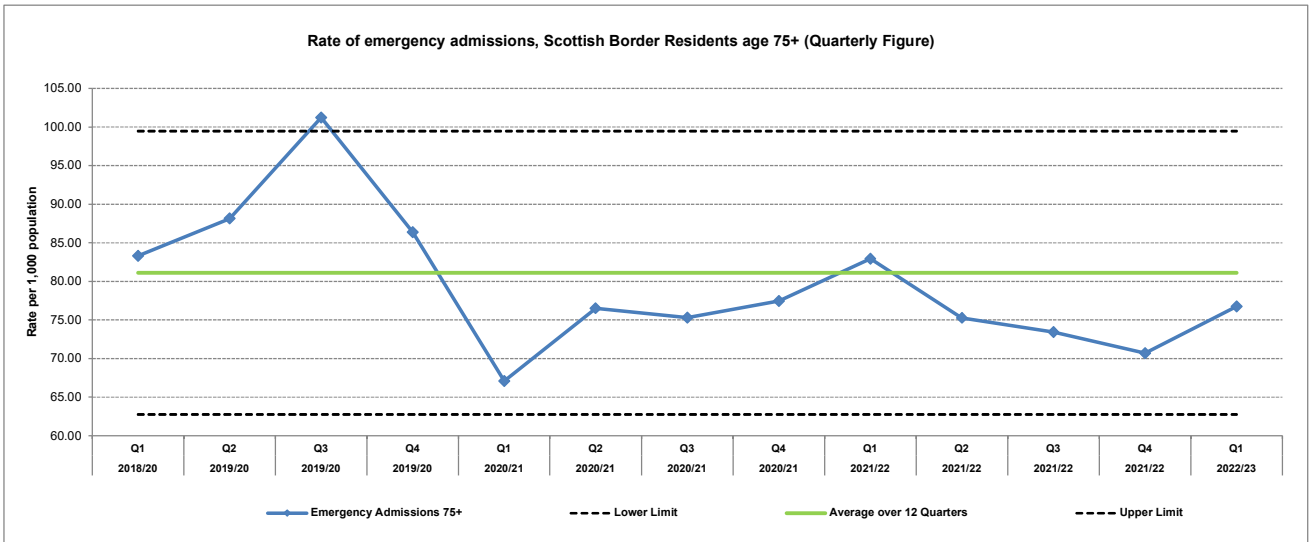
How are we performing?

The rate of emergency admissions continues to see minor fluctuations between quarters. Emergency Admission rates significantly reduced in both Q4 19/20 and Q1 20/21. This is reflective of the impact of the Covid-19 pandemic and the National measures introduced to reduce the spread of the virus. This rose again in Q2, following a similar trend to that of the rest of Scotland. The gap between the rate of emergency admissions for the Scottish Borders and the national average has increased between Q1 and Q2 2021/22, with rate of emergency admissions remaining below the national average." There has been a dip subsequently in Q3 and Q4 2020/21 during the pandemic but emergency admissions have rose again in April - June 2021. Since that point there has been a reduction each quarter, both locally and nationally. It is worth noting that data for 22/23 is currently unavailable.

Emergency Admissions, Scottish Borders residents age 75+

Source: NSS Discovery data

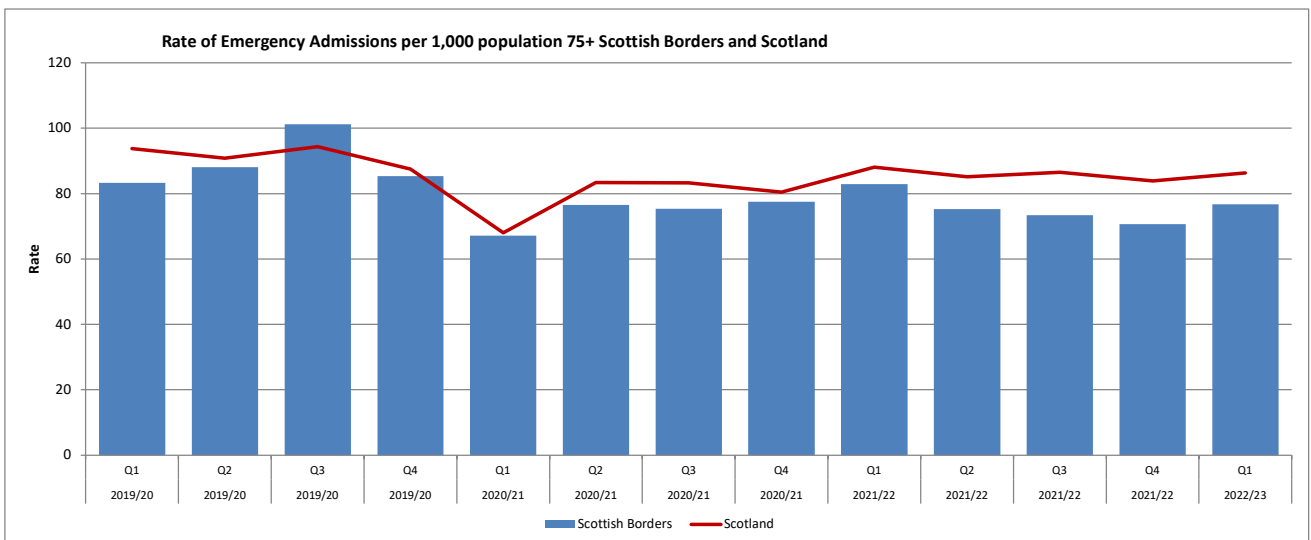
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23
Number of Emergency Admissions, 75+	1,020	1,079	1,239	1,057	846	965	947	977	1,046	970	946	907	1,016
Rate of Emergency Admissions per 1,000 population 75+	83.3	88.2	101.2	86.4	67.1	76.5	75.3	77.5	82.9	75.3	73.4	70.7	76.8



Emergency Admissions comparison, Scottish Borders and Scotland residents age 75+

Source: NSS Discovery data

	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23
Rate of Emergency Admissions Scottish Borders	83.3	88.1	101.2	85.3	67.1	76.5	75.3	77.5	82.9	75.3	73.4	70.7	76.8
Rate of Emergency Admissions 75+ Scotland	93.7	90.8	94.4	87.5	68.0	83.4	83.3	80.5	88.0	85.2	86.5	83.9	86.3



Please Note: where two areas are concerned it is not possible to show values as a control chart.

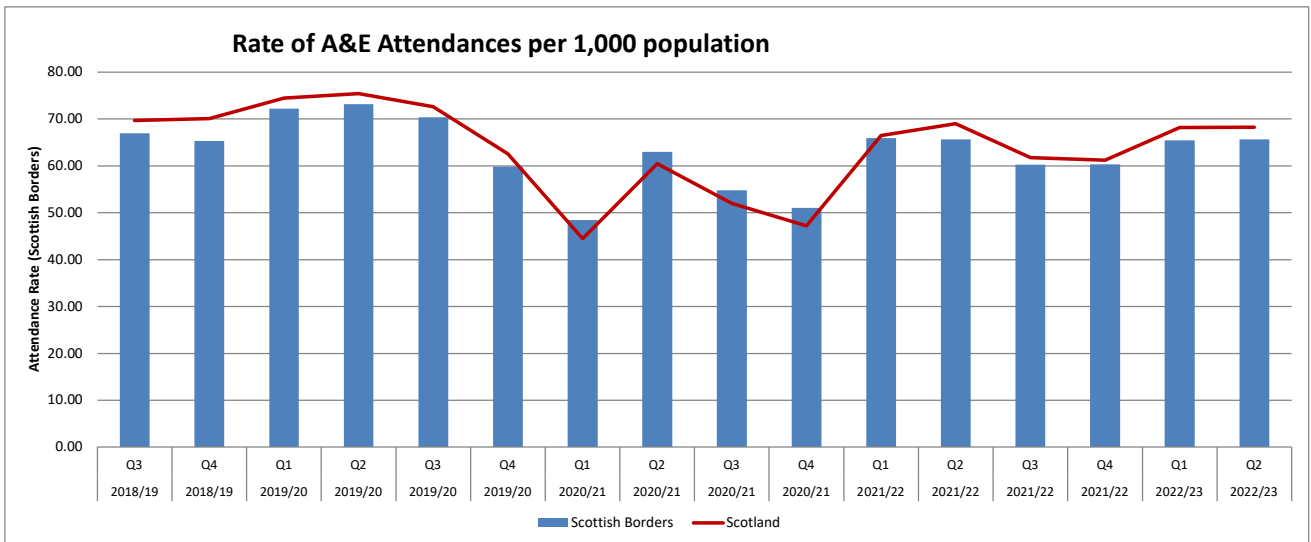
How are we performing?

In line with the rate of emergency admissions for all ages, the rate of emergency admissions for people over the age of 75 in the Scottish Borders remains below the national average. The rate of 75+ emergency admissions was showing a negative trend over the last 3 years until Q4 2019/20. The graph shows Emergency Admission rates, for the 75+ age group, have dramatically decreased in Q4 2019/20 and Q1 2020/21. This change comes following the highest reported rate of admissions for this age group in the last 3 years - pushing the Borders rate ahead of the Scottish average. Again the onset of the Covid-19 pandemic during Q4 2019/20, and its ongoing effects, would explain the sudden decrease in Emergency Admissions over the Q4 19/20 and Q1 20/21. Q2 20/21 to Q1 21/22 saw this rate increase slightly, although the next 3 quarters reduced. The Borders' rates have remained below the average over 12 quarters, of the 13 reported and the gap has widened for Q2 - Q4 2021/22.

Rate of A&E Attendances per 1,000 population

Source: MSG Integration Performance Indicators workbook (data from NHS Borders Trakcare system)

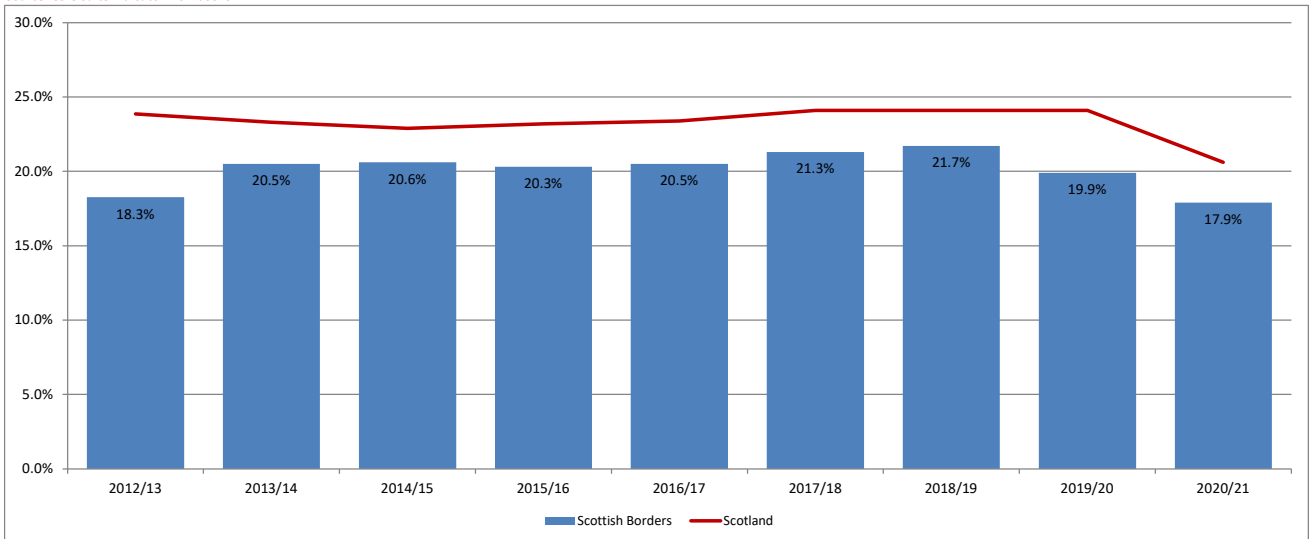
	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23
Rate of Attendances, Scottish Borders	73.3	70.5	60.0	48.5	63.0	54.7	51.0	65.9	65.6	60.2	60.4	65.5	65.7
Rate of Attendances, Scotland	75.7	72.9	62.9	44.6	60.5	52.3	47.3	66.4	69.0	61.7	61.2	68.2	68.3



Please Note: where two areas are concerned it is not possible to show values as a control chart.

Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency: persons aged 18+

Source: Care Suite Indicator workbooks



Please Note: where two areas are concerned it is not possible to show values as a control chart.

How are we performing?

The onset of the COVID-19 pandemic (Q4 19/20 onwards) saw the rate of A&E attendances drastically reduce, with Q1 20/21 showing the lowest rate over the last 3 years. However, Q2 20/21 (Jul-Sept 20) saw this rise to almost 'normal' levels at 62.4 admissions per 1,000 of the population. After 2 quarters decreasing, rates rose again from Q1 2021/22. This behaviour mirrors that of the overall Scottish rate although it should be noted that in both Q1 of 20/21 to Q1 of 2021/22 saw the Borders rate being greater than Scotland's.

The percentage of health and social care resource spent on unscheduled hospital stays has seen an overall slight decrease over the past 3 years.

Both these indicators are impacted by the effects of the COVID-19 pandemic. The rate of emergency attendances in the Scottish Borders is slightly below the Scottish Borders rate.

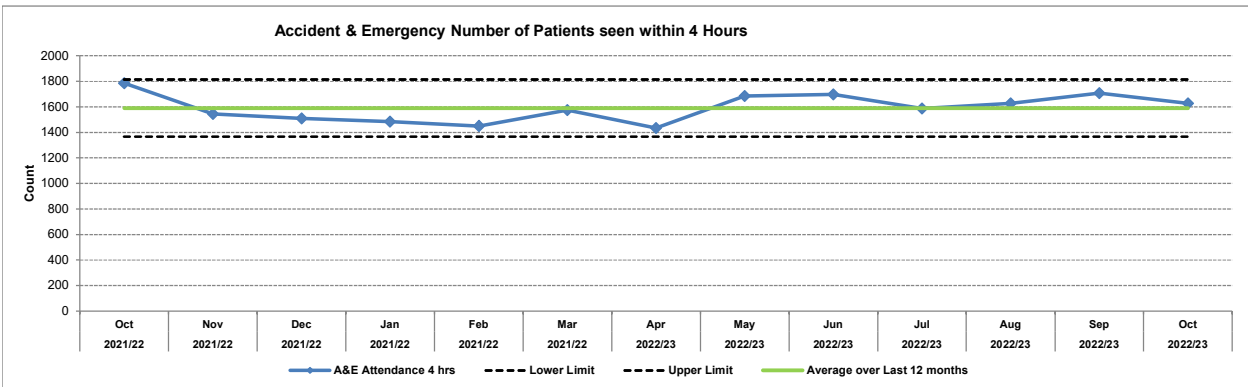
NB: December 2019, the denominator for this indicator now includes dental and ophthalmic costs. As a result, the % of spend has slightly decreased. The Table and Chart above have been updated to reflect the altered % as a result of this change.

Objective 2: We will improve patient flow within and out with hospital

Accident and Emergency attendances seen within 4 hours- Scottish Borders

Source: NHS Borders Trakcare system

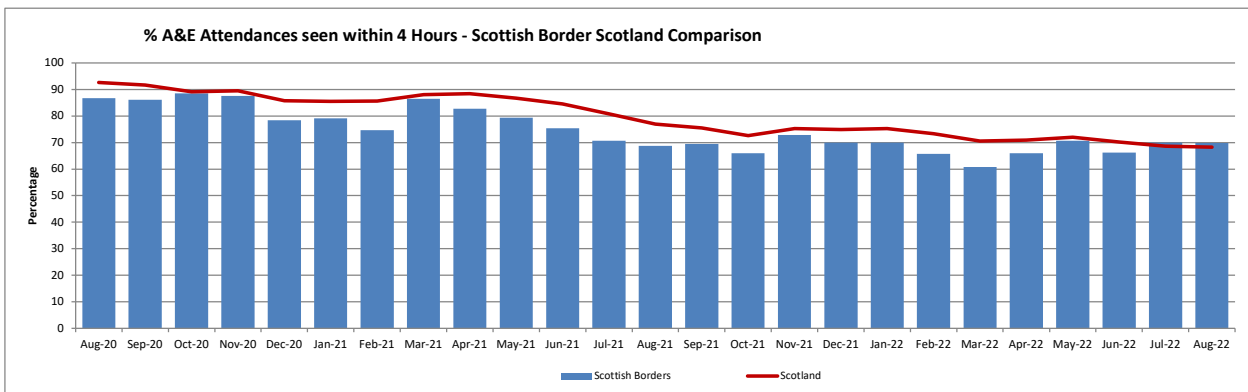
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Number of A&E Attendances seen within 4 hours	1785	1543	1509	1484	1451	1574	1434	1686	1698	1586	1628	1708	1626



% A&E Attendances seen within 4 Hours - Scottish Borders and Scotland Comparison

Source: MSG Integration Performance Indicators workbook (A&E2 data) / ISD Scotland ED Activity and Waiting Times publication

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Jul-22	Aug-22
% A&E Attendances seen within 4 hour Scottish Borders	66.0	72.9	70.0	70.0	65.7	60.7	64.0	60.9	56.7	69.9	69.8	69.9	69.8
% A&E Attendances seen within 4 hour Scotland	72.6	75.2	74.9	75.2	73.4	70.6	71.0	72.0	70.1	68.5	68.2	68.5	68.2



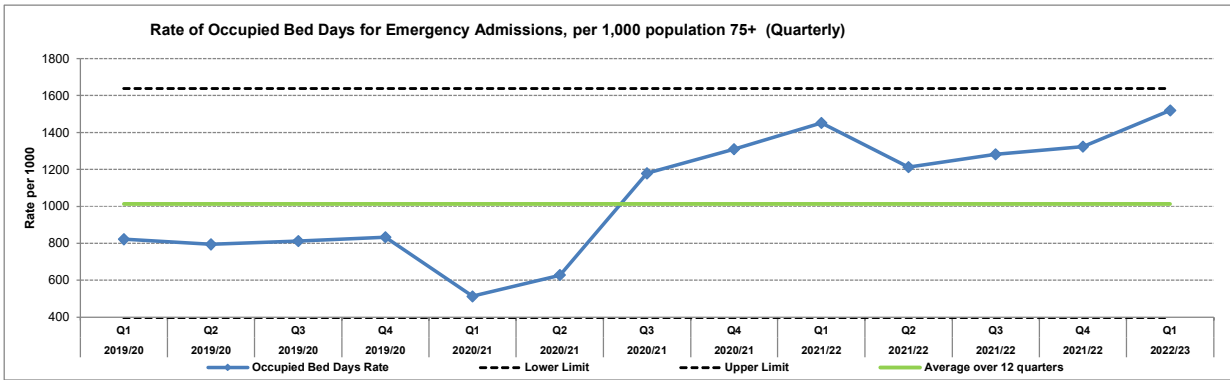
How are we performing?

Historically, NHS Borders consistently performed better than the Scottish comparator for A&E waiting times. Borders had fallen below the Scottish Average in all months reported since June 2020. The gap widened significantly since the onset of the COVID-19 pandemic in March 2020. The Scottish average is declining and the Borders position has mirrored this over the calendar year 2022.

