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A meeting of the **Scottish Borders Health & Social Care Integration Joint Board** will be held on **Wednesday 15 March 2023** at 10am via Microsoft Team

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 - 01.02.23	Chair	Attached
10.10	4	MATTERS ARISING Action Tracker	Chair	Attached
10.15	5	FOR DECISION		
	5.1	2022/23 IJB Financial Plan and Initial Budget	Chief Financial Officer	Appendix-2023-8
	5.2	Scottish Borders Health and Social Care Strategic Framework 2023-26	Chief Officer	Appendix-2023-9
	5.3	Strategic Risk Register Update	Chief Officer	Appendix-2023-10
	5.4	Evidencing Compliance with the Equality, Human Rights and Fairer Scotland Duties	Chief Officer	Appendix-2023-11

10.40	6	FOR NOTING		
	6.1	Financial Outlook Update	Chief Financial Officer	Presentation
	6.2	Quarterly Performance Report	Chief Officer	Appendix-2023-12
	6.3	Scottish Borders HSCP Integrated Workforce Plan – Implementation Plan	OD Manager, Independent Sector Lead	Appendix-2023-13
	6.4	Directions Tracker	Chief Financial Officer	Appendix-2023-14
	6.5	Strategic Planning Group Minutes: 12.12.22	Board Secretary	Appendix-2023-15
11.55	7	ANY OTHER BUSINESS	Chair	
		Future Business (May): <ul style="list-style-type: none"> • Directions: Hawick Care Village – Gala Resource Centre • Mental Health Improvement & Suicide Prevention Action Plan 2022-2025 • Locality Working Groups/Community Engagement • Strategic Framework: Annual Plan 		
12.00	8	DATE AND TIME OF NEXT MEETING	Chair	Verbal
		Wednesday 17 May 2023 10am to 12pm Scottish Borders Council and via Microsoft Teams		



Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 1 February 2023** at **2pm** via Microsoft Teams

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) Mrs F Sandford, Non Executive

Mr C Myers, Chief Officer
Mrs H Robertson, Chief Financial Officer
Mrs J Smith, Borders Care Voice
Mrs L Gallacher, Borders Carers Centre
Mr D Bell, Staff Side, SBC
Mr N Istephan, Chief Executive Eildon Housing
Dr R Mollart GP
Dr L McCallum, Medical Director

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
Mrs L Jones, Director of Quality & Improvement, NHS Borders
Mrs S Bell, Communications Officer, SBC
Mrs S Flower, Chief Nurse Health & Social Care Partnership
Mrs H Jacks, Planning & Performance Officer, NHS Borders
Mr P Kelly, Local Democracy Reporter
Mr A McGilvray, Southern Reporter

1. APOLOGIES AND ANNOUNCEMENTS

1.1 Apologies had been received from Cllr D Parker, Elected Member, Cllr N Richards, Elected Member, Mrs S Horan, Director of Nursing, Midwifery & AHPs, Ms L Jackson, LGBTQ+, Ms J Amaral, BAVs, Mr S Easingwood, Chief Social Work Officer, Mr D Robertson, Acting Chief Executive, SBC, Mr R Roberts, Chief Executive, NHS Borders, Mr A Bone, Director of Finance, NHS Borders, Mrs J Smyth, Director of Planning & Performance, NHS Borders, Mr B Davies, Chief Officer – Strategic Commissioning & Performance, SBC.

1.2 The Chair welcomed Cllr Neil Richards to the meeting who had been nominated by Scottish Borders Council to replace Cllr Jane Cox as a member of the Integration Joint Board.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the change in voting membership.

- 1.3 The Chair welcomed a range of attendees and members of the public and press to the meeting.
- 1.4 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.
- 2.2 Mr Nile Istephan declared an interest in agenda item 5.1 given Eildon Housing had an interest in the Care Village development.
- 2.3 Mr Chris Myers declared an interest in agenda item 5.1 given he was the project sponsor for the Care Village programme.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the verbal declarations of interest.

3. MINUTES OF THE PREVIOUS MEETING

- 3.1 The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 21 December 2022 were approved.

4. MATTERS ARISING

- 4.1 **Action 2022-4:** Mrs Hazel Robertson advised that the matter was being discussed at the Carers Workstream and an update would be provided for the next meeting.
- 4.2 **Action 2022-5:** Mr Chris Myers confirmed that GPs and the Carers Centre had been approached in regard to membership of the UUCPB.

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

5. DIRECTION: CARE VILLAGE DEVELOPMENT – HAWICK OUTLINE BUSINESS CASE

- 5.1 Mrs Jen Holland provided a presentation to the Board which covered several areas including: financial appraisal; bed analysis; equalities impact assessment; non-financial appraisal; revenue implications; and Scottish Borders Council recommendations. She emphasised that the role of the IJB was to commission the service provision of health and social care and the business case was the work to support that provision of service and the Direction asked that SBC proceed with that work to the next stage in the process.

- 5.2 In regard to revenue expenditure Mrs Holland advised that it was part of the discussion around the model of care to happen in and around the Hawick care village. She was keen that the IJB understood that it was being asked to note the business case for capital and issue a direction to SBC to proceed with work on the service model.
- 5.3 Dr Sohail Bhatti sought clarity on the capital allocation given Housing Associations had access to private sector funds. Mrs Holland advised that the care village would be funded by the capital from Scottish Borders Council allocation of capital build and in terms of the care village it was more complex. Mr Nile Istephan commented that the care village would be made up entirely of different elements and parts would be funded through SBC resources and extra care housing co-located to the site and owned and managed by Eildon Housing. He advised that Eildon Housing would have access to housing grants from the Scottish Government as well as other commercial borrowing and the Scottish Government capital investment would enable the extra care element of the care village proposals.
- 5.4 Dr Lynn McCallum commented that those who would live in the facility were likely to be highly co-morbid, potentially frail and have significant health requirements and she was reflective of the impact that would have on community services in relation to the build. She was pleased to hear that there would be further consultation and enquired of the consultation with the local GPs to date. Mrs Holland confirmed that local GPs had been consulted with and in moving forward with the development further consultation would be required.
- 5.5 Dr Rachel Mollart commented that it was well recognised in primary care services that care facilities contained high acuity patients and Hawick already had a high number of high acuity beds and were overly care home bedded compared to other GP Practice areas. She suggested further consultation take place via the GP Sub Committee where a representation of GPs from across the Borders was present and could give a more rounded generalised view of what GPs concerns would be.
- 5.6 The Chair enquired about the practicalities of working on the health and social care service model for the whole development. Mr Chris Myers commented that the care village needed to meet the needs of everybody involved and then the associated service delivery models around it and in meeting that need there would be a requirement for more workforce from primary care and community health.
- 5.7 Mr Tris Taylor commented that he had a number of concerns and from an IJB perspective suggested the Board should take actual assurance on evidence to meet the standards necessary and cited the judicial review into Teviot Day Services as an example. He enquired if there was an alternative to the care village model? He enquired if the NDTI consultation was about the replacement of Deanfield or on a model of care as a whole and he further enquired about a breakdown of the 113 people who had responded. He suggested the scoring matrix user criteria was on the delivery of services from a single site but could not be read across to the NDTI report as it referred to delivery from multiple sites. From a commissioning point of view he suggested it was difficult to take actions on revenue without understanding the full provision of care village funding.

- 5.8 The Chair suggested the Impact Assessment should have a version control and contain numbered pages and there was a non-sequitur between pages 2-3 that might miss out evidence of engagement events.
- 5.9 Mrs Lynn Gallacher enquired why there wasn't a projection for respite beds given there were none at all in the Borders and there should be data around the number of people waiting for respite beds.
- 5.10 Mr Myers commented that in regard to the Impact Assessment (IA) work was taking place to clarify the numbers of people engaged with and not just the numbers of people per group. Stage 2 of the IA was a live document and was being continually updated and would inform the development of the full business case. Stage 3 would involve the completion of the IA and the full business case.
- 5.11 Mr Myers detailed the consultation process that had been undertaken and the holistic sense of different health and care services across Hawick such as extra care housing, sheltered housing, retirement housing, 24 hour residential care, care services and access to services linked to the wider community and the outcome of a care village being more appealing to people than a replacement for Deanfield. In terms of respite he agreed that it was a critical provision required across the Borders and suggested respite bed modelling would be included in the full business case.
- 5.12 The Chair suggested there should be 2 directions from the IJB. The first one would be the business case for capital for SBC to work on. The second one would be to request a business case for the delivery of what the IJB would commission in the care village and that should be directed to both NHS Borders and SBC.
- 5.13 Mr Taylor enquired how much of the money was within the gift of the IJB to commission and he queried the quality value of each bed and suggested the funding might be better spent on preventative services. He suggested through the engagement process the question of how best to spend £4.7m should have been asked and had not been asked.
- 5.14 Cllr Elaine Thornton-Nicol suggested the IJB note the outline business case which was solely on capital expenditure and solely in the gift of SBC and then consider issuing a direction to SBC to consider the development of a service model and the revenue implications associated with it and to formulate a full business case for Hawick and Tweedbank.
- 5.15 Mr Myers advised of the engagement sessions he had attended in Hawick and the provision of need in that area. He commented that the direction reflected the next step in the process to develop a realistic service model.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Outline Business Case (Appendix 1) and the preferred option of the Scottish Borders Council for a new build in partnership with Eildon Housing Association on their Stirches site.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** asked that a revised direction be brought to the next meeting to clearly direct both Scottish Borders Council and NHS Borders to work up a service model business case for the Care Villages.

6. WINTER SYSTEM PRESSURES UPDATE

- 6.1 The winter system pressures update was provided to the Board as the Board had oversight of all delegated services, and it was important that Board members were aware of the recent pressures across health and social care, and that they were considered in terms of: the impact on our communities and health and wellbeing outcomes; the impact on the levels of risk and the strategic risk register; and the impacts in terms of the annual plan for 2023-24 in line with the new Strategic Framework.
- 6.2 Dr Rachel Mollart provided an insight into a typical working day of a GP and then provided some observations on the update.
- 6.3 Mrs Fiona Sandford commented that whilst she recognised the difficulties in supporting GPs with their clinical workload she was keen to explore what could be done to support GPs with the admin tasks they were required to undertake.
- 6.4 Mrs Karen Hamilton highlighted the need for hard data from primary care to be able to formulate some lobbying of the Scottish Government.
- 6.5 Dr Mollart commented that the new GMS contract was trying to release some of the administration pressures on GPs but that was not materialising given the Scottish Government had pulled the funding of the contract. She advised that data was collected nationally and the reports released were very high level with the lowest aggregate being at Health Board level and not at GP Practice level. She advised that the GP community had undertaken adhoc surveys which showed that pressures continued to be on the increase.
- 6.6 Mrs Susie Flower commented that it was a similar position in community services particularly within District Nursing due to vacancies and sickness absence with some locality areas moving to the provision of priority care for patients only. She advised that there continued to be an increased need for diabetic patients and the data showed an increase in contacts with patients to District Nursing of 340-370 with no additional workforce provision. Treatment rooms were closed and evening services were stretched leading to impacts on other services.
- 6.7 Mrs Jen Holland commented that social care was under constant day to day pressure with vacancies and staff undertaking back to back shifts to keep services operating. There was a significant loss of staff due to people retiring and people leaving for jobs in other sectors as care sector wages were equal to the living wage. A number of beds had been closed for a significant period of time due to an inability to maintain staffing levels to keep the beds open as well as compliance with Care Inspectorate regulations.

A RAG status had been introduced within home care with care being provided to those deemed as Red. Some 60% of the provision of home care was through external providers but that had reduced to 40%. There was a focus on moving people on from hospital and some were waiting in the community for care home places or care at home and there needs were not being met. She drew the attention of the Board to the build up of pressures across all interfaces across the whole system.

- 6.8 Mrs Lynn Gallacher commented that there was also an impact from the winter pressures on the third sector. There was an unprecedented volume of referrals and staff were working above and beyond their normal working hours to support families and unpaid carers. Relationships for carers were breaking down and the main issue was resource in terms of care and it was interesting that it was across the whole system and heavily impacted on unpaid carers.
- 6.9 Dr Mollart commented that unpaid carers did a remarkable job and were frustrated that they could not help out when family members could be cared for at home from a medical point of view.
- 6.10 Dr Lynn McCallum commented that from a secondary care perspective, it remained under immense pressure and it was challenging to support the elective care programme. She spoke of the work of the Kaizen programme and the progress that it had made and the difficulties in sustaining that given the increased winter pressures across the whole system of secondary care, primary care and social care. She advised that secondary care was seeing a significant decline in peoples functions which were leading to a need for higher levels of social care. Work was underway on clinical decision making and a real focus was on values based medicine.
- 6.11 The Chair commented that she recognised the ability to progress things was constricted at present, but she urged the Board to appreciate that it had been given an opportunity to hear honestly from a number of key sectors and as a single audience that had responsibility to look across the whole system, on behalf of the Board, she recorded the Boards' appreciation for what was happening and what people and their teams were delivering on the ground to support patients and the local population with their health and care needs.

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

7. MONITORING OF THE HEALTH & SOCIAL CARE PARTNERSHIP BUDGET (QUARTER 3 REPORT)

- 7.1 Mrs Hazel Robertson provided an overview of the content of the report and highlighted that the forecast position remained in line with the previous report with the financial position not deteriorating significantly but being reflective of some of the long standing financial variances.
- 7.2 The Chair enquired about the Learning Disability overspend due to the high cost case and enquired about the actual cost as it appeared to be merged with other costs. Mrs

Robertson advised that it was a 7 figure sum and related to more than one high cost case.

- 7.3 Cllr Elaine Thornton-Nicol enquired if the narrative could be reworded to be clear it was more than one high cost case. In regard to the summary she noted that the older peoples services budget appeared to be incorrect. Mrs Robertson agreed that it appeared to be incorrect and advised she would review the figures and get back to Cllr Thornton-Nicol outwith the meeting.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast adverse variance of (£6.250m) for the H&SCP delegated services for the year to 31 March 2023 based on available information, broadly consistent from the period 6 reported estimate at (£6.740m).

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the forecast position includes costs relating to mobilising and remobilising in respect of Covid-19. Government have clawed back funding from period onwards and will do a reconciliation in April 2023. The reserve is therefore considered fully utilised.

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

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

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the best value for every pound approach has been launched with a number of service areas taking in part in tests of change.

8. FINANCIAL OUTLOOK UPDATE

- 8.1 Mrs Hazel Robertson explained that she was revising the process to make finance more accessible to people to be able to make decisions. There were a number of areas in the financial arrangements that would be revised in regard to the way financial information was managed and presented to various forums in order to drive best practice in regard to regulations, accountability and visibility. She further spoke of the set aside budget process; the “every pound spent wisely” programme; implementing the financial plan and what that meant for services; COVID reserves and reconciliation at the year end; spend plans and outcomes; participatory budgeting; and the concept of generic services.

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

9. DRAFT STRATEGIC FRAMEWORK

- 9.1 Mr Chris Myers gave an overview of the content of the draft strategic framework and explained that he had discussed it with both management teams in Scottish Borders Council and NHS Borders with the intention that all 3 organisations would adopt it as part of the direction of travel towards a single health and social care strategic framework. He was also keen to share it with planning partners and other partners in terms of care providers and the wider third sector to get everyone working towards the same outcomes. He advised that more accessible versions would be produced to accompany the final framework and in the meantime he was working with communities to seek their views ahead of the final version being produced.
- 9.2 Dr Sohail Bhatti suggested there should be more emphasis on health inequality measures.

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

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the contents and progress with the Strategic Framework

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that discussions have occurred with the Scottish Borders Council and NHS Borders Management Teams on its potential adoption for Health and Social Care Services

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the intention is to also have similar discussions with our wider Community Planning Partners

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that a final version of the Strategic Framework will be brought back to the Integration Joint Board for consideration by the end of the financial year

10. UPDATE ON NATIONAL CARE SERVICE CORRESPONDENCE

- 10.1 The Chair advised that following the application by the IJB, NHS Borders and Scottish Borders Council to be a pilot for the National Care Service a response had been received.
- 10.2 Mr Chris Myers commented that a discussion had taken place with Scottish Government colleagues earlier in the week on the possibility of being a pilot. The discussion had focused on rurality and a recognition that half the local population lived in rural areas; age profiles and demographics; being the 6th largest health and social care partnership in Scotland; the strategic framework being based on community need; public engagement and developing locality working groups to pick up participatory budgeting; participatory budgeting coproduction with unpaid carers; and relationships with the community planning partnership, third sector, primary care services, NHS Borders and Scottish Borders Council all working closely together. During discussions Mr Myers had enquired about special terms and conditions for a pathfinder and the further work to be done to see what a pathfinder would involve and

Scottish Government had been keen to ensure the partnership could demonstrate a seamless provision and a commitment to that.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the contents of the letter and the response

11. DIRECTIONS TRACKER

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the overview of outstanding trackers, which were reviewed by the IJB Audit Committee

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that funding from SG remained insufficient to fully implement the PCIP. That was a significant issue which would require consideration as part of financial planning.

12. STRATEGIC RISK REGISTER UPDATE

12.1 The item was deferred to the next meeting.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** deferred the item to the next meeting.

13. AUDIT COMMITTEE MINUTES: 28.11.22

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

14. ANY OTHER BUSINESS

Appointment to IJB Audit Committee:

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the appointment of Cllr Neil Richards to the Audit Committee.

15. DATE AND TIME OF NEXT MEETING

15.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 15 March 2023, from 10am to 12noon through MS Teams and in person in the Council Chamber, Scottish Borders Council.

15.2 The Chair confirmed that the next Scottish Borders Health & Social Care Integration Joint Board Development session would be held on Wednesday 15 February at 10am at Wilkie Gardens, Glenfield Road West, Galashiels, TD1 2UD.

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SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD


ACTION TRACKER

Meeting held 16 November 2022

Agenda Item: DIRECTION: BUILDINGS BASED DAY SERVICE PROVISION IN TEVIOT AND LIDDESDALE – NEXT STEPS




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Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2022	5	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.”	Chris Myers	February 2023 May 2023	In Progress: The update on the Teviot and Liddesdale outcome due to the IJB in February 2023 has been delayed as the process has not been fully completed. The outcome will be brought to the next IJB meeting in May 2023.	

Meeting held 19 December 2022


Agenda Item: MATTERS ARISING

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2022-4	4.1	The SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD agreed to include a request for a breakdown of Carers Act Funding on the Action Tracker.	Hazel Robertson	March 2023	In Progress: Mrs Hazel Robertson advised that the matter was being discussed at the Carers Workstream and an update would be provided for the next meeting. Update 01.02.23: Mrs Hazel	

Agenda Item 4

					Robertson advised that the matter was being discussed at the Carers Workstream and an update would be provided for the next meeting.	
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Agenda Item: SCOTTISH GOVERNMENT MULTI-DISCIPLINARY TEAM FUNDING




Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2022-5	7	The HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD asked that Mr Chris Myers clarify that GPs and carers had been granted membership of the UUCPB.	Chris Myers	January 2023	<p>In Progress: Mr Chris Myers confirmed that GPs and the Carers Centre had been approached in regard to membership of the UUCPB.</p> <p>Complete: Mr Chris Myers confirmed that GPs and the Carers Centre had been approached in regard to membership of the UUCPB.</p>	

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Meeting held 1 February 2023

Agenda Item: DIRECTION: CARE VILLAGE DEVELOPMENT – HAWICK OUTLINE BUSINESS CASE

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2023-1	5	The SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD asked that a revised direction be brought to the next meeting to clearly direct both Scottish Borders Council and NHS Borders to work up a service model business case for the Care Villages.	Chris Myers	March 2023 May 2023	In Progress: The revised Direction will be brought to the May meeting of the IJB, so that the SPG can review it in advance.	

KEY:	
Grayscale = complete:	
	Overdue / timescale TBA
	Over 2 weeks to timescale
	Within 2 weeks to timescale

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**Scottish Borders Health and Social Care Partnership
Integration Joint Board
Audit Committee**

20 March 2023

2022/23 IJB FINANCIAL PLAN AND INITIAL BUDGET



Scottish Borders
Health and Social Care
PARTNERSHIP

Report by Hazel Robertson, Chief Finance Officer

1. PURPOSE AND SUMMARY

To present the initial budget for consideration.

2. RECOMMENDATIONS

- **The Scottish Borders Health and Social Care Integration Joint Board (IJB) Audit Committee is asked to:-**
 - a) Approve the SBC delegated budget.
 - b) To note that further information is required before finalisation of the NHSB budget
 - c) To request a confirmed initial budget to the IJB in April for approval.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

- It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our effectiveness and thinking differently to meet need with less	Reducing poverty and inequalities
x	x	x	x	x	X

Alignment to our ways of working					
People at the heart of everything we do	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Inclusive co-productive and fair with openness, honesty and responsibility
x	x	x	x	x	X

4. INTEGRATION JOINT BOARD DIRECTION

- Annual direction will be issued to clusters of services covering strategic framework and budget.

5. BACKGROUND

- This plan is an annual requirement to set the budget for the partnership.

6. IMPACTS

Community Health and Wellbeing Outcomes

- It is expected that the proposal will impact on the National Health and Wellbeing Outcomes below:

N	Outcome description	Increase / Decrease / No impact
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.	X
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

Financial impacts

- The SBC budget is £74.992m.

Equality, Human Rights and Fairer Scotland Duty

- Stage 1 assessment has been completed. As service redesign as a direct result of the Budget is unknown at this stage the significance of the impact will not be known until the proposals are consulted on.

Legislative considerations

- Not relevant

Climate Change and Sustainability

- Not relevant.

Risk and Mitigations

- Risks are identified in the paper. The economic position is still volatile with effects of inflation having an effect on a number of aspects of the budget.

7. CONSULTATION

Communities consulted

- Not relevant

Integration Joint Board Officers consulted

- The IJB Chief Finance Officer and the IJB Chief Officer was consulted, and all comments received have been incorporated into the final report.

Approved by:

Chief Finance Officer

Author(s)

Hazel Robertson, Chief Finance Officer

Background Papers: Initial budget, and IIA part 1

Previous Minute Reference:

None

For more information on this report, contact us at Hazel Robertson, Chief Finance Officer

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HSPC INITIAL BUDGET 2023/24

1 INTRODUCTION

- 1.1 The paper presents the initial 2023/24 HSCP budget for approval by the IJB.
- 1.2 NHS Borders is preparing a 3 year Financial Recovery Plan for approval by Scottish Government. The impact of this on the HSPC budget is not yet known. This means that the medium term (three year) Financial Plan is not yet developed, and the initial budget is likely to be subject to change.
- 1.3 The Integrated Joint Board is requested to:-

Approve the SBC 2023/24 budget in line with resources agreed with the Council.

Note that further information is required from NHS Borders. This has been requested and the intention is to seek approval at the IJB in April.

Endorse the approach to development of an HSCP Recovery plan by May 2023 to address savings targets and alignment with the Strategic Framework.

Note the risks described in the paper.

2 SCOTTISH GOVERNMENT GUIDANCE

- 2.1 Richard McCallum, Director of Health Finance and Governance provided planning guidance on 15 December 2022. The settlement sets out the next steps to deliver the Health and Social Care commitments in the Programme for Government. As in previous years this will be subject to any changes agreed through the Bill process.
- 2.2 Compared to 2022-23 budgets, Boards will receive a total increase of 5.9% for 2023-24. This includes recurring funding for pay in 2022-23 and a baseline uplift of 2% for 2023-24. Within this total, those Boards furthest from NRAC parity will receive a share of £23.2 million, which will continue to maintain all Boards within 0.8% of parity.
- 2.3 In terms of pay, given the challenging and uncertain outlook for inflation, the need to conclude some pay deals for the current year and the associated implications for spending baselines, the Government has not set out a public sector pay policy alongside the 2023-24 Budget and we will say more on 2023-24 pay (covering Agenda for Change and other staff groups) at an appropriate point in the new year. As part of Boards recurring adjustments for 2022-23, amounts have been included based on pay offers for Agenda for Change and Medical and Dental staffing in 2022-23. The Agenda for Change pay deal remains subject to agreement, and we will work with Directors of Finance to finalise this position once the outcome is known. He will

write to Boards in 2023 to confirm finalised baseline budgets following the conclusion of this work

- 2.4 With respect to Health & Social Care Levy Funding the £69.1 million allocated in 2022-23 to support Boards with the costs of the additional National Insurance levy in 2022-23 will remain with Boards. Following the change in policy by UK Government, this funding is not ringfenced and it is to be determined locally how this resource is utilised.
- 2.5 Whilst the scale of Covid-19 costs has reduced significantly in 2022-23 and projected to reduce further in 2023-24, we recognise that there are specific legacy costs that will require additional funding support in the new financial year. This includes funding for: - Vaccinations staffing and delivery; - Test & Protect activities including Regional Testing facilities; - Additional PPE requirements; and - Some specific Public Health measures. Following today's budget we will seek to provide early clarity as to the total funding to be provided to support these costs. However, beyond the above, NHS Boards and Integration Authorities should expect to meet remaining costs from baseline funding and should continue to drive these costs down as far as possible.
- 2.6 Policy Funding In addition to the baseline uplift outlined, funding aligned to policy commitments and recovery of health and social care services will be allocated to Boards and Integration Authorities in 2023-24. It is our intention to provide early indication of allocations, where possible, and to align this to the planning guidance that will be issued in relation to Annual Delivery Plans, setting out the priorities for health and social care in the coming year. Recognising the level of funding that is provided through in-year non-recurring allocations, and to maximise flexibility in delivery, we intend to review funding arrangements ahead of 2023-24. As part of this work, we will seek to bundle and baseline funding where this is appropriate. We will work closely with both Territorial and National Boards to establish a suitable approach.
- 2.7 Health and Social Care Integration In line with previous years, 2023-24 NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2022-23 agreed recurring budgets and make appropriate provision for 2022-23 pay. The Health and Social Care Portfolio will transfer net additional funding of £95 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay in commissioned services (£100 million) and inflationary uplift on Free Personal Nursing Care rates (£15 million). This is offset by non-recurring Interim Care money ending (£20 million). The overall transfer to Local Government includes additional funding of £100 million to deliver a £10.90 minimum pay settlement for adult social care workers in commissioned services, in line with Real Living Wage Foundation rate.
- 2.8 The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2022-23 recurring budgets for services delegated to IJBs and, therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £95 million greater than 2022-23 recurring budgets.