Occupied Bed Days for emergency admissions, Scottish Borders Residents age 75+

Source: NSS Discovery data

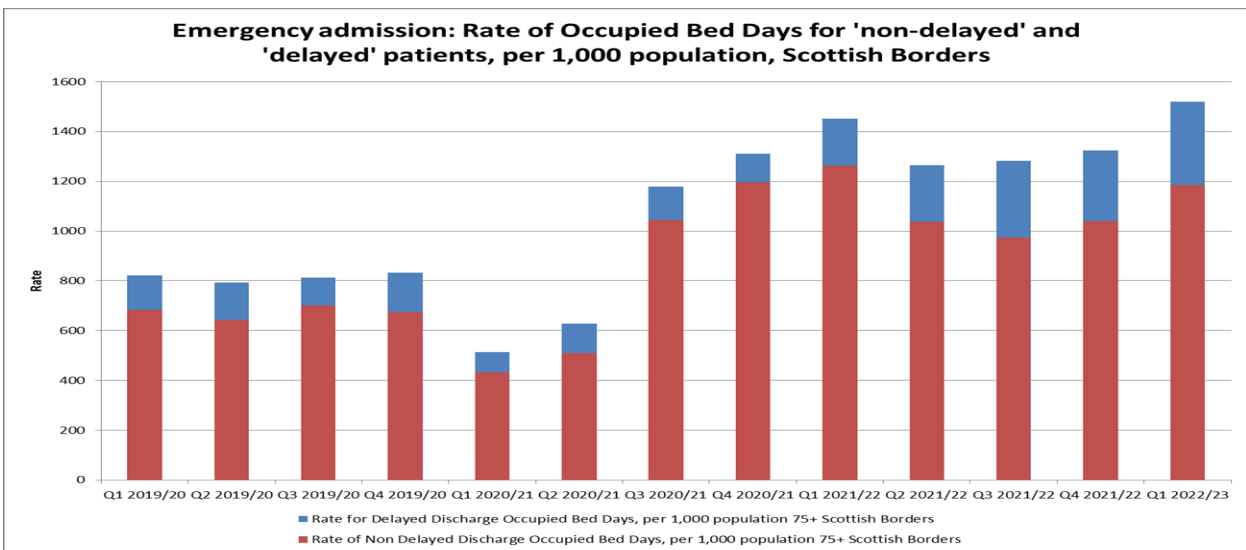
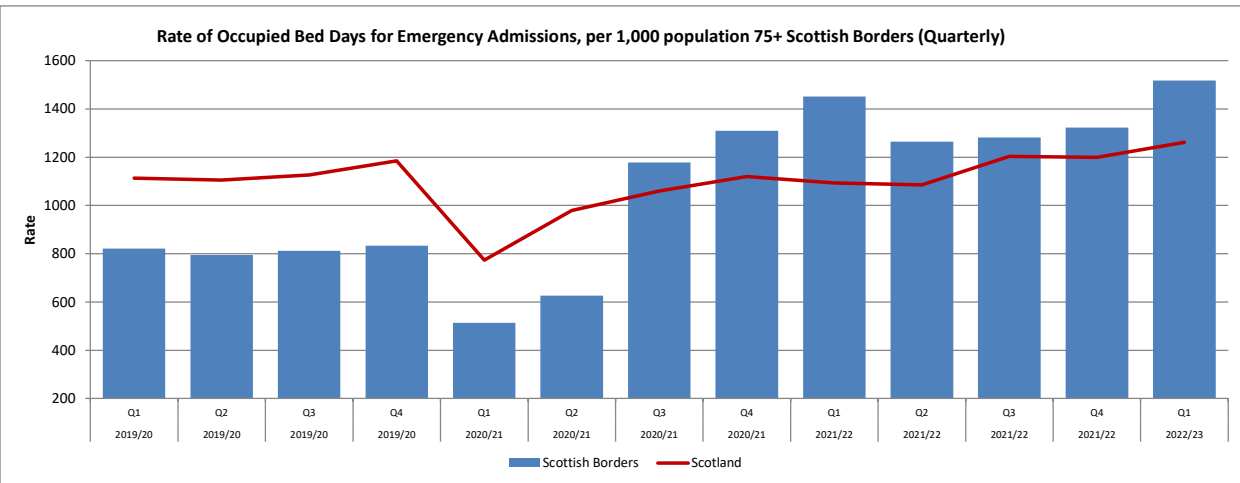
	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23
Number of Occupied Bed Days for emergency Admissions, 75+	822	794	812	833	513	627	1179	1310	1452	1212	1282	1323	1519
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+	10056	9719	9933	10505	6471	7903	14861	16521	18378	15625	16465	16829	20109



Occupied Bed Days for emergency admissions, Scottish Borders and Scotland Residents age 75+

Source: NSS Discovery data

	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scottish Borders	822	794	812	833	513	627	1179	1310	1452	1265	1282	1323	1519
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scotland	1114	1105	1127	1185	774	979	1060	1119	1093	1085	1203	1200	1262



Please Note: where two areas are concerned it is not possible to show values as a control chart.

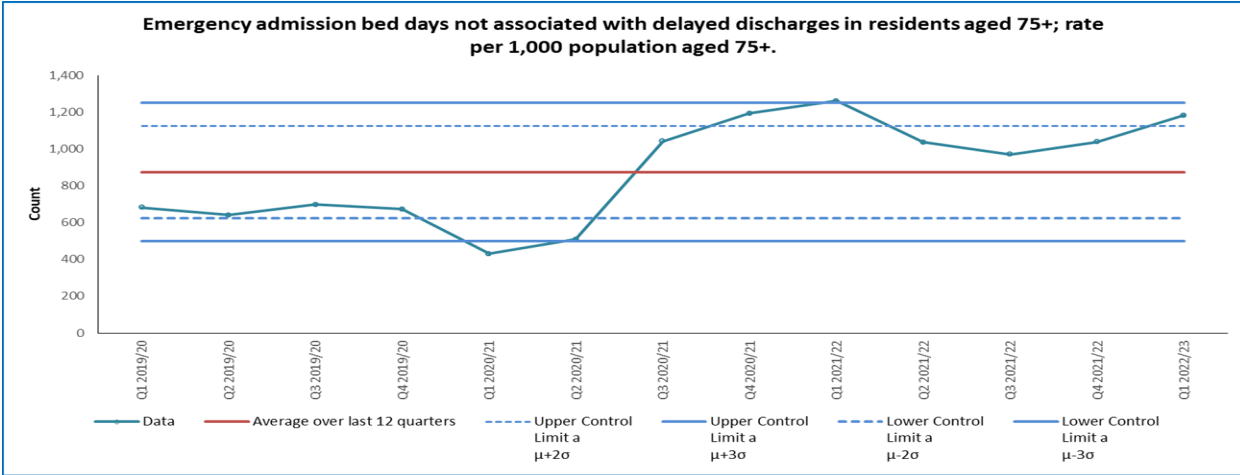
How are we performing?

NB: Data for Community Hospitals is included in both Bed Days measures from Q3 2020/21 onwards.

The quarterly occupied bed day rates for emergency admissions in Scottish Borders residents aged 75+ has fluctuated over time and had been lower than the Scottish Average until Q3 20/21 when Community Hospitals data are included. There was a reduction between Q1 2021/22 and Q2 2021/22 but rates have increased again from that point. At the end of Q1 2022/23, Occupied bed days were higher than the Scottish average. This was as a result of an increase in length of stay for all patients, comprising an increased length of non-delayed discharge length of stay, and an increased length of stay for those during their delayed discharge period.

Non-delayed occupied bed days

Source: *NSS Discovery data*



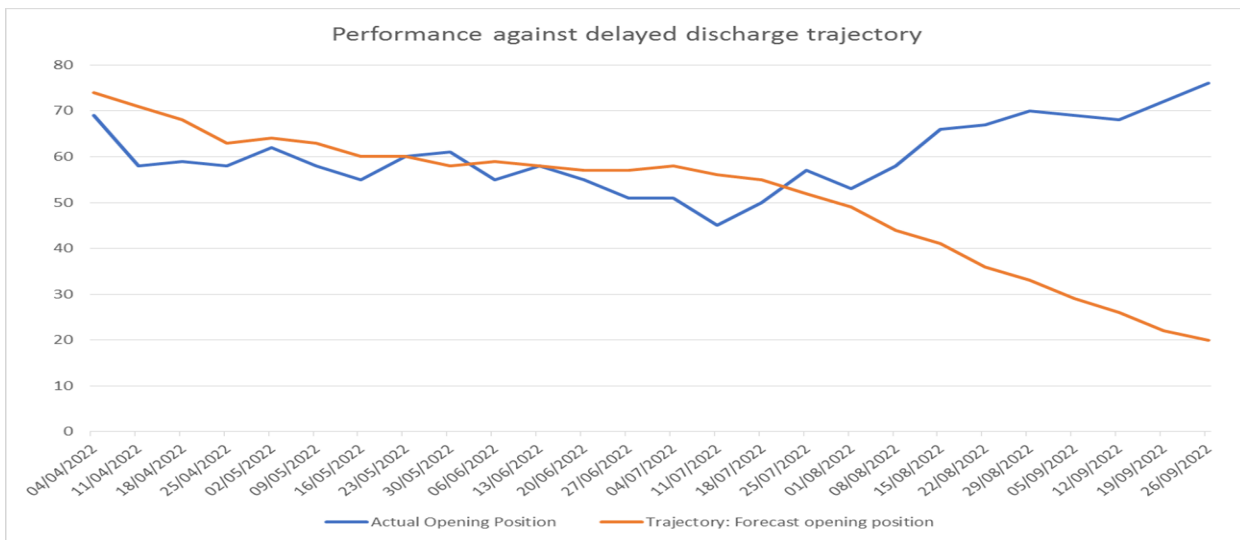
How are we performing?

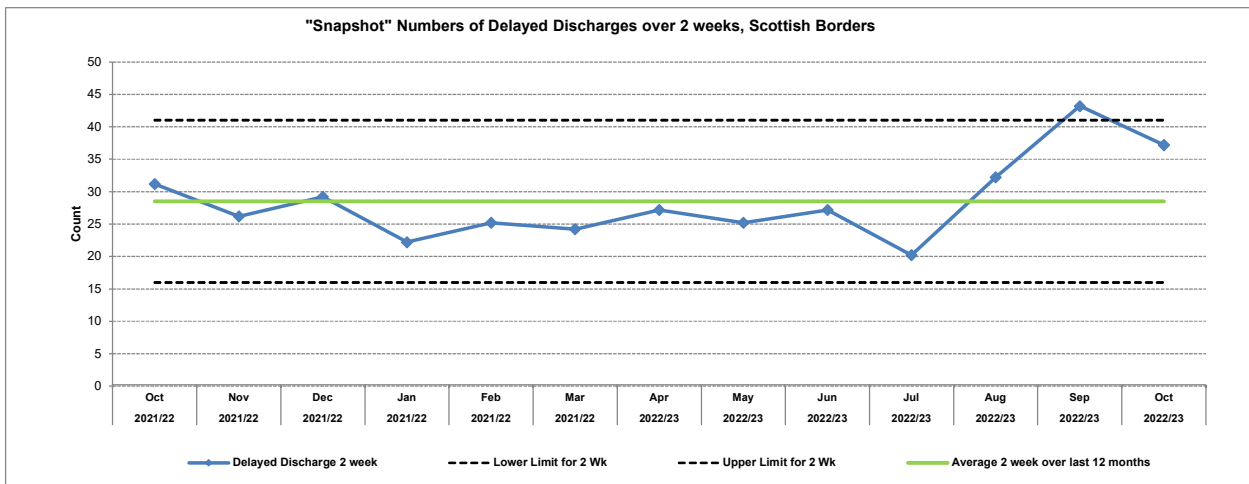
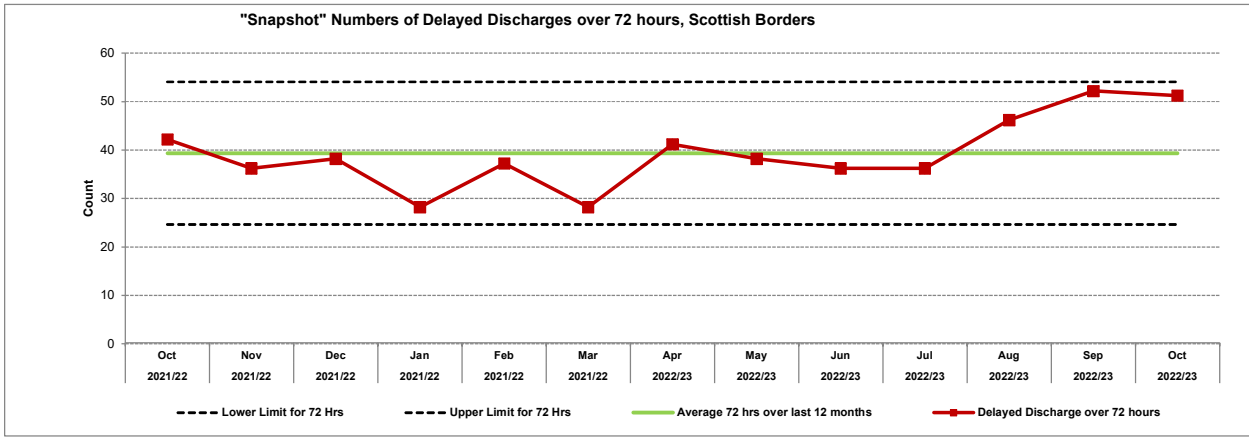
Although, at the onset of the COVID-19 pandemic there was a reduction in the number of emergency bed days that were not associated to delayed discharges, this was short-lived and these have again been on an increasing trend since May 20. This peaked in Q1 2021/22, and then reduced to Q3 2021/22, where it then started to increase to Q1 2022/23. The Scottish Borders Health and Social Care Partnership is facing significant challenges with increased length of stay, which continues to impact on patient flow within the Borders General Hospital, Mental Health and our four Community Hospitals.

Delayed Discharges (DDs)

Source: *NHS Borders Trakcare system*

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
Number of DDs over 2 weeks	31	26	29	22	25	24	27	25	27	20	32	43	37
Number of DDs over 72 hours	42	36	38	28	37	28	41	38	36	36	46	52	51





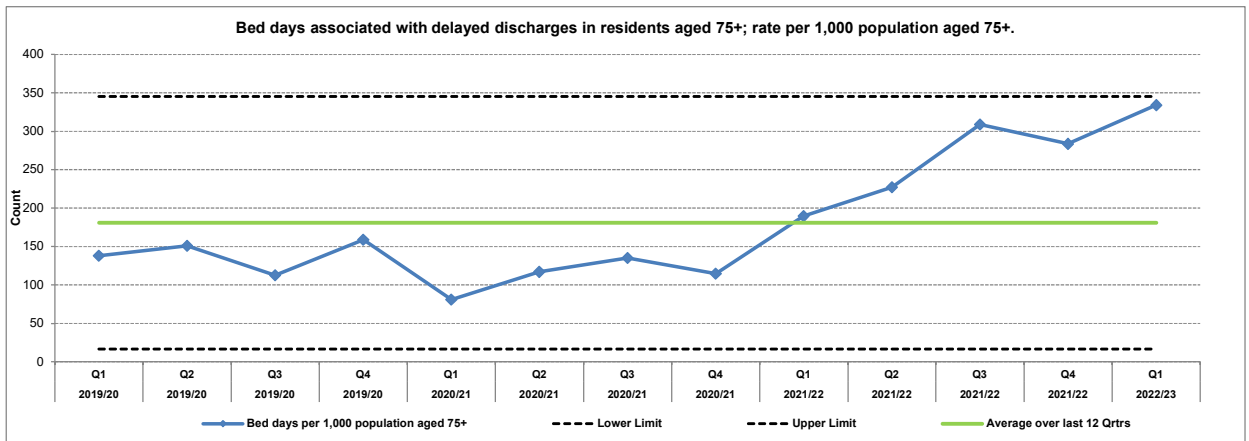
Please note the Delayed Discharge over 72 hours measurement has been implemented from April 2016.

The DD over 2 weeks measurement has several years of data and has been plotted on a statistical run chart (with upper, lower limits and an average) to provide additional statistical information to complement the more recent 72 hour measurement.

Bed days associated with delayed discharges in residents aged 75+; rate per 1,000 population aged 75+

Source: Core Suite Indicator workbooks

	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23
Bed days per 1,000 population aged 75+	137.9	150.8	112.4	158.6	80.9	116.8	135.0	114.7	189.3	227.0	308.8	283.5	334.0



How are we performing?

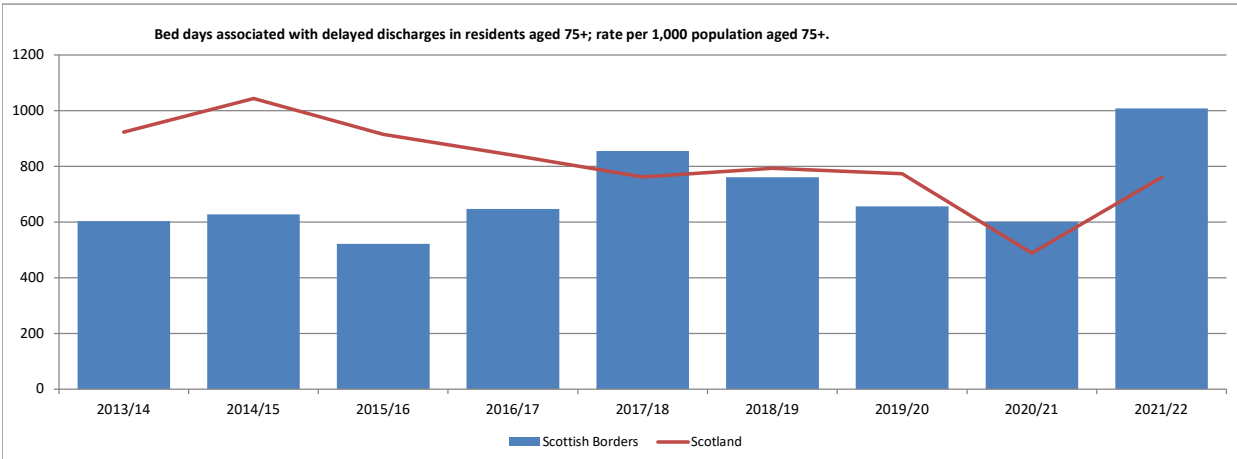
Although, at the onset of the COVID-19 pandemic there was a reduction in the number of delayed discharges, this was short-lived and these have again been on an increasing trend since May 20. December 2020 demonstrated a drop in delayed discharges; this is in-line with the previous year although the 2020 figure is higher than in 2019. In 2021 the rate of delayed discharges started to increase from February 2021 onwards. This was associated to an increase in demand for care which has gone beyond the levels of available care capacity and other removals. October 2021 was the first month to show a reduction in over 72 hour waits. Rates have been fluctuating from that point, despite increases in care capacity.

The rate of bed days associated with delayed discharges (75+) from Q1 2019/20 to Q4 2020/21 show fluctuations within control limits, there has been an increase since Q1 21/22 in the bed day rate. The Scottish Borders Health and Social Care Partnership is facing significant challenges with Delayed Discharges, which continues to impact on patient flow within the Borders General Hospital and our four Community Hospitals. The trajectory put in place to the end of September 2022 shows that currently the Partnership is above target.

Scotland / Scottish Borders comparison of bed days associated with delayed discharges in residents aged 75+

Source: Core Suite Indicator workbooks

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Scottish Borders	522	647	855	761	656	601	1009
Scotland	915	841	762	793	774	488	761



Please Note: where two areas are concerned it is not possible to show values as a control chart.

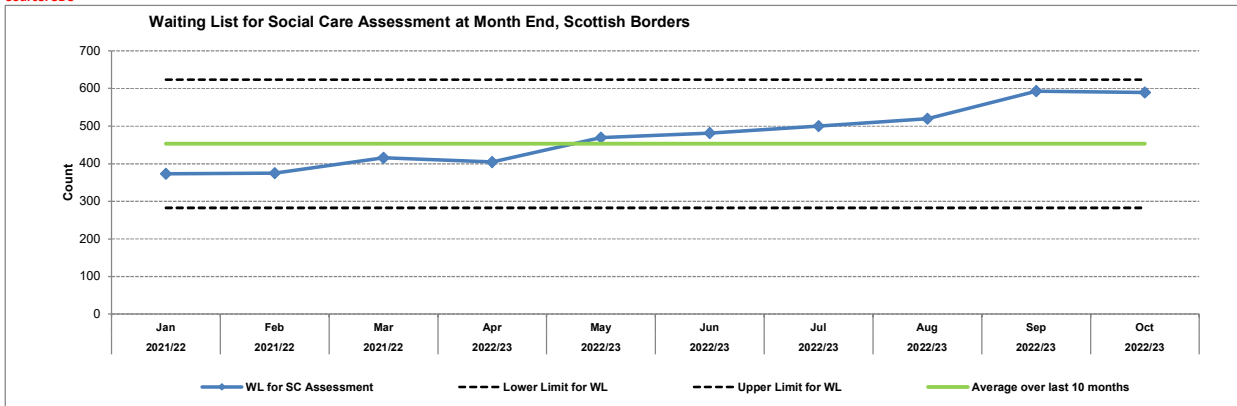
How are we performing?

Up to 2016/17, rates for the Scottish Borders were lower (better) than the Scottish average. However, in 2017/18 the Borders' rate was higher than Scotland's. This reduced in 2018/19 - when the Scottish average increased - and further reduced in 2019/20 and 2020/21. 2021/22 has seen a marked increase however.

*Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account for the definitional changes during the year 2016/17. The changes affected reporting of figures in some areas more than others therefore comparisons before and after July 2016 may not be possible at partnership level. It is estimated that, at Scotland level, the definitional changes account for a reduction of around 4% of bed days across previous months up to June 2016, and a decrease of approximately 1% in the 2016/17 bed day rate for people aged 75+.

Social Care Assessment Waiting List

Source: SBC



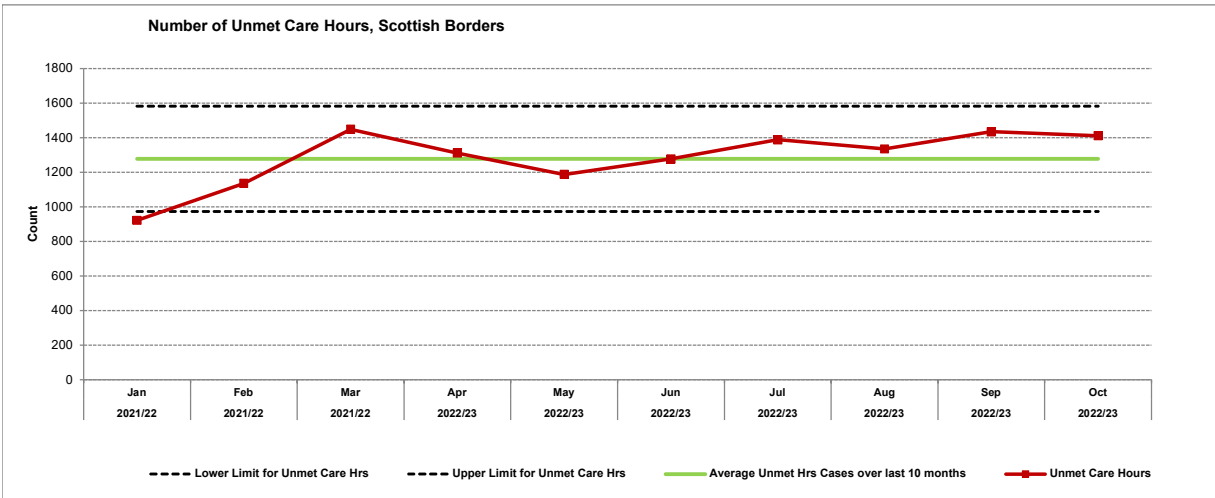
How are we performing?

Information is provided for the end of month position for the last 10 months to August 2022. This shows that patients waiting for Social Care Assessments are increasing month on month from Nov 2021 to date.

Objective 3: We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

Care Hours Yet to be Provided for Those Assessed as Requiring Them

Source: SBC



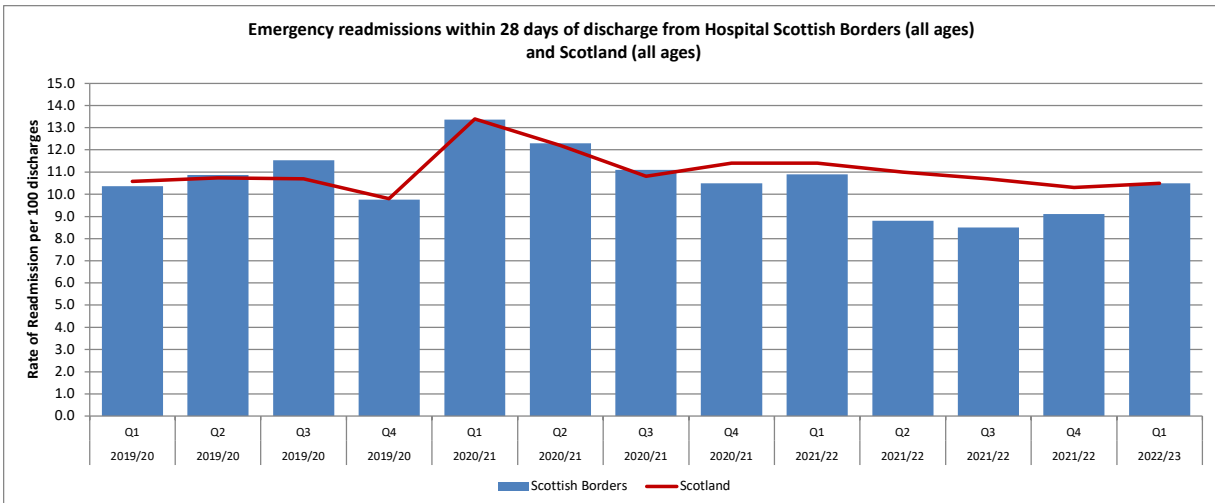
How are we performing?

Information is provided for the end of month position for the last 10 months to August 2022. This shows that unmet care hours peaked in March 2022 and have fluctuated since then at a lower level.

Emergency readmissions within 28 days of discharge from hospital, Scottish Borders residents (all ages)

Source: NSS Discovery data

	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23
Scottish Borders	10.4	10.9	11.5	9.8	13.4	12.3	11.1	10.5	10.9	8.8	8.5	9.1	10.5
Scotland	10.6	10.7	10.7	9.8	13.4	12.2	10.8	11.4	11.4	11.0	10.7	10.3	10.5



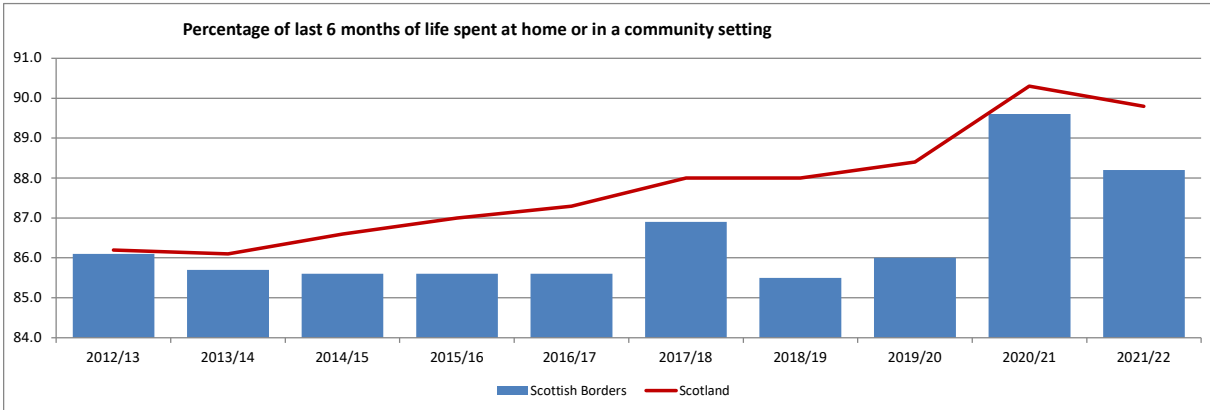
How are we performing?

The rate of emergency readmissions within 28 days of discharge shows an improving position over the last 3 quarters of 2021/22. The Borders rate which has been generally higher than the Scottish average has reduced to below the national position for the last 5 quarters to March 2022.

Percentage of last 6 months of life spent at home or in a community setting

Source: Core Suite Indicator workbooks

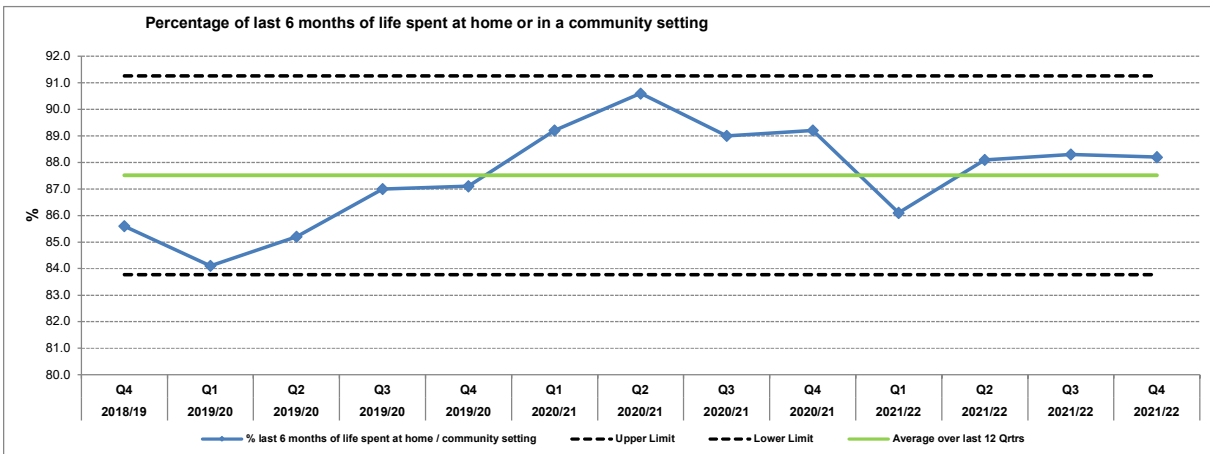
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Scottish Borders	86.1	85.7	85.6	85.6	85.6	86.9	85.5	86.0	89.5	88.2
Scotland	86.2	86.1	86.6	87.0	87.3	88.0	88.0	88.3	90.2	89.8



Percentage of last 6 months of life spent at home or in a community setting

Source: Core Suite Indicator workbooks

	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22
% last 6 months of life spent at home or in a community setting Scottish Borders	85.6	84.1	85.2	87.0	87.1	89.2	90.6	89.0	89.2	86.1	88.1	88.3	88.2



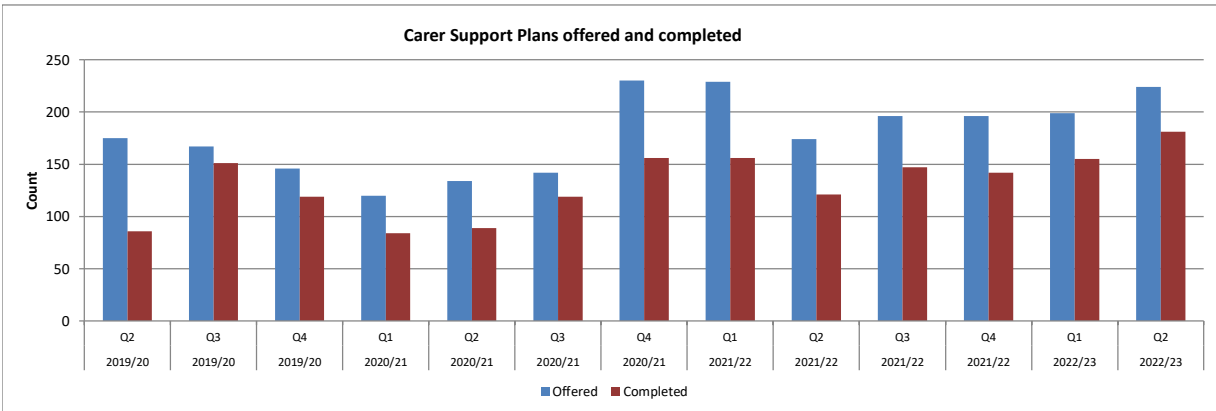
How are we performing?

The percentage of last 6 months of life spent at home or in a community setting remains below the Scottish average. Following a drop in 2018/19, 2019/20 saw performance improve for this measure. The first two quarters of 20/21 demonstrated continued improvement against this indicator. Q2 20/21 demonstrated the highest percentage (90.6%) in the last 3 years for people spending the last 6 months at home or in a Community setting. After this point there was a slight decrease which then stabilised to 88.2% of the last six months of life being spent at home or in a community setting.

Carers offered and completed Carer Support Plans

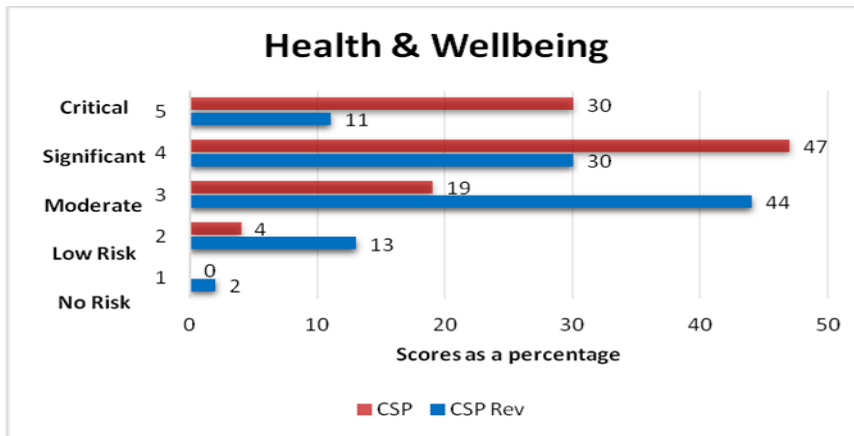
Source: Borders Carers Centre

	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23
Carer Support Plans Offered	175	167	146	120	134	142	230	229	174	196	196	199	224
Carer Support Plans Completed	86	151	119	84	89	119	156	156	121	147	142	155	181



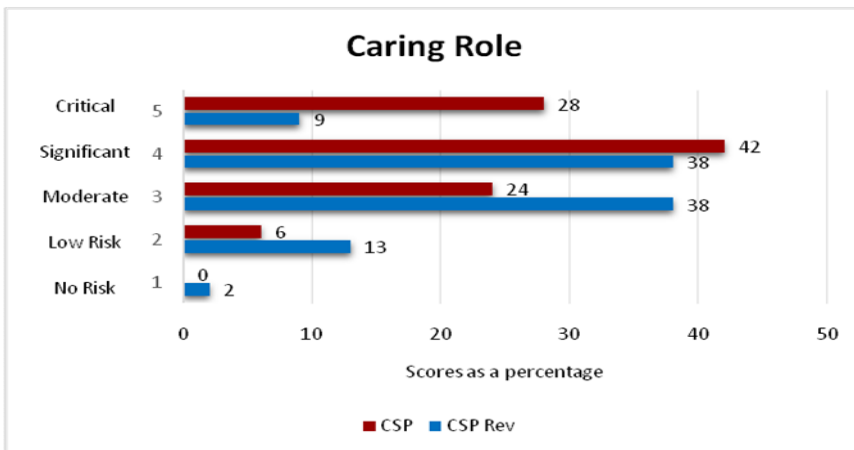
Health and Wellbeing (Q2 2022/23)

I think my quality of life just now is:



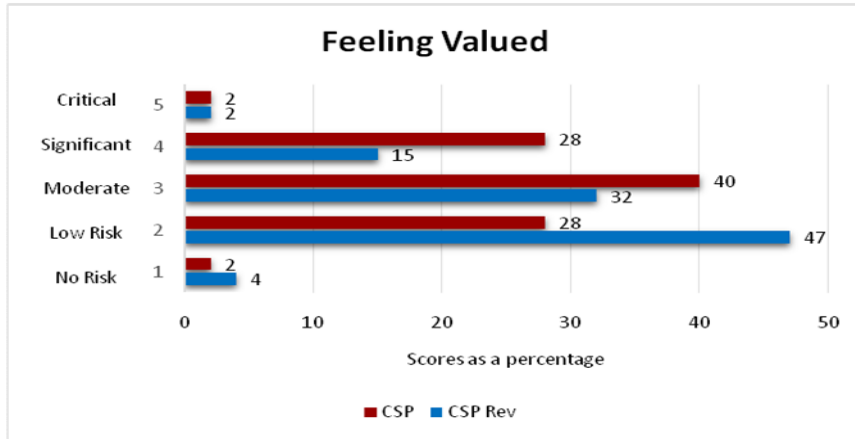
Managing the Caring role (Q2 2022/23)

I think my ability to manage my caring role just now is:



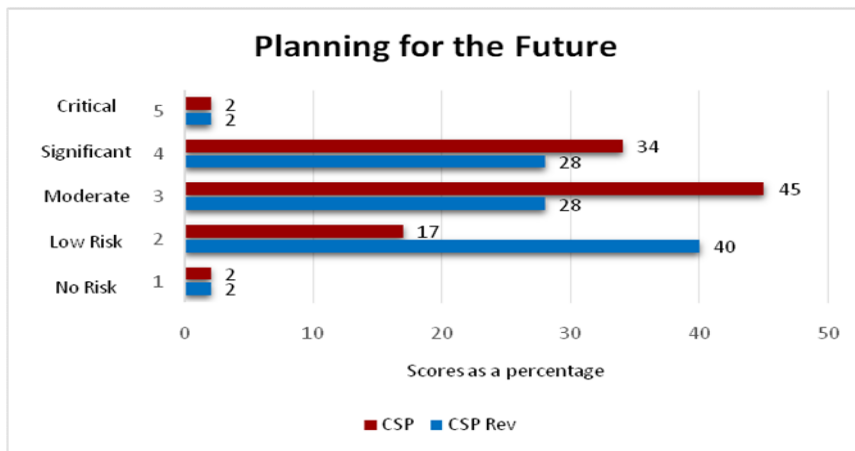
How are you valued by Services (Q2 2022/23)

I think the extent to which I am valued by services just now is:



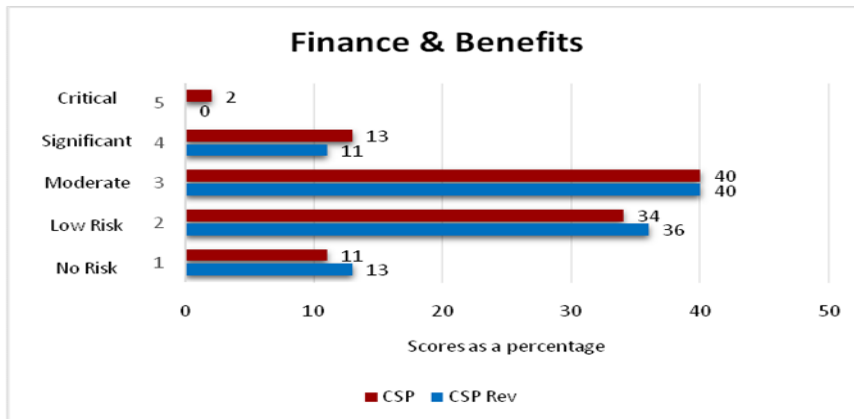
Planning for the Future (Q2 2022/23)

I think where I am at with planning for the future is:



Finance & Benefits (Q2 2022/23)

I think where I am at with action on finances and benefits is:



How are we performing?

There has been a continued increase in the number of completed CSPs over the past 4 quarters.

It can be implied from the movement between categories that we are managing to lift Carers out of the 'Critical Risk' category to 'Significant Risk' and from 'Significant Risk' to 'Moderate Risk' category.

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SCOTTISH BORDERS COUNCIL'S



CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2021-2022





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CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2021/22

INTRODUCTION

I have pleasure in presenting the Scottish Borders Chief Social Work Officers Annual report for 2021/22. This report is an opportunity to reflect on the past year, highlight the progress made against service priorities, to celebrate what has gone well, and to acknowledge the significant impact that the pandemic has continued to have on people, their families, staff, volunteers, and communities.

It has continued to be a significantly challenging landscape for everyone in society, with those who were already disadvantaged continuing to be disproportionately impacted by the COVID-19 pandemic. From an organisational perspective, the Pandemic has caused significant pressure on the Local Authority, colleagues in NHS (National Health Service), third sector and other partners. We recognise that significant challenges remain, and we continue to work together to mitigate the impact on the people of Scottish Borders.