3 SCOTTISH BORDERS HSCP BUDGET SETTLEMENT

3.1 The budget settlement outlines resources as shown below and compared to budgets at April 2022 and December 2022.

	2022/23 April	2022/23 Dec	2023/24 Initial
Social Care	£70.2m	£70.6m	£74.992m
NHS	£119.3m	£127.4m	£122.997m
Total delegated	£189.5m	£198.0m	£197.989m
Set aside	£28.1m	£29.0m	£28.759m

Additional in year allocations will be recognised when notified by Scottish Government.

Audit Scotland have identified that we are not compliant with guidance in relation to Set Aside. This will be addressed within the first quarter.

4 SAVINGS TARGETS

4.1 The budget includes a requirement for savings of £11.767m to deliver a balanced financial plan for the IJB. Savings plans for health delegated functions remain in development. The IJB CFO will join the NHS Border Financial Improvement Group. We may take an approach to overview of savings across the Partnership. This is an increase from £7.1m last year.

	Health delegated functions	Social care delegated functions	Set Aside	Total
Savings target b/f	4.553	1.32	0.944	6.817
Agreed plans		0,42		0
Unallocated gap	3.632		1.318	4.95
Total target	8.185	1.32	2.262	11.767
Of total budget	7%	2%	8%	5%

4.2 In addition to identifying savings plans there will be a need to start using the Best Value for Every Pound approach to ensure that we invest in services that have greatest impact relative to the amount invested.

5 BALANCED FINANCIAL PLAN

5.1 Delivering a balanced financial plan requires a number of assumptions to be made in relation to the level of resource provided, notably in relation to public sector pay policy and inflationary pressures. In both cases the assumptions made are based on partner bodies planning assumptions and consistent with Scottish Government advice, however economic forces at a national and international continue to present challenge to these planning assumptions.

- 5.2 The three year Financial Plan will be presented to the IJB before end June.
- 5.3 Regular reporting will ensure the IJB is kept informed of any changes affecting the assumptions made.

6 GENERAL PRINCIPLES

- 6.1 The Scheme of Integration (SOI) for Scottish Borders Integrated Joint Board requires that the IJB agree its budget annually with Scottish Borders Council and NHS Borders in line with joint financial planning arrangements.
- 6.2 Resources available to the IJB are based on historic agreed budgets amended for items agreed through the financial plans of partner organisations, including a share of local government financial settlement and the uplift to the NHS Board Revenue Resource Limit, as well as any further items directed as a result of national policy or otherwise agreed by partner bodies.
- 6.3 Savings targets are determined based on any shortfall against the level of resources available to the IJB and its agreed investments,
- 6.4 The IJB is expected to deliver the outcomes identified within its strategic framework from within the totality of resources available. In some cases additional resources may be made available during the year to meet strategic priorities not included within the original plan. This includes allocation of additional resources by Scottish Government through partner bodies, where resources are directed at functions delegated to the IJB. Partners are expected to pass on these resources in full.
- 6.5 The IJB has the ability to hold ring-fenced reserves to retain planned underspends.
- 6.6 Where there is a forecast overspend across the budgets set for delegated functions “the Chief Officer and the Chief Finance Officer of the Integration Joint Board must agree a recovery plan to balance the overspending budget” (Scottish Borders Scheme of Integration, Section 8.6).
- 6.7 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.

7 FINANCIAL PLANNING CONTEXT

- 7.1 Both NHS Borders (NHSB) and Scottish Borders Council (SBC) have incorporated the impact of the resource allocations as notified by SG within their budget allocations to the IJB for the delegated functions.
- 7.2 Scottish Borders Council approved its budget at its meeting on 23 February 2023.
- 7.3 NHS Borders is expected to approve its budget at its board meeting on 31 March 2023..

- 7.4 The initial budget is presented to the IJB for approval of the SBC budget, and noting the NHS Budget pending clarification of the proposal. The NHS Budget is also pending any changes identified at the NHS Board meeting on 31 March 2023 and agreement to the NHSB Financial Recovery Plan with Scottish Government
- 7.5 The IJB will work with partners to develop its medium term financial plan and long term financial strategy, aligned to the new IJB strategic framework and in line with Scottish Government and local authority planning timescales.

8 DELEGATED RESOURCES 2023/24

- 8.1 The table below, summarises the funding agreed with partner bodies for the functions delegated to the IJB for 2023/24.

Financial Framework 2023 - Initial Service budgets							
	NHS Borders £m		SBC £m		HSCP £m		
	Budget	Savings	Budget	Savings	Budget	Savings	TOTAL
Set Aside	31.021	(2.262)			31.021	(2.262)	28.759
Delegated functions							
Older People			24.733	(0.050)	24.733	(0.050)	24.683
Adult social care			16.341	(0.942)	16.341	(0.942)	15.399
Prescribing	25.754				25.754	-	25.754
Learning Disability	4.059		20.404	(0.548)	24.463	(0.548)	23.915
Mental Health	20.398		2.177		22.575	-	22.575
ADP	0.439				0.439	-	0.439
Physical Disability			2.698		2.698	-	5.396
Primary and Community Care					-	-	-
Independent Contractors	31.487				31.487	-	31.487
Public Dental Services	4.360				4.360	-	4.360
Sexual Health	0.793				0.793	-	0.793
Community Hospitals	6.714				6.714	-	6.714
Allied Health Professionals	8.166				8.166	-	8.166
Leadership in Care Homes	-				-	-	-
District Nursing	4.592				4.592	-	4.592
Home First	-				-	-	-
Out of Hours Service	2.609				2.609	-	2.609
PCIP	2.160				2.160	-	2.160
Community Based Services	3.035				3.035	-	3.035
Generic Other	13.653		8.639		22.292	-	30.931
Resource Transfer	2.776				2.776	-	2.776
IJB Reserves	0.186				0.186	-	0.186
					-	-	-
Financial Improvement/ Recovery Plan		(8.185)		(1.540)	-	(9.725)	(9.725)
Total	162.202	(10.447)	74.992	(3.080)	237.194	(13.527)	223.667
		151.755		71.912		223.667	

- 8.2 The savings target delegated by NHSB is based on accumulated non-delivery of prior year savings targets allocated to the IJB, and an increase to reflect unallocated targets..
- 8.3 Any further increase to allocations in relation to delegated functions which are received by partner bodies during the year will be passed on. This will include elements of the Programme for Government (PfG) resource to NHS Boards.

9 ASSUMPTIONS

- 9.1 The impact of known and expected costs and pressures has been modelled across the partner's services to identify the level of funding the IJB requires for 2023/24 to fully fund commissioned services.
- a) Pay pressures have been calculated on the basis of SG pay policy guidelines although pay negotiations continue.
 - b) Non pay inflation has been estimated in line with partner body and national guidance. The impact of macro-economic factors on general inflation will remain a risk to partner organisations and will be considered further via quarterly reviews.
 - c) Prescribing costs are assumed to be in line with estimates provided by NHSB.
 - d) Known increases relating to the Scottish Living Wage, the uprating of Free Personal and Nursing Care payments, and the ongoing implementation of the Carers Act have been built into the funding required.
 - e) The impact of known and expected pressures relating to increases in demand for services are also reflected as budget growth, specifically in relation to Older People and Learning Disability Social Care services.
 - f) NHS Borders have identified a range of cost pressures for funding.

10 DELIVERING SAVINGS

- 10.1 There is a projected requirement for £13.5m of savings delivery during 2023/24, an increase of £6.4m. This includes a share of historical targets not previously identified for NHS delegated services.
- 10.2 A HSCP Recovery plan has been commissioned by the Chief Officer. This will come back to the IJB in May after discussion with the partner bodies.
- 10.3 Whilst the plan is in development it is clear that focus will be required to establish increased grip & control on existing budgets, as well as implementation of service reviews of those areas where spend is out of alignment with benchmarked performance. The IJB will require support from partners to ensure that there is efficient contracting, as well as to drive programmes focussed on improvement and value based medicine/prescribing.
- 10.4 The Strategic Framework gives an opportunity to align financial improvement with the IJBs overall strategic direction and it is expected that transformational change will provide a significant component of the financial recovery actions. This will take time and it is unlikely that the full value of savings will be achieved in 2023/24. To deliver this change the IJB will seek to establish a transformation fund to support transitional costs and project support across programmes of work.

- 10.5 The HSCP Recovery plan will also need to align to individual savings plans developed within partner organisations..
- 10.6 The key actions required to deliver financial balance will be managed operationally through the Health & Social Care Partnership (HSCP), with accountability for performance aligned to the partner bodies.

11 DELIVERING FINANCIAL BALANCE

- 11.1 The IJB will not be in a position to approve any additional spend until the Recovery Plan is implemented.
- 11.2 Immediate actions could include a recruitment freeze, and any commitments from SG that have not been funded will be stopped.
- 11.3 We will bring a paper back on cost pressures and the considerations for funding.
- 11.4 Should the HSCP recovery plan be unable to identify or deliver savings to the value required, the IJB will be unable to present a balanced financial position in 2023/24.
- 11.5 The IJB Chief Finance Officer will be expected to develop a financial strategy for how the IJB manages any gap on delivery.
- 11.6 The conditions under which support from partner bodies may be available are described below. Any support may be conditional and it will be essential that the IJB explores all possible options to mitigate this gap before seeking support from partners.
- 11.7 A potential mitigation to address in year shortfall may include consideration of how the IJB can release funds held as ring-fenced by reviewing phasing of commitments, i.e. borrowing from its own reserve in current year with expectation that this will be paid back through release of savings in future periods. This strategy presents significant risk and deployment of this approach will need agreement of partner organisations and the IJB.
- 11.8 In line with the Scheme of Integration, the IJB can request additional contributions from partner bodies to offset any gap in proportion to their share of this gap. Partner bodies are required to provide this support, however the Scheme of Integration sets out the conditions under which this support is provided as follows:

“The Integration Joint Board should make repayment in future years following the same methodology as the additional payment. If the shortfall is related to a recurring issue the Integration Joint Board should include the issue in the Strategic Commissioning Plan and financial plan for the following year”.

NHS Borders and Scottish Borders Council have not exercised this condition in relation to financial support issued in previous years.

- 11.9 It should be noted that NHS Borders holds a commitment to repay brokerage to Scottish Government in relation to support received. This includes support made

available to the IJB. The IJB has not been advised of any expectations that it will contribute to the repayment of this brokerage.

12 RISK

- 12.1 There is a high degree of uncertainty within the current operating environment across Health & Social Care delegated functions, with significant volatility in relation to financial planning assumptions.
- 12.2 The impact of global events on macro-economic factors has introduced rapid inflationary pressures on fuel, utilities and general costs of living. Variation from planning assumptions will be closely monitored during the year.
- 12.3 The NHS Borders financial recovery plan which underpins the level of resources provided by NHSB to the IJB is still to be approved by Scottish Government. There is a risk that the SG requires NHSB to take additional actions to reduce the projected deficit and that this in turn impacts on the level of resource available to delegated and set aside functions. It is likely that any support available to offset this deficit will be made available on a repayable basis (i.e. brokerage).

13 RECOMMENDATIONS

- 13.1 The Integrated Joint Board is requested to:-

Approve the SBC 2023/24 budget in line with resources agreed with the Council.

Note that further information is required from NHS Borders. This has been requested and the intention is to seek approval at the IJB in April.

Endorse the approach to development of an HSCP Recovery plan by May 2023 to address savings targets and alignment with the Strategic Framework. .

Note the risks described in the paper.

Author(s)

Hazel Robertson, Chief Finance Officer, HSCP and IJB

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Scottish Borders Health and Social Care Partnership



Equality, Human Rights and Fairer Scotland Duty Impact Assessment – Stage 1 Proportionality and Relevance

Completion of the template below will give senior officers the confidence that the Equality Duty, the Scottish Specific Public Sector Equality Duties, Human Rights and the Fairer Scotland Duty have been considered at the beginning of and throughout the proposal development and that action plans are in place, where applicable, to; identify relevant stakeholders, undertake robust consultation to deliver a collaborative approach to co-producing the E&HRIA.

What Integration Joint Board (IJB) report or Partnership decision does this proportionality and relevance assessment relate to:

Scottish Borders HSPC Budget

Relevant protected characteristics materially impacted, or potentially impacted, by proposals (clients, customers, employees people using services) indicate all that apply

Age	Disability Learning Disability, Learning Difficulty, Mental Health, Physical Autism/Asperger's	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non-belief)	Sexual Orientation
X	X	X	X	X	X	X	X	X

Equality and Human Rights Measurement Framework – Reference those identified in Stage 1

Education	Work	Living Standards	Health	Justice and Personal Security	Participation
Higher education Lifelong learning	Employment Earnings Occupational segregation	Poverty Housing Social Care	Social Care Health outcomes Access to health care Mental health Palliative and end of life care*	Hate crime, homicides and sexual/domestic abuse Reintegration, resettlement and rehabilitation*	Political and civic participation and representation Access to services Social and community cohesion* Family Life*

*Supplementary indicators

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
This is the overarching strategic budget which will be supported by detailed directions, this will include the necessity to undertake impact assessments on each individual proposal. The impacts as they apply to the Duty will be reported back to the IJB along with the associated reports.	Although not known at this time, any reduction in service provision, without associated mitigating actions, will impact negatively due to the nature of the services delivered e.g., older disabled people, mental health, learning disability, addiction services, homelessness services, domestic abuse services	As service redesign as a direct result of the Budget is unknown at this stage the significance of the impact will not be known until the proposals are consulted on.

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Is the proposal considered strategic under the Fairer Scotland Duty?	Yes
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E&HRIA to be undertaken and submitted with the report – Yes	Proportionality & Relevance Assessment undertaken by: Hazel Robertson Chief Finance Officer
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**Scottish Borders Health and Social Care Partnership
Integration Joint Board**

15 March 2023

**Scottish Borders
Health and Social Care Strategic Framework 2023-26**

Report by Chris Myers, Chief Officer, Integrated Joint Board



Scottish Borders
Health and Social Care
PARTNERSHIP

1. PURPOSE AND SUMMARY

1.1. To seek approval for the Scottish Borders Health and Social Care Strategic Framework 2023-26

1.2. The Integrated Joint Board is legally required to develop and deliver a strategic plan from April 2023-26. The Health and Social Care ‘Strategic Framework’ has been developed to improve the outcomes of our communities, and is based on understanding the needs of our communities.

1.3. The associated Integrated Impact Assessment documents are enclosed. These documents have been built around the engagement and consultation work delivered by the NDTi in August-September 2022, summarised in the ‘Feedback from our Communities’ report.

2. RECOMMENDATIONS

2.1. The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to:-

- a) Approve a final draft of the Health and Social Care Strategic Framework so it may be published in April and implemented from April 2023.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our efficiency and effectiveness	Reducing poverty and inequalities
X	X	X	X	X	X

Alignment to our ways of working					
People at the heart of everything we do, and inclusive co-productive and fair	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Openness, honesty and responsibility

X	X	X	X	X	X
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4. INTEGRATION JOINT BOARD DIRECTION

4.1 A Direction is not required

5. BACKGROUND

5.1. We are delighted to present the Strategic Framework to the Integration Joint Board in Appendix 1. This is a result of in depth research into the needs of the people and an understanding of what matters to people in the Scottish Borders about health and social care. This was founded through the Needs Assessment report and the NDTi consultation report, both completed by the end of September 2022.

5.2. This information was used to identify strategic issues, objectives and ways of working that will drive the focus of the Integration Joint Board over the next three years. The Strategic Framework applies to the Integration Joint Board as its Strategic Commissioning Plan, and supports the Integration Joint Board in its oversight of all delegated services and integration agenda.

5.3. In line with the approach agreed at the IJB Away Day, a ‘Once for Borders’ approach has been undertaken with the aim of delivering best value for our communities, improved strategic partnerships and improved outcomes.

5.3.1. Direct alignment has been agreed between the Strategic Framework and the Scottish Borders Council ‘Good Health and Wellbeing’ theme of the Council Plan.

5.3.2. This framework will also be considered by NHS Borders Board in the context of its wider NHS Borders Clinical Strategy.

5.3.3. The Community Planning Partnership Strategic Board have considered adoption by the Community Planning Partnership ‘Enjoying Good Health and Wellbeing theme’ and it has been formally agreed at Community Planning Programme Board level.

5.3.4. As such, there may be minor changes suggested to the Strategic Framework by NHS Borders and the Community Planning Partnership which will lead to a revised draft being brought back to the IJB.

5.4. Should this be accepted by NHS Borders then the Scottish Borders will have strategic alignment between all major partners who deliver health, social care and work to improve wellbeing within the Borders. This common focus will improve collaboration with our partners, and the likelihood that we deliver the outcomes established in the Strategic Framework within an extremely challenging environment.

5.5. An associated annual plan will be brought back to the Integration Joint Board in May 2023, outlining the priorities of the partnership in line with this Strategic Framework for the year ahead.

6. IMPACTS

Community Health and Wellbeing Outcomes

6.1. It is expected that the proposal will impact on the National Health and Wellbeing Outcomes below:

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Increase
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.	Increase
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Increase
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Increase
5	Health and social care services contribute to reducing health inequalities.	Increase
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.	Increase
7	People who use health and social care services are safe from harm.	Increase
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.	Increase
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

Financial impacts

6.2. A reduction of overall financial costs is required to ensure financial sustainability. The Strategic Framework is intended to help deliver financial sustainability and this will be achieved through the improving our effectiveness and efficiency objective. Associated service / programme plans and annual plans will work to both ensure financial sustainability and to improve outcomes.

Equality, Human Rights and Fairer Scotland Duty

6.3. Attached are the completed Integrated Impact Assessments for stages 1-3.

Legislative considerations

6.4. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integrated Joint Boards to develop and deliver a strategic plan every three years. The Strategic Framework sets out the mission, vision, objectives, ways of working and outcomes for the next three years covering 2023-26.

6.5. The IJB has a statutory obligation to eliminate unlawful discrimination, harassment and victimisation; advance equality of opportunity between people who share a protected characteristic. Additionally, where proposals are “strategic”, the Fairer Scotland Duty requires us to show that we have actively considered how we can reduce socio-economic inequalities in the decisions that we make and to publish a short written assessment on how we have done this.

As such a completed Integrated Impact Assessment is submitted alongside the Strategic Framework for approval.

Climate Change and Sustainability

6.6. None relevant

Risk and Mitigations

6.7. There is a low risk the public will not agree with the Framework and they will not engage to progress its objectives. This is being mitigated by bringing in NDTI to engage with locality groups and equality groups to ensure the Framework continues to be built in a collaboration.

If statutory agencies fail to prioritise this area of work, outcomes may not be achieved.

7. CONSULTATION

Communities consulted

7.1. Please see the 'Feedback from Our Communities' report to see a list of all the groups consulted to identify the needs of our communities and the focus of the Strategic Framework. These include protected characteristic groups.

7.2. In addition, the following groups have been consulted:

- Unpaid Carers – Carers Workstream
- Staff – Operational Planning Group
- Community groups across the Borders
- Groups of people listed in the Integrated Impact Assessment
- IJB Strategic Planning Group

Integration Joint Board Officers consulted

7.3. The IJB Board Secretary, the IJB Chief Financial Officer, the IJB Chief Officer and Corporate Communications have been consulted, and all comments received have been incorporated into the final report.

7.4. In addition, consultation has occurred with our statutory operational partners at the:

- HSCP Joint Executive
- IJB Future Strategy Group
- NHS Borders Board Executive Team
- Scottish Borders Council Council Management Team
- Community Planning Partnership Strategic Board

Approved by:

Chris Myers, Chief Officer, Integrated Joint Board

Authors:

- Hayley Jacks, Planning and Performance Officer
- Elke Fabry, Project Manager
- June Smyth, Director of Planning and Performance
- Michael Cook, Senior Policy Advisor

- Keith Allan, Associate Director of Public Health
- Clare Oliver, Head of Communications and Engagement
- Hazel Robertson, Chief Financial Officer
- Chris Myers, Chief Officer

Background Papers:

- Final Draft Health and Social Care Strategic Framework 2023-26 (Appendix 1)
- [We have Listened and Joint Needs Assessment reports](#)
- Strategic Framework IIA Stage 1 Proportionality and Relevance (Appendix 2)
- Strategic Framework IIA Stage 2 Empowering People – Capturing their Views (Appendix 3)
- Strategic Framework IIA Stage 3 Findings and Recommendations (Appendix 4)

Previous Minute Reference:

- [Health and Social Care Integration Joint Board: 21 December 2022, Item 9 Draft Strategic Plan Progress Update](#)
- [Health and Social Care Integration Joint Board: 16 November 2022, Items 5 and 6](#)

For more information on this report, contact us at Elke Fabry, Project Manager, efabry@scotborders.gov.uk

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Scottish Borders
Health and Social Care
PARTNERSHIP

Scottish Borders

Health and Social Care

Strategic Framework 2023-26

Our Scottish Borders
Your community

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Foreword from Chairs

We are delighted to be able to present the Health and Social Care Strategic Framework for 2023-26 to you. It is the sum of a significant amount of work in partnership with our communities. We are extremely grateful to everyone who has told us what matters to them and to everyone involved in the planning and development of this document. We have listened, and as you can see, this framework has been developed by focusing on what people of the Scottish Borders have told us matters the most to them, and on the actions that we expect will have the greatest impacts.

Our Strategic Framework sets out how the Health and Social Care Partnership will transform, commission and provide health and social care services over the next three years to improve and support the health and wellbeing of the people of the Scottish Borders.

The Strategic Framework also sets the direction of travel for the ‘Enjoying Good Health and Wellbeing’ theme of our Scottish Borders Community Planning Partnership. As Community Planning Partners, we will work together to focus on the priority areas to improve health and wellbeing outcomes.

We know we will have to face a number of significant challenges over the coming years. Some of these we already know about – but there will be others that will emerge over the lifetime of this framework. As a result, the strategic framework is designed to be flexible rather than prescriptive in the actions we will take, to allow us to respond to the challenges while remaining focused on our vision and values. Importantly, if we want to do this, and do this well, we need to work together as organisations with a common focus in partnership with our communities.

We look forward to continuing to develop our relationships and ways of working with people who use our services, unpaid carers, our partners, our staff and the broader public, to meet our vision that “all people in the Scottish Borders are able to live their lives to the full.”

Lucy O’Leary	Cllr David Parker	Karen Hamilton	Cllr Caroline Cochrane
Chair	Vice Chair	Chair	Chair
Health and Social Care Integration Joint Board	Health and Social Care Integration Joint Board, and Executive Member Health and Wellbeing, Scottish Borders Council	NHS Borders	Scottish Borders Community Planning Partnership

1. Introduction

1.1. Purpose of the Strategic Framework

I am pleased to introduce the Scottish Borders Health and Social Care Strategic Framework which has been developed to improve the outcomes of our communities, and is based on truly understanding the needs of our communities along with what matters to them. This has been an important exercise that has helped us to prioritise areas which we understand will have the biggest impacts on the health and wellbeing outcomes of Borderers.

The scale of the challenges faced in planning and delivering health and social care services to meet need are unprecedented; we have significant workforce and financial challenges which make it challenging to meet the increasing levels of need from our communities. In this context, in order to be able to support the increasing needs of the people of the Scottish Borders, I expect that we will regularly have to work with our communities to take difficult decisions about services.

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

This joint approach ensures that all major organisations in the Scottish Borders involved in promoting health, social care and wellbeing are working in a common direction, with a common vision focused on improving the health and wellbeing outcomes of our communities so that we ensure that all people in the Scottish Borders are able to live their lives to the full.

Our Strategic Framework lets people know:

- What we want to achieve through the priorities identified by the 'Needs of our Communities' and 'We have Listened' reports
- The way we plan to tackle these priorities
- What we will do, including what we will do differently to achieve our aims
- How we will use our budget and resources to do this
- How we will measure how well we are doing

To do this, in the context of our challenges that we face, to achieve our ambitious aspirations for improved community outcomes, we will need:

- Everyone to play their part to take care of their health and wellbeing
- To take proactive action to manage the strategic issues
- To have a relentless focus on our objectives and ways of working
- To make difficult decisions in partnership with our communities
- To ensure continued alignment across the Health and Social Care Partnership and with our Community Planning Partners - by working together everyone achieves more.

I would like to thank everyone who has given up their time to give their feedback to us, and to those who have worked behind the scenes to develop this framework. I would now encourage everyone to play their part and to work with us on the next steps. In this spirit, I look forward to working with you as we now move forward with the important work of bringing the framework to life.

Chris Myers

Chief Officer, Scottish Borders Health and Social Care Partnership

1.2. How everyone in the Scottish Borders can ‘Play their Part’

In the ‘We have Listened report’ we were delighted by how our communities wanted to be more involved and to participate in co-production of plans for health and social care. We restate our commitment to work with and listen to the voice of local people in the ongoing co-production of our plans associated to this Strategic Framework.

It is also important to highlight that everyone in the Scottish Borders can play their part to take care of their own health and wellbeing. Small personal changes can make the biggest difference, and there are many ways that you can do this:

- Looking after yourself as best you can. [NHS Inform provides much information on healthy living](#), some of which are included below:
 - o Eating a healthy, well balanced diet
 - o Keeping active
 - o Having a responsible relationship with alcohol
 - o Avoiding the use of illegal drugs
- Volunteering if possible, or helping others in your community – this is known to have positive impacts on your health and wellbeing, along with those that you are helping
- Planning ahead for your future:
 - o [Discussing what matters most when making plans for your care in the future](#)
 - o Appointing someone with [Power of Attorney](#) in case you lose capacity to make decisions
- Should you need care or support:
 - o Accessing the [Right Care from the Right Place](#)
 - o Explaining to staff what matters to you when you are receiving a health or social care service. There is no wrong answer to this question – it’s all about what matters to you.
 - o Working with health and social care staff to make shared decisions. This is also known to result in better care and improve outcomes. When being asked to make a decision about care or treatment, asking the following questions will help you make better choices:
 - What options are available to me?
 - What are the risks of each of these options?
 - What are the impacts of these options on my wellbeing and independence?
 - What would happen if I did nothing?