Please note that the format of this report has continued in the amended outline for the third year in a row by Scottish Government, this is to enable Chief Social Work Officers to present reports for local governance structures, whilst having due regard to current pressures being experienced across the sector because of COVID-19.

I would like to take this opportunity to acknowledge the exceptional work and dedication of all Social Work and Social Care staff across Scottish Borders for their relentless work over the past year, in what continues to be extraordinarily pressurised situation. Last year I stated that this has been "a year like no other," and whilst I cannot continue to make this statement, it is important that I recognise that all staff and carers have continued to go beyond what was expected of them to deliver critical services to the people of Scottish Borders. I remain incredibly proud of the efforts of all staff and hope that my words will in some way convey my gratitude to them, also recognising the massive contribution from carers and communities across the area who have continued to keep the needs of others at the forefront throughout these challenging times.



CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2021/22

GOVERNANCE AND ACCOUNTABILITY

OVERVIEW OF GOVERNANCE ARRANGEMENTS

Local authorities are required, under Section 3 (1) of the Social Work (Scotland) Act 1968 as amended, to appoint a Chief Social Work Officer (CSWO). The role of CSWO in Scottish Borders is fulfilled by the Chief Social Work & Public Protection Officer. The role of the CSWO is to ensure professional oversight of social work practice and service delivery; this includes professional governance, leadership, and accountability for the delivery of social work and social care services, whether provided by the local authority or commissioned through the third or independent sector.

Scottish Borders Social Work services have clear governance arrangements in place. The CSWO is a member of the Council's Strategic Leadership Team and as such has direct access to Elected Members, the Chief Executive, and senior managers of other Council services. The governance of Social Work Services is undertaken through two separate but interconnected structures. Children and Families Social Work, Justice and Public Protection services are directly managed through internal Council structures and all other delegated services are managed through the Integration Joint Board (IJB). These arrangements are embedded and provide assurance that the social work function is being undertaken to the highest possible standards. The CSWO is a non-voting member of the IJB and offers professional advice and guidance to the IJB on matters relating to Social Work service delivery. The CSWO is also a member of IJB Leadership Team and other senior leadership forums between NHS Borders and Scottish Borders Council, further strengthening the integration of services. In all Social Work services there are a range of multi-agency operational and strategic groups that add significant value to the work of Social Work. There continues to be a strong emphasis on partnership working in these forums and given the co-terminus nature of the Local Authority with the local NHS Board, this continues to be a crucial element of our ongoing improvement. The CSWO has continued to monitor, review, and advise the Council on Social Work matters, whilst providing leadership for all staff in Social Work and Social Care in providing high quality and safe services for the Borders.



ROLE OF CSWO

The CSWO assures the quality of social workers and of social work practice by ensuring that we have robust auditing processes, quality and performance indicators and quality assurance/improvement measures in place. The CSWO has responsibilities in respect of statutory decision making, specifically the public protection arrangements. The CSWO also has oversight of practice standards relating to services delivered by registered social workers. This also includes statutory decision making in relation to public protection and/or the restriction of individual liberty and requires consideration of individual circumstances regarding rights, risks, needs and capacity. These considerations are often complex in nature and need to consider a range of issues, including the risks to the wider community. The statutory decision making includes the placement of children in secure accommodation, transfers of children and young people in cases of urgent necessity who are subject to Compulsory Supervision Orders, adoption, fostering, community payback orders, statutory interventions linked to the Mental Health Officer role, adults with incapacity measures, and the protection of children and adults at risk.

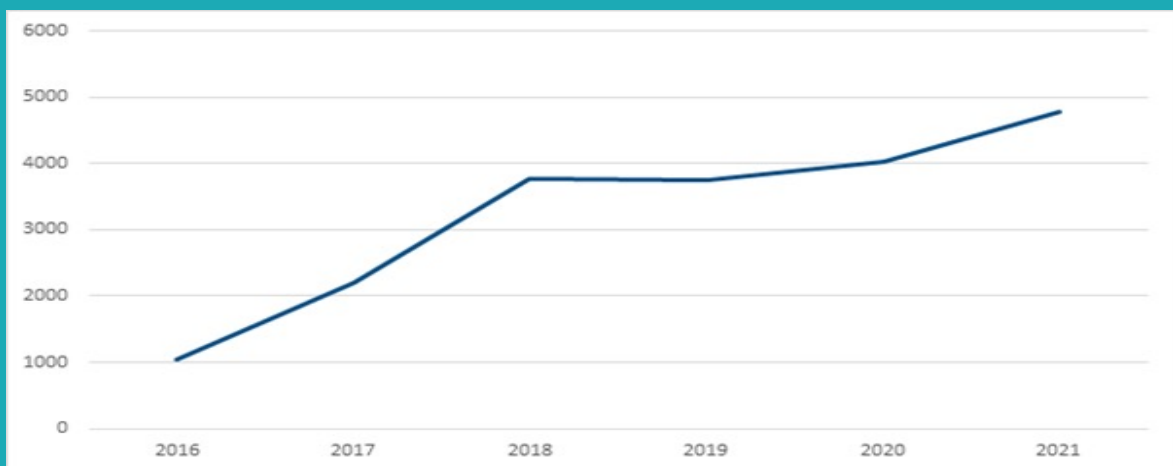
CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2021/22

SERVICE QUALITY AND PERFORMANCE

Across the Social Work and Social Care landscape there are significant challenges in maintaining and improving service quality and performance. This is due to some of the challenges being faced with recruitment and retention of staff and the increasing demand for services. This is not an issue that is unique to Scottish Borders as these are challenges being faced across Scotland and the wider United Kingdom.

An example of the increased demand can be seen in the following diagram:

Adult SW referrals:



The number of new referrals has increased from 1,036 in 2016 to 4,782 in 2021

However, despite these challenges we are working hard to improve services in Scottish Borders and develop innovative ways to recruit and retain staff. We are also embarking on a Pathfinder project to make performance data readily available to all staff across the services, carry out process re-engineering to make recording more efficient and planning to give front line practitioners digital equipment that will enable them to be more agile in their day-to-day practice.

ADULT SOCIAL WORK

In Adult Social Work, locality performance spreadsheets are updated weekly which highlights the volume of referrals received per week within each locality and those referrals that have been allocated.

There is also a monthly Social Care and Health workload activity report which gives officers a detailed breakdown of all social work activity spanning the previous four-week period. This allows us to maintain an overview of performance and trends to manage demand as effectively as possible. We are also looking to reintroduce performance clinics to provide narrative behind data to aid learning and system development planning and cascade to relevant staff to underpin/improve performance.

Early in 2022 the Scottish government released funding to local authorities to provide additional social work capacity. The Scottish Government recognised that the expansion of the social work workforce is required to support the increasing adult social care workload and workforce pressures across health and social care. One of the posts created by Scottish Borders Council from the funding is a Policy and Practice Development Officer. The purpose of the role is to lead on the development and review of Scottish Borders Council's social work policies and procedures in line with current legislation and national policy requirements. There is a drive to promote best practice in all aspects of social work policy and procedure.

In addition to this, the following additional posts have been recruited to on the back of this additional funding:

- Central Team – 1 x Assistant Team Leader (Council Officer)
- Central Team 2 x Social Workers (Council Officers)
- Central Team 1 x Paraprofessional
- Hawick Team 1 x Occupational Therapist (Council Officer)
- Community Care Review Team (Early Indicators of Concern/ Prevention) 1 x Social Worker (Council Officer)
- Mental Health Officer Team 1 x Mental Health Officer
- Community Mental Health Team 1 x Social Worker
- There is also a small additional capacity for increased Business Support staff to support the Locality Teams with some tasks and to free up-front line operational managers

In relation to transitions, Scottish Borders Council are undertaking a programme of work with Achieving Real Change (ARC) Scotland on developing Principles into Practice for young people. A working group is currently looking at developing an improved pathway for those transitioning from school and children's services into further education, employment, and adult services. This is being co-produced across several services and organisations including education, children's social work, adult social work, adult learning disability, NHS Borders, ARC Scotland and Branching Out Youth project - Borders Additional Needs Group (BANG). The work aims to engage with young people with lived experience and their families directly, with the aim of developing stronger partnership working, improved communication and more accessible pathways, leading to better outcomes for young people and their families.

Our Care and Repair service has seen improvement on waiting lists and grant applications, however there remain challenges with the availability of contractors to carry out some specified work.

Current day support for older people has two substantive elements, the first is The Local Area Coordination service (LAC), and the second is the Royal Voluntary Service (RVS) Social Centres. The former provides community-based support for suitable activities and opportunities, the latter is a buildings-based centre providing transport, activities, and lunch. Any personal care requirements are identified in the care plan and are arranged separate to these opportunities. The Integrated Joint Board (IJB) are carrying out a review of daytime support for carers and crucially involves key partners and service user representation.

Social Centres are still on a post COVID journey, and a recent contract review summarised the challenges. Social Centres were constrained by social distancing and other COVID restrictions, for example, they could only transport one person per vehicle and community transport partners did not resume activity as early as RVS. Some centre providers were slower than others to risk assess and agree terms that would allow us to resume activity. Understandably there was reluctance by some clients to return to centres and COVID was still impacting in terms of staff and client illness. Lockdown with the reduced physical activity and social isolation has affected many to the point where they could not participate fully at the centres.

Between September - December 2021, there were 100 clients, attending 131 days with 134 spaces available. Due to social distancing requirements, this had reduced this to nearer 160 spaces in total. This year shows a steady increase month on month from 97 clients attending 127 days to 125 Clients attending 164 days. There is reported evidence that the cost-of-living crisis is having some impact, pre COVID clients would attend on average for 1.44 days a week, and this has reduced to 1.32 days a week. This is something we will continue to monitor and put appropriate measures in place to mitigate this impact where appropriate.

In Scottish Borders people have a choice regarding payment of funds for option 1 under Self Directed Support, namely 'all pay' cards. All other local authorities have chosen to opt out of personal banking arrangements, in preference of all pay cards. However, following close discussion with the Self-Directed Support (SDS) forum and working group, the agreement, given that this blanket approach did not consider the individual circumstances of people and their Carers, is people within Scottish Borders should retain the options of having monies come into their own bank accounts as well as the option to have an 'all pay' card.

There is also ongoing third sector support in Scottish Borders with various initiatives e.g., café recharge and community larder.

Ability to deliver statutory functions and Key risks to delivery

We are managing to deliver all statutory functions, however capacity and pressure within the social work teams is challenging. We also recognise that there are significant challenges in delivering services within the timescales to meet community need and this is something that we are working closely with partners across the health and social care partnership to address. The difficulties in accessing the right support at the right time for people in our communities is exacerbated by recruitment and retention issues for all social care providers, both internal and external to Scottish Borders Council.

Key figures relating to performance:

Average figures:

327 social work cases allocated per month (12month average to March 2022)	1,023 patients have gone through Home First (Year to March 2022)	On average 18,430 hours of planned Homecare per month, for 748 people	Clients received, on average, 25 hours of planned care per month.	1,276 active Community Alarms in individual's homes in the Scottish Borders
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Waiting lists across the 5 locality Adult teams:

Clients on Waiting List

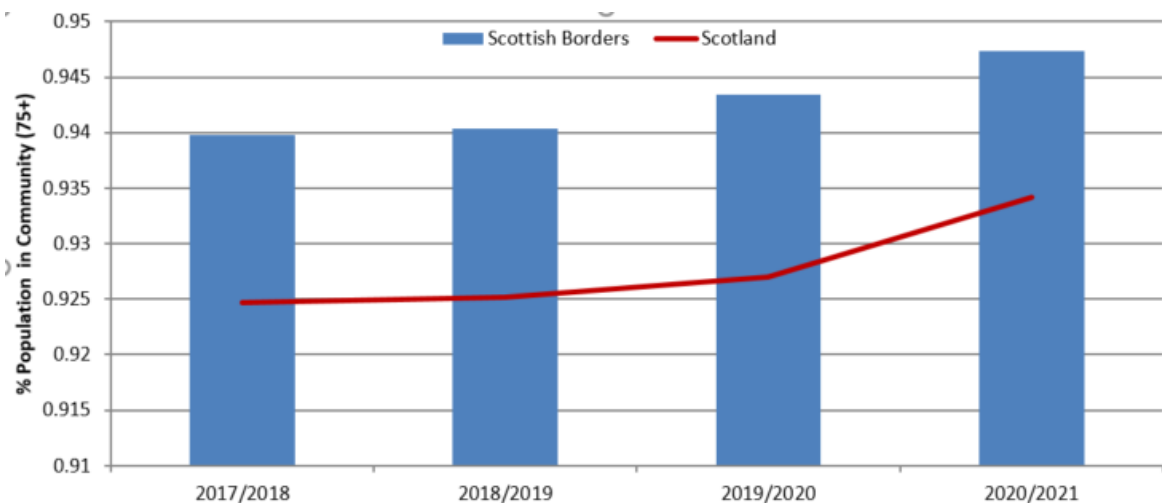
	at 31.03.2021	at 31.03.2022
Central	136	176
Duns	31	52
Hawick	47	20
Kelso	51	76
Peebles	22	81
All Areas	287	405

Referrals received across the Adult teams:

Referrals Received

	21/22 TOTAL
Central	1647
Duns	658
Hawick	1243
Kelso	1003
Peebles	921
START	436
Total	5908

The percentage of the population >75 years of age in Scottish Borders compared to Nationally:



ADULT SUPPORT AND PROTECTION

The Public Protection Committee continues to provide leadership and oversight of the governance arrangements for public protection including Adult Support & Protection (ASP). The operational work for ASP continues to be overseen by the Adult Protection Delivery Group, as advised, we have recently had an inspection of our Adult Support & Protection processes which is due to be published on 18 October 2022.

Over the past year there were a total of 464 Adult Protection referrals leading to 184 ASP full Investigations. This was an increase of 52 referrals from the previous year resulting in 54 more full investigations. The highest service user group referred was older people followed by adults with learning disability. The greatest type of harm referred was physical, followed by financial and then sexual harm. The most usual places for harm to occur was the service user's own home followed by a care home setting.

This increased ASP activity was also reflected in the number of Protection Orders taken – two temporary Banning Orders and two full Banning Orders.

There has been one Initial Case Review under Adult Support & Protection this year, this did not meet the criteria required to escalate to a Significant Case Review.

This past year has seen a process of self-evaluation developed across all ASP activity and performance. Service improvement plans are in place to address areas for development across operational activity, staff guidance and support, and strategic areas of work. To date over half the actions on the plans have been achieved with others well under development.

ASP procedures, both for individual and large-scale investigation processes have been reviewed using a co-production model and new procedures produced. Associated workflows have been updated and a new and more robust set of performance indicators has been put in place. All of these will be monitored and reviewed over the coming months to measure their effectiveness.

Ability to deliver statutory functions and Key risks to delivery

The delivery of ASP continues to be led through the Public Protection Unit which is co-located alongside NHS Borders and Police Scotland services. The role of the Adult Protection Officers has evolved over the past 12 months providing both support to operational teams and undertaking direction and scrutiny for all ASP activity. The unit continues to direct the ASP case work of 'Council Officers' (CO's) investigating under the Adult Support & Protection (Scotland) Act 2007. We are well positioned to continue to meet our statutory responsibilities.

New auditing processes have been put in place and to demonstrate that we are working well to keep adults at risk safe. We continue to uphold our partnership vision that "Everyone in the Scottish Borders has the right to live free from abuse, harm and neglect." Partnership at operational and strategic level remains strong.

Staffing capacity remains the main risk to service delivery however we have made good progress in increasing the number of Council Officers across operational teams. A Borders wide Council Officer rota system is in place to ensure that we can deliver on our duty to inquire and investigate requirements under the Act.

Key figures relating to performance:

Annualised figures:

	2017-18	2018-19	2019-20	2020-21	2021-22
Adult Protection concerns	265	328			
AP Referrals	493	642	583	412	464
AP Investigations	143	194	209	130	184
Initial ASP case conference	34	44	84	43	28
Review ASP case conference	57	112	140	109	57

Referral outcomes:

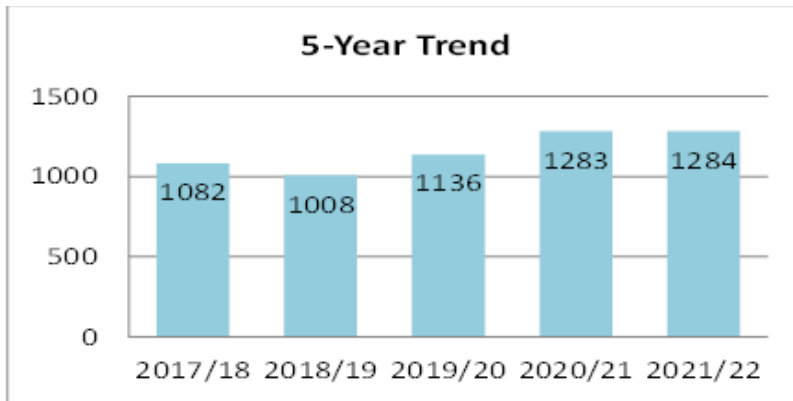
	2017-18	2018-19	2019-20	2020-21	2021-22
Further AP action	265	330	334	186	193
Further non-AP action	228	312	238	185	183
No further action	0	0	11	41	0
Not known	0	0		0	88
TOTAL	493	642	583	412	464

Large Scale Investigations:

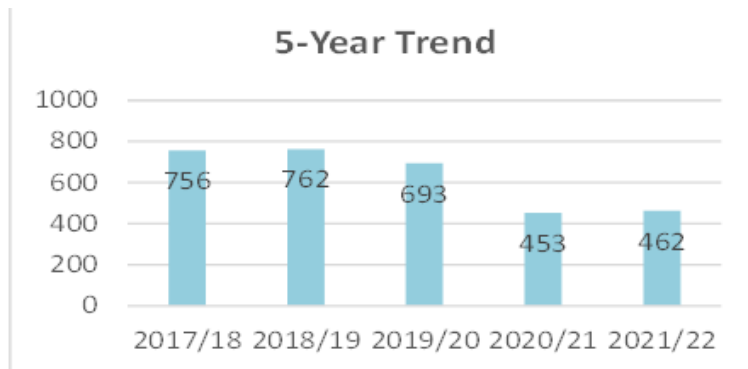
	2017-18	2018-19	2019-20	2020-21	2021-22
No. Large Scale Investigations	2	3	2	0	2

Domestic Abuse figures:

Number of reported incidents of domestic abuse (cumulative)



Number of Referrals To SBC Domestic Abuse Service (DAAS) (Cumulative)



MENTAL HEALTH

Community Mental Health Services are developing a Mental Health Transformation programme. The IJB have recently issued Direction's to the Health and Social Care Partnership to further develop our Community Rehabilitation Support services which will lead to enhanced supported accommodation, a reduction in the number of days patients are accommodated in specialist hospitals and a reduction in local inpatient beds by two. The new model will be up and running by autumn 2022.

Following additional Scottish Government investment in Primary Care Mental Health services, the Health and Social Care Partnership have prioritised the development of Primary Care Mental Health support to under 18-year-olds recognising this as the area of priority need. The development of plans is being undertaken in close partnership with children's social work, education services, the commissioners of children's services and GP's.

General recruitment to vacant social work posts has been a significant limiting factor throughout the year. However, we have managed to fully recruit to vacant posts. Through the additional funding from Scottish Government to boost adult social work staffing we have agreed to recruit an additional full time social worker into the Community Mental Health service.

Ability to deliver statutory functions and Key risks to delivery

We are managing to deliver all statutory functions although there are capacity issues and pressure within the social work team is high. The ability to undertake timely reviews and proactive transition planning is impacted by the challenges presented by the staffing resource in addition to the added pressures to manage the impacts of COVID 19.