1.3. Who we are

Scottish Borders Health and Social Care Partnership

In Scotland, the law requires Local Authorities and Health Boards to work together to integrate health and social care services, and to improve outcomes for individuals, carers, and their communities. This is known as ‘health and social care integration’.

Locally, the Scottish Borders Health and Social Care Partnership is this partnership between the Scottish Borders Council and NHS Borders, overseen by the Scottish Borders Health and Social Care Integration Joint Board. The Integration Joint Board is responsible for the planning and delivery of integration arrangements and delegated services in the Scottish Borders, to support improvements in the outcomes of our communities, in line with its Strategic Framework (also known as Strategic Commissioning Plan).

Delegated services broadly include Adult Social Care and Adult Social Work Services, Primary Care, Community Healthcare Services, Mental Health Services, Allied Health Professional Services, Public Health, Pharmacy and Hospital services associated to emergency admissions. Appendix 1 outlines the full range of services within the Health and Social Care Partnership.

Our Health and Social Care Partnership extends to everyone involved in the delivery of health and social care services, including our Community Planning Partners, Independent and Third Sector Social Care Providers, Primary Care Partners, Unpaid Carers, Service Users and our wider communities.

Scottish Borders Community Planning Partnership

The Scottish Borders Community Planning Partnership includes a range of partners in the Scottish Borders who working in partnership to improve quality of life in the Scottish Borders and community outcomes across a range of areas, which have been grouped into themes:

- Enjoying good health and wellbeing
- Enough money to live on
- Access to work, learning and training
- A good place to grow up, live in and enjoy a full life

This framework forms the basis of the 'enjoying good health and wellbeing' theme.

The organisations involved in the Community Planning Partnership are listed below:

- Statutory partners:
 - o Scottish Borders Council, NHS Borders, Scottish Borders Health and Social Care Integration Joint Board, Borders College, Historic Environment Scotland, Police Scotland, Scottish Fire and Rescue Service, Scottish Enterprise, Scottish Environmental Protection Agency, Scottish Natural Heritage, Scottish Sports Council, SEStran, Skills Development Scotland, Visit Scotland, and the Scottish Government.
- Non-statutory partners:
 - o Borders Third Sector Interface, Live Borders, Berwickshire Housing Association, Eildon Housing, Scottish Borders Housing Association, Waverley Housing Association, and the Scottish Borders Community Councils Network.

1.4. What we have learnt from the last Strategic Commissioning Plan

The last Integration Joint Board Strategic Commissioning Plan set out a detailed three year forward view focused on particular actions to improve outcomes. Notable successes include:

- What Matters Hubs are now operational in all 5 localities of the Scottish Borders
- Development of Community Link Worker and Local Area Coordination services
- Roll out of the Distress Brief Intervention Service
- Good progress with the implementation of the Primary Care Improvement Plan
- Increasing the provision of housing with care and extra care housing
- Improving the uptake of Self-Directed Support
- Developing home based intermediate care (Home First)
- Opening Garden View bed based intermediate care
- Funding of the Borders Carers Centre to undertake carer's assessments
- Transformation and redesign of inpatient dementia services
- Extending the scope of the Matching Unit to source care and respite care at home
- Review of community hospital and day hospital provision
- Appointment of GP Cluster Leads
- Development of hospital inpatient pharmacy services to optimise outcomes, reduce re-admissions and length of stay
- Development of a Polypharmacy review service for people who use social care services
- Implementation of the Transforming Care After Treatment Programme for people with cancer
- Good uptake of Technology Enabled Care

Despite many notable successes in transforming and developing services to improve the care and services we provide, a number of significant challenges including COVID-19, workforce pressures and broader economic pressures have had a major impact on our local health and wellbeing outcomes. In addition, some of our ways of working need to be improved to ensure that we work in a close partnership with our communities, and provide more seamless services that put the people of the Scottish Borders at the centre of everything we do.

As a result of the challenges that we have faced between 2018-23, we have learnt that setting out a detailed plan in 2023 for the next 3 years is unlikely to achieve the impacts that we would want to achieve, in the context of a number of challenges that we are currently aware of now, and may not be able to predict.

As a result, we have pitched this Strategic Commissioning Plan at a higher level by adopting the Strategic Framework approach. The Strategic Framework is not prescriptive in the actions that we will take, and is instead designed to be enabling to allow us to best deal with the critical challenges we are aware of now, and to help us decide how to deal with further critical challenges on the next steps of our three year journey.

2. How we have developed the Health and Social Care Strategic Framework

This framework has been developed by:

1. Considering the social determinants of health
2. Considering the challenges we currently and would expect to face in the Scottish Borders, including analysing our Strengths Weakness Opportunities and Threats
3. Reviewing our performance against the National Health and Wellbeing outcomes in the context of the actions taken in our last Strategic Plan.
4. Understanding our local population public health needs ('Needs of our Communities; report)
5. Engaging and listening to our communities and understanding their expressed needs ('We have Listened' reports)

2.1. Social determinants of health and wellbeing

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. Research shows that the social determinants can be more important than health care or lifestyle choices in influencing our health outcomes. This is why it is so important that everyone in the Scottish Borders plays their part in their own health and wellbeing.

The factors below all impact on our health and wellbeing.



To truly improve health and reduce socioeconomic and health inequalities, not only do we need to provide high quality health and social care but we need to consider and work to address the societal, economic, cultural, commercial, and environmental context in which we live.

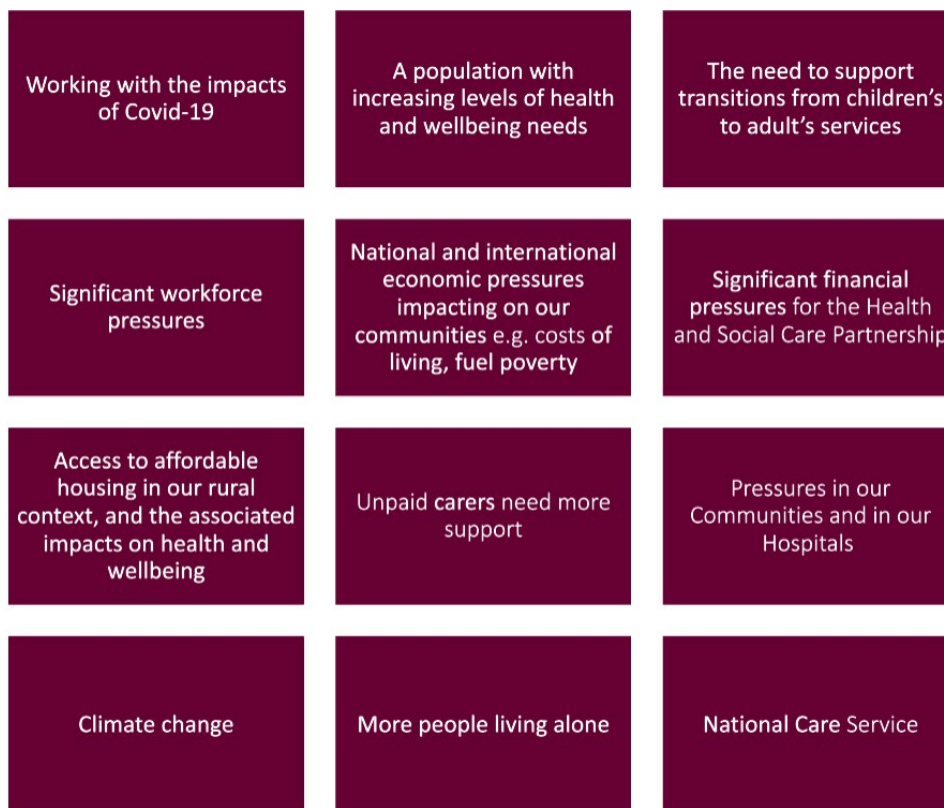
As such it is essential that the Scottish Borders Health and Social Care Partnership works with communities across the Scottish Borders, along with its delivery partners and Community Planning Partners to deliver improvements in health and wellbeing for the people of the Scottish Borders.

2.2. Challenges we currently face

People rightly expect to receive high quality health and care services when they need them. However this is very challenging to deliver in the context of a number of significant challenges, including significant financial challenges, a lack of available workforce, and many other reasons. These reasons are summarised below with further detail enclosed in Appendix 2.

¹ Scottish Government graphic from "Practising realistic medicine: Chief Medical Officer for Scotland annual report"

A number of these challenges directly impact on the social determinants of health and wellbeing and therefore impact on the outcomes of people in the Scottish Borders. As a result, we have considered these as part of this strategic framework.



2.3. Health and Wellbeing outcomes

In line with the pressures that we have faced, we have seen a significant reduction in our local Health and Wellbeing Outcomes in 2021/22. This reflects the feedback that we have received from our service users, staff, unpaid carers and partners about the significant pressures that they are under, about the challenges of being able to provide or access key services in a timely manner, and in the higher levels of risk being experienced across the whole health and social care system.

2021/22 performance for the Scottish Borders Health and Social Care Partnership against the National Health and Wellbeing outcomes are derived from national Health and Care Experience Survey feedback for people in the Scottish Borders, and are summarised below:

Scottish Borders performance	Health and Wellbeing Outcome Indicator
Better than the national average	<ul style="list-style-type: none"> • People reporting that they are able to look after their health very well or quite well • Premature mortality rate • Emergency admission rate • Spend on hospital stays where the person was admitted due to an emergency (2019/20 data) • Emergency readmissions to hospital within 28 days of discharge • Rate of falls in the Scottish Borders
Broadly in line with the national	<ul style="list-style-type: none"> • Proportion of care services graded as good or better in Care Inspectorate inspections

average	<ul style="list-style-type: none"> • Adults receiving care who rated the care they receive as excellent or good • People who had a positive experience of care at their GP practice • Carers who felt supported to continue in their caring role • Adults supported at home who agreed they felt safe • People in their last 6 months of life spent this at home or in a community setting in the Scottish Borders, compared to the national average
Below the national average	<ul style="list-style-type: none"> • Adults supported at home who agreed that they had a say in how their help, care or support was provided • Adults supported at home who agreed that their health and social care services seemed to be well co-ordinated • Adults supported at home who agreed that they were supported to live as independently as possible • Adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life • Adults with intensive care needs in the Scottish Borders receiving care at home, compared to the national average • Occupied bed days in hospital associated to emergency admissions

2.4. Needs of our Communities

This section gives a high-level summary profile of the Scottish Borders and some of our key challenges. More detailed information is also available in two further documents published alongside the Strategic Plan – Facts and Statistics, and the Joint Strategic Needs Assessment.

In general people who live in the Scottish Borders are relatively healthy, with better life expectancy and healthy life expectancy than the Scottish average. Most people will live in areas of average levels of relative deprivation however there remains areas of high affluence and also pockets of significant deprivation. Those who do live in areas of significant deprivation continue to suffer worse health conditions than those in affluent areas, although for some illnesses such as asthma, this has improved. Rural deprivation is a particular issue in the Scottish Borders and access to health and social care is felt differently by diverse groups. Without proactive, targeted and preventative measures, inequalities will likely remain or even increase.

A constant theme in the report is that the population is ageing and this will have a significant impact on health and care services. The number of people over 65 will increase from comprising roughly 25% of the population to 32% percent. An ageing population means more people in the Borders will be living with one or more complex conditions and therefore will require more support from health and social care as they age.

There will also be fewer people of working age within the population to offer that support. The number of ‘working age’ people, typical known as aged between 18 to 64 is expected to decrease by almost 10% between 2020 and 2040, and account for 51% of the total population in 2040, compared to 56.5% in 2020. The decrease can be attributed to declining numbers of inward migration with challenges relating to available housing, and low birth rates, although there will be other factors at play. There are opportunities to work in partnership to resolve workforce issues and also opportunities in technologically enabled solutions to reduce the need for additional staff.

It is clear that COVID-19 has had a substantial negative impact on service access, and as a result many people will continue to face long waiting times. Coupled with an ageing population, there has been a rise in the number of people who need health and social care services in recent years, and we can expect this need to continue to increase.

The closure of screening services during the pandemic will also have damaging effects on preventing illness or curing/managing conditions at an earlier stage. The high waiting times for health and social care services, and the feedback from our communities make it clear that we need to get better at prevention and early intervention.

Overall, the report gives a high level picture of the current state in the Borders and what our needs are projected to be in future.

The full report can be found here: [HSCP Joint Needs Assessment report | Scottish Borders Council \(scotborders.gov.uk\)](https://www.scotborders.gov.uk/HSCP-Joint-Needs-Assessment-report)

2.5. Listening to our communities

Feedback from our communities is an integral component to informing the key areas of focus for the Strategic Framework. The following are high level extracts from the 'We have Listened' report.

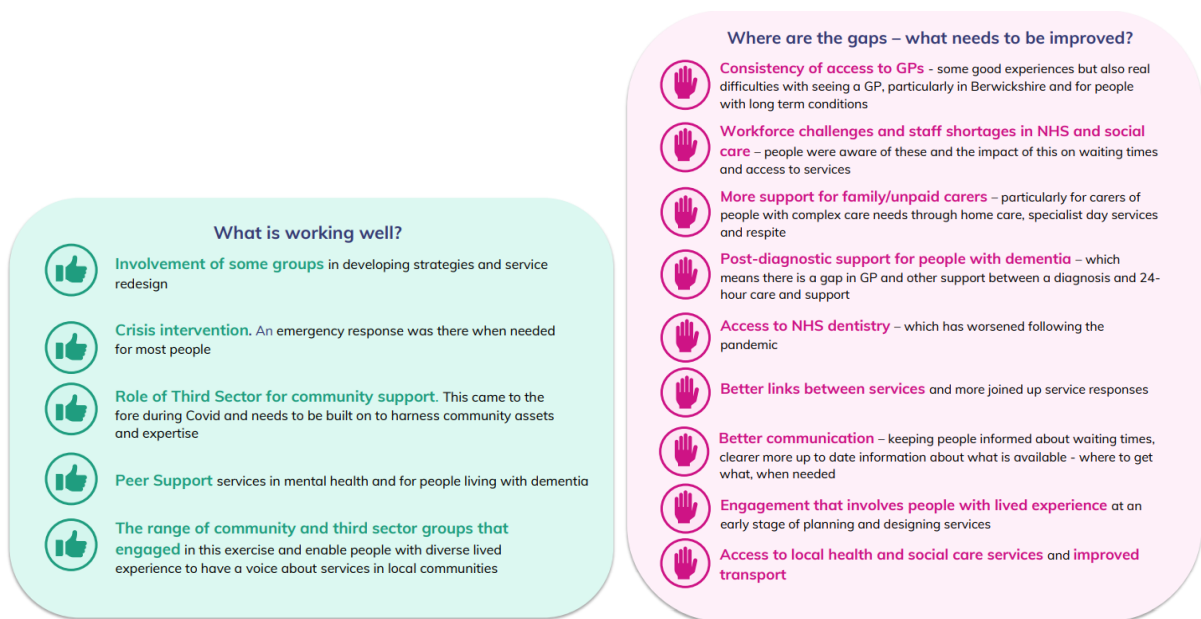
Although the survey showed some positive responses about what is working well in the Borders (e.g. skilled staff, rapid responses to emergencies), most people felt that the delivery of health and social care had worsened over the last four years, in part reflecting the impact of the pandemic; and that the priorities in the previous Strategic Plan were still mostly relevant.

The findings highlighted the important principles of maintaining independence at home and in the community, effective communication between services and the service user, and living a good life.

In many cases, people described the quality of services that they had received from health and care staff as good or even exceptional. Concerns tended to be about systems, communication and accessing services.

When asked what they consider to be the current gaps in health and social care services, people tended to identify systemic issues such as staffing, availability of carers and funding. Access to a GP services, and long waiting times were also seen as challenges.

The engagement sessions supported the findings from the survey and provided a wealth of additional detail about people's experiences of services as well as with useful suggestions about how things could be improved. In summary they showed us:



The top priorities expressed by our communities are noted below:

- Communication about how services can be accessed when needed, waiting times, and information available in different media and formats
- Engagement of local communities and stakeholder groups so people with diverse lived experience can participate in service planning, design and monitoring
- Consistent access to primary care. Including to GPs, NHS dentists and community nursing services, especially for ongoing support for people with long-term conditions
- Workforce planning and addressing staff shortages - with suggestions for attracting people to the Borders and improving access to transport and affordable housing
- Integration and joint working between services for a person-centred approach
- Improved access to social care and support. Addressing waiting times for assessment, eligibility, Self-Directed Support, home care and respite
- Support to unpaid carers. Through opportunities for socialisation and stimulation for people with dementia and/or other disabilities and respite for carers
- Preventative approach. To reduce the need for crisis responses and pressure on acute services and enable early intervention and holistic, community-based support
- Reflecting the rural nature of the Borders more access to local health and care services and improved transport to access appointments

The detailed findings can be found in [‘We Have Listened: Feedback from Community Engagement to inform the development of the Health and Social Care Strategic Plan 2023-26’](#) and its companion report [‘Scottish Borders Health and Social Care Partnership: Health and Social Care Community Feedback Survey’](#) both produced in October 2022.

3. Our Strategic Framework

Our Strategic Framework is laid out over three components:

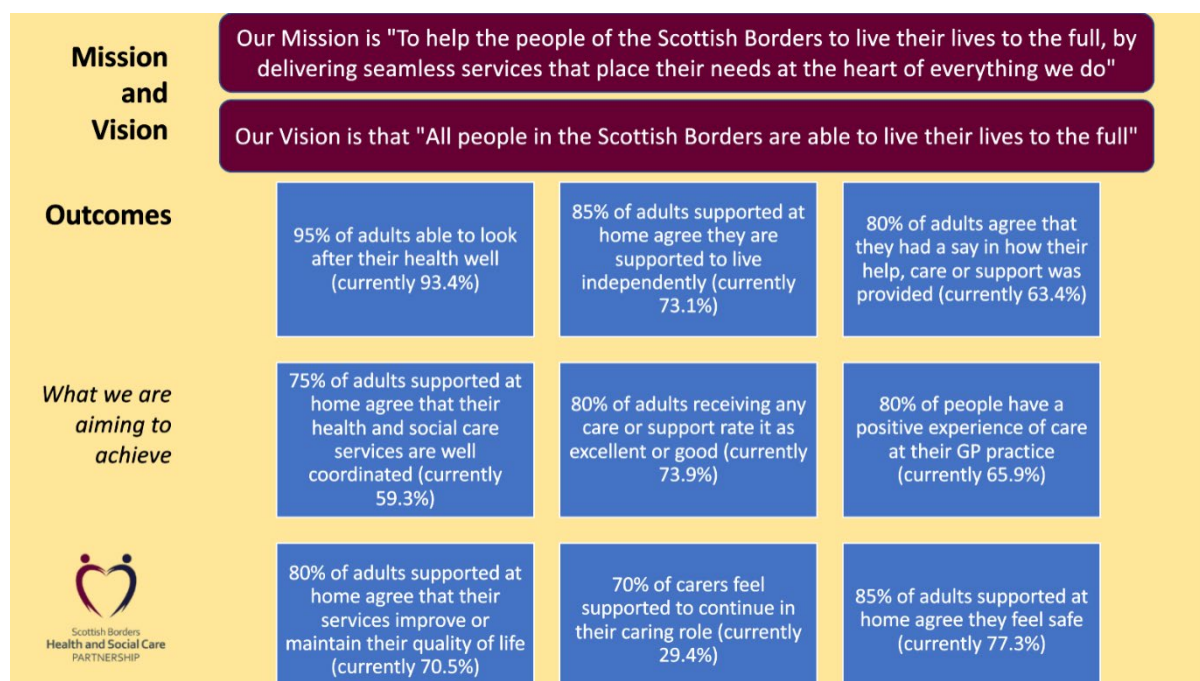
1. Our Mission, Vision and Intended Outcomes
2. Our Objectives and Ways of Working
3. How we will deliver (Bringing the Strategic Framework to Life)

Together these make up the Health and Social Care Strategic Framework for 2023-26.

3.1. Our Mission, Vision and Intended Outcomes

There are [nine National Health and Wellbeing Outcomes](#) agreed by the Scottish Government that our Partnership is required to deliver against. The Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through improving quality across health and social care.

The diagram below outlines our Mission, Vision and measurements of the Outcomes with ambitious targets for each over the next three years:



3.2. Our Objectives and Ways of Working

As our strategic approach is concerned with managing critical challenges and risks, the major issues that could impact on our population’s outcomes were noted to be issues that required strategic focus and intervention (strategic issues).

Strategic objectives were then set to address these strategic issues, and our Strategic Planning Group considered the strategic issues further and then developed high level actions to support these strategic objectives. These are listed by the level of risk associated to each issue.

In addition, in the ‘We have listened’ reports it became clear that our communities feel that:

- The services that exist are not well integrated, strengths based, person-centred / seamless. It is difficult to get the right care at the right time.
- Our communities have not been well engaged with or communicated with in the past and will need to be better engaged through the next steps of our journey.

As a result, the Integration Joint Board Strategic Planning Group also considered what high-level actions could be taken in our ways of working across the Health and Social Care Partnership to improve in these areas.

These ways of working were then considered in the context of the values of our statutory delivery partners in NHS Borders and Scottish Borders Council, and agreed as ways of working for the Health and Social Care Partnership and Integration Joint Board.



The objectives and ways of working within this Strategic Framework also align to the objectives of ‘The Promise’ and we will work to ‘Keep the Promise’, and to support all people when required, at all ages and stages of their life.

We will focus to develop our capacity and capability across the agreed objectives and ways of working. This will ensure that we work in partnership with our communities to develop resilience at individual and community level, and provide smoother, person-centred holistic support. This in turn will result in improved outcomes and better value.

3.3. Bringing the Strategic Framework to life

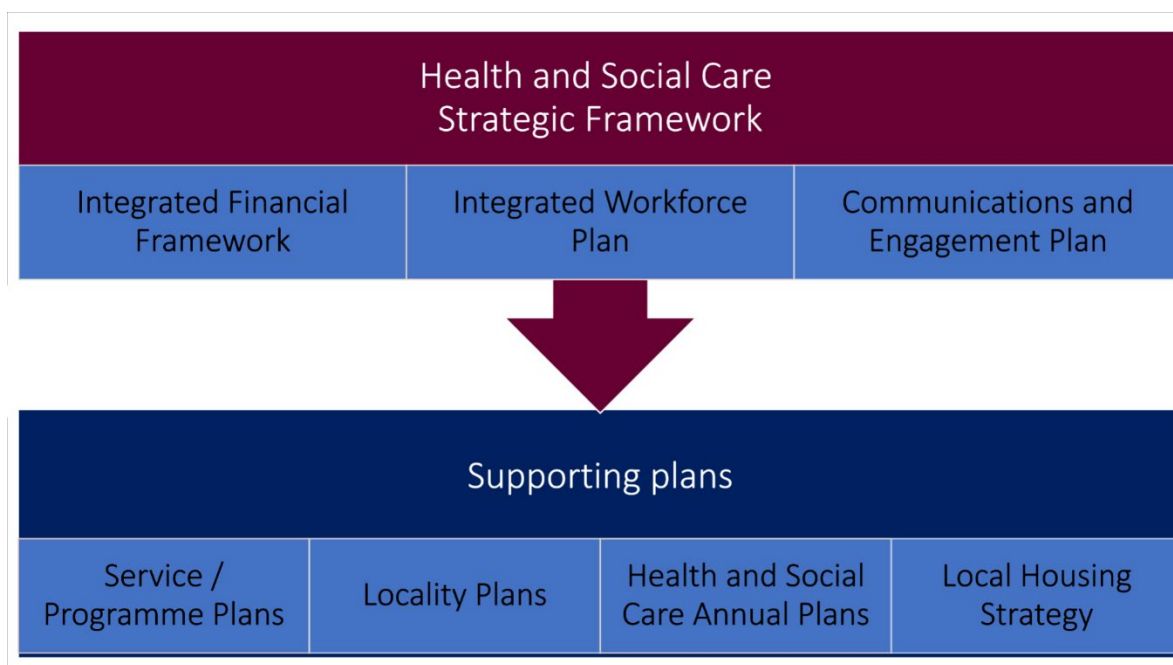
Supporting Plans

The Strategic Framework will be supported by a number of high-level frameworks to enable its delivery which include:

- Integrated Financial Framework
- Integrated Workforce Plan
- Communications and Engagement Plan

These frameworks will be supported by a number of plans that will align to our mission, vision, objectives and desired outcomes:

- Service / Programme Plans
- Locality Plans
- Health and Social Care Annual Plans
- Local Housing Strategy (which will complement the Strategic Framework, rather than be driven by it)



All of our existing plans are available from the [HSCP Strategic Plans and supporting documents section of our website](#).

Integrated Financial Framework

Resources, people, services, buildings and money are limited. The IJB is currently running with an underlying deficit of upwards of £7m and rising. Costs are increasing, and available funds from Scottish Government are reducing due to the impact of excessive inflation driven by fuel costs and the impact of inflation on staff costs. The challenge of recruiting to permanent posts within the context of the differential in pay between different parts of the sector roll up into one of our six strategic objectives – resolving the workforce crisis. External providers are facing sustainability challenges which have been in part supported by Covid sustainability payments, but these stop at end March 2023. Our savings programmes are not delivering the level of savings required to meet the fiscal challenges ahead.

The Financial Framework will help guide how we use our financial resources to enable delivery of our strategic framework. This will be based on:

- How much resource will we have
- How we will use this resource to best meet our Strategic Objectives
- Ensure we operate best practice in our financial processes, agreements and transactions to comply with our Financial Regulations
- How we can ensure best value for every pound?
- How we will involve and engage the public in participating in our financial choices and in investing in services that best meet demand and our quality outcomes
- How we will improve community engagement in this process through participatory budgeting in localities

Risks and Challenges

- Current high levels of inflation and consequent impact on staffing and external services
- Need to be able to consider total resource available to the Partnership, and move resource to areas of greatest need and impact (which may involve disinvestment decisions)
- Financial resources from Scottish Government are published annually which can hinder our ability to make long term resourcing choices
- Historical savings targets mainly within Health have been non recurrently supported by Scottish Government, with a need to have a long-term plan in place to resolve

Integrated Workforce Plan

Our integrated workforce plan is published but will continue to be updated by the Integrated Workforce Planning Group to help us to rise to the workforce challenge. [The Integrated Workforce Plan is available by following this link to the Strategic Plans section of our website.](#)

Communications and Engagement Plan

The Health and Social Care Partnership is committed to timely and effective communication and engagement with our communities. Listening to the experiences of people who use services is vital, and we have heard how important this is to the public through the views expressed in the 'We Have Listened' Report. Communications and engagement plans will be developed to support projects and programmes of work that take place to ensure that people are involved and informed with the work of the Partnership.