MENTAL HEALTH OFFICER SERVICES

Over the period 21/22 the Mental Health Officer Forum has been developed further. Under the National Standards for Mental Health Officers, it is the responsibility of the Local Authority to provide staff training and development. To meet these requirements the previous 6 weekly Mental Health Officer forum has been developed into a training and experience sharing forum. All the Council's MHOs (Mental Health Officers) are invited to the forum (this includes the members of the MHO team, alongside all satellite MHOs and EDT (Emergency Duty Team) staff who are qualified MHO's.

Previously the forums had been used as an opportunity to check in with one another and share experience, but during the reporting period we have expanded this into more of a developmental forum. To this end it is suggested there is a topic for discussion each time and where appropriate invite guest speakers.

During a recent away day for the MHO's, we focused on the Scottish Borders Response to the Mental Health law consultation. Areas for improvement of the local services were discussed including the need for more joined up working and improved interface with our health colleagues. In addition, consideration of the development of local resources such as intensive home treatment teams/ expanding the remit of the current crisis team to reduce inpatient care and thereby reduce the pressure on hospitals was discussed.

During the period 2021-22, three MHO trainees were released from their substantive posts to undertake the MHO Award. These individuals have now successfully passed the course and will add to Scottish Borders Council cohort of satellite MHOs.

To further support learning, consolidate knowledge and build team relationships some of the newly qualified or satellite MHOs are being provided with the opportunity of working in the Mental Health Officer team for a 6-month period. This rolling programme has been possible thanks to the additional monies provided by the Scottish Government as mentioned earlier. In this reporting period we have had one successful secondee.

During this reporting period we have created the post of Adult with Incapacity worker to specifically undertake welfare guardianship supervisions. In addition, we have developed a training programme to enhance knowledge and understanding of the role of guardianship supervision amongst adult social care and health teams.

Ability to deliver statutory functions and Key risks to delivery

The Mental Health Officer’s in Scottish Borders continue to deliver on their statutory functions for Scottish Borders Council.

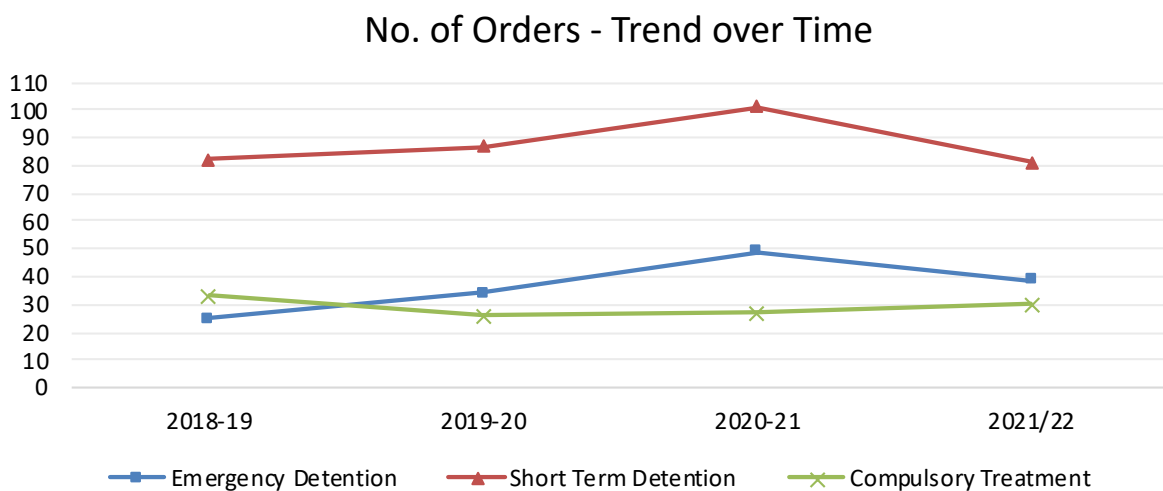
Challenges from COVID 19 are particularly those associated with working remotely. To reduce some of the isolation felt, we introduced teams catch up sessions and encouraged the buddying up of colleagues for peer support.

Key figures relating to performance:

MHO interventions:

during reporting period 01 April - 31 Mar	2018-19	2019-20	2020-21	2021-22
Emergency Detention	25	34	49	39
Short Term Detention	82	87	101	81
Compulsory Treatment	33	26	27	30

Same statistics but in a different format:



Appropriate Adult provision:

Scottish Borders Council has a statutory duty under the Criminal Justice (Scotland) Act 2016 to provide an Appropriate Adult Service. The Appropriate Adult service in the Scottish Borders is managed by the Mental Health Officer Service.

Appropriate Adults are social work staff already employed by the social work service working in our teams across the Scottish Borders. We currently have 35 Appropriate Adults who provide communication support to vulnerable victims, witnesses, suspects and accused persons, aged 16 and over, during police investigations.

The police must provide support for persons in custody who are unable to understand sufficiently what is happening or communicate with the police because of a mental disorder. In practice, this support is provided by an Appropriate Adult.

Scottish Borders Council operate an Appropriate Adult Duty rota to ensure it can fulfil their statutory obligation daily. Data collected to date suggests that Scottish Borders are receiving an increased number of requests from the Police this year than the previous year.

In this reporting period a business support post has been created to specifically work with the Appropriate Adult's service on data collection, coordination, and processes. A referral form and a feedback form has been created which detail time spent on callouts and issues raised. We are eager to embed Appropriate Adult Forums in the Scottish Borders bringing best practice into line with standards set by the Mental Health Officer service and in doing so provide a regular opportunity to offer mentoring and peer support to our Appropriate Adult team.

LEARNING DISABILITY

Social work continues to manage their waiting lists through a monthly prioritisation meeting. There continues to be a prominent level of ASP and Adult with Incapacity Act (AWIA) activity.

As already mentioned, the new Transitions pathway is being implemented to ensure that there is a key focus on supporting the transition of young people into adult services. We are continuing to develop appropriate accommodation and support arrangements in line with needs of service user groups and are progressing plans to develop accommodation to support people with complex needs with the aim of reducing the likelihood of accessing placements out with the Borders.

The commission of the Shared Lives scheme (March 2020) has delivered 11 new placements to date and further placements planned for this year including respite care and day care support for adults with complex needs.

The IJB has now directed the Health and Social Care Partnership to commission a new model of day support services. This will be locality based providing appropriate support for people with a range of support needs. The formal commissioning process has now commenced and is due to complete by November 2022.

The service continues to face significant financial pressures driven by an increase in complexity of need for young people coming through transitions. A lack of specialist health and social care placements, including in-patient services along with social care staffing shortages and inflationary pressures are the main contributing factors driving costs. This is a UK wide challenge.

Ability to deliver statutory functions and Key risks to delivery

We are managing to deliver all statutory functions although capacity and pressure within the social work team is high.

The closure of Day Services due to the impact of Covid 19 and the partial re opening to date has placed increased pressure on family carers and supported living tenancies adding to the risk of placement breakdown.

JUSTICE

Throughout the reporting period Justice Social Work consistently adapted and responded to National and Local COVID recovery plan guidance. The service maintained a level of core service across all elements of justice delivery, despite challenges arising from staff absence due to fluctuating COVID infection rates, disjointed recovery pathways across justice partner services, ongoing lack of face-to-face training and stubbornly entrenched staff vacancies, particularly for qualified social workers.

Key figures relating to performance:

Justice Social Work activity:

during the reporting year 01 April - 31 March	2019-20	2020-21	2021-22
CJSWR Completed	247	143	243
CPO - Supervision Only	43	33	43
CPO - UPW only	110	63	110
CPO - UPW plus Supervision	40	13	24
Total CPO issued	207	110	177
No. of Diversion from Prosecution Referrals	22	43	80
No. of Diversion from Prosecution Assessments	22	27	64
Number of open DTTOs	8	3	1
% of successfully completed DTTOs	44%	60%	50%
DTTOs Imposed	4	0	1
No. of new Voluntary Throughcare Cases Offered	30	10	34
No. of new Voluntary Throughcare Cases Accepted	10	4	10
Open Statutory Throughcare Cases	61	57	32
In Custody	40	42	50
In Community	21	15	12

An internal audit completed as part of the SBC (Scottish Borders Council) Audit Annual Plan 2021/22, the purpose of which was to assess the adequacy of internal controls, administrative procedures, and resources in place to meet statutory obligations, included Justice Social Work's alignment with local Community Justice arrangements.

The Audit was able to provide substantial assurance to the Audit and Scrutiny Committee that the service was delivering within a satisfactory risk; with control and governance systems in place to meet statutory obligations. Internal Audit made no recommendations, noting actions that were underway, at the time- to improve the efficacy of governance to achieve objectives. It also recognised Community Justice Strategy links, advising that; improvement actions should also be considered following reviews carried out by Scottish Government (Justice Strategy), Community Justice Scotland (OPI Framework) and the Justice Service.

Ability to deliver statutory functions and Key risks to delivery

The service maintained a position of delivery for statutory functions throughout the reporting period, despite carrying vacant social work posts. This is primarily due to service demand generated by Courts, Criminal Justice Court Reports and Community Payback Orders, including Unpaid Work remaining lower than pre pandemic numbers.

The Unpaid Work Service, having taken learning from the first "lock down" period and the commissioning of external digital provision, including Street Cones and The Wise Group, for Other Activity, was able to continue to offer some limited opportunities to service users to engage during the second "lock down" period.

Significant staffing and performance issues within the Unpaid Work Service, limited the services ability, during the reporting period, to perform at a level that enabled adherence to National Standards and Outcomes. Raising the potential to destabilise the Courts confidence in the services ability to deliver Unpaid Work and or Other Activity. Swift action was taken to resolve the situation, including a trawl of all files for those subject to unpaid work by senior staff, and appropriate action taken to return cases to court, as required, ensuring appropriate and timeous case management arrangements were put in place. As we move into the next reporting year, maintaining this position remains challenging given this element of service continues to experience significant staff issues.

Key risks include: The potential for the Court to lose confidence in the ability of Unpaid Work Service to deliver, stemming from a lack of dynamic and proactive service management, ongoing challenges in adapting to covid recovery plans, and a high staff turnover, creating an inexperienced workforce.

CHILDREN & FAMILIES SOCIAL WORK

During the period 1 April 2021 to 31 March 2022, the number of referrals made was 2938, an increase on the 2490 referrals in 2020/21. Arrangements are in place to screen and prioritise referral information quickly via the Children & Families Duty Team based at Langlee. Whilst social work is not an emergency service, swift responses to referrals are considered good practice.

Looked after Children (LAC)

In 2021-22 there was a monthly average of **176** Looked After Children (LAC) in Scottish Borders, a decrease from the monthly average of **182** in 2020/21.

As of 31 March 2022, there were **174** LAC; of these **26** were at home, **49** were in kinship care, **59** in internal foster care, **7** in external foster care, **0** in secure care, **30** in residential care and **3** in "other."

Kinship Care

The most marked change in relation to LAC is the rise in the number of kinship care placements, increasing from **25** children in 2010-11 to **49** children in 2021-22.

Kinship care is a formal care status and regulated under the Children and Young People Act (Scotland) 2014. Kinship carers are paid an allowance for the children they care for which equates to the allowance paid to foster carers. The benefits of providing alternative care for children within their own family and community are clear in terms of positive identity, relationships, and sense of community.

Details in respect of fostering, permanence and adoption are contained with the Scottish Borders Fostering Panel Annual Report 2021 and the Scottish Borders Adoption and Permanence Panel Annual Report 2021; both reports are based on the calendar rather than fiscal year period.



Performance Panel
Annual Report 2021



Fostering Panel
Annual Report 2021

Key figures relating to performance:

Duty team referrals:

C&F Duty Team	Annual Average	
	2019-20	2020-21
Total No. of Referrals	2326	2490
No. of Referral & Screening (New Cases)	320	298
No. of Referral & Screening (prev referred)	752	775
No. of One-off Contacts	1254	1417

Children Affected By Disability Team workload:

CHAD	Annual Average	
	2019-20	2020-21
Total No. of CHAD Cases	151	169
No. of cases (Serviced)	21	28
No of cases (Receiving SDS/DP)	52	49

16+ team caseloads by type:

16+	Annual Average	
	2019-20	2020-21
Total Number of Cases	93	83
No. of LAC Cases	7	10
No. of Continuing Care Cases	31	29
No. of Aftercare Cases	52	44

Long term team allocation and breakdown of type of case:

LTT	Annual Average	
	2019-20	2020-21
Total LTT Case Load	443	452
East Team	202	203
West Team	241	249
Looked After Children	181	176
East Team	93	86
West Team	88	90
Child Protection	40	45
East Team	19	24
West Team	21	21

Family Placement/Resources

Despite on-going recruitment activity, the Family Placement Team saw a reduction of 6 foster carer households in 2020 (calendar year). Although the overall number of children and young people placed in foster care / continuing care saw a slight reduction the percentage occupation of approved foster placements increased from 89% to 100%.

Despite the pressure on the Scottish Borders Fostering Service, developments continued across the service. Of note was the introduction of Foster care Welcome Packs for children and young people when they arrive in a new foster placement. The contents of the packs were decided upon jointly by young people with care experience, foster carers and the Family Placement Team. The team's approach to participation has been enhanced with the development of a joint foster carer – Family Placement Team (FPT) group. The FPT Development Group which aims to develop aspects of the service and support for both carers and children. A quarterly Family Placement Newsletter for children and young people was also introduced in 2020-21 and has been well received. The Newsletter is a combination of pertinent information for children and young people (around initiatives, developments, advice and guidance) and fun articles. The Newsletter has been well received.

The team are particularly proud of Betty Falconer, Foster Carer, who was awarded the President's Award 2021 from the Fostering Network's Fostering Excellence Awards 2021. Betty has been a foster carer with Scottish Borders for around 20 years and has worked tirelessly on both a local and national basis to improve services for children and young people in foster care.

The Family Placement Team also assess and support kinship carers. Over 2020-21 a specific support group for kinship carers was commissioned from Children 1st who now provide an independent Kinship Care Support Group on a monthly basis.

Wheatlands Children's Home continued to provide quality residential care for young people in the Scottish Borders over 2020-21. They were graded as 'Excellent (6)' for 'How well do we support children and young people's wellbeing?' and 'Very Good (5)' for 'How well is our care and support planned?' As part of their approach to implementing the findings of the Promise, Wheatlands initiated an action plan to improve Love and Relationship Based Practice within the home. The plan was co-produced with young people and covers areas such as training and improving staff awareness of the importance of love and relationship based practice; on-going participation and advocacy for young people; ensuring a positive physical environment; and, encouraging ex-residents to remain involved and access support from the Wheatlands residential staff team.

Key figures relating to performance:

Children adopted / placed for adoption:

	2019-20	2020-21	2021-22
Children adopted during the reporting year (Apr-Mar)	1	0	
Children placed with prospective adopters at 31 March	3	2	4

Looked after children (LAC) placed outwith Scottish Borders area – figure, percentage of LAC outwith and number of kinship placements:

	2019-20	2020-21	2021-22
LAC placed outside areas as at 31 March	40	41	44
% OOA	21%	24%	24%
Kinship placements as at 31 March	57	52	48

Number of LAC and figure + percentage in residential care:

	2019-20	2020-21	2021-22
Looked After Children as at 31 March (SBC)	195	173	180
Looked After Children as at 31 July (Scotland)	14,458	13,255	-
Residential Placements as at 31 March	29	27	30
% Residential Placements	15%	16%	17%

Secure Accommodation numbers per year:

at 31 March	19	20	21	22
"Secure Accommodation" placement type	2	1	1	0

Child protection orders granted in court:

01 Apr - 31 Mar	2018/19	2019/20	2020/21	2021/22
Child Protection Orders granted	9	0	1	2
	8	9	18	12

Complaints

With regard to complaints about Social Work services, there were 120 complaints received in the year April 2021 – March 2022. Of these 98 were concluded with 32 being upheld, 58 not upheld and 8 relating to policy issues which were also not upheld. It should be noted that some of the complaints are very complex and given that 120 were received as a snapshot of the applicable year, the remaining 22 were ongoing beyond the reporting year.

Duty of Candour

All Health and Social Care Services in Scotland have a duty of candour. This is a legal requirement which means that when unintended or unexpected events happen, that result in death or harm as defined in the Act, the people affected understand what has happened, receive an apology, and that organisations learn how to improve for the future. There has been <5 Duty of Candour incidents in the reporting year for Scottish Borders Council. From this, significant learning has been identified and implemented across services to mitigate the potential of this type of issue occurring again. There is an annual report where more detail can be found.



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RESOURCES

It would be fair to say that all services across the social work and social care landscape are under pressure. Whilst this is not unique to Scottish Borders, there is an ongoing need for us to overlay decision making in the context of the rurality challenges we face. Primarily this is in the context of maximising positive outcomes for those we serve, whilst maintaining a best value approach for the resources we have.

Scottish Government have provided additional funding for Adult services via the Health and Social Care Partnership which is primarily to support the recovery from the pandemic. However, it is apparent that there has been no additional resource in relation to children and families social work services. There are pressures within children and family's services as we begin to see the full effects of the pandemic on children, young people, and their families, particularly in relation to the impact on mental wellbeing. We are seeing a trend of complex cases which are irretrievably breaking down, sometimes requiring alternative care provision for these children and young people. It is hoped that the work that will be taking place in relation to the delivery of the Scottish Governments 'The Promise' will impact upon acute presentation and focus more on early and effective intervention. However, we recognise that this situation is not a quick fix and fundamentally shifting the balance of care will take a significant amount of time.

ADULT SOCIAL WORK

Given the new requirements set by the Care Inspectorate on care home living conditions including environmental factors such as room sizes, work is underway within the Health & Social Care Partnership to scope the provision of a care village based in Tweedbank. A 60 bedded multi-housed complex catering for older adults and intermediate care is being investigated, based on a community living model including a social centre and shop. A similar model is being scoped for the Teviot area.

We have had two new extra-care housing facilities purpose built within the last reporting period. This has provided properties in both the Galashiels and Duns community areas. In Galashiels 39 extra care housing flats are now in place and in Duns, there are 19 amenity bungalows and 30 extra care housing flats with a mixture of one or two bedrooms. Of the resources in Duns, 4 beds have been protected as step up / step down provision. Step up from the community to prevent hospital admission and /or alternative accommodation to those living in the community who are requiring crisis intervention or a place of safety and step down beds to facilitate discharge from hospital to await a return home or transfer to a homely setting.



Both of the extra-care provisions above has a 24hr staff team on site delivering flexible care, support, a meal service and tenancy management.

Financial Resources

It is recognised that there has been some additional financial resource for adult services, however there is a continuing need to make efficiencies as part of the wider corporate savings plans. This is challenging as we move into a position where the cost of living is increasing for people in our communities as well as increased costs in relation to transport, equipment etc.

ADULT SUPPORT AND PROTECTION

The Adult Support and Protection budget has been optimised and a plan is being developed to create an operational Quality Assurance role which will support Council Officers undertaking investigative work and which will oversee the quality of practice.

MENTAL HEALTH

Mental Health Services continue to experience financial pressures. The service is focussing on maximising its reablement services such is the Local Area Coordination service as well as reviewing its Day service model of support.

MENTAL HEALTH OFFICER SERVICE

The Mental Health Officer service is maximising the available resources to ensure that we are positioned to be able to respond to the challenges ahead. The crucial statutory role that the MHO's provide in relation to mental health assessments and guardianship processes under the Adults with Incapacity (Scotland) Act 2000 is a clear priority.

LEARNING DISABILITY

There is financial pressures within this service with elevated levels of support needs and the replacement care costs for those unable to access Day Services due to the impact of COVID 19.

Work is underway to increase local resources to reduce the number of people being placed out of Scottish Borders. We continue to work with NHS Lothian in the development of NHS in-patient facilities for AWLD (Adults with Learning Disabilities) to reduce the number of expensive private hospital placements.

The Shared Lives service provides more cost-efficient care and support than previously available models of support. This is delivering significant cost avoidance for the service.

Substantial improvement actions in the assessment and care planning process are resulting in the maximisation of enablement, the development of outcome focused support plans and the maximisation of our local area coordination service.