Service / Programme Plans

In addition, there will be a number of Service / Programme Plans in key areas which will align and complement to the strategic objectives and ways of working in our Strategic Framework, along with other national strategies and local policies. These plans will help us to deliver the outcomes intended in our Strategic Framework.

Locality Plans

To be successful and achieve our aims our plans need to be continually informed by engagement with people who use our services and their families and carers. We will continue to shift our focus towards developing a 'Community Led Support' approach, to increase co-production around a shared vision, build community capacity, engage with service users and carers in an open way, undertake an asset and strengths-based approach, and support the delivery of more efficient ways of working, with improved outcomes.

Locality planning is a key tool in the delivery of change required to meet new and existing demands in the Scottish Borders. The IJB is required by the Scottish Government to undertake this activity

through the development of locality forum arrangements, where professionals, communities and individuals can inform locality planning and redesign of services to meet local need in the best way.

The Scottish Borders has five localities:

- Berwickshire
- Cheviot
- Eildon
- Teviot & Liddesdale
- Tweeddale



Our Locality Working Groups will be relaunched in 2023 and will comprise engagement from staff, delivery partners, service users, unpaid carers, and other members of the public. These groups will support us to deliver the Strategic Framework, and to improve local outcomes. In addition, the Locality Working Group leads will be represented on the Strategic Planning Group, with one representative on the Integration Joint Board.

The Locality Working Groups will closely align to the Scottish Borders Community Planning Partnership Area Partnerships to ensure that we take a collective and holistic view of health and wellbeing, in line with the social determinants of health and our strategic framework.

Housing and Homelessness

Housing is recognised as fundamental to an improvement in health and wellbeing outcomes, and is a key component in effectively shifting the balance of care from institutional care to community based services and supports. At least 8% of the population has experienced homelessness, over half of A+E and acute hospital admissions are from people who have experienced homelessness and 80% of admissions to mental health specialities are from people who have experienced homelessness.

Since the development of the last Local Housing Strategy, and Strategic Commissioning Plan we have experienced:

- Increases in Affordable Housing supply
- Considerable additional Extra Care Housing across the Scottish Borders,
- 7,500 homes with adaptations in the Scottish Borders
- More energy efficient and affordably warm housing
- Targeted work to reduce fuel poverty and housing crises
- Support for care leavers
- Introduction of Housing First pilot project

The Housing (Scotland) Act 2001 places a statutory requirement on local authorities to prepare a Local Housing Strategy every five years, setting out a vision for the supply, quality and availability of housing in their local area. The Local Housing Strategy is the key planning document, providing a framework of action, investment and partnership-working to deliver these local priorities. A new Local Housing Strategy is being developed to set out how housing and housing related opportunities and challenges will be addressed over the five year period 2023-28.

This new plan will build on the progress made on the issues identified in the Local Housing Strategy 2017-22 and will address newly arising housing matters particularly in response to the publication of new Local Housing Strategy Guidance, 'Housing to 2040', the COVID-19 pandemic and economic factors such as inflation and cost of living crisis.

The developing Local Housing Strategy notes that good housing can help our community to:

- tackle attainment
- reduce inequalities
- improve health and wellbeing outcomes
- create sustainable communities
- assist in regenerating the places where we live

The developing Local Housing Strategy's vision that "every person in the Scottish Borders lives in a home that meets their needs" aligns with the vision for health and social care and the associated strategic objectives outlined in this Strategic Framework:

Strategic objective	Role of housing
Improving access to services	<ul style="list-style-type: none"> • Providing safe, secure, warmer and more comfortable homes of an appropriate size, in an appropriate location and that are affordable to live in will reduce existing health problems – heart attacks, strokes, hypothermia, raised blood pressure, asthma, mental health problems, respiratory disease and also help prevent health issues occurring. • Delivery of adaptations and handyman's service (including fall prevention measures such as grab rails) • Providing housing support, directly and with partners to help people remain in their own home and prevent homelessness. Reduces stress, anxiety – keeping people in their homes. Improving access to affordable energy efficient housing stock, adaptations and reducing homelessness all support an improvement in people's health outcomes.
Rising to the workforce challenge	<ul style="list-style-type: none"> • A lack of access to housing has been highlighted by our Integrated Workforce Plan and the Local Housing Strategy as a barrier to attracting and retaining health and social care key workers in the Scottish Borders
Focusing on prevention and early intervention	<ul style="list-style-type: none"> • Good housing and supports help to reduce health incidents (e.g. falls in the home, warm homes). In addition, the role of housing for people who are homeless or threatened with homelessness is key to supporting good health and wellbeing. • Preventing homelessness through the Housing Options approach • Borders Homelessness and Health Strategic Partnership • Investment in Adaptations with a strategic review of Scheme of Assistance to shift activity towards preventative investment • Expand on and develop new initiative housing with support models through the Rapid Re-housing Transition Plan. • Provision of welfare benefits advice and financial inclusion services • Unified, partnership working framework for assessing health and housing needs (Unified Health Assessment) • Development of Housing Information and Advice • Affordable warmth actions outlined in LHS 2023-2028
Supporting unpaid	<ul style="list-style-type: none"> • Good quality housing with appropriate supports support service users

carers by getting services for the cared for right	and their unpaid carers
Improving our effectiveness and efficiency	<ul style="list-style-type: none"> • Develop the supply of appropriate, affordable and quality housing to meet changing needs • Good housing options are critical, giving people more freedom and choice; • Continue building capacity in communities to support older people at home and having housing in place to keep people independent • There is a strong link between access to good housing and the general Health of the population
Reducing poverty and inequalities	<ul style="list-style-type: none"> • Housing is the biggest cost to people each month – so providing affordable housing that is energy efficient plays a huge role in helping to reduce poverty and inequalities • Significant levels of investment in improving the Energy Efficiency of homes across the Borders, as well as the provision of Home Energy Advice, helping to make homes warm and more comfortable. • Activities of Housing providers in terms of the provision of information and advice to tenants on a range of issues from financial advice, eating well and keeping warm. • Improving access to health and social care services for homeless people, particularly for those with complex needs by working with integration partners.

The housing functions that were delegated to the Scottish Borders Health and Social Care Partnership are:

- Adaptations – an adaptation is defined in housing legislation as an alteration or addition to the home to support the accommodation, welfare or employment of a disabled person or older person, and their independent living.
 - Care and Repair – providing independent advice and assistance to older and disabled homeowners or private tenants with services that enable them to continue to live independently in their own homes. The service provides adaptations, home improvements and a handy person service
- Housing Support – housing support is defined in housing legislation as any service which provides support, assistance, advice and counselling to an individual with particular needs to help that person live as independently as possible in their own home or other residential accommodation such as sheltered housing, and Extra Care Housing.

There are some housing functions which are not delegated functions but which provide a resource to support health and Social Care Integration and the outcome it is seeking to achieve:

- Registered Social Landlord adaptations – providing adaptations to their tenants to enable them to live independently, for example providing a handrail or ramp at the entrance, or a shower in place of a bath
- Housing support services for homeless people – providing housing and tenancy support to vulnerable homeless people
- New supply housing – the Strategic Housing Investment Plan (SHIP) 2018-23 identified potential for up to 1,320 new affordable homes over the five-year period and total investment in the region of £268m over the period. This latter figure assumes that all identified challenges and infrastructure issues are resolved, funding is available and the construction sector has capacity to deliver the identified projects.

This Strategic Framework recognises the critical role of housing in the context of health and social care in the Borders. In particular, it stresses the importance of housing options, giving people more freedom and choice; of developing the supply of appropriate housing to meet changing needs as the populations ages; of building capacity in communities to support older people at home and having housing in place to keep people independent.

How we will implement our Strategic Framework

We have set out the Strategic Framework for Health and Social Care in the Scottish Borders, which is intended to be enabling to foster engagement from our communities, and innovation to respond in a dynamic way to the critical challenges that we face. As a result, we have not detailed the specific actions that will be taken within this plan. Instead, our framework will enable our localities, our communities and delivery partners to continually evaluate our progress in improving outcomes, addressing strategic issues, reviewing resources available, and co-producing plans to ensure best value.

Development of the partnership and engagement approach with our communities, including service users, carers, staff, the independent sector, third sector, localities, and other key strategic partners will continue through our new strategic planning cycle. This will include collaboration with the Community Planning Partnership (CPP) and the Third Sector Interface (TSI) to deliver support and services in keeping with local need.

An Annual Plan with more detail on our plans for that year will be developed each year over the 2023-26 period, aligning to the objectives and ways of working of the strategic framework, and will be based on the feedback and priorities from our communities that align to our framework. This Annual Plan will be consistent with the Council Plan, the NHS Annual Delivery Plan and work within the 'Enjoying Good Health and Wellbeing' theme of our Community Planning Partnership. This strategic alignment and co-ordination will be fundamental to improving outcomes through local improvements in the social determinants of health and wellbeing.

We will continue to review our progress on an ongoing basis in the context of any challenges we face, our local outcomes, what works and has not worked, and how we can continue to address our strategic challenges by focusing on our strategic priorities.

As noted above, everyone has a part to play, and we ask everyone in the Scottish Borders to work with us to help us improve their health and wellbeing.

Whilst we face immense challenges, we firmly believe that by working together with our partners and communities, we will be able to ensure that all people in the Scottish Borders are able to live their lives to the full.

Appendices

Appendix 1 - Health and Social Care Partnership services

The following services have been delegated to the Integration Joint Board to strategically oversee and commission in line with our local priorities, the core aims of integration and the National Health and Wellbeing Outcomes. The delivery of these services have also been delegated into the Scottish Borders Health and Social Care Partnership which is provided by NHS Borders, the Scottish Borders Council; along with non-statutory delivery partners in line with the integration delivery principles.



Adult Social Care Services	Community Health Services	Adult Hospital Health Services**
<ul style="list-style-type: none"> • Home care services* • Extra Care Housing* • Social Work Services for adults and older people* • Services and support for adults with physical disabilities and learning disabilities* • Mental Health Services* • Drug and Alcohol Services • Adult protection and domestic abuse* • Carers Support Services • Community Care Assessment Teams* • Care Home Services* • Adult Placement Services* • Health Improvement Services • Reablement Services, equipment and telecare • Aspects of housing support including aids and adaptations* • Day Services* • Local Area Co-ordination • Respite Provision* • Occupational therapy services* 	<ul style="list-style-type: none"> • Primary Medical Services (GP practices)** • Out of Hours Primary Medical Services ** • Public Dental Services** • General Dental Services** • Ophthalmic Services** • Community Pharmacy Services** • Allied Health Professional Services • District Nursing • Mental Health Services • Community Geriatric Services • Community Learning Disability Services • Community Addiction Services • Public Health Services • Community Palliative Care • Pharmacy services • Continence Services • Kidney Dialysis out with the hospital 	<ul style="list-style-type: none"> • Accident and Emergency • Inpatient hospital services in these specialties: <ul style="list-style-type: none"> – General Medicine – Geriatric Medicine – Mental Health – Rehabilitation Medicine – Respiratory Medicine – Psychiatry of Learning Disability – Palliative Care Services provided in a hospital • Inpatient hospital services provided by GPs • Services provided in a hospital in relation to an addiction or dependence on any substance • Pharmacy services • Cross boundary services outlined in the list above

*Adult Social Care Services for adults aged 18 and over.

**Health Services for all ages – adults and children.

Appendix 2 – Environmental assessment

PESTLE analysis

COVID-19	During the COVID-19 pandemic many health and care services were suspended or reduced in scope and scale. As a result, more people are waiting longer to receive the care they need. Addressing the backlog, while continuing to meet ongoing urgent health and care needs is a key challenge the IJB faces moving forward.
Growing and ageing population	Currently around 25% of the Scottish Borders population are over the age of 65, this is expected to rise to 32% by 2040. This brings challenges for health and social care services and changes communities. With an older population we can expect to see a rise in health incidents such as falls, or diseases such as dementia and cancer. There is also an increasing number of older people living on their own, this may bring a risk of loneliness and isolation.
Transitions of people from children's to adult services	People with trauma and other complex needs are transitioning from children's services into adult services, and so it is important that work is undertaken proactively to support a smooth transition process, and ensure appropriately responsive services to best ensure that people who transition from children's to adult services can live their lives to the full.
Workforce pressures	The number of people of working age in the Scottish Borders is going to decrease from 56.5% in 2020 to 50.9% in 2040. Although there is investment from a national level to increase numbers of staffing, there is a reduced availability of staff with appropriate qualifications or skills, including General Practitioners, Social Care Workers and Nurses. This will put more pressure onto already stretched resources, many of whom are also burned out from the COVID-19 pandemic.
Financial pressures	Health and Social Care spending is likely to increase, however Local Government and NHS core budgets are likely to be reduced. Shifting funding from hospitals towards care home provision, community-based services and prevention programmes will be challenging, especially with the urgent care pressures that have been ongoing since the pandemic.
National Care Service (NCS)	This will see the reformation of current Integrated Joint Boards into Local Care Boards. The NCS Bill was introduced in June 2022, and subject to completing the Parliamentary process, the Scottish Government expect it to become an Act in Summer 2023 with Scottish Ministers having committed to establishing a functioning NCS by the end of the current Parliamentary term in 2026.
Unpaid Carers	An estimated 11% of people in the Scottish Borders provide

some type of unpaid carer role, this figure is likely to increase our population ages. During the pandemic, many support services were reduced such as day services which has impacted on carers and those they care for. Further work is required to reduce the significant pressures put onto carers and the cared-for, including opportunities to have breaks from caring.

Acute hospital pressures

Our Acute Hospital is under huge pressure, especially following the pandemic, due to workforce challenges in the context of delivering services to meet increased need and acuity, with an increased length of stay, and an associated increased demand for social care, leading to higher levels of occupancy for people who are waiting for care (delayed discharges). Investment into community-based services will help alleviate some of these pressures by preventing admissions and facilitating earlier discharge. By treating people in their home or in the community we can help prevent people needing hospitals and improve their outcomes.

Technology

Digital solutions such as telecare and remote appointments have been introduced at a pace quicker than anticipated thanks to the pandemic. Digital technology plays an important role in modernising healthcare and empowering service users to manage their care better. It will be important that digital solutions are well embedded, and that staff are trained in digital skills so that the benefits are realised.

Climate Change

Within our local context, warmer temperatures may enable a healthier and more active outdoors lifestyle and reduce winter mortality. However it might also affect patterns of disease which can impact health (e.g. there has been an increase of cases in Lyme disease occurring over winter months in recent years). Climate Anxiety is also particularly affecting young people and may impact on mental health services.

Political and Economic pressures

Fuel poverty will rise as the cost of energy increases due to a shortage of supply caused by the war in Ukraine. Inflation will have an impact on health and care staff as the cost of living rises higher than salary increases. Brexit is discouraging foreign doctors or nursing staff from coming to the UK and Scotland for employment leading to staff shortages. UK Border challenges also increase the difficulty of importing medical equipment and drugs leading to shortages.

Housing

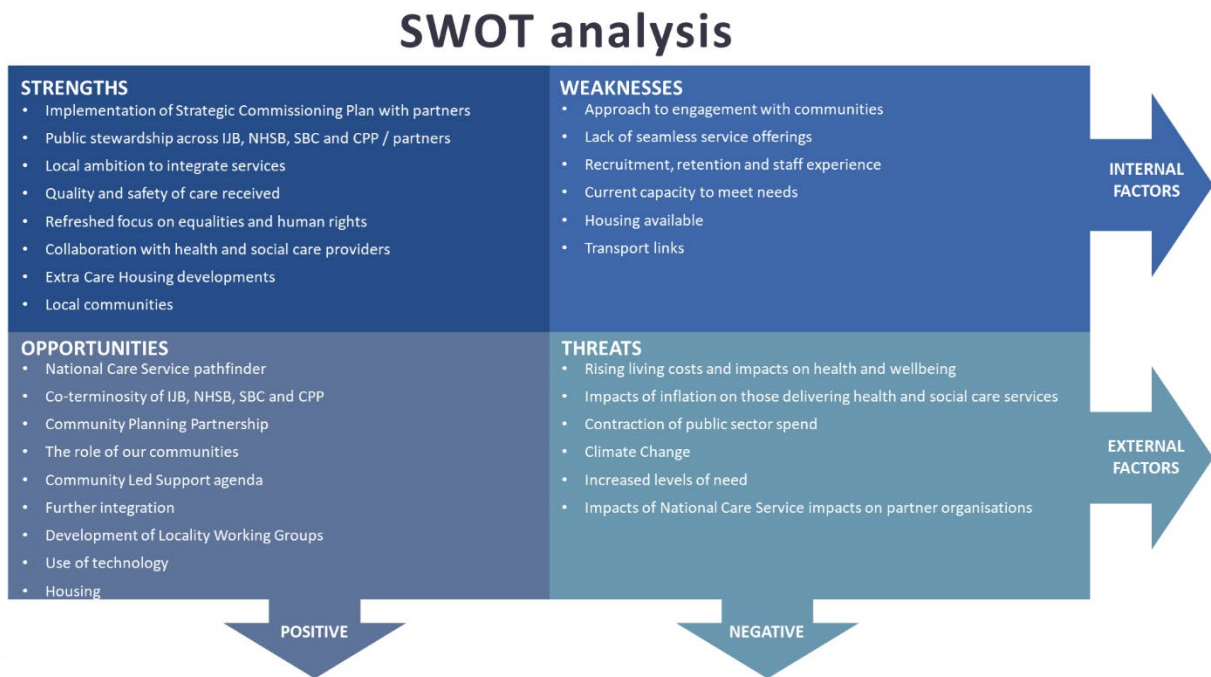
More and more people are living alone in the Scottish Borders. This impacts on housing provision and will have socio-economic impacts such as more loneliness and less support from family to care for and look after those in need. Despite this, studies show that fewer older people enter care homes in rural areas compared to urban areas. The Scottish Borders has the third lowest number of care home residents per head

population in Scotland.

The extent of fuel poverty in the Scottish Borders is worse than is the fuel poverty across Scotland. This effects around 29% of households in the Borders (Extreme Fuel Poverty at 14%), where the rural nature of the area, the type of housing and the low wage economy, contributes to higher levels that the Scottish average.

SWOT Analysis

We then considered the Integration Joint Board’s Strengths, Weaknesses, Opportunities and Threats, which are listed below. Within this analysis, the strengths and opportunities need to be fostered and deepened, and the weaknesses and threats need to be proactively managed. The approach we have taken to our Strategic Framework supports us to do this.



Scottish Borders Health and Social Care Partnership



Equality, Human Rights and Fairer Scotland Duty Impact Assessment (IA) – Stage 1 Proportionality and Relevance

Completion of the template below will give senior officers the confidence that the Equality Duty, the Scottish Specific Public Sector Equality Duties, Human Rights and the Fairer Scotland Duty have been considered at the beginning of and throughout the proposal development and that action plans are in place, where applicable, to; identify relevant stakeholders, undertake robust consultation to deliver a collaborative approach to co-producing the HIIA.

What Integration Joint Board (IJB) report or Partnership decision does this proportionality and relevance assessment relate to:

The IJB Strategic Plan 2023-26

Relevant protected characteristics materially impacted, or potentially impacted, by proposals (employees, clients, customers, people using services) indicate all that apply

Age	Disability Learning Disability, Learning Difficulty, Mental Health, Physical Autism/Asperger's	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non-belief)	Sexual Orientation
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Equality and Human Rights Measurement Framework – Reference those identified in Stage 1 (remove those that do not apply)

Education	Work	Living Standards	Health	Justice and Personal Security	Participation
Higher education Lifelong learning	Employment Earnings Occupational segregation Forced Labour and trafficking*	Poverty Housing Social Care	Social Care Health outcomes Access to health care Mental health Reproductive and sexual health* Palliative and end of life care*	Conditions of detention Hate crime, homicides and sexual/domestic abuse Criminal civil justice Restorative justice Reintegration, resettlement and rehabilitation*	Political and civic participation and representation Access to services Privacy and surveillance Social and community cohesion* Family Life*

*Supplementary indicators

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
Services provided by the Partnership are used by people who have the 9 protected characteristics.	The Strategic Plan seeks to improve impacts on all communities in the Scottish Borders	Significant
The Strategic Plan seeks to reduce poverty by decreasing health inequality and improving health outcomes in the borders.	Positive	Significant
The Strategic Plan will work with Housing to reduce negative impacts on health such as fuel poverty.	Positive	Significant
The Strategic Plan looks to improve access to and delivery of services, including social care, mental health, reproductive and sexual health, and palliative and end of life care.	Both – to improve services, this may require decommission of another service.	Significant
As part of social work services which the IJB commissions, restorative justice and	Both – to improve services, this may require decommission of another service.	Significant

reintegration, resettlement and rehabilitation will be impacted.		
From engaging with communities, we have learned we need to be better at participation when designing services.	Positive – the stated aim of the Partnership is to deliver person centred decision making by working with people who have experienced our services, the wider public and our partners. We are committed to ensuring that the experiences of patients, service users and the public are central to the development and delivery of services through a constant cycle of feedback, evaluation and involvement in service design and change.	Significant

Is the proposal considered strategic under the Fairer Scotland Duty?	Yes, considered strategic because it's a Strategic Plan
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IA to be undertaken and submitted with the report – Yes or No If no – please attach this form to the report being presented for sign off	Proportionality & Relevance Assessment undertaken by:
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Equality Human Rights and Fairer Scotland Duty Impact Assessment (IA)

Stage 2 Empowering People - Capturing their Views



IJB Strategic Plan

Equality Human Rights and Fairer Scotland Impact Assessment Team

Role	Name	Job title	Date of IA Training
HER&FSD Advisor	Wendy Henderson	Independent Sector Lead Scottish Borders	
<i>Service Lead</i>	Clare Oliver	Head of Communications, NHS	
Responsible Officer	Chris Myers	Chief Officer, Integrated Joint Board	
Main Stakeholder (NHS Borders)	June Smyth	Director of Planning & Performance	
Mains Stakeholder (Scottish Borders Council)	Michael Cook	Corporate Policy Advisor, Chief Executive	

Evidence Gathering (will also influence and support consultation/engagement/community empowerment events)

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
Data on populations in need	Joint Strategic Needs Assessment HSCP Joint Needs Assessment report Scottish Borders Council (scotborders.gov.uk)	Overall the data is saying the protected characteristic groups have increasing needs for health and social care services, especially older populations.
Data on relevant protected characteristic	Both Joint Strategic Needs Assessment and We Have Listened reports	<p>Overall the data is saying the protected characteristic groups have increasing needs for health and social care services, especially older populations.</p> <p>The JSNA provides statistics covering the following protected characteristic groups: Age, Disability (including physical, learning, autism, dementia and mental health), Gender, Religion and Ethnicity (Race).</p> <p>The We Have Listened report gathered feedback from the following groups:</p> <ul style="list-style-type: none"> • Disability (Physical Disability Group, People with Learning Disabilities, See/Hear Group, Mental Health Forum) • Age (Borders Older People’s Partnership, Dementia Working Group) • Race (People from Ethnic Minorities) • Sexual Orientation and Gender Reassignment (People in the LGBT community)
Data on service uptake/access	Both Joint Strategic Needs Assessment and We Have Listened reports	The needs assessment reported on the numbers of people using a service and the projected need in future. It is expected there is increasing need for more services in future for those of an older age and for those with disability.
Data on socio economic disadvantage	Joint Strategic Needs Assessment	The literature suggests there are pockets of deprivation in the Scottish Borders. The Inequalities section found on pages 14-18 describe disadvantage in more depth. There is further evidence about economic disadvantage in the Housing section on page 21-32.

		<p>The We Have Listened report also included an engagement with members of the Local Housing Strategic to understand issues for those who are homeless. The survey was also shared with people in prison, there were 12 responses.</p> <p>Finally a member of the project team attended a Local Housing Strategy meeting around Gypsy traveler communities to note some of the challenges these communities face in accessing health and social care services.</p>
Research/literature evidence	Joint Strategic Needs Assessment	The JSNA provides statistics covering the following protected characteristic groups: Age, Disability (including physical, learning, autism, dementia and mental health), Gender, Religion and Ethnicity (Race).
Existing experiences of service information	We have Listened Report NDTi We Have Listened full report Scottish Borders Council (scotborders.gov.uk)	<p>This is captured in detail in the engagement but overall people feel their access to health and social care services could be improved, especially for primary care (GPs and dentists in particular). There could be more support for carers, and communication could be better between services but also between services and the service user.</p> <p>The HSCP partnership is good at crises intervention and working with partners and community groups to provide support.</p>
Evidence of unmet need	Both JSNA and We Have Listened reports	The engagement has told us there is a need to have better communication between service and service user.
Good practice guidelines	Scottish Government	The Scottish Government provides advice and guidance on the best way to plan and deliver integrated health and social care.
Other – please specify		
Risks Identified		
Additional evidence required		

Consultation/Engagement/Community Empowerment Events

Please read the NDTI 'We have Listened' report for further detail - [NDTI We Have Listened full report | Scottish Borders Council \(scotborders.gov.uk\)](#)

Event 1: Locality: Eildon

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
17/08/2022	Focus Centre, Galashiels	14 (plus 261 responses to the survey)	All

*Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)

Views Expressed	Officer Response
Communication needs to be improved, with care and health services telling people what is happening and when. Also access to information about what's available in terms of support and keeping yourself well.	This is captured in the 'Ways of Working' part of the Strategic Framework.
More preventative support –particular reference to a first responders service to take the burden off friends and family with no medical experience or knowledge	Captured in the 'Focusing on prevention and early intervention' objective of the Strategic Framework.
Develop support to carers, including through respite	Captured in the 'Supporting unpaid carers' objective of the Strategic Framework.
Primary care –improved access to GPs and use of advanced nurse practitioners	Captured in the 'Improved access to services' objective of the Strategic Framework.
Joined up care between different services and professionals	Captured in the 'Ways of Working' part of the Strategic Framework.

Event 2: Locality: Cheviot

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
17/08/2022	Abbey Row Community Centre, Kelso	2 (plus 88 responses to the survey)	All

Views Expressed	Officer Response
Access to good medical care when you need it, including through community nurses and consider opportunities for greater use of the community hospital	Captured in the 'Improved access to services' objective of the Strategic Framework.
Closer integration between health and social care –particularly follow up care from hospital in the community	Captured in the 'Ways of Working' part of the Strategic Framework.
Local planning and developing services, so that the voice of lived experience is heard	Captured in the 'Ways of Working' part of the Strategic Framework.

Event 3: Locality: Tweeddale

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
18/07/2022	Peebles Community Centre, Peebles	3 (188 responses to the survey)	All

Views Expressed	Officer Response
Improving communication (and understanding) between services and with communities and those accessing services	Captured in the 'Ways of Working' part of the Strategic Framework.
Provide longer-term support for those with mental health challenges and support for people with dementia and their families	Captured in the 'Improved access to services' objective of the Strategic Framework.
Working better together, improving access to services and increasing professional and support capacity	Captured in the 'Ways of Working' part of the Strategic Framework as well as in the 'Improved access to services' objective.
Prevention, not intervention	Captured in the 'Focusing on prevention and early intervention' objective of the Strategic Framework.

Event 4: Locality: Teviot & Liddesdale

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
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18/08/2022	Evergreen Hall, Hawick	7 (90 responses to the survey)	All
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Views Expressed	Officer Response
Need to focus on the growing demands around dementia, including treating people with dignity and respect, good quality day services, support for carers and training for staff	Captured in the 'Improving our effectiveness and thinking differently to meet need with less', 'Supporting unpaid carers' and the 'Rising to the workforce challenge' objectives of the Strategic Framework.
Improving the assessment process for health and social care – through skilled and knowledgeable staff	Captured in the 'Rising to the workforce challenge' objective of the Strategic Framework.
Changing to providing people with/preparing them for what they need before they need it. Prevention focus	Captured in the 'Focusing on prevention and early intervention' objective of the Strategic Framework.
Attracting and retaining health and care staff to address shortages and pressures	Captured in the 'Rising to the workforce challenge' objective of the Strategic Framework.
Developing the strategy in order that it influences and reads across to others –e.g. placemaking	Captured in the 'Ways of Working' part of the Strategic Framework.

Event 5: Locality: Berwickshire

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
19/08/2022	Southfield Community Centre, Duns	2 (85 responses to the survey)	All

Views Expressed	Officer Response
GP access and dentistry provision	Captured in the 'Improved access to services' objective of the Strategic Framework.
Communication and engagement with the local community	Captured in the 'Ways of Working' part of the Strategic Framework.
Better monitoring of service provision in terms of availability and quality	Captured in the 'Improving our effectiveness and thinking differently to meet need with less' objective of the Strategic Framework.

Promotion of the Borders as a great place to live and work in to attract health and social care professionals to address staff shortages, impact of retiring professionals	Captured in the 'Rising to the workforce challenge' objective of the Strategic Framework.
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Event 6: Physical Disability Group

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
25/08/2022	Online (Teams)	12	Disability (Physical)

Views Expressed	Officer Response
Address variation in GP services – learn from good practice that exists and improve and communicate the triage system/role of GP receptionists	Captured in the 'Ways of Working' part of the Strategic Framework.
Address staff shortages in social care and improve communication and consistency	Captured in the 'Rising to the workforce challenge' objective of the Strategic Framework.
Join up services to take a preventative, partnership approach in which the Third Sector has a key role, as shown during Covid	Captured in the 'Ways of Working' part of the Strategic Framework as well as in the 'Focusing on prevention and early intervention' objective.

Event 7: See/Hear Group

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
25/08/2022	Online (Teams)	12	Disability (Sight and Hearing Impairment)

Views Expressed	Officer Response
Waiting lists for audiology – these are getting longer so 'going in the wrong direction'	Captured in the 'Improved access to services' objective of the Strategic Framework.

Staffing shortages – often due to difficulties recruiting staff	Captured in the ‘Rising to the workforce challenge’ objective of the Strategic Framework.
Need to use multiple formats and ways to engage people – some people prefer face to face contact which can conflict with professionals finding technology a better use of their time.	Captured in the ‘Improving our effectiveness and thinking differently to meet need with less’ objective of the Strategic Framework.

Event 8: Mental Health Forum

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
25/08/2022	Old Gala House	8	Disability (Mental Health)

Views Expressed	Officer Response
Need to combat stigma and lack of understanding around mental health	Captured in the ‘Reducing poverty and inequalities’ objective of the Strategic Framework.
More focus on prevention – and the need to keep people out of hospital	Captured in the ‘Focusing on prevention and early intervention’ objective of the Strategic Framework.
Better information and support to carers	Captured in the ‘Supporting unpaid carers’ objective of the Strategic Framework.
Importance of people with lived experience influencing at strategic level and service level	Captured in the ‘Ways of Working’ part of the Strategic Framework.
Improve consistency and communication from [paid] carers	Captured in the ‘Supporting unpaid carers’ objective of the Strategic Framework.
Better access to mental health services	Captured in the ‘Improved access to services’ objective of the Strategic Framework.
Better communication from mental health practitioners	Captured in the ‘Ways of Working’ part of the Strategic Framework.

Event 9: Dementia Working Group

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
30/08/2022	Old Gala House	40	Age

			Disability
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Views Expressed	Officer Response
Before diagnosis- good advice and screening services	Captured in the 'Focusing on prevention and early intervention' objective of the Strategic Framework.
Getting a diagnosis- recognizing the emotional impact on all involved	Captured in the 'Ways of Working' part of the Strategic Framework.
Post diagnostic care - key contacts, consistent support and information	Captured in the 'Improved access to services' objective of the Strategic Framework.
Living with dementia including more support from registered day and night support services: support for carers and meaningful activities for the cared for person	Captured in the 'Supporting unpaid carers' objective of the Strategic Framework.
Integrated care and support- professional navigators, reassessment and reviews	Captured in the 'Ways of Working' part of the Strategic Framework.
Advanced care planning – including financial advice and future care planning and crisis plan	Captured in the 'Focusing on prevention and early intervention' objective of the Strategic Framework.

Event 10: Borders Older People Partnership

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
31/08/2022	Online (Teams)	4	Age

Views Expressed	Officer Response
Provide good information and advice about what is happening and support at local level – this helps with prevention Community Engagement on the Health and Social Care Strategic Framework	Captured in the 'Ways of Working' part of the Strategic Framework and in the 'Focusing on prevention and early intervention' objective of the Strategic Framework.
Continue to develop technology – this can address social isolation for those who are housebound	Captured in the 'Improving our effectiveness and thinking differently to meet need with less' objective of the Strategic Framework.

Providing the right care, at the right time and in the right place	Captured in the 'Improved access to services' objective of the Strategic Framework.
Providers need to work together to provide support	Captured in the 'Ways of Working' part of the Strategic Framework.

Event 11: People with Learning Disabilities

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
September 2022	Online (Teams)	13	Disability

Views Expressed	Officer Response
Consistent use and better awareness of learning disability markers/alerts.	Captured in the 'Reducing poverty and inequalities' objective of the Strategic Framework.
Transport for independence. People with a learning disability often have difficulties using public transport – exacerbated if staying in a rural area.	Captured in the 'Improved access to services' objective of the Strategic Framework.
Social care support - which can work well, but not for everyone. Staff need to have right approach and understanding. Carers don't have enough time to spend with people.	Captured in the 'Improving our effectiveness and thinking differently to meet need with less' objective of the Strategic Framework as well as the 'Supporting unpaid carers' objective.
Day support services - Some people are happier coming out of day services but still need activities and stimulation.	Captured in the 'Supporting unpaid carers' objective of the Strategic Framework.
Carer support and respite - some carers would welcome additional respite support to give people time away from caring responsibilities but with more good experiences for people e.g. Jumbulance holidays where people have a good holiday with activities	Captured in the 'Supporting unpaid carers' objective of the Strategic Framework.
Communication – it's often a problem knowing who makes decisions and who to go to for information about services, particularly during Covid and about what's happening in the community	Captured in the 'Ways of Working' part of the Strategic Framework.

Volunteering and work opportunities – which are really important for people with a learning disability for independence and self-esteem.	Captured in the ‘Reducing poverty and inequalities’ objective of the Strategic Framework.
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Event 12: People from Ethnic Minorities

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
September	Farne Salmon, Duns	18	Race

Views Expressed	Officer Response
Better access to GPs	Captured in the ‘Improved access to services’ objective of the Strategic Framework.
Recruitment of health and social care staff – technology may help	Captured in the ‘Rising to the workforce challenge’ objective of the Strategic Framework.
Availability of NHS dentists	Captured in the ‘Improved access to services’ objective of the Strategic Framework.

Event 13: Self-Directed Support

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
September 2022	Online (Teams)	5	Age Disability

Views Expressed	Officer Response
Staff recruitment and training – including to use equipment	Captured in the ‘Rising to the workforce challenge’ objective of the Strategic Framework.

Communication - through a range of methods (too much reliance on internet to find information) and having a central source of information available	Captured in the 'Ways of Working' part of the Strategic Framework.
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Feedback gathered: Unpaid Carers

Reviewed survey results from Carers Needs Assessment. Protected characteristic: Age, Gender, Disability

Views Expressed	Officer Response
Carers' own health and wellbeing affected by their caring role	Captured in the 'Supporting unpaid carers' objective of the Strategic Framework.
Support from GP practices in relation to their caring role	Captured in the 'Supporting unpaid carers' objective of the Strategic Framework.
Time out for carers	Captured in the 'Supporting unpaid carers' objective of the Strategic Framework.
Better information	Captured in the 'Ways of Working' part of the Strategic Framework.

Feedback gathered: LGBTQ

Questions circulated through LGBTQ networks, 13 responses came back. Protected characteristic: Sexual Orientation, Gender and Gender Reassignment.

Views Expressed	Officer Response
Recognition of LGBT rights and needs and LGBT Equalities training for Health and Social care staff for a better understanding of LGBT people.	Captured in the 'Reducing poverty and inequalities' objective of the Strategic Framework and in the 'Rising to the workforce challenge' objective.
Reassurance on safety for LGBT people for personal choice and dignity when accessing health and social care resources.	Captured in the 'Reducing poverty and inequalities' objective of the Strategic Framework.
Mental health services – appointments are hard to get, GPs lacking understanding of LGBT people with mental health issues and often only attempting to help people through medication, lack of communication resulting in stress. More investment needed including in suicide prevention through meeting spaces and activities	Captured in the 'Improved access to services' objective of the Strategic Framework.
Invisibility of older people and improvement of health and social support for this age group	Captured in the 'Reducing poverty and inequalities' objective of the Strategic Framework.

Difficulties accessing primary care	Captured in the 'Improved access to services' objective of the Strategic Framework.
More local and community support would be better and support to reduce social isolation	Captured in the 'Ways of Working' part of the Strategic Framework.
More meaningful consultation and involvement of LGBT people	Captured in the 'Ways of Working' part of the Strategic Framework.

Discussion with staff: Homelessness

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
24/08/2022	Online (Teams)	Although 400 people with lived experience were invited, none came along so the discussion was held with staff who work closely with this group instead. Feedback from an early engagement survey carried out in Oct-Nov 2021 was also looked at.	Disability (mental health/addiction)

Views Expressed	Officer Response
Shortages in local housing provision - people have to move away from support networks	Captured in the 'Improving our effectiveness and thinking differently to meet need with less' objective of the Strategic Framework.
Shortage of safe homeless accommodation for vulnerable groups of people	Captured in the 'Improving our effectiveness and thinking differently to meet need with less' objective of the Strategic Framework.
Joined up approach for individuals with mental health problems	Captured in the 'Improving our effectiveness and thinking differently to meet need with less' objective of the Strategic Framework as well as in the 'Ways of Working' part of the Strategic Framework.
Lack of affordable housing for key workers in NHS and social care	Captured in the 'Rising to the workforce challenge' objective of the Strategic Framework.

Discussion with staff: Gypsy Traveler Community

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
18/08/2022	Online (Teams)	Discussion was held with staff who work closely with this group. Feedback from 3 interviews at St. Boswell's Fair were incorporated	Race Religion and Belief

Views Expressed	Officer Response
Institutional racism is a barrier to accessing services.	Captured in the 'Ways of Working' part of the Strategic Framework as well as in the 'Reducing poverty and inequalities' objective of the Strategic Framework and in the 'Improved access to services' objective of the Strategic Framework.
Not having a permanent address makes it difficult to access appointments.	Captured in the 'Improved access to services' objective of the Strategic Framework.
Common to have self-diagnoses as people are reluctant to attend GP for minor symptoms. Common to have late presentation of illness.	Captured in the 'Focusing on prevention and early intervention' objective of the Strategic Framework.
Some sites have better access to facilities and services than others (Innerleithen is a good model, Victoria Park working less well).	Captured in the 'Improved access to services' objective of the Strategic Framework.

Equality, Human Rights and Fairer Scotland Duty Impact Assessment

Stage 3



Analysis of findings and recommendations

IJB Strategic Framework 2023-26

Please detail a summary of the purpose of the proposal being developed or reviewed including the aims, objectives and intended outcomes

The proposal is concerned with the development of the renewed IJB Strategic Plan for the time period of 2023-2026. The Strategic Plan has since been developed into a Strategic 'Framework' and is positioned as a high level framework document to be used across Scottish Borders health and social care.

The Strategic Framework seeks to improve the outcomes of our communities, and is based on understanding the needs of our communities. The mission is "To help the people of the Scottish Borders to live their lives to the full, by delivering seamless services that place their needs at the heart of everything we do." The Framework was developed by:

1. Considering the social determinants of health
2. Considering the challenges we currently and would expect to face in the Scottish Borders, including analysing our Strengths Weakness Opportunities and Threats
3. Reviewing our performance against the National Health and Wellbeing outcomes in the context of the actions taken in our last Strategic Plan.
4. Understanding our local population public health needs ('Needs of our Communities; report)
5. Engaging and listening to our communities and understanding their expressed needs ('We have Listened' reports)

There are 6 key objectives outlined in the Framework:

1. Improving access to services
2. Rising to the workforce challenge
3. Focusing on prevention and early intervention
4. Supporting unpaid carers
5. Improving our effectiveness and efficiency
6. Reducing poverty and inequalities

The Framework also acknowledges we need to change our ways of working, particularly around communication and engagement with the public and making our services more streamlined and efficient. These new ways of working are as follows:

1. People at the heart of everything we do
2. Good agile teamwork and ways of working – Team Borders approach
3. Deliver quality, sustainable, seamless services
4. Dignity and respect
5. Care and compassion
6. Inclusive, co-productive and fair with openness, honesty and responsibility

The intended outcomes are aligned with the 9 national wellbeing outcomes. The ambition for the Framework is:

- 95% of adults able to look after their health well (currently 93.4%)
- 85% of adults supported at home agree they are supported to live independently (currently 73.1%)
- 80% of adults agree that they had a say in how their help, care or support was provided (currently 63.4%)
- 75% of adults supported at home agree that their health and social care services are well coordinated (currently 59.3%)
- 80% of adults receiving any care or support rate it as excellent or good (currently 73.9%)
- 80% of people have a positive experience of care at their GP practice (currently 65.9%)
- 80% of adults supported at home agree that their services improve or maintain their quality of life (currently 70.5%)
- 70% of carers feel supported to continue in their caring role (currently 29.4%)
- 85% of adults supported at home agree they feel safe (currently 77.3%)

Equality Act 2010 – Relevant Protected Characteristics as identified in Stage 1 (remove those that do not apply)

Protected Characteristic	Equality Duty		What impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Age	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		Positive, the proposal seeks to reduce these.	Measured through the 9 Health and Wellbeing Outcomes Delivery through: <ul style="list-style-type: none"> - Service / Programme Plans - Locality Plans - Health and Social Care Annual Plans - Local Housing Strategy
	Advancing equality of opportunity		Positive, the proposal seeks to advance this.	See above
	Fostering good relations by reducing prejudice and promoting understanding		Positive, the proposal seeks to achieve this.	See above
Disability	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		Positive, the proposal seeks to reduce these.	See above
	Advancing equality of opportunity		Positive, the proposal seeks to advance this.	See above
	Fostering good relations by reducing prejudice and promoting understanding		Positive, the proposal seeks to achieve this.	See above
Gender Reassignment	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		Positive, the proposal seeks to reduce these.	See above
	Advancing equality of opportunity		Positive, the proposal seeks to advance this.	See above

	Fostering good relations by reducing prejudice and promoting understanding		Positive, the proposal seeks to achieve this.	See above
Marriage and Civil Partnership	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		Positive, the proposal seeks to reduce these.	See above
	Advancing equality of opportunity		Positive, the proposal seeks to advance this.	See above
	Fostering good relations by reducing prejudice and promoting understanding		Positive, the proposal seeks to achieve this.	See above
Pregnancy and Maternity	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		Positive, the proposal seeks to reduce these.	See above
	Advancing equality of opportunity		Positive, the proposal seeks to advance this.	See above
	Fostering good relations by reducing prejudice and promoting understanding		Positive, the proposal seeks to achieve this.	See above
Race	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		Positive, the proposal seeks to reduce these.	See above
	Advancing equality of opportunity		Positive, the proposal seeks to advance this.	See above
	Fostering good relations by reducing prejudice and promoting understanding		Positive, the proposal seeks to achieve this.	See above
Religion & Belief including non-belief	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		Positive, the proposal seeks to reduce these.	See above
	Advancing equality of opportunity		Positive, the proposal seeks to advance this.	See above

	Fostering good relations by reducing prejudice and promoting understanding		Positive, the proposal seeks to achieve this.	See above
Sex	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		Positive, the proposal seeks to reduce these.	See above
	Advancing equality of opportunity		Positive, the proposal seeks to advance this.	See above
	Fostering good relations by reducing prejudice and promoting understanding		Positive, the proposal seeks to achieve this.	See above
Sexual Orientation	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct		Positive, the proposal seeks to reduce these.	See above
	Advancing equality of opportunity		Positive, the proposal seeks to advance this.	See above
	Fostering good relations by reducing prejudice and promoting understanding		Positive, the proposal seeks to achieve this.	See above

Equality and Human Rights Measurement Framework Human– Reference those identified in Stage 1 (remove those that do not apply)

Article	Enhancing or Infringing	Impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Education	Higher education and lifelong learning	The 'Rising to the workforce challenge' objective will focus on improving this	Actions will be taken through the IJB Workforce plan to improve outcomes on education and workforce.
Work	Employment Earnings	The 'Rising to the workforce challenge' objective will focus on improving this	See above.

	Occupational segregation Forced Labour and trafficking*		
Living Standards	Poverty Housing Social Care	<p>The 'Reducing poverty and inequalities' objective particularly focuses on achieving better outcomes for those in poverty.</p> <p>Housing is recognised as a partner in achieving the strategic objectives in the Framework.</p> <p>Social Care services are a service under the IJB which will be required to implement changes which achieve the 6 objectives and 9 National Health and Wellbeing outcomes.</p>	<p>The Strategic Framework will be delivered in partnership with Housing teams and Community Planning Partnership (CPP) to reduce poverty and improve issues around housing.</p> <p>Housing and Homelessness is incorporated within the Strategic Framework.</p> <p>Services will also be measured against the 9 National Health and Wellbeing outcomes.</p>
Health	Social Care Health outcomes Access to health care Mental health Reproductive and sexual health* Palliative and end of life care*	The Strategic Framework seeks to improve outcomes for all these areas by delivering the 6 key objectives and 9 National Health and Wellbeing outcomes.	Will be measured through the 9 National Health and Wellbeing outcomes.
Justice and Personal Security	Conditions of detention Hate crime, homicides and sexual/domestic abuse Criminal civil justice Restorative justice Reintegration, resettlement and rehabilitation*	<p>Community Justice is an IJB partner and will be required to support delivery of the 6 objectives.</p> <p>This is also captured in the National Health and Wellbeing outcome: Adults supported at home agree they feel safe.</p>	Will be measured through the National Health and Wellbeing outcome: Adults supported at home agree they feel safe. Aiming to achieve 85%, currently the figure is 77.3%.

Participation	Political and civic participation and representation Access to services Privacy and surveillance Social and community cohesion* Family Life*	The Strategic Framework recognises our communities have not been well engaged in the past and it is difficult to get the right care at the right time. The Framework seeks to improve this with new and improved ways of working.	The Communications and Engagement Strategy, which is part of the Strategic Framework delivery, will outline actions to improve this. Reinstatement of the Locality Working Groups is a key action to ensuring better community participation in the delivery of the Framework objectives.
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Fairer Scotland Duty

Identify changes to the strategic programme/proposal/decision to be made to reduce negative impacts	The key objective: 'Reducing poverty and inequalities' seeks to reduce health inequalities on disadvantaged groups. Delivery of the other 5 objectives will also help reduce negative impacts on services users of the health and social care system.
Identify the opportunities the strategic programme/proposal/decision provides to reduce or further reduce inequalities of outcome	The key objective: 'Reducing poverty and inequalities' seeks to further reduce inequalities of outcomes. Much of this work will be delivered through Public Health and with partnership working with the Community Partnership Plan (CPP).

Are there any negative impacts with no identified mitigating actions? If yes, please detail these below:

<p>The limited budget placed on the IJB means there will be difficult financial decisions to be made in future. This could for example result in the closure of a service or reallocation of resources to deliver work. This may not always have a positive impact on staff or service users, but is necessary for the sustainability of health and care services in the Scottish Borders.</p> <p>This negative impact will be monitored through the Financial Framework and by the IJB Board.</p>
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Equality, Human Rights & Fairer Scotland Duty Impact Assessment Recommendations

What recommendations were identified during the HIA process:

Recommendation	Recommendation owned by:	Date recommendation will be implemented by	Review Date
A number of people have said communication needs to be better both between services and between services and their users. The communication the IJB has with the public could also be improved. This is captured in the Strategic Framework and will be improved upon through the Communications and Engagement Strategy.	Chris Myers, Chief Officer IJB Clare Oliver, Head of Communications and Engagement, NHS	March 31 2026	Annual
Numerous groups across the protected characteristics have said access to services was poor, particularly to access primary care (GPs and dentists specifically mentioned). Improving access to services is one of the 6 key priorities.	Cathy Wilson, General Manager, Primary and Community Services	March 31 2026	Annual
Many groups recognised that the system was back to front, we are good in a crises but not good at prevention.	Sohail Bhatti, Director of Public Health, NHS	March 31 2026	Annual

<p>Focusing on prevention and early intervention is one of the 6 key priorities.</p>			
<p>It was acknowledged by many groups that unpaid carers need more information and respite to better deliver care. This was particularly raised by the unpaid carers group and learning disabilities group, however also mentioned by the Mental Health Forum and Dementia Working Group. These actions will be delivered through the Carers Workstream.</p> <p>'Supporting unpaid carers' is one of the 6 key priorities.</p>	<p>Lynn Gallacher, Borders Carers Centre Jenny Smith, Borders Carers Voice</p>	<p>March 31 2026</p>	<p>Annual</p>
<p>From the engagement, it is apparent that the public are aware of the staff shortages in health and social care. Several groups remarked training was needed to provide a better service, for example around LGBTQ+ rights and needs. These recommendations will be delivered through the IJB Workforce Plan</p> <p>Suggestions were made to make the Borders an attractive place to live</p>	<p>Erick Ullrich, Organisational HR Manager, SBC Clare Smith, Workforce Human Resource Manager, NHS Borders Wendy Henderson, Partners for Integration, Scottish Care</p> <p>Jenni Craig, Community Planning Partnership, SBC</p>	<p>March 31 2026</p>	<p>Annual</p>

<p>and work to help fill gaps, a priority for the CPP plan. The IJB needs to work in partnership with the CPP to make the Borders a more attractive place to work.</p> <p>'Rising to the workforce challenge' is one of the 6 key priorities.</p>	Chris Myers, Chief Officer, IJB		
<p>It is recognised that we need to change our way of working and be more streamlined and efficient when it comes to staffing and our resources. Various groups recommended using technology more to improve our effectiveness in delivering services.</p> <p>Discussion with staff who work with homelessness raised there was also a strong link between health and housing. Partnership working with housing teams and with the CPP may help address these wider issues.</p> <p>'Improving our effectiveness and thinking differently to meet need with less' is one of the 6 key priorities.</p>	<p>Gwyneth Lennox, Interim Chief Officer, Adult Social Work & Practice, SBC</p> <p>Jenni Craig, Community Planning Partnership, SBC Donna Bogdanovic, Housing, SBC</p> <p>Chris Myers, Chief Officer Hazel Robertson, Chief Finance Officer</p>	March 31 2026	Annual
<p>There are various protected characteristic groups who suggested</p>	Sohail Bhatti, Director of Public Health, NHS	March 31 2026	Annual

<p>better training for staff to reduce stigma and improve understanding of their protected characteristic was needed. This was raised by the mental health forum, learning disability, LGBTQ+ people, older people, those in the community justice system who completed the survey and by staff who work with the gypsy traveller community.</p> <p>'Reducing poverty and inequalities' is one of the 6 key priorities.</p>	<p>Wendy Henderson, Partners for Integration, Scottish Care</p>		
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Monitoring Impact – Internal Verification of Outcomes

How will you monitor the impact this proposals affects different groups, including people with protected characteristics?

The Strategic Framework will be supported by a number of high-level frameworks to enable its delivery which include:

- Integrated Financial Framework
- Integrated Workforce Plan
- Communications and Engagement Strategy

These will all have an IIA associated which consider the impacts from the protected characteristics.