JUSTICE

The service welcomed additional Scottish Government Recovery Grant funding; in addition to Section 27 monies. The first tranche of recovery funding did not however support the local recruitment of additional staff, primarily due to insufficient time to facilitate recruitment processes for temporary posts, and the lack of any mechanism to carry funding over into the next fiscal year. As a result, short term contracts that might have been offered were not practical to the service when induction and training required to be included in the available period. The opportunity to recruit from an additional tranche of funding, has resulted in relief staff being recruited within the Unpaid Work Service in addition to an additional 10-hour social work post. The additional social work support offered has been highly valued by social workers due to the elevated level of skill, knowledge, and experience of working with Registered Sex Offenders, and the delivery of community programmes including MF: MC, held by the successful candidate. The appointment not only provided much needed support for the completion of Risk Assessments and Court Reports, but also facilitated a degree of quality support and learning opportunity for inexperienced staff, at a time when partner service provision was limited and or national training was "on hold."

Recovery Grant funding enabled the Unpaid Work Service to purchase specialist equipment and enhance work opportunities within the workshop. The purchase of a minibus allowed the service to increase the number of service users who could be transported to participate in project work across more rural parts of the Borders. The vehicle is also utilised by social workers, who facilitate socialisation and physical and emotional well-being opportunities for all service users; including walking and sports groups.

Local third sector organisation, Work+ were commissioned to provide enhanced employability and training opportunities. The service can dovetail into supports offered by the commissioned Adult Learning Support Service provided by the SBC Community Learning and Development Service.

Street Cones – "Road to Change" programme is a specialist 12-week online work programme, targeted at behavioural change through creative workshops. Commissioning of this programme provides an interactive art based alternative opportunity for the completion of Other Activity.

CHILDREN & FAMILIES SOCIAL WORK

The overall revised budget for Children and Families Social Work has remained static despite additional expectations from National legislative, policy and guidance changes and increased costs.

The largest spend within the budget is in relation to External Placements which includes Day Care, Foster care, Residential care, and Secure care.

There have been several changes and trends over the last 5 years in children's social care needs. These have included a rise in the number of children either requiring accommodation or being on the edge of accommodation due to significant and complex physical and mental health issues, the impact of COVID on familial relationships and child well-being, and policy impacts e.g., Unaccompanied Asylum-Seeking Children.

Most external providers have 'in-house' health and psychological services and offer a range of therapeutic services not available within local resources. Prices are non-negotiable although the council's Procurement Team have worked hard to limit uplifts and placement costs through challenging proposed increases from providers. As a small local authority with few external placements, we spot-purchase which leaves no option of block negotiation.

There are no year-to-year increases in the Children & Family Social Work budget allocation to reflect increases to external placement costs which places strain on the budget.

The costs associated with kinship care continue to rise as the number of carers increases; the costs associated with payments have risen from £585,238 in 2017/18 to £878,212 in 2021/22. Additionally, as the number of kinship carers has grown, so too has the level and volume of support provided.

Likewise, continuing care is placing additional pressure on the service budget and there will be an on-going budgetary impact unless additional action is taken, and investment made, to reduce the number of children in care and external care provision.

Recruitment and retention of social workers has been an issue within the service for several years which has resulted in posts remaining vacant or being filled by temporary agency staff. This is a risk in relation to delivering essential services and on the wellbeing of staff who are working above their contracted hours to ensure children are safe. As an organisation, we are mindful of the potential for 'hidden harm' in relation to the impact on staff from this level of ongoing pressure; the importance of ensuring that staff are appropriately supported through supervision by line managers is critical in mitigating this.

More recently, there are fewer agency staff available to undertake short term roles; it is likely this is due to a shortage of social workers nationally resulting in a prominent level of demand for agency workers because of COVID-19. Agency staff costs in 2018/19 was £626,888, and have reduced year on year since, with the overall cost in 2021/22 being £299,613.

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WORKFORCE

It is important to note that we are undertaking a workforce planning process across all services. This is to ensure that we can map and effectively plan for future workforce needs, including the need for systemic succession planning. This is not happening in isolation but is being done across the Health & Social Care landscape as well as Council wide.

Workforce planning and development is a key aspect for the recruitment and retention of staff in Scottish Borders. Every Social Work service has had difficulty in attracting staff to vacant posts. To support the recruitment process, staff in conjunction with Human Resource colleagues have worked hard to make Scottish Borders a good place to live and work. We have embarked on extending where we advertise as well as using what we have learned from COVID-19 to promote the agile ways of working that we have implemented on the back of the pandemic.

There is a national issue in relation to the recruitment and retention of staff in Social Work and Social Care which has been exacerbated by people leaving the profession on the back of the pandemic. By looking at how we create career pathways for those we employ, as well as offering attractive learning and development opportunities, we hope to be able to successfully fill permanent posts which are vacant.

We will be undertaking a review of the role and function of professionally qualified Social Workers to ensure this is aligned to the statutory functions and ensure we have oversight of capacity now and what we need in the future. We want to develop an autonomous workforce that can adapt and change their approach in line with the changing needs of those we serve. This on the surface sounds straight forward, however this does involve a significant change in the culture of the organisation and profession.

It is noted that there continues to be an ongoing challenge to recruit social workers and occupational therapists within Adult Social Care and Health. We have several vacancies in both roles with a limited number of applicants when advertised. We are also struggling to secure agency staff to support teams in the short term which is challenging.

Due to some of the challenges of recruitment and retention, we recognise the impact that internal secondments and temporary posts can have an impact on the stability of the service, as well as having an impact on the wellbeing of our staff. There are circumstances where this is inevitable, however, by engaging in the people planning process, we hope to develop more stability in the workforce going forward.

There are innovations that are taking place to assist with some of the recruitment and retention challenges, namely:

Social Work Trainee Scheme Career Pathway

A key response to the challenges of having a sufficient number of qualified social workers is the SBC Traineeship Scheme to 'grow our own' qualified Social Workers through a Scottish Borders' partnership with the Open University offers existing permanent staff the opportunity to have a pathway to a professional social work qualification. This career pathway provides the opportunity to develop and retain current staff as well as attract new talent.

We are actively considering, with the OU to be considered by the SSSC, how apprenticeships can be developed as an additional entry point to develop future skills and build future capability. It is anticipated that apprenticeships will be vital to post-COVID recovery, and create a new entry point and route to a career in social work.

The first intake of trainees began in 20/21 and last year (2022) there were 5 trainees that successfully finished their trainee scheme, and are now Newly Qualified Social Workers (NQSW).

The table below illustrates the current number of students on our Social Work Trainee Career Pathway programme for the next 3 years.

Stage	Number of Students on Social Work Traineeship Pathway	Number of Students Estimated to Finish August(PG)/October (UG)		
		2023	2024	2025
1&2 Modules (pre training scheme)*	13	N/A	N/A	N/A*
Undergraduate (on training scheme)	6	3	2	1
Postgraduate (on training scheme)	7	2	5	0
Total	26	5	7	1*

*Potentially the total number of qualified Social Worker in 2025 could be 14, should they all be successful at each stage of the pathway.

We are also exploring the opportunity (with partners) to create career pathways for Occupational Therapists, assessing how we can encourage people into the role and create pathways which identify recruitment opportunities for this vital service to assess the needs of our communities. We are also exploring how we can recruit and retain Care Home staff and Home Care staff to ensure that we are looking beyond the immediate and future proofing the continued delivery of services. This will involve career pathways that are meaningful for people considering a career in care provision.

Newly Qualified Social Worker supervision training:

With colleagues in Staff Development, we are looking at how we support and nurture our Newly Qualified Social Workers by ensuring that key front line operational managers have the necessary training to provide the right support, at the right time to this critical cohort of staff.

Adult Social Work and Social Care Wellbeing Fund:

We welcomed the Scottish Government's 'The Workforce Wellbeing Fund for Adult Social Work and Social Care', managed by Inspiring Scotland to provide grants of up to £10,000 until December 2022 for adult Social Work and Social Care staff. This is a great opportunity for staff to consider how their wellbeing can be supported following a period of extreme pressure. The minister highlighted that "Workforce wellbeing must remain a priority as we continue to move through this pandemic and recovery. We will overcome the challenges ahead if we look after our people." (Minister for Mental Wellbeing and Social Care Kevin Stewart, 02 February, 2022).

It is unfortunate that this was only available to adult staff across Scotland.

IRISS analysis workshop:

In conjunction with the Institute for Research & Innovation in Social Services (IRISS) we had 30 staff take part on a workshop to develop skills in writing analysis in Social Care. The output of the workshop series was an online course (<https://content.iriss.org.uk/writing-analysis-social-care/index.html#eir>) which would provide a practical framework for supporting the writing of analysis in social care records, and be relevant across social work domains. IRISS developed this course in collaboration with Dr Theresa Lillis, drawing on the insights generated from the IRISS project and findings from the Writing in professional social work practice in a changing communicative landscape (WiSP) project. This course was launched in March 2021 and is now available on the IRISS website.

From Scottish Borders, the following staff representation took part:

- 10 participants from adult social care and health, including adult protection officers
- 8 participants from Justice, Mental Health teams and the Learning Disability service
- 12 participants from children and families social work, including Child Protection Reviewing Officers

The Promise:

Scotland has an ambition 'to be the best place in the world to grow up' so that children are 'loved, safe, and respected and realise their full potential'. The Promise, published in March 2020, reflects what Scotland must do to "make sure its most vulnerable children feel loved and have the childhood they deserve."

Keeping The Promise requires us to work collaboratively with our multi-agency partners to bring transformational change to the way we deliver our services for children, young people and their families. Change that places love and relationships at the centre of the experiences and outcomes for every child, and keeps the views and voice of children and young people at its core. Scotland has made this Promise to our children and young people, adults and families and we need to ensure we are keeping the Promise in Scottish Borders.

This is an exciting area for Scottish Borders and crucially it gives us the strategic framework for our staff to work more collaboratively across the multi-agency landscape to improve outcomes for all children, young people and their families locally.

Public Protection:

In terms of the workforce and how we ensure that they are clear about their roles and responsibilities in relation to Public Protection, the operational unit consisting of Police Scotland, NHS colleagues and Social Work staff continue to work closely with the Lead Officer for the Public Protection Committee and the Quality Assurance and Development team. The Public Protection training and development delivery group have produced a new multi-agency training and development strategy as well as a framework this year, which has been disseminated widely across the partnership agencies.

Training remains a priority for both child and adult support & protection and a new training matrix is now in place ranging from introduction to public protection, contributing to ASP processes, risk assessment, Council Officer training and targeted service provider training. In relation to Adult Support & Protection (ASP), we have 29 new 'Council Officers' trained between April 2021 and March 2022, and we are in the process of setting up a new accreditation process for newly trained Council Officers, and a reaccreditation process for existing Council Officers. We are in the early stages of scoping out a plan for joined up ASP training with Midlothian and East Lothian Councils with a view to piloting this over the next year.

Drug Treatment and Testing Orders (DTTO):

Confidence by the Court for successful outcomes aimed at those subject to DTTO dipped over the last few reporting years, resulting in a significant decrease in the number of assessments requested and orders issued. No orders were issued in 2021. This resulted in a Root and Branch review of the service within the reporting period. The review sought to identify good practice models from providers across Scotland. The Ayrshire Partnership DTTO service model was identified and adopted as offering a comprehensive approach to working with those subject to DTTO. NHS Addiction Services remain the prescriber for substitute medication in line with the new Medical Assisted Treatment standards. Dedicated DTTO justice social work staff manage court orders through a robust case management, testing and progress review process. All DTTO social work staff completed drug testing training, allowing them to undertake additional testing if required. Service user outcomes, absent from the previous delivery model, are now in place and informed using Outcome Star; needs identification tool. The new model of delivery was implemented 1st April 22. Staff delivering the service report "I feel the new comprehensive approach to DTTO assists in supporting people on the road to recovery. The focus on an individual's needs through the Outcome Star helps the person to buy into the Order and hopefully will help them see the progress they have made." Early indicators from service users support consideration that benefits are gained from the structure of more frequent testing in the initial stages.

Caledonian System-Men's Programme:

The Caledonian System is an integrated approach to address domestic abuse by men towards female partners or ex-partners. It works with men convicted of domestic abuse related offences to reduce their reoffending and to improve the lives of women, children. 2021/22 saw the disaggregation of a long-term partnership between Scottish Borders and partners Edinburgh City, East and Mid Lothian, for the delivery of the support to women and children. Successful arrangements were put in place to separate the joint Equalities Grant Funding utilised to fund the services woman's and children's worker. The aim of the adjustment was to bring full-service delivery, support to women and children and the men's programme, under the umbrella of local service provision, to overcome entrenched barriers for attendance and long-term engagement with the men's programme by those subject to a Community Payback Order with Programme Requirement. Barriers experienced by many group participants included a lack of available public transport from rural areas, significant travel distances and limited availability of places that could accommodate employment and carer responsibilities. Until this time, delivery of the Men's programme was delivered by Edinburgh City Social Work colleagues to participants across all 4 partnership authorities.

The service recruited 2 x 17.5-hour group work facilitators, adding to the existing women's and children's workers, and creating a dedicated systems delivery team. National training constraints, due to the impact of COVID, delayed programme delivery training for the new group work staff. An interim delivery arrangement was implemented, spring 22, supported by an experienced team leader. Full-service delivery is anticipated to come online summer 2022.

The National Care Service:

The development of a National Care Service is a clear ambition for Scottish Government. Whilst matters have progressed beyond the scope of this report (April 2021 – March 2022), it is inevitable that there is a degree of focus on what this will mean for the Social Work and Social Care workforce in the future.

Managing expectations and to some extent people's concerns and anxieties about what the future may bring can be challenging. However, I am pleased to say that staff at a local level have maintained their focus on the needs in our communities now whilst we await more detail to come following impending further consultation processes going forward.



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THE YEAR AHEAD

The year ahead is difficult to predict. The work that is ongoing with regard to the development of a National Care Service is adding a degree of uncertainty for staff across the Social Work and Social Care landscape. There are clear challenges that we face regarding winter pressures, how we meet increasing demand which is not matched by increasing resource, the ongoing legacy of the impact of the pandemic on people across our communities, significant challenges in relation to the recruitment and retention of staff etc.

However, we have a lot to look forward to:

The Pathfinder project will deliver on the following points:

- **The Council Information Hub** – all data is in a useable format, making performance management much easier and to give clear data in relation to trends, analysis and predictors. As Social Work services are on the vanguard of this project, it creates an exciting opportunity to realise the benefits of having good quality information at our fingertips.
- **Enterprise Mobility** – staff will have the right equipment to be able to carry out their role and function in as efficient a manner as possible. The potential of being able to sit down with someone we are working with to co-produce is something that each and every member of staff wants to see and do.
- **Process Redesign and Simplification** – the opportunity to reduce bureaucracy within Social Work is something that every member of staff would actively welcome.

For staff this will mean:

- More time with clients and less time in systems
- Access to the right information, at the right time, in the right place
- Update records live – remove duplicated reprocessing
- Eliminate unnecessary travel
- Safe working with Lone Worker protection
- Make better decisions – more timely, more meaningful interventions

For managers this will mean:

- Self-serve reports – less time and more up to date data
- Drillable dashboards deliver greater service insight
- Better holistic and detailed views of their service performance
- Repeatable Trend Analysis – better informed, more proactive decision making
- Better able to understand the communities they support



For the organisation this will mean:

- Reduced cost of reporting
- One source of data eliminates duplicated reporting and allows for one version of the truth
- Greater opportunity to spot patterns and anomalies and avoid risk
- Greater ability to use predictive analytics to inform future planning

Workforce Planning:

This process will allow us to work across the entire landscape of Social Work and Social Care as well as across the wider services areas. By looking at our workforce through the lens of now and into the future, we will ensure that we can identify gaps and ensure that we are as well positioned as possible to meet future need. Succession planning is a key aspect of this, as is our ability to continue with innovations like the Social Work Traineeship.

Development of Locality Services :

Alongside multi-agency partners, we will be looking to develop our services to ensure that we are people orientated. This means being more visible and accountable to our communities across Scottish Borders and approaching this with an open approach to Community Empowerment and coproduction of services locally.

The planned scoping of additional services locally:

The continuation of planning around our ambition for developing local care villages and the development of a residential provision for children and young people with complex needs.

The Promise:

In the next year we will be establishing the strategic oversight of all services to children, young people and their families in Scottish Borders under the banner of the Promise. With a significant emphasis on the whole system needing to respond to need, we will endeavour to begin the process of shifting the balance of care to encourage earlier responses to need and to help maximise positive outcomes in our communities.

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CONCLUSION

In conclusion to this year's annual report, as the Chief Social Work Officer, I am once again privileged to have the opportunity to highlight the effort that has been made to support our communities and would like to thank each and every member of staff from Social Work and Social Care for their hard work and dedication in providing critical services in continually challenging circumstances.

The commitment of staff, partners, families, carers and communities to keeping people who use our services at the centre of everything that we do is testament to each and every person.

The coming years will continue to be challenging for everyone, but by engaging in meaningful discussion with staff, people who use our services, their families and carers, and our communities, we will continue to do everything that we can to ensure that we achieve the best possible outcomes for all.

I am particularly encouraged and ambitious about how we can continue to work collaboratively across the multi-agency landscape to improve outcomes where at all possible. By supporting our staff and continuing to innovate the way in which we operate, I am confident that Scottish Borders Social Work and Social Care services will continue to rise to the challenge.

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

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*Scottish Borders Health & Social Care
Integration Joint Board*



Meeting Date: 21 December 2022

Report By:	Dr Sohail Bhatti
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BORDERS ALCOHOL AND DRUGS PARTNERSHIP ANNUAL REPORT 2021-22	
Purpose of Report:	To ensure the Integration Joint Board (IJB) is aware of the work of Borders Alcohol and Drugs Partnership (ADP).
Recommendations:	The Health & Social Care Integration Joint Board is asked to: d) Note the Annual Report.
Personnel:	Additional funding has supported recruitment of staff to alcohol and drugs services.
Carers:	A previous needs assessment for affected family members was carried out in 2019. Additional funding has enhanced capacity for work with family members impacted by another's alcohol and/or drug use.
Equalities:	A Health Inequalities Impact Assessment was completed on the current ADP Strategy.
Financial:	ADP funding from Scottish Government is contingent on delivery of Ministerial Priorities. A summary is provided in 3.2.
Legal:	n/a
Risk Implications:	Engagement with this client group can be challenging and many social and economic influences outside the control of the ADP will impact on the success of the initiatives. If statutory agencies fail to prioritise this area of work outcomes may not be achieved.
Direction required:	No Direction required

1 Situation

1.1 This paper presents an ADP Annual Report 2021-22 to the Board. The Report (Appendix One) includes information included in the template required for feedback to Scottish Government and additional narrative related to key work programmes over the year.

1.2 The Annual Report includes an update on progress against Ministerial Priorities; the new National Mission for Drugs funding and activity and areas for improvement identified in the Annual Review template submitted to Scottish Government.

1.3 The report does not represent all work carried out across the partnership and is being brought to the Board for their awareness.

2 Background

2.1 Borders ADP is a partnership of agencies and services involved with drugs and alcohol. It provides strategic direction to reduce the impact of problematic alcohol and drug use. It is chaired by the Director of Public Health and the Vice Chair is Scottish Borders Council's Director – Social Work and Practice. Membership includes officers from NHS Borders, Scottish Borders Council, Police Scotland and Third Sector.

2.2 During 2021-22 the ADP was directed to develop work in response to increased funding in the following areas:

- Implement standards 1-5 of the Medication Assisted Treatment (MAT) standards¹. MAT refers to the use of medication, such as opioids, together with psychological and social support, in the treatment and care of individuals who experience problems with their drug use. There are 10 standards which aim to improve access, choice and care and to ensure that MAT is effective.
- Increase access to Long Acting Buprenorphine which is used to treat opioid dependence. It can be administered monthly rather than daily as in the case of methadone
- Outreach
- Near-fatal overdose pathways
- Lived and living experience
- Residential rehabilitation
- Whole family approach and family inclusive practice

2.3 There are two long standing Local Delivery Plan (LDP) targets for the ADP:

- 90% of people referred should start alcohol or drug treatment within 21 days of referral
- Delivery of a target of 1312 Alcohol Brief Interventions (ABIs) across Primary Care, Antenatal and wider settings

3 Assessment

3.1 The ADP has made significant progress across all of the priority areas noted in section 2.2.

3.2 Progress on new work areas:

- MAT Standards Implementation: Borders is the only ADP assessed as having implemented MAT Standards 1-5 by April 2022.