Procured, Tendered or Commissioned Services (SSPSED)

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

The Health and Social Care Strategic Framework will be used by the Integration Joint Board, NHS Borders, Scottish Borders Council (joint partners in the Health and Social Care Partnership), Primary Care Providers, Independent and Third Sector providers and partners involved in the 'Enjoying Good Health and Wellbeing' theme of the Community Planning Partnership. Where services or programmes are commissioned by the Health and Social Care Partnership, they will directly align to the Strategic Framework, our associated Equalities and Human Rights mainstreaming process, and IJB governance. This will be considered at strategic (IJB) and operational (HSCP) level. In addition, the Commissioning Board pays due regard to the HSCP's Fairer Scotland duties.

Communication Plan (SSPSED)

Please provide a summary of the communication plan which details how the information about this policy/service to young people, those with a visual or hearing sensory impairment, difficulty with reading or numbers, learning difficulties or English as a second language will be communicated.

The National Development Team for Inclusion were contracted to gather the initial needs of the communities to develop the Strategic Framework. They engaged with those who have a learning disability, who have sensory impairment and people who consider English as a second language. Since the Strategic Framework has been developed, these groups have been contacted again to discuss the Strategic Framework.

An Easy Read version has been created of the Strategic Framework and is available on the IJB website.

A Braille version as well as alternative language may be requested, but until the request is made, not yet produced.

Signed Off By:

Chris Myers, Chief Officer, Scottish Borders Health and Social Care Integration Joint Board

Date:

7 March 2023

**Scottish Borders Health and Social Care Partnership
Integration Joint Board**

15 March 2023

**SCOTTISH BORDERS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD STRATEGIC RISK REGISTER
UPDATE**



Report by Chris Myers, Chief Officer

1. PURPOSE AND SUMMARY

- 1.1. The purpose of this report is to provide Members of the Board with an update of the most recent review of the IJB Strategic Risk Register as it is important that the Board is kept informed of the IJB’s key risks and the actions undertaken to manage these risks.

2. RECOMMENDATIONS

- 2.1. The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to:-
- a) Consider the reframed IJB Strategic Risk Register to ensure it covers the key risks to the IJB;
 - b) Note the work in progress to manage the risks;
 - c) Note that a further risk update will be provided in June 2023.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

- 3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our efficiency and effectiveness	Reducing poverty and inequalities
X	X	X	X	X	X

Alignment to our ways of working					
People at the heart of everything we do, and inclusive co-productive and fair	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Openness, honesty and responsibility
		X			X

4. INTEGRATION JOINT BOARD DIRECTION

- 4.1. A Direction is not required

5. BACKGROUND

- 5.1. The IJB, as strategic commissioner of health and social care services, gives directions to NHS Borders and Scottish Borders Council for delivery of the services in line with the Strategic Plan. The Scheme of Integration sets out how the managerial arrangements across the integrated arrangements flow back to the IJB and the Chief Officer. These arrangements are further supported by the IJB's Local Code of Corporate Governance.
- 5.2. Compliance with the principles of good governance requires the IJB to adopt a coherent approach to the management of risks that it faces in the achievement of its strategic objectives. The current Risk Management Policy and Risk Management Strategy were approved by the IJB on 19 August 2020.
- 5.3. In accordance with the Risk Management Policy and Strategy, the IJB Chief Officer carries out a review of the IJB Strategic Risk Register on a quarterly basis.
- 5.4. The Risk Management Policy and Strategy states that six monthly risk reviews should be presented to the Board in June and December each year. The first formal report of 2022 was presented on the 15 June 2022 and outlined the progress made during spring and summer 2022 to reframe the IJB Strategic Risk Register to better reflect the role and remit of the IJB. The second formal report has been delayed from December 2022 to January 2023. A further update will be provided in June 2023, in line with the Risk Management Policy and Strategy.

6. SUMMARY

- 6.1. It is important that the IJB has its own robust risk management arrangements in place because if objectives are defined without taking the risks into consideration, the chances are that direction will be lost should any of these risks materialise. The identification, evaluation, control and review of the IJB's strategic risks is a Management responsibility. However, knowledge of the strategic risks faced by the IJB and associated mitigations will enable the Board members to be more informed when making business decisions.
- 6.2. The IJB Chief Officer carried out a management review of the previous iteration of the risk register in December 2021 and again on 25 March 2022. This was followed by a series of development sessions between May and July 2022 to reframe the Strategic IJB Risk Register to better reflect the role and remit of the IJB and support and underpin the objectives of integration, retaining all relevant elements from the original risk register before its deactivation. It should be noted that reframing the risk register with the inclusion of new risks takes significantly more time than it does to review existing risks. The first formal report of 2022, presented to the IJB Board on 15 June 2022, detailed the progress that had been made in reframing the risk register to that date. The most recent review of the risk register took place between 7 & 16 December 2022, and constituted a first full review of the reframed IJB Risk Register since development work was undertaken earlier in 2022. This most recent review also had a focus on finalising the development of an eighth risk, reflecting Scottish Government's introduction of a National Care Service for Scotland.
- 6.3. Building on the above, the potential impacts for the IJB and delegated services arising from the Scottish Government's consultation on the National Care Review continue to be a consideration when evaluating the IJB's risk landscape. The same is true of the ongoing impacts of the Covid-19 pandemic and the UK's exit from the EU e.g. the increasing demand for H&SC services (partly attributed to a build-up of need during Covid-19 lockdowns and restrictions) and the decreasing workforce pool that can be utilised by partners to achieve the objectives of the IJB (partly, attributable to the UK's exit from the EU and the demand for staff in other sectors such as hospitality). Furthermore, the IJB Chief Officer continues to remain alert to risks being faced by

Scotland's other IJBs to ensure awareness of the types of risks that may threaten the objectives of the SBIJB.

- 6.4. The Risk Management Policy Statement states that: "The IJB will continue to systematically identify, analyse, evaluate, control and monitor those risks that potentially endanger or have a detrimental effect upon its people, property, reputation and financial stability..." Part of this systematic and continuous process involves revisiting the Strategic Risk Register at regular intervals to assess its continued relevance and where appropriate make changes to ensure that it remains reflective of the IJB's aims and objectives and captures and manages those risks that threaten their achievement. In the same vein this continuous process requires that risks which are no longer relevant should be retired but retained to ensure that an effective audit trail is maintained.
- 6.5. In line with the above, a piece of work has been progressed throughout 2022 to develop a Health and Social Care Framework to address strategic issues. The IJB Strategic Risk Register will continue to evolve to cover relevant elements of this work as it progresses, both in terms of the identification of new risks that threaten the achievement of the objectives and priorities outlined within the Framework and the expansion of existing risks to include emerging risk causes or the development and implementation of internal controls or mitigation actions flowing from the development of the Framework and the implementation of priority actions.
- 6.6. A high level summary of the IJB's Strategic Risk Register, which sets out the strategic risks associated with the achievement of objectives and priorities within the IJB's Strategic Plan, is shown in Appendix 1. Following the development sessions undertaken earlier in 2022 there are now eight risks on the IJB Strategic Risk Register: two Red and six Amber.
- 6.7. Changes on specific risks for the IJB to note since the previous report to the IJB Board on 15 June 2022 include:
- As detailed above, the initial development of a new suite of IJB Strategic Risks has been completed, since the previous update to the Board, including the identification of the risk causes/factors, consequences, internal controls and mitigating actions for each risk. As risk management is an iterative process these will continue to be developed, managed, monitored and presented to the IJB Board in line with agreed reporting arrangements.
 - IJB002 (Budget) has reduced from a risk score of 20 (Red) to 16 (Red). Specifically, the likelihood of the risk materialising has been reassessed at the most recent review and changed from 5 (Almost certain) to 4 (Likely). While the risk remains high, reflecting the IJB's overspend position and increased service pressures as a result of increased demand for services, some progress has been made since the last review to better control this risk.
 - The IJB now has a Chief Financial Officer (CFO) in post who is working to implement a number of additional risk controls (e.g. a new Financial Planning Approach and Reserves Policy) while strengthening existing ones (e.g. close working between the IJB's CFO and counterparts at NHSB and SBC), as seen in the Appendix 1.
 - Two mitigation actions are also being pursued for this risk: one relates to the development of a Strategic Commissioning Plan for 2023-26 and the other relates to the development of a Capital/Asset Strategy by the IJB's strategic partners, NHSB and SBC. Successful mitigation of this risk is particularly dependent on the development and implementation of the Strategic Commissioning Plan 2023-26 and it should be noted that, going forward, a key enabler for overall success is the strength of the linkages between the Strategic Framework, the Financial Plan and the Workforce Plan.

- IJB004 (Operating as a Separate Entity) reduced from a risk score of 9 (Amber) to 6 (Amber). Specifically, the likelihood of the risk materialising has been reassessed at the most recent review and changed from 3 (Possible) to 2 (Unlikely).
 - As noted in the Appendix 1, IJB Members agreed to a "Once for Borders" approach between partners in their development sessions earlier in 2022. This is to ensure that they do the best for Borders communities and ensure best value. There has been much work since then to re-position the IJB to recognise that while it is a separate entity, it is constituted to represent the views of its communities, together with the Health Board (NHSB) and the Council (SBC). This is with a view to ensure that the IJB can work collaboratively with communities, the Health Board and the Council. There has been a development session between the IJB, NHSB and SBC Leadership Teams to ensure alignment of approach.
 - In addition, progress has also been made with regards to the strength of two key internal controls and their strength has been reassessed as fully rather than partially effective: "Regular IJB Development Sessions" and "IJB Risk Register reflects the remit of the IJB".
 - There has also been progress with regards to an existing mitigation action, entitled "Develop an IJB SPG TOR" which, at the most recent review, was noted as being 40% complete. A new mitigation action was also added at the most recent review, entitled "Undertake an NHS pathfinder workshop with IJB, NHSB and SBC" and this was assessed as approximately 10% complete.

- IJB007 (Regulatory/Legislative Compliance) has reduced from a risk score of 20 (Red) to 12 (Amber). Specifically, the likelihood of the risk materialising has been reassessed at the most recent review and changed from 5 (Almost certain) to 3 (Possible), to reflect the significant progress that has been made with regards to the IJB's obligations under The Equality Act 2010 and the Community Empowerment Act 2015.
 - The IJB was previously advised that it had breached the Equality Duty in relation to the publishing of required reports i.e. the Mainstreaming Equality Report. The IJB was also advised that work needed to be undertaken to improve community engagement.
 - As detailed in the Appendix 1, a number of development sessions have been held in relation to Equality Impact Assessments (EIAs) in order to raise awareness of the importance of thorough assessments and to develop knowledge and skills in this area. This work serves to underpin decision making with sound processes, procedures and adherence to legislative requirements.
 - In addition, a mitigation action, entitled "Develop a new set of Equality Outcomes, a Progress Report and a Mainstreaming Report and publish these on the IJB Website" is now 90% complete with a paper on the new Mainstreaming Equality Report expected to be presented to the IJB on 18 January 2023 for sign-off, prior to its submission to the Equality and Human Rights Commission (EHRC) in February 2023.
 - With regards to the Community Empowerment Act 2015, significant work has been progressed to build engagement into the Strategic Framework and strong engagement has taken place with the public at a global, service user, protected characteristic and locality level. Engagement has also been sought on the draft Strategic Framework, following a "You Said - We Did" approach. This has been added as a new internal control and assessed as fully effective. Engagement on the Framework will continue until the end of the financial year (March 2023). Furthermore, work to develop the Locality Working Groups is ongoing and resources secured from SBC in the form of a Project Manager are helping to drive this forward. It is envisaged that this will start in early 2023. The development of Locality Working Groups was previously identified as a mitigation action and at the time of review this was assessed as 10% complete. The successful completion of these mitigation actions and the two others detailed in the Appendix 1 will aid in bringing this risk further within tolerable levels.

- IJB008 (National Care Service Bill) has been assessed as having a risk score of 12 (Amber) following the completion of its development at the most recent risk register review. Specifically, the risk is assessed as having a likelihood of 3 (Possible) and an impact of 4 (Major) should the risk materialise.
 - As detailed in the Appendix 1, this risk will continue to evolve over time, reflecting the specific threats and impacts of the National Care Service (NCS) as they emerge and any potential mitigations that can be developed and implemented.
 - As touched upon with regards to IJB004 (Operating as a Separate Entity) a significant amount of work has been undertaken to reposition the IJB, aligning its agenda around the introduction of the NCS and to align the IJB's Strategic Agenda through the development of a 'Once for Borders' approach, starting with what is best for its communities.
 - However, it would be remiss to omit a key fact in that the IJB has no control over the underlying cause of this risk - the introduction of a National Care Service for Scotland. Rather its control is limited to ensuring the continuation of strong and effective partnership working in the interim to achieve IJB objectives and positive outcomes for its communities while pursuing mitigation actions that will ultimately ensure a smooth and bespoke transition for the Scottish Borders Region. As seen in Appendix 1, a number of internal controls and a mitigation action were added at the most recent review to reflect this.

6.8. This report and the IJB Strategic Risk Register are intended to provide the Board with assurance that the strategic risks associated with the achievement of objectives and priorities within the IJB's Strategic Plan are being effectively identified, managed and monitored.

6.9. Reliance is placed on the risk management arrangements within the partner organisations in respect of the operational delivery of commissioned services. As stated in the IJB Risk Management Strategy, any of these risks that significantly impact on the delivery of the IJB Strategic Plan will be escalated to the Chief Officer for consideration.

6.10. The IJB Strategic Risk Register will continue to be reviewed alongside the implementation of the Strategic Plan by the IJB's Chief Officer on a quarterly basis with support from SBC's Corporate Risk Officer. A further update will be presented to the Board in June 2023 along with a summary IJB Strategic Risk Register and then in December 2023 (reflecting the six monthly reporting arrangements as detailed in the IJB's Risk Management Policy and Strategy).

7. IMPACTS

Community Health and Wellbeing Outcomes

7.1. It is expected that effective risk arrangements impact on the National Health and Wellbeing Outcomes below:

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Increase
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.	Increase
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Increase

4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Increase
5	Health and social care services contribute to reducing health inequalities.	Increase
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.	Increase
7	People who use health and social care services are safe from harm.	Increase
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.	Increase
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

Financial impacts

7.2. There are no costs attached to any of the recommendations contained in this report.

Equality, Human Rights and Fairer Scotland Duty

7.3. There are no equalities impacts arising from the report.

Legislative considerations

7.4. Good governance will enable the IJB to pursue its vision effectively as well as underpinning that vision with mechanisms for the control and management of risk.

Climate Change and Sustainability

7.5. There are no known climate change or sustainability impacts arising from this report.

Risk and Mitigations

7.6. Risk Management arrangements will assist the IJB making informed business decisions and provide options to deal with potential problems in line with its agreed Risk Management Strategy within its governance arrangements.

8. CONSULTATION

Integration Joint Board Officers consulted

8.1. The IJB Chief Financial Officer, IJB Chief Officer, Chief Officer Audit and Risk have been consulted, and all comments received have been incorporated into the final report.

Approved by:

Chris Myers, Chief Officer

Authors:

Jill Stacey, SBC Chief Officer, Audit and Risk; IJB Chief Internal Auditor
Emily Elder, SBC Corporate Risk Officer

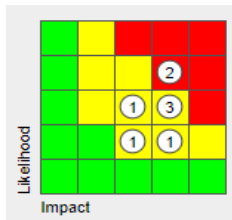
Background Papers and previous minute reference: n/a

For more information on this report, contact us at:
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IJB Summary Risk Register



Reviewed between: 07 & 16 December 2022






Risk Title & Description	Risk Score	Trend	Last Review Date	Risk Approach	Narrative Update
<p>IJB001 - Strategic Objectives:</p> <p>Failure to deliver the SBIJB strategic objectives could lead to the inability of the IJB to deliver the intended health and wellbeing outcomes and achieve the core aims of integration for the Scottish Borders population.</p>	<p>9 Moderate - Possible</p>		16-Dec-2022	Treat	<p>The Annual Commissioning Plan 2022/23 has allowed a renewed focus on the actions to support the health and wellbeing outcomes. The developing IJB Health and Social Care Strategic Framework focuses on the delivery of improved outcomes and sets objectives to manage strategic risks which could impact on our communities outcomes.</p> <p>Internal Control "Quarterly and Annual Performance Reporting to IJB Board" reassessed and changed from Partially to Fully Effective.</p> <p>New Internal Control "Adoption of Health and Social Care Strategic Framework by IJB, NHS Borders and Scottish Borders Council" added and assessed as Partially Effective as the Framework is in draft and will be implemented from 01.04.2023.</p> <p>Linked Action "Market Facilitation Plan" remains approx. 10% complete with a due date of 31.03.2023.</p> <p>New Linked Action "Development of new Strategic Framework focused on Outcomes" added and assigned to CM with a due date of 31.03.2023. Action is approx. 70% complete.</p> <p>No change to Current Risk Score at this review.</p>



Risk Title & Description	Risk Score	Trend	Last Review Date	Risk Approach	Narrative Update
<p>IJB002 – Budget:</p> <p>If we fail to ensure the effective delivery of outcomes/delegated services within the available budgets then it could lead to poorer outcomes and an inability to deliver the Strategic Commissioning Plan.</p>	<p>16 Major – Likely</p> 		<p>07-Dec-2022</p>	<p>Treat</p>	<p>Some improvements are needed in terms of agreeing financial accounts and there are actions about this contained within the External Audit Action Plan. There are eight actions for which solutions need to be developed and put in place.</p> <p>It is worth noting that the statutory deadline (July end 2022) in terms of publishing the unaudited accounts on the website was missed.</p> <p>Internal Control “Regular Financial Reporting to IJB” reassessed and changed from Fully to Partially Effective as there is some work to do with the Board in terms of engagement and actions flowing from reports.</p> <p>Internal Control “Close working between IJB CFO and local Heads/Leads of Finance at SBC and NHSB” reassessed and changed from Not to Partially Effective as the IJB CFO is now in post and regular meetings take place.</p> <p>New Internal Control “Financial Planning Approach” added and assessed as Not Effective as while this has been approved it is not yet implemented.</p> <p>New Internal Control “Reserves Policy for IJB” added and assessed as Not Effective as while this has been developed and agreed operationally it is not yet in place. This is still to go through the governance process and is expected to be presented at the next Audit Committee for approval. Once in operation it will be helpful in terms of moving money between financial years and between entities e.g. in and out of reserves.</p> <p>New Internal Control “Partner Financial Improvement Programme (NHSB)” added and assessed as Partially Effective. This was re-launched in July 2022 and will feed into the IJB’s financial deficit situation.</p> <p>Linked Action “Develop a new Strategic Commissioning Plan 2023-2026 which is underpinned by a focus on Sustainability and Outcomes” is approx. 70% complete. The mitigation of this risk is very dependent on the development of the Commissioning Plan. The IJB CFO has developed a new financial planning approach to be used for 2023/24 which has a strong focus on prioritisation and best use of the pound. It is worth noting that this risk will not be resolved in one financial year, instead it will likely take two to three years. The new financial planning approach was signed-off by the IJB at its last meeting and will be put into action in line with the Strategic Commissioning Plan. With regards to this action the CFO also notes that three key plans need to be linked and aligned for success: the Strategic Plan, the Financial Plan and the Workforce Plan. It is felt that the IJB is making good progress towards achieving this and it is expected that by March 2023 this risk will be more controlled.</p> <p>Linked Action “The IJB will direct NHSB and SBC to develop a new Capital/Asset Strategy associated to the new Strategic Commissioning Plan 2023-2026” remains ongoing.</p> <p>Current Risk Score reassessed and Likelihood reduced from 5 (Almost Certain) to 4 (Likely).</p>

Risk Title & Description	Risk Score	Trend	Last Review Date	Risk Approach	Narrative Update
<p>IJB 003 – Issuing of Directions:</p> <p>If the Directions issued by the IJB are unclear or are not implemented by partners then it may adversely impact on outcomes, resources and on the principles of integration.</p>	<p>8 Major – Unlikely</p> 		<p>16-Dec-2022</p>	<p>Treat</p>	<p>A Directions Tracker was developed and has been shared with the IJB Audit Committee for its meeting in December 2022.</p> <p>Internal Control “SBC and NHSB Capital/Asset Strategies developed and in place” assessed as Partially Effective.</p> <p>As with Risk 001, new Internal Control “Adoption of Health and Social Care Strategic Framework by IJB, NHS Borders and Scottish Borders Council” added and assessed as Partially Effective as the Framework is in draft and will be implemented from 01.04.2023.</p> <p>No change to Current Risk Score at this review.</p>


Risk Title & Description	Risk Score	Trend	Last Review Date	Risk Approach	Narrative Update
<p>IJB 004 – Operating as a Separate Entity:</p> <p>If the IJB does not operate effectively as a separate entity in partnership with communities, the Council and the Health Board, then it could result in a failure to deliver the principles of integration and achieve its objectives.</p>	<p>6 Moderate – Unlikely</p> 		<p>16-Dec-2022</p>	<p>Treat</p>	<p>IJB Members agreed to a “Once for Borders” approach between partners in their development sessions earlier in 2022. This is to ensure that the IJB does the best for its communities and ensures best value. There has been much work since then to re-position the IJB to recognise that while it is a separate entity, it is constituted to represent the views of its communities, together with the Health Board (NHSB) and the Council (SBC). This is with a view to ensure that the IJB can work collaboratively with communities, the Health Board and the Council. There has been a development session between the IJB, NHSB and SBC Leadership Teams to ensure alignment of approach.</p> <p>Recognising the improved relationships between the IJB, NHSB and SBC, all three organisations have submitted evidence to the Scottish Parliament Call for Views on the National Care Service (NCS) which outlines the desire to be a local NCS pathfinder, recognising our unique circumstances. In addition, a joint letter for the IJB Chair, Council Leader and Health Board Chair has been sent to the Minister for Mental Wellbeing and Social Care, underlining this.</p> <p>Internal Control “Regular IJB Development Sessions” reassessed and changed from Partially to Fully Effective.</p> <p>Internal Control “IJB Strategic Risk Register reflects remit of IJB” reassessed and changed from Partially to Fully Effective.</p> <p>Linked Action “Develop IJB SPG TOR” is approx. 40% complete. Due date for action changed from 30.09.2022 to 31.03.2023 as this will dovetail with the work to re-establish Locality Working Groups.</p> <p>New Linked Action “Undertake NHS pathfinder workshop with IJB, NHSB and SBC” added and assessed as approx. 10% complete. Action assigned to CM with a due date of 31.03.2023.</p> <p>Current Risk Score reassessed and Likelihood reduced from 3 (Possible) to 2 (Unlikely).</p> <p>Target Risk Score also revisited and changed from Likelihood 3 (Possible) and Impact 3 (Moderate) to Likelihood 2 (Unlikely) and Impact 2 (Minor).</p>

Risk Title & Description	Risk Score	Trend	Last Review Date	Risk Approach	Narrative Update
<p>IJB 005 – Infrastructure:</p> <p>If the IJB lacks the professional, administrative and technical infrastructure to operate effectively it could result in failures of planning, governance, scrutiny and performance arrangements.</p>	<p>16 Major – Likely</p> 		<p>14-Dec-2022</p>	<p>Treat</p>	<p>Some good progress has been made with this but there are still some gaps to address e.g. relating to finance. At present, we are looking at the Strategic Framework and how the IJB works towards this in terms of resource planning - underpinning priorities with appropriate resources.</p> <p>A good enabler for this is the alignment of strategic planning to NHSB and SBC so all organisations have a shared understanding and are working towards the same goals.</p> <p>Similar to finance, there are some gaps in terms of engagement and communications but we have commissioned NDTI to support this aspect.</p> <p>A Finance Network Meeting has been established with NHSB and SBC with the first meeting scheduled to take place in January 2023. The aim is to use this meeting to ensure closer and more synergistic partnership working to deliver the best outcomes for the people of the Borders, using a solutions based approach. Required improvements have largely been identified and it is now just a case of implementing and progressing them.</p> <p>Furthermore, the above links to work being undertaken on finance regulations in terms of focusing on the 'people' aspect to achieve wider cultural change and support effective partnership working, moving away from siloed approaches.</p> <p>Internal Control "IJB fund posts to ensure the right level of support is in place" reassessed and changed from Not to Partially Effective. One of the roles we have agreed is around the Strategic Lead for Equalities and Human Rights (E&HR). This was agreed in early 2022 and has been effective, providing one example of funding posts to ensure that the correct levels of support are in place for the IJB. There is a need to build on this and establish requirements for other areas going forward in relation to joint staff and the positioning of the IJB is a key factor of this.</p> <p>New Linked Action "Liaise and engage with colleagues in NHSB and SBC to undertake resource planning to support the Strategic Framework" added and assigned to HR with a due date of 31.03.2023. The due date relates to the establishment of a mechanism for this and once this is in place, it will be reflected as a new Internal Control. The CFO notes that there is likely a need to adopt a programme by programme approach to this as there are links to the PBMA approach to identifying best value.</p> <p>No change to Current Risk Score at this review as while there have been some positive movements in terms of planning there are still some gaps on the finance side of things.</p>

Risk Title & Description	Risk Score	Trend	Last Review Date	Risk Approach	Narrative Update
<p>IJB006 – Resources:</p> <p>If the IJB fails to make best use of the expertise, experience and creativity of its communities then it could result in negative impacts to the delivery of its strategic outcomes and poor relationships with its communities.</p>	<p>12 Major – Possible</p> 		<p>16-Dec-2022</p>	<p>Treat</p>	<p>Work to control this risk is progressing and is multifaceted.</p> <p>Internal Control “IJB Strategic Commissioning Approach Document (confirmed in December 2021)” reassessed and changed from Partially to Fully Effective.</p> <p>Internal Control “Engagement activities undertaken as part of development of new Strategic Commissioning Plan” reassessed and changed from Partially to Fully Effective.</p> <p>Internal Control “IJB and SPG Members Induction and ongoing development” reassessed and changed from Partially to Fully Effective.</p> <p>Linked Action “Develop IJB SPG TOR” is approx. 40% complete. Due date for action changed from 30.09.2022 to 31.03.2023 as this will dovetail with the work to re-establish Locality Working Groups.</p> <p>Linked Action “Invest in Engagement Resource for the IJB (with support from C Oliver NHSB)” is approx. 80% complete as this is non-recurrently funded.</p> <p>Linked Action “Develop Locality Working Groups” is still in progress but there is quite a bit more work still to do on this. Action is approx. 10% complete. We have secured some resources and now have a Project Manager to lead on this. While this is a big piece of work it is worth noting that the momentum behind this is building. As we are currently at the discussion stage the due date for the action has been changed from 30.09.2022 to 31.03.2023.</p> <p>No change to Current Risk Score at this review.</p>