¹ [Introduction - Medication Assisted Treatment \(MAT\) standards: access, choice, support - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/introduction-to-mat-standards/pages/introduction-to-mat-standards.aspx)

- Long Acting Buprenorphine: Borders Addiction Service (BAS) had already commenced work to expand access to Long Acting Buprenorphine prior to the new funding arrangements by end of March 2022. The percentage of people in receipt increased from 12% at end March 2021 to 18%.
- Outreach: Additional funding was used to enhance capacity of our existing assertive engagement team (ES Team). The ES Team is jointly staffed by BAS and We Are With You and has been able to expand the towns in which drop-in clinics operate. People attending drop-ins can start same day treatment where clinically appropriate.
- Non-fatal overdose pathway: A local non-fatal overdose pathway commenced May 2021. Between May- March 2022, 71% of people referred were seen within 48 hours of referral.
- Lived and living experience: the Lived Experience Forum meets each month and a representative from this group attends the ADP. People who had accessed ADP services within the last 12 months were involved in a local service evaluation in November 2021. People reported very positive experiences. Some areas for improvement were identified including improved access to psychology. There is now both additional psychology capacity (via MAT Standards funding) and staff capacity building undertaken to enhance skills in safety and stabilisation.
- Residential rehabilitation: as part of work to develop a new pathway consultation was undertaken with staff in drug and alcohol services, wider stakeholders and people with lived experience. The pathway was approved in September 2022.
- Whole family approach: an audit of support for children and young people affected by parental substance use was carried out in partnership with the Children and Young People's Leadership Group. Actions arising include dedicated training for specific staff groups.

3.3 Drug Related Deaths Prevention

3.31 The Drug Related Deaths Review Group (DDRG) meets quarterly to review individual drug related deaths in terms of support and care offered. The members of the multiagency group are responsible for providing information to the reviews and taking forward relevant actions.

3.32 Borders continues to perform well in relation to provision of Take Home Naloxone which can be administered in the event of an opioid overdose. Since the programme started in 2011 Borders has reached 85% of our estimated population of opiates/benzodiazepine drug users with a first-time kit compared to 59% nationally at end of March 2022.

3.4 Local Delivery Plan Targets

Borders has met the targets with 99% (560/563) of people referred starting treatment within 3 weeks of referral and delivery of 1781 alcohol brief interventions against a target of 1312.

3.5 Financial summary

There was a total of 11 funding streams for the ADP, eight of which were noted within the reporting year as outlined in the table below:

Funding	Amount
1. Core Funding (recurring)	£1,102,061
2. Programme for Government Funding (annual since 2018)	£358,278
3. Drugs Death Task Force funding (announced Nov 2020)	£26,688
4. National Mission Uplift (awarded June 2021)	£106,308
5. Residential Rehab (awarded June 2021)	£106,308
6. Long Acting Buprenorphine – Buvidal (awarded June 2021)	£85,047
7. Near Fatal Overdose Pathways (awarded August 2021)	£63,785
8. Outreach (awarded August 2021)	£63,785

9. Whole Family Approach Framework (awarded October 2021)	£74,416
10. Lived and Living Experience (awarded October 2021)	£10,631
11. MAT Standards (awarded February 2022)	£127,570

3.51 The funding received to support Lived Experience Panels is used to support training and capacity building.

3.52 Due to the late notification and lead in time for any associated spend there is a significant carry forward of funding into 2022-23. Scottish Government has alerted NHS Borders to the intention to consider carried forward reserves prior to releasing of current year funding. There is an exception in relation to the MAT funding due to the pace of the work and timing of the award.

3.53 The ADP is utilising non-recurring funding to support development work in relation to identified gaps and to build capacity in the recovery community.

3.54 The ADP Board receives quarterly financial statements to ensure appropriate oversight. Bi-annual finance reports are submitted to Scottish Government.

3.6 Areas for improvement

There are three operational areas of work areas noted in the report which require improvement:

- Alcohol related deaths audit: the ADP is currently considering commissioning external support to undertake this work.
- Alcohol pathways: initial discussions for development work in BGH have taken place
- Support for people with co-occurring alcohol and/or drug use and mental ill-health: an Advanced Nurse Provider will provide leadership for this work in alcohol and drugs services. This is a national concern highlighted by the Mental Welfare Commission for Scotland and additional leadership is provided within the Mental Health Service.

3.61 The Annual Report notes the pressure on both the ADP Support Team and colleagues in services in responding to the new national priorities.

3.62 The ADP has welcomed the prioritisation of drug death prevention and subsequent investment in national and local provision, however, the Board shares a concern with local and colleagues elsewhere in Scotland that there has not been a similar attention to alcohol policy and treatment.

3.7 Governance

Following discussion at the IJB on 21/09/22 the ADP is progressing with governance and performance discussions.

4 Recommendations

The IJB is asked to note this report.

action on
drugs+alcohol
BORDERS

ADP

Annual Report
2021-22

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1. Introduction

This Annual Report includes information included in the template required for feedback to Scottish Government and additional narrative related to key work programmes over the year 2021-22.

The Annual Report is intended to provide an update on some key developments and activities during 2021-22 in a more accessible format than the required review template. This report does not include the full extent of all work carried out.

The role of the ADP is to deliver Scotland's national alcohol and drug strategy, [Rights, Respect and Recovery](#) and provide strategic direction to reduce the level of drug and alcohol problems amongst children, young people and adults in the Borders based on local need.

2. ADP Support Team

In 2021-22, the ADP Support Team included the following staff: 1.0 WTE Head of Health Improvement/Strategic Lead ADP, 1.0 WTE ADP Coordinator, 0.8 WTE Project Officer.

Appendix One provides a summary of representation by the ADP Support Team on wider partnership groups.

3. Adult Drug & Alcohol Services

There are three ADP commissioned drug and alcohol services in the Scottish Borders: Borders Addiction Service; We Are With You and CHIMES. These services provide a range of harm reduction, treatment, psychological interventions, as well as wider support including employment, housing and support for family members. For more information on local services click [here](#).

During 2021-22, 563 individuals started alcohol or drug treatment. 99% of people started treatment within three weeks of referral against the national target of 90%

4. Recovery Groups

There is a range of recovery groups in the Borders that people can attend. The following is a summary of those meeting during 2021-22:

- MAP Groups – Mutual Aid Partnership Groups have resumed in person but also continue to meet online for those who are unable to attend.

- Serendipity Recovery Community Network – reopened in August 2021 and worked with We Are With You during September to promote Recovery Month. This halted due to further covid restrictions and, following the sale of the premises have successfully secured a new building. Serendipity is planning to resume face-to-face in August 2022.
- Borders Recovery Group - This group formed in January 2022 involving members of the Lived Experience Forum. This grass roots organisation is self-managed and has been delivering a Recovery Café and music group on a weekly basis with increasing numbers of people attending. Recovery Coaching Scotland provide support around webhosting and administrative support and the group are also supported by We Are With You.
- Recovery Coaching Scotland is a Community Interest Company run by people with lived experience of recovery and has successfully gained funding to deliver Recovery Coaching courses from the national Mental Health and Wellbeing Fund. Programmes of work in Scottish Prisons have taken place through 2021-22 and a Borders course was planned for Summer 2022.

5. New Areas of Work

National Mission £50m nationally

A National Mission was announced in 2020-21 with the aim of improving and saving lives of people who use drugs and their loved ones by:

- providing fast and appropriate access to treatment and support through all services
- improving frontline drugs services (including the third sector)
- ensuring services are in place and working together to react immediately for people who need support and maintain that support for as long as is needed
- increasing capacity in and use of residential rehabilitation
- implementing a more joined-up approach across policy and practice to address underlying issues.

£50 million was allocated to this nationally and during 2021-22, Borders ADP received £637,850 from this funding to support the delivery of the National Mission.

Priority Area	Task for local areas
Delivery of MAT	Medication assisted treatment (MAT) is used to refer to the use of

Standards	<p>medication, such as opioids, together with psychological and social support, in the treatment and care of individuals who experience problems with their drug use.</p> <p>There are 10 standards which aim to improve access, choice and care and to ensure that MAT is safe and effective. For more information on MAT click here</p> <p>ADP areas were tasked by Scottish Government to implement MAT Standards 1-5 by April 2022.</p>
Long Acting Buprenorphine	To expand access to Long Acting Buprenorphine in financial year 2021-22.
Outreach	There is an expectation that there is effective, assertive outreach activity in all areas, which engages those at most risk, ensuring they have a meaningful pathway into treatment and support. This may include but is not limited to navigator and peer support models; out of hours and weekend support; and, multidisciplinary, holistic support teams.
Near-fatal Overdose Pathways	There is an expectation that near-fatal overdose pathways, will result in a rapid emergency response, which ensures individuals get access to the help they need at the point of need. It is also expected that pathways will incorporate wider harm prevention activity, incorporating appropriate wraparound support.
Lived and Living Experience	Funding is allocated to expand and improve the reach of the voices of those with lived and living experience.
Residential rehabilitation	Improve data on residential rehab funding and improve pathways into and from residential rehabilitation services, in particular for those with complex needs.
Whole Family Approach & Family Inclusive Practice Framework	<p>There is an expectation that ADPs and Children Planning Partnerships should implement the recommendations from the Framework including:</p> <ul style="list-style-type: none"> • audit existing provision of family support services for children, young people and adult family members affected by others use of alcohol and drugs. In response to these findings, • ensure a range of family support options that are available to family members in their own right

- ensure the workforce across alcohol and drug services, children's services and adult services are trained in family inclusive practice and whole family approaches.

6. National Mission Response

Priority Area	Task
Delivery of MAT Standards	Borders was the only ADP area to be assessed as successfully implementing MAT Standards 1-5 by April 2022. Achieving a 'maintenance' status will require local reporting systems to be developed as there is no national solution.
Long Acting Buprenorphine	<p>Long Acting Buprenorphine contains the active substance buprenorphine, which is a type of opioid medicine. It is given by injection to the patient and because of its long action means it can be given on a monthly rather than daily basis.</p> <p>By February 2022, 18% of people prescribed opioid substitution treatment (OST) were receiving Long Acting Buprenorphine an increase of 6% on the previous year.</p>
Outreach	<p>The assertive engagement team (ES Team) are now supporting 4 drop-in clinics across the Borders in Galashiels, Hawick, Eyemouth and Kelso.</p> <p>Regular support is provided to both BAS and WAWY in making contact with people who are not engaging. This is done through supporting home visits, telephone contacts and providing ways to reduce barriers such as transport to appointments or mobile phones to keep in contact.</p>
Near-fatal Overdose Pathways	<p>A non-fatal overdose (NFO) pathway has been in place in Borders since May 2021 and is led by the ES Team. This pathway involves Police, Scottish Ambulance Service and Borders General Hospital staff being able to refer direct to Borders Addiction Service when someone has presented to their service having experienced a NFO.</p> <p>A multiagency group led by ES Team meets twice weekly (Monday and Thursday) to review referrals for all people notified as having experienced an NFO and ensure any relevant actions identified are completed. This includes appropriate outreach to vulnerable individuals and aftercare including referral into drug treatment service if not currently engaged. The service aims to see people within 48 hours of referral.</p>

	<p>There have been 130 referrals into the pathway since May 2021. Between May 2021-March 2022 71% of individuals referred were seen within 48 hours of referral.</p>
Lived and Living Experience	<p>Lived Experience Forum: This group has been meeting over the last two years on a monthly basis and is led by the Community Engagement & Peer Naloxone Coordinator from We Are With You. Within this group are people with lived and living experience including family members. A nominated representative from this group attends the ADP Board with alongside the coordinator. A member of the ADP Support Team attends each Forum and ensures that any concerns raised by people with lived experience are fed back to the appropriate staff within the Health & Social Care Partnership.</p> <p>People with lived experience were involved in a service evaluation in November 2021. The findings from the SDF Service Evaluation were reported to the ADP. People who completed the evaluation had accessed one or more of the alcohol and drugs services in the previous 12 months. The findings reported very positive reports of experiences and relationships with services staff. The areas that people reported being most satisfied with were emotional health, meaningful use of time, and physical health. The areas people were least satisfied with were family/relationships, involvement with the community and offending. Testimonies from some showed positive impacts on confidence and substance use; some stated service use had saved their lives. Suggestions for how services could improve, included: longer hours on phone lines, making a Care Plan with worker, joined up services, improved access to specialist support, such as psychologists and more staff and funding.</p> <p>The evaluation also include feedback from staff who reported that it was common for people to have multiple and complex needs so flexibility in provision is required and identified that there could be better support for issues around specific substances (e.g. benzodiazepines), mental health and physical health. At time of</p>

	<p>reporting staff felt that workloads were very high and there was a need for more staff including inclusion of lived experience peers and more opportunities for joint work.</p> <p>The recommendations were presented to service managers to review and develop an action plan. A poster was developed highlighting the feedback and the actions agreed in the form of 'You Said, We Will'. This was shared with the Forum and services to ensure it was widely available. We are now working on an updated 'You Said, We Did'. The findings from the survey have helped influence the allocation of additional funding and development of MAT implementation.</p> <p>Access to the full Service Evaluation is available here. Access to the feedback and report is available here</p>
Residential rehabilitation	<p>Borders participated in an audit of Residential Rehabilitation (RR) pathways in March 2021 which identified a need to review our local pathway alongside people with lived experience.</p> <p>A consultation took place between November 2021 and January 2022 with drug and alcohol services, wider stakeholders including homelessness and people with lived experience to identify demand (where possible) and seek feedback on the current pathway. A total of 7 different stakeholder meetings were held where views were gathered for the consultation.</p> <p>A workshop was held on Wednesday 23 February 2022 to share findings from the consultation work and to identify actions for improvement.</p> <p>A short life working group has taken forward the improvements and has produced a new pathway (September 2022). The group is now working on improved patient information and staff briefings.</p>

7. Ministerial Priorities

ADPs are required to deliver work to address the following Ministerial Priorities which reflect Rights, Respect and Recovery and the Alcohol Framework.

- A recovery orientated approach which reduces harms and prevents deaths
- A whole family approach
- A public health approach to justice
- Prevention, education and early intervention
- A reduction in the affordability, availability and attractiveness of alcohol

ADPs are expected to set their own actions, improvement goals, measures and tests of changes alongside national deliverable to drive quality improvement at a local level.

The priorities are reflected in our local [Strategic Plan 2020-23](#). The following is a summary of action against each ministerial priority:

7.1 A recovery orientated approach which reduces harms and prevents deaths

- In 2021-22 there were 117 first supplies of Take Home Naloxone provided across Borders and 163 resupplies. Since the programme started in 2011 Borders has reached 85% of our estimated population of opiates/benzodiazepines drug users with a first time kit compared with 59% nationally by end March 2022.
- Naloxone supply was extended via:
 - Scottish Drugs Forum and We Are With You Borders implemented a Peer Naloxone Supply to people at risk of, or likely to witness an overdose. Recruitment took place in March 2021. 62 supplies were made through the Peer Naloxone Supply pilot in 2021-22.
 - Community pharmacies
- Development of a Non-Fatal Overdose Pathway established. Further information reflected in section 4 above.
- 23 staff from alcohol and drugs services attended skills building training in benzodiazepines.
- As part of our services' approach to broadening the delivery of trauma-informed interventions, 3 members of staff within the Addiction Psychological Therapies Team (APTT) were trained as trainers by NES in Safety and Stabilisation Training in November 2021.

- As part of MAT 6 (The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks) Improvement Plan this training will be delivered to all staff within our 3 drug and alcohol services by Christmas 2022.
- Borders ADP leads a multi-agency Drug Death Review Group (DDRG) chaired by the Chief Social Work Officer/Vice Chair ADP. The DDRG meets quarterly, carries out reviews on drug related deaths and ensures liaison between agencies in efforts to introduce interventions aimed at reducing drug-related deaths at local level. The 2020 Annual Report was produced and presented at the Critical Services Oversight Group (CSOG).
- Borders has successfully implemented MAT Standards 1-5. Achieving a 'maintenance' status will require local reporting systems to be developed as there is no national solution.
- Our local Drug Trend Monitoring Group continued to meet to share intelligence regarding emerging trends of drugs/alcohol use and related harm as well as hosting CPD events with on average 30 people in attendance. The mailing list is used to disseminate briefings/alerts to members. In 2021-22 we offered sessions on cannabis edibles and drugs in prisons.

7.2 A whole family approach

- The Whole Family Approach audit of support for children and young people was carried out in November 2022 in partnership with the CYPLG and Child Protection Delivery Group. This highlighted the need to increase knowledge of current support services and ensure targeted training was provided on whole family approach. Specific training is being provided during 2022 to meet this identified need.
- CHIMES is the service in Borders that provides support to young people under the age of 18 who are impacted by parental/carer alcohol or substance use. Additional funding was provided to CHIMES to increase capacity, engagement with appropriate services (e.g. Justice Women's Service) and ensure support is available at weekends and evenings.
- During the summer of 2021, the service was able to provide a full programme of activities at school holiday times as well as purchase and distribute sports and leisure equipment, musical equipment, arts and crafts materials and games and toys. External funding was also sources for a voice coach and drummer tutor to provide music sessions for young people. In the previous 6 months, April to Sept, 11 young people were involved in a group street band music initiative over 4 days during the summer. The group produced a film which highlights their musical efforts, and this has been uploaded to You Tube.

- WAWY is the service in Borders that provides support to people over the age of 16 who are impacted by another's drug/alcohol use. Additional funding was provided to WAWY to increase capacity and ensure support available at weekends and evenings.
- WAWY and CHIMES provide one to one and group support for adult family members affected by someone else's alcohol or drug use based on CRAFT (Community Reinforcement and Family training programme).

7.3 A public health approach to justice

- The Justice Social Work Service supports the delivery of Alcohol Brief Interventions (ABIs). (An ABI is a short, evidence-based, structured conversation about alcohol consumption with a patient/client that seeks to motivate and support the individual to think about and/or plan a change in their drinking behaviour in order to reduce their consumption and/or their risk of harm). The service delivers ABIs as part of the induction process for individuals subject to unpaid work, in addition to screening when undertaking Criminal Justice Court Report interviews.
- Justice staff including Social Work and Unpaid Work are trained in the administration of Naloxone. Offices hold a small supply of Naloxone kits that can be issued to individuals for personal or family/partner use where there is considered high risk of overdose.
- The Justice Social Work Service has appointed a half time Welfare Worker for two years. The post seeks to break down barriers of discrimination, health and social isolation to those involved in the Justice System, in order to enhance positive outcomes including reduced offending behaviour, social inclusion and enhanced healthy living opportunities.
- As part of a restructure of Drug Treatment and Testing Order (DTTO) delivery, the Welfare Worker utilises an additional 7 permanent hours to support individuals subject to DTTO, who require generic mental health support while awaiting specialist mental health provision.
- The service's Group Manager sits on and contributes to the Drug Death Review Group.
- While the use of Diversion by the Procurator Fiscal Service is relatively low, opportunities to refer individuals to drug and alcohol support services are in place. This is a useful

opportunity to engage and deliver Early Effective Intervention across Youth and Adult Justice, with an aim to address problematic substance use that is impacting negatively on decision making and behaviours avoiding remittance to the Court.

7.4 Prevention, education and early intervention

- During 2021-2022, the ADP Support Team coordinated 13 online training courses for 194 participants (130 participants in 2020-21). There were 133 participants from statutory agencies, 57 from voluntary sector and 4 from other organisations. While the shift to online delivery was made in response to the pandemic, it has benefits by allowing more accessible training by reducing travel time. A range of stakeholders including local service providers, Police Scotland, Scottish Drugs Forum, Crew, Scottish Families Affected by Drugs and Alcohol (SFAD) and NHS Ayrshire and Arran, provided training. In addition, there were 142 participants in e-learning provided by Scottish Drugs Forum. The most recent Workforce Development Training Directory is available [here](#). Appendix Two provides detail of numbers attending training.
- ADP extended the Drug Trend Monitoring Group CPD events to any interested parties. These 30 – 60 min CPD events occur twice a year and provide a relevant update from Police Scotland Drug Expert Witness Unit. Staff have found these short sessions very informative and easy to attend rather than trying to find longer periods available in their diaries. Numbers attending have been high with around 30 participants at each session.
- An evaluation of the Substance Use Education programme rolled out in Primary and Secondary Schools in November 2019 took place in November 21. This evaluation showed that as a result of the programme being launched just prior to COVID-19 pandemic there was a need to relaunch the programme. This was carried out in May for both Primary and Secondary schools along with specific training for Youth Work Services on the programme and an update from Crew on Drug Trends.
- A total of 1781 ABIs were delivered across Primary Care, Antenatal and wider settings. This was against a target of 1312 (131%).

7.5 A reduction in the affordability, availability and attractiveness of alcohol

- Borders ADP Support Team review all new licence and variations on behalf of Public Health. Occasional licences which have a child/family element and are brought to the attention of ADP Support Team by Licensing Standards Officer for review.

- [Borders Alcohol Profile](#) was updated by Borders ADP Support Team and published in August 2021. This was presented to the Licensing Board highlighting the most recent alcohol data available, good practice recommendations from the Review of Statements of Licensing Policy 2018 – 2023 (Alcohol Focus Scotland) and Alcohol Consumption and COVID – 19.
- Due to lack of membership no Local Licensing Forum meetings have been held except the joint Licensing Board and Forum meeting in 2021/22. Scottish Borders Council colleagues are recruiting for new members from July 22.

8. Progress in relation to ADP Strategic Plan 2021-2023

The ADP Strategic Plan identified the following areas for improvement:

- Lived experience involvement
- Independent advocacy
- Pathways for people experiencing both mental health and substance use (dual diagnosis)

Below is a short update on progress:

Lived Experience involvement in development of ADP Strategy and Delivery plan.

- Lived Experience Forum: This group has been meeting over the last two years on a monthly basis and is led by the Community Engagement & Peer Naloxone Coordinator, We Are With You. Within this group are people with lived and living experience including family members. A nominated representative from this group attends the ADP Board with alongside the coordinator. A member of the ADP Support Team attends each Forum.
- Funding was provided to recruit an Addiction Worker Training Post within Scottish Drugs Forum (SDF) and hosted within We Are With You (WAWY). SDF also worked alongside WAWY to continue delivering Peer Naloxone supply to people at risk of, or likely to witness and overdose. WAWY has volunteering roles for people with lived experience.

Independent Advocacy

There is a review of existing adult independent advocacy contract in progress. Pending the outcome of this review we have extended the capacity within the existing provider to support clients with drug and alcohol problems.

Children and Young People's Leadership Group remain unable to progress a decision relating to children's advocacy due to lack of available funding.

Pathways for people experiencing both mental health and substance use (dual diagnosis)

A consultant psychiatrist is available within BAS to offer psychiatric review and both diagnostic input and medication where needed and the available hours for this role were extended using new funding.

We were successful in developing a proposal to respond to MAT 9 (All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery) to appoint an Advanced Nurse Practitioner to improve joint working and input to adult mental health, allowing us to outreach more and offer more input where patients sit within adult and have difficulties with substances or alcohol, but do not wish for formal addictions input. This role will also support pathway development that clarifies the expectations from different services for this patient group.

BAS aims to offer support around mental health difficulties to all in service regardless of if they have a formal diagnosis of a mental illness. As part of the MAT 6 response all staff are being offered safety and stabilisation training and will be supported by psychology colleagues to deliver tier 2 interventions to those on their caseload. Alongside this the Addictions Psychology Team will accept referral and offer tier 3 or 4 work as felt needed to individuals based on formulation rather than diagnosis.

9. Areas for improvement

Alcohol related deaths

In 2020 ADPs were advised they should complete an audit of alcohol related deaths at least every three years. The first such audit locally was completed in 2017 and there has not been one undertaken since. In early 2022 the staff member identified to undertake this work became unavailable. We are hoping to get support to do this work through a Specialist Registrar in Public Health as there is no existing capacity within the ADP Support Team to complete this work.

Alcohol pathways

There is a need to ensure all opportunities for early identification of alcohol concerns for individuals are taken. There is a plan in place to work with acute sector colleagues in the first instance to improve pathways within our local hospital during 2022-23.

Improve responses for people with co-occurring alcohol and/or drug use and mental ill health.

There is work ongoing to improve joint working between the drug and alcohol services and mental health via developments as part of MAT Standards 6 and 9, however a recently published report from the [Mental Welfare Commission for Scotland 'Ending the Exclusion: Care, treatment and support for people with mental ill health and problem substance use](#) in Scotland highlights the need for more.

Future planning and governance

The reporting year has been challenging in terms of future planning. The additional funding from the National Mission has been welcomed locally, however, the information relating to funding and the allocations were issued via several letters during Summer-Autumn 2021 meaning, for most improvements, work did not start until the final quarter of the financial year.

In addition, unanticipated demands on MAT standards reporting from November 2021 – April 2022 were challenging to meet within local capacity on top of existing workplans.

There are emerging expectations from Scottish Government to enhance the guidance in the Partnership Delivery Framework² in terms of ADP governance and in particular its relationship with the Health and Social Care Partnership.

These new developments meant that much of ADP Board discussion was focussed on planning, commissioning and financial management.

The ADP is planning to review governance structures and future planning during late 2022-23. At this stage we are also waiting for indications from the Scottish Government Alcohol Care and Treatment team about local priorities.

10. Summary

Borders ADP continues to perform well in many areas related to Ministerial Priorities and it is positive to see the improvements in access to MAT recognised nationally.

The major challenge to further improvement is local capacity (both in the ADP Support Team and service staff time). During 2022-23 additional funding has been made available to increase capacity in the ADP Support Team and employ a data analyst to support MAT standards implementation.

² [Alcohol and Drug Partnerships: delivery framework - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/alcohol-and-drug-partnerships-delivery-framework/pages/2-introduction.aspx)

Appendix One: ADP Support Team Representation on other committees

National

- Alcohol Focus Scotland Board (Director)
- DAISy Implementation Group
- Drug Death Coordinators Meeting
- Drug Death Task Force
- Medication Assisted Treatment Standards Implementation Forums (Various)
- National Drug Death Task Force Meetings and Multiple and Complex Needs Sub-group
- Public Health Alcohol Special Interest Group (Vice Chair)
- Scottish Government and Alcohol and Drugs Partnership Quarterly Meetings and locality based liaison meetings

Local

- Adult Protection Delivery Group
- Child Protection Delivery Group
- Community Justice Board
- Children and Young People's Leadership Group
- Mental Health and Wellbeing Board
- Violence Against Women Partnership Executive and Delivery Group
- Public Protection Training and Delivery Group

Appendix Two: Training provided and numbers attending 2021-22

Course	Number attending
ABI Training	6
Benzodiazepines & Managing Emotions	23
Bereaved Through Substance Use	8
Drugs & Mental Health	12
DTMG - Cannabis Edibles CPD	30
DTMG - Drugs in Prison CPD	25
Emerging Drug Trends (2 courses)	25
Enhanced Core Communication Skills	8
Family Inclusive Practice	8
Introduction to Drug & Alcohol Services	13
Introduction to Motivational Interviewing (2 courses)	21
Introduction to Trauma	5
Introduction to SUE and Drug Awareness	10
Total	194

*Scottish Borders Health & Social Care
Integration Joint Board*



Scottish Borders
Health and Social Care
PARTNERSHIP

Meeting Date: 21 December 2022

Report by:	Iris Bishop, Board Secretary
Contact:	Iris Bishop, Board Secretary
Telephone:	01896 825525
STRATEGIC PLANNING GROUP MINUTES	
Purpose of Report:	To provide the Integration Joint Board with the minutes of the recent Strategic Planning Group meeting, as an update on key actions and issues arising from the meeting held on 1 November 2022.
Recommendations:	The Health & Social Care Integration Joint Board is asked to: a) Note the minutes.
Personnel:	As detailed within the minutes.
Carers:	As detailed within the minutes.
Equalities:	As detailed within the minutes.
Financial:	As detailed within the minutes.
Legal:	As detailed within the minutes.
Risk Implications:	As detailed within the minutes.

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Minutes of a meeting of the **Scottish Borders Health & Social Care Strategic Planning Group** held on **Tuesday 1 November 2022** at **1pm – 3pm** via Microsoft Teams

Present: Cllr David Parker, IJB Vice Chair, (Chair)
Chris Myers, Chief Officer
Dr Sohail Bhatti, Director of Public Health
Donna Bogdanovic, Housing Strategy Manager, SBC
Stuart Easingwood, Director of Social Work, SBC
Lynn Gallacher, Borders Carers Centre
Caroline Green, Public Member
Linda Jackson, Service User representative
Gwyneth Lennox, Chief Officer Adult Social Work, SBC
Amanda Miller, Eildon Housing Association
Clare Oliver, Head of Communications and Engagement, NHS Borders
Hazel Robertson, IJB Chief Financial Officer
Gail Russell, Partnership Lead, Mental Health
Morag Walker, Executive Officer, The Bridge

In Attendance: Laura Prebble, Minute Taker
John Barrow, SDS/Carers Lead Officer
Hayley Jacks, Planning & Performance Officer
Stacy Patterson, Reviewing Officer
Jill Stacey, for Susan Holmes
Lainey Thomas, Communications Officer
Kathleen Travers, for Jenny Smith

1. APOLOGIES AND ANNOUNCEMENTS

Apologies received from David Bell, Wendy Henderson, Susan Holmes, Colin McGrath and Jenny Smith. The Chair confirmed the meeting as quorate. Dr Sohail Bhatti was welcomed as the new Director of Public Health.

2. MINUTES OF THE PREVIOUS MEETING

The Minute of the previous meeting held on 24 August 2022 were approved.

3. MATTERS ARISING/ACTION TRACKER

- Unpaid Carers Update –John Barrow noted that the carer’s needs assessment was completed in September (see appendix for item 8). An extraordinary Carers

Workstream meeting was held to look at the key priorities that emerged – building based day care, at home sitting service, community based support and on demand services. Discussions will continue next week at the next workstream meeting.

- Membership – Chris Myers noted that this would be a future agenda item once the locality working groups have been established, as the Strategic Planning Group will include the lead from each Locality as part of its future membership.

The **STRATEGIC PLANNING GROUP** noted the Action Tracker.

4. Needs of Our Communities/Joint Strategic Needs Assessment - for Noting

Dr Bhatti presented the paper which had been circulated in advance of the meeting. It is a projection for the future and is a live report to be updated following feedback..

- The population is slowly growing but the migration pattern is unknown
- The percentage of people over 65 is increasing
- Life expectation is plateauing or reducing since Covid.
- Ethnicity is largest white Scottish.
- Religion – largest is having no religion.
- Deprivation hotspots using national data zone shows Hawick, Duns and Eyemouth as areas of deprivation but a local version is being worked on for greater understanding as SIMD is not a good indicator for a rural area.
- There will be more single person households which will be a pressure on housing.
- In 2019/20 there were 646 homeless people recorded. The Scottish Government control of rents will help reduce the pressure.
- The number of people smoking is down to 18-19% but could be lower. Obesity is increasing which adds additional medical pressures such as type 2 diabetes/maternity issues.
- Physical activity is the 'magic drug' for many issues, protecting your health, making you feel better, reducing loneliness and reducing anxiety.
- A third of people noted they felt lonely at times.
- Dementia diagnosis is increasing as the population ages which will put pressure on relatives and social care.
- Drug related deaths show an average age of 41. This reflects a number of vulnerable people in the Borders.
- Alcohol related death rates have reduced significantly since the alcohol minimum pricing was introduced. This has reduced liver and brain damage.
- Visual and hearing impairment is increasing which may make people feel socially isolated.
- The Covid 19 vaccination programme has protected most people from death as a result of Covid 19.
- End of life care – 90% would prefer to be at home.
- Prescribed medication - £39m spent but there are side effects to consider.
- The top medication is for heartburn and the second is a statin for blood fat control. Third is paracetamol for pain relief. One fifth of the population are on medication for anxiety or depression. This could be due to loneliness and isolation.

- People are less active as they get older with over 85s being the largest problem.
- The number of referrals to social care has increased from 1000 to 5000 a year.
- The largest employers for Health & Social Care staff is the independent and 3rd sector (1447) then NHS (1300) and SBC (637).

Strategic issues have been identified from this needs assessment which will inform the Strategic Framework. There need to be more prevention and early intervention to make the population more robust.

The Chair thanked Dr Bhatti for the presentation and asked for comments and observations.

Caroline Green noted there were 34 people waiting for a care home place and asked how many beds become free a year. Dr Bhatti noted this was a snapshot in time and that people may not get a bed in their area. Chris Myers noted that the length of stay in care homes was around 1.4 years but he would send round further data (further information is enclosed from the link to previous care home modelling in the footnote)¹.

Lynn Gallacher noted the major shift needed and noted that the 3rd sector will play a key role in the increase in future preventative services. If there is investment in 3rd sector this can be achieved.

Dr Bhatti noted that there is a need to reduce the current pressures to be able to change to a new system. An increase in physical activity would bring a huge benefit.

Jill Stacey asked if there is a significant shift from the last strategic plan and Chris Myers noted there are a number of similarities but also changes since Covid 19 and national public health initiatives. The strategic issues have been collated for discussion later in the meeting.

Donna Bogdanovic thanked Dr Bhatti and was interested in the housing data and the importance of prevention. Dr Bhatti noted there are plans to work with housing partners.

Kathleen Travers asked if further comments on the report should be shared now and Chris Myers advised any comments can be sent to him for update.

The **STRATEGIC PLANNING GROUP** noted the Joint Strategic Needs Assessment paper.

5. We Have Listened Report - for Noting

Clare Oliver presented the paper which had been circulated in advance of the meeting. An easy read version is being finalised and the report will be published at the end of the week. NDTI were commissioned to undertake the engagement work. The engagement took place digitally, face to face and with focused stakeholder groups to ensure a good spread of engagement. Five questions were asked. The level of engagement was felt to be good by

¹ Scottish Borders IJB Care Home Modelling. Available from:
<https://scottishborders.moderngov.co.uk/documents/s58453/Appendix-2021-21%20Care%20Home%20Modelling%20Report.pdf>

NDTi. People noted they want to maintain their independence and live a good life but require help and support to be more active. They also noted that communication needs to be effective.

The report looked at what works well and what does not work well and to identify gaps. Their top priorities were identified. The next stage is the engagement on the priorities identified and on the draft strategic plan. Clare Oliver thanked everyone who was involved in this report. The report will be shared with those involved and also published on the website.

Lynn Gallacher thanked Clare Oliver for this great piece of work which gives strong evidence of need and included the views of the unpaid carers. Kathleen Travers noted an incorrect organisation name in the report and Clare Oliver noted that it may be too late to amend before publication.

Stuart Easingwood noted this is a fantastic piece of work and noted that the whole life span should be reflected. It was important to have a strategic interface with Children & Families and to also recognise unpaid carers who are parents of children.

Dr Bhatti highlighted the geography of the area. People may want easy access to a local service but practitioners need peer support to be competent and safe. Covid has shown that people can interface with services in a different way using technology.

Jill Stacey noted that the IJB Communications and Engagement strategy needs a refresh and this piece of work can be incorporated.

The Chair thanked Clare Oliver the presentation.

The **STRATEGIC PLANNING GROUP** noted the 'We Have Listened' report.

6. Developing Financial Approach

Hazel Robertson presented the report which had been circulated in advance of the meeting. The report adds more substance to how to move forward financially. The IJB national guidance has been used and the approach proposed can be used in the Scottish Borders with good effect. The idea is to spend every penny wisely as it can only be spent once. The process would prioritise the best value options both financially and by use of resource and be able to show progress made. Options are scored to achieve the top 10 strategic priorities, an options appraisal approach. As part of this, a cost would be developed for each option and a score to assess relative benefit. This process is well used for both large and small changes. This process will also identify any current options that do not provide best value so resources can be diverted. The process will take 3 years to implement. Testing is planned with other teams to test the process. The same methodology could be used at a locality level.

The Chair thanked Hazel Robertson for her presentation.

The **STRATEGIC PLANNING GROUP:**

- Noted that this process meets the statutory requirements for IJB prioritisation.
- Agreed the adoption of Programme Management and Marginal Analysis as the basis for prioritisation.
- Noted that this process should apply to both commissioning and decommissioning.
- Approved the guidance document for submission to the IJB.

7. Making Strategic Plans to Address Strategic Issues

Chris Myers carried out an online interactive workshop with the group asking 9 questions from the strategic issues highlighted in the joint needs assessment. Members were asked to consider what the guiding policies were for each of the questions and then asked to vote on their top 3 policies in order to provide a rating for each policy. This will form a high level basis for the strategic plan to give the IJB a direction of travel which will be annually reviewed to note progress.

Chris Myers thanked the group for their participation and advised that the information will help inform the future planning and next steps. Members were able to download the results and any further feedback can be given to Chris Myers directly. The information will be summarised then shared with the Future Strategy Group and be brought back to the SPG.

The **STRATEGIC PLANNING GROUP** noted the discussion.

8. Teviot & Liddesdale Adult Day Service Provision

Chris Myers presented the paper on the basis of the legal decision made and the emerging feedback through the carer's survey. The next steps are to follow the appropriate process to reconsider adult day service provision in Teviot and Liddesdale. Chris Myers noted that both he and the IJB Chair plan to write to apologise to former service users and their carers, and will also offer to meet with them.

The IJB and SBC are working at pace to re-commission this service in line with local needs. There will be a thorough engagement in Teviot & Liddesdale to ensure local needs are met. Once the appraisal process has been carried out in Teviot & Liddesdale the intention is to review need in other areas in line with the levels of feedback from the carer's survey or the joint needs assessment.

Lynn Gallacher noted a request received to set up a day service in the central area and noted the emerging need for day services across the Borders. Chris Myers recognised the wider need and indicated that he would be keen to be involved in discussions. However he noted that for capacity reasons, the focus is on Teviot & Liddesdale at present.

Caroline Green asked if there were plan for further dementia cafes other than just in Hawick and Galashiels. This service provides support to carers too. It is difficult to travel with a dementia sufferer and so local facilities are required in in each area. When day centres were closed there was strong arguments raised to keep them and so the decision to reinstate this service was welcomed. Chris Myers noted the start of the process is to look at the needs in each area to help inform service provision, however also recognised that much

of the provision available is community led, rather than formally commissioned. At this stage, timescales are not confirmed and Chris Myers highlighted that the registration of a service can take 3-6 months. A Task and Finish Group is being established to plan the process and the need to move at pace is acknowledged. Further updates will be brought to the SPG. Jill Stacey added that the financial costing information will be required within the timescale using the approach noted by Hazel Robertson earlier. Hazel Robertson noted decisions could be made without a costing using the prioritisation approach.

The Chair thanked Chris Myers for the presentation.

The STRATEGIC PLANNING GROUP:

- Noted the ruling by the Court of Session on the closure of the Teviot and Liddesdale day service.
- Noted the role and responsibility of the Integration Joint Board in relation to this process
- Noted the response from the Scottish Borders Council.
- Approved the next steps outlined to ensuring the appropriate re-commissioning of older adult day service provision for people in Teviot and Liddesdale.
- Noted that further work is being undertaken to explore other supports for unpaid carers in line with the results of the unpaid carers survey.

9. ANY OTHER BUSINESS

There was no other business noted.

10. DATE AND TIME OF NEXT MEETING

The Chair confirmed the next meeting of the Strategic Planning Group would be held on Wednesday 12 December 2022 at 10am to 12pm via Microsoft Teams.

Meeting Dates 2023 10am – 12pm:

1 February 2023
5 April 2023
7 June 2023
2 August 2023
4 October 2023
6 December 2023