Risk Title & Description	Risk Score	Trend	Last Review Date	Risk Approach	Narrative Update
<p>IJB007 – Legislative/Regulatory Compliance:</p> <p>If the IJB fails to comply with legislative and regulatory requirements it could lead to legal breaches and result in fines and/or prosecution.</p>	<p>12 Major – Possible</p> 		<p>14-Dec-2022</p>	<p>Treat</p>	<p>We have been proactively working to comply with legislation in two outstanding areas: The Equality Act 2010 and the Community Empowerment (Scotland) Act 2015.</p> <p>It is expected that a report will be presented to the IJB Board on 18 January 2023 with the new Mainstreaming Equality Report. With regards to Equality Impact Assessments (EIAs), development sessions on these have been held and the assessments are routinely being complied for IJB Meetings, with scrutiny arrangements put in place. There is much more awareness now of the importance of good engagement and the EIA process.</p> <p>W Henderson recently held a workshop on decision making and how to undertake Impact Assessments, improving knowledge and skills in this area. A discussion has also been held at the IJB about how to improve structures and processes.</p> <p>Since the last review the likelihood of prospective legal action against the IJB is much lower but with regards to decisions in the past there is a risk that legal challenges could still arise.</p> <p>With regards to Community Empowerment, engagement has built engagement into the Strategic Framework and we have been engaging strongly with the public at a global, service user, protected characteristic and locality level. We are also engaging on our draft Strategic Framework, following a “You Said – We did” approach.</p> <p>Furthermore, work to develop the Locality Groups is ongoing and resources secured from SBC in the form of a Project Manager is helping to drive this forward. It is envisaged that this will start in early 2023.</p> <p>With regards to the Teviot Day Centre situation, there is a risk that there are other situations that could emerge as a result of historical decision making. However, because the situation with Teviot has been very high profile it is probable that, by now, we would already know about these.</p> <p>It is felt that we have dealt with the Teviot situation in an open and transparent way since the court judgement and lots of work is being undertaken to re-establish the day service. We will utilise lessons learned from this to inform future activities. It is worth noting that lessons from the Teviot Day Centre closure have already been applied and have had a positive impact on decision making and assessments in other areas.</p> <p>Internal Control “Scheme of Integration Monitoring Committee” remains Not Effective at this review as it is not yet up and running. We are looking to pick up on this as part of joint Executive discussions. There is a need to build this into business as usual, likely at a Board level and we will continue to explore the best way to implement this. Looking at the ‘Set Aside Budget’ first may provide a blueprint of sorts. Current thinking is that we are not far away from delivering this but the main concern at present is resourcing.</p> <p>New Internal Control “Joint Strategic Needs Assessment and Public Engagement for development of Strategic Framework” added and assessed as Fully Effective. Engagement on the Framework will continue until the end of the financial year.</p> <p>New Internal Control “Programme Budgeting and PBMA” added and assessed as Not Effective as while this has been</p>

				<p>approved it is not yet taking place. This will be an inclusive process involving engagement with communities/stakeholders.</p> <p>Linked Action "Develop a new Strategic Commissioning Plan 2023-2026 which is underpinned by a focus on Sustainability and Outcomes" is approx. 70% complete. Lots of work has been undertaken on this and a first draft has been completed and circulated for comment. Public engagement will also be undertaken as part of this. Action is still on track for completion by 31.03.2023 and it is likely that it will be finished earlier than this.</p> <p>As with Risk 006, Linked Action "Develop Locality Working Groups" is still in progress but there is quite a bit more work still to do on this. Action is approx. 10% complete. We have secured some resources and now have a Project Manager to lead on this. While this is a big piece of work it is worth noting that the momentum behind this is building. As we are currently at the discussion stage the due date for the action has been changed from 30.09.2022 to 31.03.2023.</p> <p>Linked Action "Establish a Scheme of Integration Monitoring Committee for both the IJB and the H&SCP" is still in progress. The IJB CFO has undertaken research into how other IJBs operate to help inform the approach to take in the Scottish Borders. However, there are a few steps to take before this action can be completed: We need to ensure that the IJBs Financial Regulations are compliant with Financial Legislation, then make sure that the IJBs Financial Reporting reflects Financial Regulations and provides meaningful information by which we can monitor financial performance. This has been added as a new Linked Action with a due date of 30.06.2023. The Scheme of Integration 'Committee' should then focus on monitoring performance and finance in a joined-up way. Due date for the original Linked Action has been changed from 31.12.2022 to 30.08.2023 to allow the first steps, noted above, to be completed and a first Financial Report to be produced for consideration.</p> <p>Linked Action "Develop a new set of Equality Outcomes, a Progress Report and a Mainstreaming Report and publish these on the IJB Website" is approx. 90% complete. W Henderson has been commissioned by the IJB to support this. Submission of this piece of work to the Equality and Human Rights Commission (EHRC) is due to take place in February 2023. A significant amount of work has been undertaken to progress this and the IJB is largely back in line with its legislative requirements in relation to this area. A paper is expected to be presented to the IJB Board on 18 January 2023 for sign-off. It is also worth noting that the CFO is linking in with W Henderson to ensure that the IJB's financial approach is compliant with Equalities Duties. Action due date changed from 30.11.2022 to 28.02.2023 in line with the submission date to the EHRC.</p> <p>It is felt that the IJB is in a much better place with regards to this risk and as such the Current Risk Score has been reassessed and Likelihood reduced from 5 (Almost Certain) to 3 (Possible).</p> <p>Target Risk Date revisited and changed from 31.12.2022 to 30.06.2023 by which point it is hoped that the risk can be reduced to a Likelihood of 1 (Remote).</p>
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Risk Title & Description	Risk Score	Trend	Last Review Date	Risk Approach	Narrative Update
<p>IJB008 – National Care Service Bill:</p> <p>SG’s National Care Service Bill (ultimately disbanding Scottish IJBs) could result in partners ceasing to engage with the IJB, subsequently leading to negative impacts on the achievement of IJB objectives and the communities it serves.</p>	<p>12 Major – Possible</p> 		<p>16-Dec-2022</p>	<p>Treat</p>	<p>Risk identified in Summer 2022 and initial development of it is now complete. As with other Risks in the series, this Risk will continue to evolve over time, reflecting the specific threats and impacts of the National Care Service (NCS) as they emerge and any potential mitigations that can be developed and implemented.</p> <p>As noted elsewhere in the Risk Register, a significant amount of work has been undertaken to reposition the IJB, aligning its agenda around the introduction of the NCS and to align the IJB’s Strategic Agenda through the development of a ‘Once for Borders’ approach, starting with what is best for our communities.</p> <p>New Internal Control “Agreement with SBC and NHSB that we will be a NCS Pathfinder” added and assessed as Partially Effective.</p> <p>New Internal Control “Requesting a NCS Pathfinder Approach from Scottish Government” added and assessed as Partially Effective.</p> <p>New Internal Control “Adoption of IJB’s Health and Social Care Strategic Framework, by NHSB and SBC” added and assessed as Partially Effective.</p> <p>New Linked Action “Undertake NHS Pathfinder Workshop with IJB, NHSB and SBC” added and assigned to CM with a due date of 31.03.2023. Action is approx. 10% complete.</p> <p>Original/Unmitigated Risk Score (without controls in place/only the basic controls in place) assessed as Likelihood 5 (Almost Certain) and Impact 5 (Catastrophic).</p> <p>Current Risk Score (as at date of review, with controls in place) assessed as Likelihood 3 (Possible) and Impact 4 (Major).</p> <p>Target Risk Score set as Likelihood 2 (Unlikely) and Impact 4 (Major).</p>

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**Scottish Borders Health and Social Care Partnership
Integration Joint Board**

15 March 2023

**EVIDENCING COMPLIANCE WITH THE EQUALITY,
HUMAN RIGHTS AND FAIRER SCOTLAND DUTIES**

Report by Chris Myers, Chief Officer



1. PURPOSE AND SUMMARY

1.1. To appraise the Integration Joint Board of the actions being taken to provide the IJB with assurance that it will be able to demonstrate its compliance with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (The Regulations) to the satisfaction of the Scottish Parliaments' equality and human rights regulator, the Equality and Human Rights Commission.

1.2. The Regulations require the Scottish Borders Integration Joint Board and the Scottish Borders Health and Social Care Partnership to:

- Report on mainstreaming the equality duty
- Publish equality outcomes and report on progress
- Review and assess policies and practices
- Gather and use employee information
- Publish gender pay gap information
- Publish information on equal pay etc
- Embed the equality duty into the IJB's procurement processes
- Publish in an accessible manner
- Consider matters as prescribed by Scottish Ministers

1.3. This report and the recommendations contained will enable the IJB to:

- Report on mainstreaming the equality duty for the period 2018 to 2023
- Publish equality outcomes for the period 2023 to 2025
- Agree a Governance and Performance Framework to give assurance that the IJB is complying with its legal duties for the period 2023 to 2025
- Provide a public platform on which all activities relating The Regulations are published in an accessible manner

2. RECOMMENDATIONS

2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to:-**

- a) Consider and approve for implementation the Scottish Borders IJB Equalities and Human Rights (E&HR) Governance and Performance Framework (Appendix 1)
- b) Approve the update on progress against the 2019 to 2023 Mainstreaming Equality Outcomes report for publication on the HSCP Equality and Human Rights Webpage (Appendix 2)
- c) Consider and approve for the Scottish Borders IJB Equality Outcomes and Mainstreaming Framework for the period 2023 to 2025 (Appendix 3)

- d) Agree to take progress reports from the Equality and Human Rights sub group over six consecutive IJB Audit Committees with effect from April 2023 to review progress against the Equality Outcome and Mainstreaming Framework 2023/2025

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our effectiveness and thinking differently to meet need with less	Reducing poverty and inequalities
X	X	X	X	X	X

Alignment to our ways of working					
People at the heart of everything we do	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Inclusive co-productive and fair with openness, honesty and responsibility
X	X	X	X	X	x

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required.

5. BACKGROUND

- 5.1. On 10 June 2022, the Scottish Parliament's Regulator of the Public Sector, the Equality and Human Rights Commission ('the Commission') wrote to the IJB's Chief Officer to advise that they had recently considered the extent to which IJBs had been meeting their equality duties. This was subsequently considered by the IJB's Audit Committee on 20 June 2022¹.
- 5.2. In the letter the Commission advised that an examination of the Scottish Borders Health and Social Care IJB's website found that:
- The IJB had failed to report on the mainstreaming of the equality duty
 - The IJB had failed to develop and publish a set of equality outcomes for the period 2021 to 2025
- 5.3. The Commission have advised, that whilst they could take enforcement action, they would rather work with Chief Officers to improve practice in relation to equality across the IJB sector. This was seen as the most effective way to drive up performance and achieve real change for people choosing to use adult health and social care services.
- 5.4. To support IJBs evidence their compliance, the Commission ran two development sessions for Equality Leads. This led to the Scottish Borders HSCP and Glasgow City HSCP's Equality Leads establishing a national Equality Peer Support Network for Scottish Integration Joint Boards and Health and Social Care Partnerships. This group supports Integration Joint Boards across Scotland with the implementation of the Public Sector Equality Duty and associated areas of work.
- 5.5. In response to concerns raised by IJB Equality Leads across the country, the Commission agreed to an extension to the date that IJBs must evidence their compliance with the improvements required.
- 5.6. This report outlines the actions undertaken to ensure the IJB are compliant with the equality duty by the 31 March 2023.

6. LEGAL CONTEXT

- 6.1. The public sector equality duty was created by the Equality Act 2010 and replaces the previous race, disability and gender equalities. Coming into force in April 2011, the new Act replaced the previous equality strands with 9 protected characteristics. These are:
1. Age
 2. Disability (e.g., physical, mental health, learning difficulty)
 3. Gender Reassignment
 4. Pregnancy and Maternity
 5. Race
 6. Religion and belief (including on belief)
 7. Sex (Gender)
 8. Sexual Orientation
 9. Marriage and Civil Partnership (discrimination only)

¹ Letter available from Monday 20 June 2022 Scottish Borders Health and Social Care IJB Audit Committee papers: <https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=336&MId=6359&Ver=4>

- 6.2. The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on the 27 May 2012 and were amended in 2015 to bring additional listed authorities including Integration Joint Boards / Health and Social Care Partnerships within their scope.
- 6.3. The Scottish Specific Public Sector Equality Duties 2012 (SSPSED) requires the Integration Joint Board as a listed authority to:
1. Report on mainstreaming the equality duty
 2. Publish equality outcomes and report on progress
 3. Review and assess policies and practices
 4. Gather and use employee information
 5. Publish gender pay gap information
 6. Publish information on equal pay etc
 7. Embed in procurement processes
 8. Publish in an accessible manner
 9. Consider matters as prescribed by Scottish Ministers
- 6.4. In 2018, the Fairer Scotland Duty (Part 1 of the Equality Act 2010 and formally known as the socio-economic duty) was brought into legislation. This duty requires the IJB to actively consider ('pay due regard' to) how the IJB can reduce inequalities of outcome, including addressing the adverse outcomes caused by socio-economic disadvantage when making strategic decisions.
- 6.5. Appendix 1 outlines the approach undertaken by the IJB to ensure an appropriate E&HR Governance and Performance Framework which has been developed to support the IJB to meet its legal duties on a prospective basis.
- 6.6. To enable the Integration Joint Board to evidence compliance with the Fairer Scotland Duties, the Equality and Human Rights Impact Assessment documentation, approved by the Health and Social Care Partnership's Strategic Planning Group in December 2022 incorporates the requirements of the Fairer Scotland Act 2018 and the Equality and Human Rights Commission's Equality Measurement Framework.

7. EQUALITY MAINSTREAMING REPORT 2018 TO 2023 (APPENDIX 2)

- 7.1 The Scottish Specific Public Sector Equality Duty 1 requires the Partnership to report on Mainstreaming the equality duty. The Equality and Human Rights Commission describes mainstreaming as the following:

"Mainstreaming equality simply means integrating the general equality duty into the day-to-day working of an organisation. It is for the organisation themselves to determine how best to mainstream equality in their day-to-day functions.

Source Equality and Human Rights Commission

- 7.2 The Scottish Borders Integration Joint Board's second progress report on the Equality Outcomes 2016 to 2020 is attached as appendix 1.
- 7.3 Prior to publication on the Partnership's website the report will be further update to include progress made against NHS Borders Equality Outcomes 2, 6, and 7 and Scottish Borders Council's Equality Outcomes 1, 2, 5 and 6. Both reports are currently in development as both NHS Borders and Scottish Borders Council have a different deliverable date to the IJB.

8. EQUALITY OUTCOMES AND MAINSTREAMING FRAMEWORK 2023 to 2025 (APPENDIX 3)

- 8.1 Scottish Specific Public Sector Equality Duty 2 requires the Partnership to publish equality outcomes every 4 years and to report progress being made against these.
- 8.2 To support the Partnership, continue to embed a culture of equality and human rights across Partnership services, and meet the requirements of SSPSED Duty 2, an Equality Outcomes and Mainstreaming Framework for the period 2023 to 2025 has been developed.
- 8.3 Co-produced by members of the Strategic Planning Group Equalities & Human Rights Foundation Group; in conjunction with relevant communities of interest and senior NHS Borders and Scottish Borders Council staff, the framework for 2023 to 2025 links directly to the Health and Social Care Strategic Framework 2023 to 2026 and key Partnership workplans.
- 8.4 The benefit of such an approach is the assignment of a Strategic Lead Officer or Strategic Group to report on progress being made to the SPG Equality and Human Rights Subgroup who in turn will provide the Audit Committee, Strategic Planning Group and the IJB with assurance that they can evidence compliance with the Equality Duty.

9. STRATEGIC PLANNING GROUP EQUALITY AND HUMAN RIGHTS SUBGROUP

- 9.1 It is proposed that the Equality and Human Rights Foundation Group, having developed the responses to the Equality and Human Rights Commission’s recent findings, will now develop into the Strategic Planning Group’s Equality and Human Rights Subgroup.
- 9.2 To enable the Scottish Borders Health and Social Care Partnership to address stigma and inequality in the quality of life outcomes for people, membership if the group is expanding to include people and organisations representing each of the 9 protected characteristics as defined by the Equality Act 2010, people with lived experience and communities/groups experiencing inequality including health inequalities.
- 9.3 To further support this, membership will remain flexible, to ensure that participation is fluid and reflective of current, new and emerging strategic workstreams, policy development and practice evaluation.
- 9.4 Invitations to join the subgroup has been extended to staff in both the NHS Borders and Scottish Borders Council.
- 9.5 The Partnership’s commitment to working in an inclusive, co-productive and fair way with openness, honesty and responsibly, is evidenced by the formation of the Equality and Human Rights Subgroup.
- 9.6 A Terms of Reference, supporting this way of working, will be coproduced with subgroup members and presented to the Strategic Planning Group for approval.

10 IMPACTS

Community Health and Wellbeing Outcomes

- 10.1 It is expected that the proposal will impact on the National Health and Wellbeing Outcomes below:

N	Outcome description	Increase / Decrease / No
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		impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Increase
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.	Increase
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Increase
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Increase
5	Health and social care services contribute to reducing health inequalities.	Increase
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.	Increase
7	People who use health and social care services are safe from harm.	Increase
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.	Increase
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

Financial impacts

- 10.2 There may be additional cost requirements associated with this proposal despite the formation of the network Equality and Human Rights Service Specialists being established from existing staff structures, it is anticipated that there will be costs associated with initial and continuous professional development of each of the specialists.
- 10.3 There may also be additional costs in relation to Stage 2 of the Impact Assessment process in terms of venue hire and other expenses related to the impact assessment consultation process.
- 10.4 Both need to be considered in terms of past costs associated with legal challenge both in the Scottish Borders and other parts of Scotland and the UK.

Equality, Human Rights and Fairer Scotland Duty

- 10.5 This report is directly linked to the public sector general equality duty which requires listed public authorities to pay due regard to the need to eliminate unlawful discrimination, victimisation and harassment; advance equality of opportunity; and foster good relations. Significant work will be undertaken throughout the implementation of these outcomes to have a positive impact on equality and will subject to reporting every 6 months.

Legislative considerations

- 10.6 Adopting the proposed SBHSCP Governance and Performance Framework, Equality Outcomes and Mainstreaming Framework and Integrated Impact Assessment Documentation will support the IJB evidence its compliance with:
- Human Rights Act 1998
 - Equality Act 2010
 - The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012
 - Fairer Scotland Duty 2018

Climate Change and Sustainability

10.7 At this point in time none identified as relevant.

Risk and Mitigations

10.8 The risks associated with not implementing the recommendations include:

- Failure to address the areas of non-compliance identified by the Scottish Parliament's appointed Equality and Human Rights Regulator's Audit, detailed in their letter sent December 2022.
- Regulatory/enforcement action in April 2023
- The potential for poorer outcomes for people in the Scottish Borders

11 CONSULTATION

Communities consulted

- 11.1 The Equality and Human Rights Foundation Group, formed to develop the response to the Equality and Human Rights Commissioner's findings, membership consists of statutory, third sector, and independent sector representatives.
- 11.2 The recently formed Integrated Workforce Plan's Implementation Board were consulted on the workforce related outcomes. The board membership consists of statutory, third sector, independent sector or primary care partners. Each member is a member of a wider network or forum.
- 11.3 The outcomes and associated mainstreaming framework evidences the consideration given to the Integration Planning and Delivery Principles as listed at <https://www.gov.scot/publications/guidance-principles-planning-delivering-integrated-health-social-care/pages/1/>

Integration Joint Board Officers consulted

- 11.4 The IJB Chief Officer has been consulted, and all comments and suggestions received have been incorporated into the final report.
- 11.5 Linda Jackson, LGBTQ+ Forum and Jenny Smith, Borders Care Voice are founding members of the Equality and Human Rights Foundation Group.

Approved by: Chris Myers, Chief Officer

Author: Wendy Henderson, Equalities Lead

Previous Minute Reference:

- Monday 20 June 2022 Scottish Borders Health and Social Care IJB Audit Committee Item 6e: <https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?Cid=336&Mid=6359&Ver=4>

For more information on this report, contact Wendy Henderson, Scottish Borders HSCP Strategic Lead Equalities and Human Rights at wendy.henderson@scottishcare.org

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Scottish Borders Health and Social Care Partnership



Scottish Borders
Health and Social Care
PARTNERSHIP

Appendix 1: Equalities and Human Rights Governance and Performance Framework

The public sector equality duty is referred to as the ‘general equality duty’ which is part of the Equality Act (2010). The general equality duty applies to the Scottish Borders Integration Joint Board, which has a legal obligation to pay due regard to meet the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 came into force on the 27 of May 2012 and were amended in 2015 to bring additional listed authorities within their scope. This included Scottish Borders Health and Social Care Partnership.

The Scottish Specific Public Sector Equality Duties 2012 (SSPSED) requires the Partnership as a listed authority to:

1. Report on mainstreaming the equality duty
2. Publish equality outcomes and report on progress
3. Review and assess policies and practices
4. Gather and use employee information
5. Publish gender pay gap information
6. Publish information on equal pay etc
7. Embed in procurement processes
8. Publish in an accessible manner
9. Consider matters as prescribed by Scottish Minister

In 2018, the Fairer Scotland Duty (Part 1 of the Equality Act 2010 and formally known as the socio-economic duty) was brought into legislation. This duty requires the IJB to actively consider (‘pay due regard’ to) how the IJB can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

To enable the Integration Joint Board evidence compliance with the Fairer Scotland Duties, the equality and human rights impact assessment documentation, approved by the Health and Social

Care Partnership's Strategic Planning Group in December 2022 incorporates the requirements of the Fairer Scotland Act 2018 and the Equality and Human Rights Commission's Equality Measurement Framework.

Socio-economic disadvantage means living on a low income compared to others, with little or no accumulated wealth, leading to greater material deprivation and restricting the ability to access basic goods and services. As well as considering areas of deprivation, the guidance refers to 'communities of place' and 'communities of interest'.

Inequalities of outcome means measurable differences between those who have experienced socio-economic disadvantage and the rest of the population.

The Key requirement of the duty is to publish a written assessment which will be regulated by the Equality and Human Rights Commission (EHRC), evidencing that the Scottish Borders IJB is committed to embedding the tackling of inequalities at the heart of decision making.

Throughout this equality mainstream report, it will become evident the Scottish Borders IJB considers the impact of socio-economic disadvantage at a strategic level and addressing the systemic failure of the health care system to address the adverse outcomes from social detriments.

To further support this, the Strategic Planning Group incorporated this duty into the Equality and Human Rights Impact Assessment process and requires evidence and steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. The Strategic Planning Group now take cognisance of the E&HR Integrated Impact Assessments as part of their consideration prior to reports being presented to the Integration Joint Board.

Mainstreaming the Equality Duty

Mainstreaming the equality duty has several benefits including equality becomes part of the structures, behaviours and culture of an authority, an authority knows and can demonstrate how, in carrying out its functions, it is promoting equality mainstreaming equality contributes to continuous improvement and better performance.

Source: Equality and Human Rights Commission

This report is an opportunity for Scottish Borders Health and Social Partnership (SBHSCP) to reflect on the steps which have been taken to mainstream equality into the day-to-day working of the SBHSCP from a governance and performance perspective.

The Role of the Integration Joint Board

Established in April 2015, the Scottish Borders Integration Joint Board (IJB) is responsible for the strategic planning, operational oversight, commissioning and performance management of the health and social care functions which have been delegated. The Scottish Borders Health and Social Care Partnership (SBHSCP) delivers these services on behalf of the IJB in line with the strategic plan for health and social care.

The IJB is aware that mainstreaming equality drives continuous improvement and better quality of life outcomes and improving health inequalities for people who use the services of the Scottish Borders Health and Social Care Partnership.

Board Membership and Structure

The Public Bodies (Joint Working) (Membership and Procedures of Integration Joint Boards) (Scotland) Order 2014 sets out the requirements about the membership of an Integration Joint Board. This includes minimum required membership, and provision for additional members to be appointed. Membership of the Scottish Borders IJB includes people with experience of using health and care services, elected members, NHS Board members, staff from the Health and Social Care Partnership, representatives from the voluntary and independent organisations.

The Gender Representation on Public Boards (Scotland) Act received Royal Assent in March 2018. The Act sets an objective for public boards that 50% of non-executive members are women by the end of 2022. Current membership of the Board consists of 10 voting members (5 Scottish Borders Council Councillors and 5 NHS Borders Non Executives) (6 male, 4 female) and 13 non-voting members (5 male, 8 female).

Third Sector, Carer and User representatives ensure that the voices of people who use adult health and social care services influence and inform the discussions and decisions of the Integration Joint Board which meets every 8 weeks. IJB meetings are open to the public and papers are available on line one week ahead of the meeting taking place.

Meetings are live streamed, and available via Microsoft Teams.

Scottish Borders Health and Social Care Framework 2023-26

In the Health and Social Care Framework the Scottish Borders Health and Social Care Partnership recognises that to truly improve health and reduce inequalities, not only do they need to provide high quality health and social care, but they also have to consider and work to address the societal, economic, cultural, commercial, and environmental context in which the communities of the Scottish Borders live, work, study and visit.

The Scottish Borders Health and Social Care Partnership has worked with its delivery partners, Community Planning Partners and communities across the Scottish Borders to deliver improvements in health and wellbeing for people with the relevant protected characteristics, lived experience and those communities/group experiencing inequality including health inequality. This approach is reiterated in the Strategic Framework.

In adopting this approach, the Partnership will evidence its commitment to putting the people and communities of the Scottish Borders at the heart of everything they do.

Listening to people, treating them with dignity and respect and embedding a culture of inclusiveness, co-production and fairness which is underpinned by openness, honesty and responsibility is the foundations for delivering the Partnership’s vision that “All people in the Scottish Borders are able to live their lives to the full”

Equality Outcomes Progress Reporting 2019-23

Below are the outcomes that were agreed by the IJB for the period 2016 to 2020. A summary of the progress made against each outcome for the period 2019 to 2023 can be found in Appendix 2.

Outcome 1	Experience fair access to services that mitigate the impact of any protected characteristics under the Equality Act (2010)
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Outcome 2	Be supported to access education, training and employment
Outcome 3	Have improved physical and mental wellbeing, experience fewer health inequalities and will be able to live independently
Outcome 4	Experience a workforce that feel valued, are skilled, competent, and reflect the diversity of the populace across the Scottish Borders
Outcome 5	Feel safe, be safe, healthy, achieving, respected and included
Outcome 6	Experience services that reflect the needs of the communities, address health inequalities, and which shift the balance of these services towards early intervention and prevention
Outcome 7	Be confident that the information they provide, particularly in relation to the protected characteristics, will be used to make improvements to services and the way they are planned and delivered

Developing new outcomes 2023-2025

The new equality outcomes have been coproduced by the Partnership’s Equality and Human Rights Foundation Group, a group established specifically to support the Integration Joint Board evidence compliance with the Duty. These are aligned to the new Health and Social Care Strategic Framework objectives and ways of working. This group have also been responsible for responding to the findings of the Equality and Human Rights Commission’s audit of compliance with the duty carried out in 2022.

Working collaboratively with staff delivering Partnership services and those representing the protected characteristics, people with lived experience and communities experiencing inequality, it became clear that there are significant areas to develop in collating robust evidence which effectively measures the impact of mainstreaming equality. The Foundation Group also identified that the outcomes must also comprise of a mainstreaming framework. The framework developed will enable the SPG Equality and Human Rights Subgroup to clearly identify and measure the progress made in achieving the equality outcomes and reducing health inequality. Setting realistic and attainable actions which link directly to key strategic plans under each of the outcomes will ensure that equality, human rights and the Fairer Scotland Duty is embedded into the culture of the Partnership’s services. This will enable the Partnership to reflect the current and emerging needs of people using services and the staff delivering services more effectively.

During the development phase, no specific issues were raised for the protected characteristic of marriage and civil partnership. This will be monitored throughout the term of these outcomes and reconsidered if a specific issue is identified.

Our new Strategic Framework provides the framework for more inclusive, person centred services and will include a new strategic aim of reducing poverty and inequality. As the Strategic Plan and all associated plans develop, the Equality and Human Rights Subgroup will ensure that the equality outcomes and mainstreaming framework will continue to align to the key priorities of the Partnership and the Integration Joint Board.

Equality Priorities 2023–25

The equality mainstreaming framework 2023 to 2025, evidences the Integration Joint Board’s commitment to meeting the general duty and embed the core principles of eliminating discrimination, advancing opportunities and fostering good relations. The equalities mainstreaming framework has been designed to ensure that:

“At the population level, Integrated Joint Boards and Locality Planners need to do a better job of building the user voice into their considerations” and that “People with lived experiences must be partners in the commissioning process and integral to decision making and prioritisation, monitoring process and making improvements; nothing about me without me as the saying goes¹.”

Mainstreaming the equality duty will ensure that:

- Information and advice will be delivered in accessible formats that best suits people’s needs
- Innovative and proactive partnership arrangements, which support SBHSCP demonstrate a welcoming environment with informed and understanding staff, are further developed and maintained
- All premises that SBHSCP work out of, or deliver services from will be collaboratively reviewed in terms of location, suitable environment, ramped access, signage, transportation links etc
- SBHSCP’s future planning and commissioning plans are linked with Scottish Borders Council’s Local Housing Strategy, Housing Need & Demand Assessment and the Joint Strategic Needs Assessment
- Fair Work Principles and Ethical Commissioning, Getting it Right for Everyone GIRFE are embedded into commissioning and procurement process relating to the design, commissioning and procurement of adult health and social care services
- People with identified protected characteristics and lived experience who are not engaged in exercise, self-care and meaningful activities are identified and supported to review existing services and support the development of new social prescribing initiatives
- There is a reduction in the number of people with Learning Disabilities and people with autism remaining hospital and an increase in the number of people being supported to live in the communities of the Scottish Borders
- Young people leaving care transition seamlessly into adult health and social care services

¹ Scottish Government. Independent Review of Adult Social Care (2021). Feeley, D. Available from: <https://www.gov.scot/groups/independent-review-of-adult-social-care/>

- Young people with Learning Disability transition seamlessly into adult health and social care services
- There is increased participation, influence and voice from people with protected characteristics, lived experiences and communities experiencing inequality in the design and relaunch of the Scottish Borders Locality Working Groups
- Interventions are early and effective, preventing domestic abuse, and maximising the safety and wellbeing of adults, children, and young people affected by domestic abuse.
- Awareness of violence/ abuse and its related harms are better understood by staff working delivering SBHSCP services
- Improved preventative work and a shared understanding of the causes enabling a reduction in hate crime and hate incidents – this will include the cross sector workforce who experience unacceptable behaviours whilst delivering health and social care services.
- Improved support for those at risk of and those that are affected by Female Genital Mutilation (FGM).
- Improved understanding of and development of a joined up approach to support those affected by human trafficking and exploitation.
- Improved understanding of the causes of honour based violence and the support services necessary to keep people safe
- Flexible and targeted recruitment drives deliver a workforce that is reflective and representative current and future service users
- Managers have a shared understanding of their responsibilities in relation to reasonable workplace adjustments
- Wellbeing initiatives to support an improvement in the mental health of women working across the health and social care sector will be coproduced and reviewed for effectiveness
- The Integration Joint Board can evidence Compliance with [A Fair Work Action Plan: Becoming a Fair Work Nation by 2025](#)
- The requirements of the Scottish Government's [Fairer Scotland for All: An Anti-Racist Employment Strategy](#) is embedded into and across all employment policies
- Embedding of the FREDIE Principles into the SCHSCP's Integrated Workforce Plan is explored
- An equality and human rights cross sector staff development programme will be coproduced with members of the Equality and Human Rights Subgroup and the Integrated Workforce Plan Implementation Board
- Staff, internally and external, have a shared understanding of cultural diversity and difference and are updated on events, information and activities surrounding equality matters.

- A review of the Partnership's website is undertaken with members of the Equality and Human Rights Subgroup to ensure it is accessible and user friendly, making equalities information more accessible.
- An ongoing review policies and practices will be undertaken to ensure they reflect equalities.

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Scottish Borders HSCP Equality Outcomes 2016 to 2021 - Reporting Period 2019 to 2023

The Scottish Specific Public Sector Equality Duty 1 requires the Health and Social Care Partnership to report on Mainstreaming the Equality Duty. The Equality and Human Rights Commission describes mainstreaming as the following:

“Mainstreaming equality simply means integrating the general equality duty into the day-to-day working of an organisation. It is for the organisation themselves to determine how best to mainstream equality in their day-to-day functions.” Equality and Human Rights Commission

As evidenced below, progress during the initial waves of the pandemic was reduced as services were stood down and staff deployed to support the pandemic response, however progress recommenced in 2022. Prior to publication on the Partnership’s website the report will be further updated to include progress made against NHS Borders Equality Outcomes 2, 6, and 7 and Scottish Borders Council’s Equality Outcomes 1, 2, 5 and 6. Both reports are currently in development as both NHS Borders and Scottish Borders Council have a different deliverable date to the IJB.

The report provides an overview of the key areas progressed that ensure that users of health and social care services, their families and carers will:

Equality Outcome	Description
Outcome 1	Experience fair access to services that mitigate the impact of any protected characteristics under the Equality Act (2010)
Outcome 2	Be supported to access education, training and employment
Outcome 3	Have improved physical and mental wellbeing, experience fewer health inequalities and will be able to live independently
Outcome 4	Experience a workforce that feel valued, are skilled, competent, and reflect the diversity of the populace across the Scottish Borders
Outcome 5	Feel safe, be safe, healthy, achieving, respected and included
Outcome 6	Experience services that reflect the needs of the communities, address health inequalities, and which shift the balance of these services towards early intervention and prevention
Outcome 7	Be confident that the information they provide, particularly in relation to the protected characteristics, will be used to make improvements to services and the way they are planned and delivered

Scottish Borders HSCP Equality Outcomes 2016 to 2021 - Reporting Period 2019 to 2023

The equality outcomes set for the period 2016 to 2020 link directly to Integration Planning and Delivery Principles and the following National Health and Wellbeing Outcomes:

National Health and Wellbeing outcome	Description
1	People are able to look after their own health and wellbeing and live for longer
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.
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4	Health and social care services contribute to reducing health inequalities
5	People who use health and social care services are safe from harm
9	Resources are used effectively and efficiently in the provision of health and social care services

The Equality Mainstreaming report does not include an update against the following Scottish Specific Public Sector Equality Duties

- Gather and use employee information
- Publish gender pay gap information
- Publish information on equal pay
- Embed the equality duty into the IJB's procurement processes

This is because these continue to be reported through the two employing organisations of the Scottish Borders HSCP. The HSCP supports the achievement of these requirements with progress being reported in the Scottish Borders Council and NHS Borders Mainstreaming Progress Report.

The sections below outline the Scottish Borders HSCP's progress against its equality outcomes between 2019-23.

Scottish Borders HSCP Equality Outcomes 2016 to 2021 - Reporting Period 2019 to 2023

Users of health and social care services, their families and carers will:

Equality Outcome 1: Experience fair access to services that mitigate the impact of any protected characteristics under the Equality Act (2010)

The IJB has worked to comply with its Equalities, Human Rights and Fairer Scotland duties, and a Strategic Lead for Equality and Human Rights was appointed in February 2022 to lead this work. The key deliverables and progress to date include:

- February 2022 Review of current processes and approach
- April to June 2022 Coproduction of a suite of documentation to support the undertaken and publication of Equality and Human Rights Impact Assessments
- May 2022 Strategic Planning Group Equality Duty awareness session
- June 2022 Equality and Human Rights Impact Assessment documentation concluded
- June 2022 IJB Audit Committee updated on the actions to be taken to deliver compliance with the Equality Duty
- Ongoing since June 2022 Programme to embed and evidence a culture of undertaking E&HR Impact Assessments commences with senior staff responsible for reviewing and assessing Partnership services
- Ongoing since June 2022 Individual introductory and awareness sessions undertaken to support senior staff review and consult from an equalities perspective
- August 2022 – Individual discussions undertaken to support the delivery of an Equality and Human Rights Foundation Group
- September 2022 Equality and Human Rights Foundation Group established. Membership includes representatives of Mental Health Services, Third Sector, Scottish Borders LGBTQ+ Forum, People with Lived Experience, Alcohol and Drugs Partnership, SBHSCP Associate Nurse Director – Chief Nurse, Partners for Integration, External Providers of adult health and social care services. 3 of the members of the Foundation Group are members of the Partnership's Strategic Planning Group, 2 are members of the Integration Joint Board and Partnership's Strategic Lead for Equality and Human Rights is in attendance at Integration Joint Board.
- September 2022 Internal audit of the IJB compliance with the Equality Duty and the specific duty to assess policies and practices undertaken
- October 2022 Attendance at the Equality and Human Rights Commissions awareness sessions designed to support Partnership equality leads across Scotland to further develop their respective IJB understanding of the Equality Duty, develop SMART equality outcomes and deliver a robust approach to equality impact assessments .
- October 2022 Jointly with Glasgow City Health and Social Care Partnership's Strategic Lead for Equalities established a national network of Partnership Leads. The purpose of this group is to deliver a peer support network, provide a cross Scotland approach to continually improving the quality of life outcomes for people using Partnership services and relationships with key equality and human rights stakeholders e.g., Equality and Human Rights Commission and the Scottish Government's Equality Unit and National Care Service Directorate.
- October to December 2022 Equality and Human Rights Foundation Group coproduce presentation to be delivered to the Strategic Planning Group
- December 2022 Integration Joint Board and Strategic Planning Group Equality, Human Rights and Fairer Scotland Duty Development Session
- December 2022 Presentation of the rationale to the SPG to undertake an Equality and Human Rights Impact Assessment Scrutiny Role
- December 2022 Presenting a number of recommendations to the SPG developed to evidence compliance with the specific duty to assess policies and practices
- December 2022 Equality and Human Rights Governance and Performance Framework approved

Scottish Borders HSCP Equality Outcomes 2016 to 2021 - Reporting Period 2019 to 2023

- January 2023 Ongoing discussions with Scottish Borders Council and NHS Borders to deliver synergies between the three listed public authorities
- January 2023 to March 2023 Equality and Human Rights Foundation Group focus on coproducing the Equality Outcomes and Mainstreaming Framework 2023 to 2025
- March 2023 IJB Mainstreaming Progress Report 2018 to 2023 developed and presented to the IJB for sign off.

Including the Fairer Scotland Duty 2018 requirements in the Equality and Human Rights Impact Assessment will support the IJB evidence progress against its commitment to reduce poverty and inequality, including health inequalities, a new strategic aim of the Scottish Borders Health and Social Care Partnership's developing Strategic Framework. Reporting progress against the actions identified to further reduce poverty and inequality of outcome, the opportunities to further reduce poverty and inequality of outcome and the documentation of changes made to the strategic programme/proposal/decision to reduce negative impacts in response to views expressed by people with the relevant protected characteristics, lived experience and communities/group experiencing inequality will be the responsibility of the newly formed Strategic Planning Group's Equality and Human Rights Subgroup. Membership of which reflects the protected characteristics, people or organisations representing people with lived experience and communities/groups experiencing inequality. Reports will be presented to the SBHSCP's Audit Committee, Strategic Planning Group and the Integration Joint Board.

Over the reporting period we commissioned Shared Lives to provide bespoke inclusive support to people across the Scottish Borders. Shared Lives is similar to fostering, helping people aged 16 and over with a wide range of disabilities, conditions and other support needs to live in their local community, by matching them with an approved carer. Carers share their home, family and community life with the person they are supporting, whilst providing them with the care they require in an inclusive and homely environment. Every placement is unique, with the support provided being tailored to meet the individual needs of each person. This includes people with learning disabilities or mental health issues, older adults and also young people being supported through transitional services. Further information is available from: <https://scottishborders.moderngov.co.uk/documents/s49772/6.%20d%20Appendix-2021-5%20attach%20sharedlivesbordersfinal.pdf>

Within the Scottish Borders, we have worked to implement Community Led Support which seeks to make the culture and practice of community health and social work delivery more clearly values-driven, community focused in achieving outcomes, empowering of staff and a true partnership with local people. The Social Care (Self-Directed Support) (Scotland) Act aims to ensure that care and support is delivered in ways that support choice and control over one's own life and which respect the person's right to participate in society. The Community Led Support model provides a real opportunity to embed the Statutory Principles outlined in the Act of participation, involvement and collaboration by providing a direct link between communities and health and social work practice. This led to the establishment of locality based What Matters Hubs. The Hubs offer increased opportunities for all Scottish Borders residents to access information and advice. Further information is available at: https://www.scotborders.gov.uk/info/20069/what_help_and_support_is_available/839/what_matters_hubs

This also links into the following outcomes of our statutory delivery partners:

- NHS Borders Outcome 2: Our services meet the needs of and are accessible to all members of our community
- Scottish Borders Council Outcome 2: Our services meet the needs of, and are accessible to; all members of our community and our staff treat all services users, clients and colleagues with dignity and respect

Scottish Borders HSCP Equality Outcomes 2016 to 2021 - Reporting Period 2019 to 2023

Equality Outcome 2: Be supported to access education, training and employment

The Scottish Borders Health and Social Care Partnership's Integrated Workforce Plan is aligned to the Partnership's developing equality outcomes and mainstreaming framework, and the Integration Joint Board's Commissioning Approach which includes close partnership and co-production with communities. This will ensure that people using services and staff at all levels have their voices heard as a way of participating in and influencing the development and delivery of services which deliver person centred and high-quality care. In the medium term (years 2-3), we will engage with local communities about our workplace practices in partnership with Scottish Borders Centre for Equalities.

With the aim of delivering purposeful occupational opportunities, there has been work under the Autism Coordinator and Autism Strategy Group to increase opportunities for Autistic people to access employment, volunteering and interests. This has included work with Employment, third sector agencies improve career advice, economic opportunities and training. In January 2023, dedicated Additional Support Needs employment events have been held with DYW Borders, the Department of Work and Pensions and South of Scotland Enterprise. In addition, in partnership with Borders College, a quiet induction process has been developed for people with additional support needs, College staff have been upskilled and an autism friendly sensory room is being developed. Social innovation training for Additional Support Needs youths was launched in August 2022 with Youth Enterprise Scotland - Funded by the Local employment programme.

The Scottish Borders Health and Social Care Partnership launched its Physical Disability Strategy in 2019, and have been working in partnership with people with Physical Disability and third sector organisations to deliver this. One of the ambitions within this is that people with a physical disability are able to participate fully in education and paid employment, enabling their talent and abilities to enrich the Scottish Borders. People with a physical disability are supported through transitions in their lives e.g. from school to work.

Equality Outcome 3: Have improved physical and mental wellbeing, experience fewer health inequalities and will be able to live independently

Section 3 of our Joint Strategic Needs Assessment report evidences the current situation relation to health inequalities in the Scottish Borders:

https://www.scotborders.gov.uk/downloads/download/877/scottish_borders_health_and_social_care_integration_strategic_plans

In line with the pressures that we have faced, we have seen a deterioration in our local Health and Wellbeing Outcomes in 2021/22. This is very much reflective of the feedback that we have received from our service users, staff, unpaid carers and partners about the significant pressures that they are under, about the challenges of being able to provide or access key services in a timely manner, and in the higher levels of risk being experienced across the whole health and social care system.

2021/22 performance for the Scottish Borders Health and Social Care Partnership against the National Health and Wellbeing outcomes are derived from national Health and Care Experience Survey feedback for people in the Scottish Borders, and summarised below:

Scottish Borders HSCP Equality Outcomes 2016 to 2021 - Reporting Period 2019 to 2023

Scottish Borders performance	Health and Wellbeing Outcome Indicator
Better than the national average	<ul style="list-style-type: none"> • People reporting that they are able to look after their health very well or quite well • Premature mortality rate • Emergency admission rate • Spend on hospital stays where the person was admitted due to an emergency (2019/20 data) • Emergency readmissions to hospital within 28 days of discharge • Rate of falls in the Scottish Borders
Broadly in line with the national average	<ul style="list-style-type: none"> • Proportion of care services graded as good or better in Care Inspectorate inspections • Adults receiving care who rated the care they receive as excellent or good • People who had a positive experience of care at their GP practice • Carers who felt supported to continue in their caring role • Adults supported at home who agreed they felt safe • People in their last 6 months of life spent this at home or in a community setting in the Scottish Borders, compared to the national average
Below the national average	<ul style="list-style-type: none"> • Adults supported at home who agreed that they had a say in how their help, care or support was provided • Adults supported at home who agreed that their health and social care services seemed to be well co-ordinated • Adults supported at home who agreed that they were supported to live as independently as possible • Adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life • Adults with intensive care needs in the Scottish Borders receiving care at home, compared to the national average • Occupied bed days in hospital associated to emergency admissions

This also links into the following outcomes from our statutory delivery partners:

- NHS Borders Outcome 6: We work in partnership with other agencies and stakeholders to ensure our citizens have the freedom to make their own choices and are able to lead independent, healthy lives as responsible citizens
- Scottish Borders Council Outcome 5: Our citizens have the freedom to make their own choices and are able to lead independent, healthy lives as responsible citizens

Scottish Borders HSCP Equality Outcomes 2016 to 2021 - Reporting Period 2019 to 2023

Equality Outcome 4: Experience a workforce that feel valued, are skilled, competent, and reflect the diversity of the populace across the Scottish Borders

Our integrated workforce plan outlines the aim of the Partnership to create a culture and conditions that will help staff across the health and social care sectors to maintain or develop good physical, emotional, financial and social health as a way of supporting staff look after themselves, the people they work with and the people they care for.

Health and Social Care Staff across the partnership are offered the opportunity to undertake iMatter annually, with action plans developed based upon the outputs, forming a key part of the Healthy Organisation Culture element of the National 2020 Workforce Vision.

This also links into the following outcomes from our statutory delivery partners:

- NHS Borders Outcome 1: We are seen as an inclusive and equal opportunities employer where all members of staff feel valued and respected and our workforce reflects our community
- NHS Borders Outcome 7: We work in partnership with other agencies and stakeholders to ensure the difference in rates of employment between the general population and those from underrepresented groups is improved
- Scottish Borders Council Outcome 1: We are seen as an inclusive equal opportunities employer where all staff feel valued and respected and our workforce reflects our community.
- Scottish Borders Council Outcome 6: The difference in rates of employment between the general population and those from under-represented groups is improved.

Equality Outcome 5: Feel safe, be safe, healthy, achieving, respected and included

Within the Scottish Borders in 2021:

- 77.3% of adults supported at home agree they feel safe
- 93.4% of adults reported that they were able to look after their health well
- 70.5% of adults supported at home agree that their services improve or maintain their quality of life
- 63.4% of adults agree that they had a say in how their help, care or support was provided.

As noted above, there has been significant work undertaken to develop the Community Led Support agenda, and this is currently being re-invigorated. There are close links with our third sector partners, including Borders Care Voice who work with people and providers to promote equality and support change in health and social care, who are members of the Integration Joint Board and Strategic Planning Group. In addition, further work is planned with the Third Sector Interface to promote this agenda

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further, and with our broader Community Planning Partners.

Our new Health and Social Care Strategic Framework aims “to help the people of the Scottish Borders to live their lives to the full, by delivering seamless services that place them at the heart of everything we do.”

To develop our new Strategic Framework, we listened to our Communities, and commissioned the National Development Team for Inclusion to undertake an extensive and inclusive approach to this. As part of this, 737 people responded to our online survey; and we engaged with 130 people from eleven groups of stakeholders to listen to the views of people from different equality groups. The groups were:

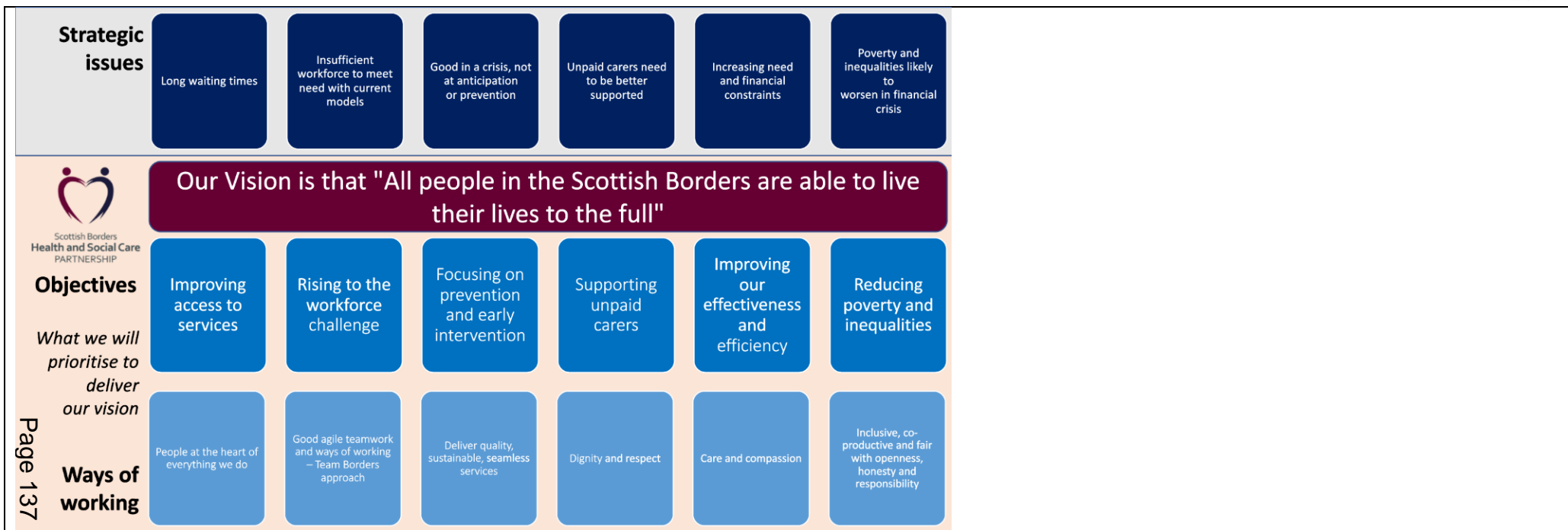
- Physical Disability Group
- See/Hear Group
- Mental Health Forum
- Self-Directed Support (SDS) Group
- People with Learning Disabilities (from Local Citizens Panels)
- Dementia Working Group
- Carers (through survey responses and noting the involvement of carers in a number of these stakeholder sessions)
- Borders Older People’s Partnership
- People from Ethnic Minorities (employees at Farne Salmon)
- People in the LGBT community, and a;
- Homelessness workshop (part of Housing Strategy engagement).

Further information is available from the link below to the We Have Listened reports:

https://www.scotborders.gov.uk/downloads/download/877/scottish_borders_health_and_social_care_integration_strategic_plans

The feedback was used to understand what matters to our communities and to understand the strategic issues which could impact on the health and wellbeing outcomes in the Scottish Borders. These themes and the associated objectives and ways of working are listed below.

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As per the previous report, there has been close work between the partnership and the local Resilient Communities Groups across the Scottish Borders. This work accelerated during the pandemic when community groups came together to provide networks of support.

Equality Outcome 6: Experience services that reflect the needs of the communities, address health inequalities, and which shift the balance of these services towards early intervention and prevention

Money Worries App

The Joint Health Improvement Team have continued to work in partnership to build on the successful launch of the Money Worries App. The App is a digital directory with links to help with: Money - Health - Housing - Work

Data for 2021-2022

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April 2021 - March 2022	
Activity	Amount
Total Users / Downloads	444
Screen Views	1494
Sessions	736

We had a total of 444 downloads between 1st April 2021 and 31st March 2022. People using the App are engaging in more than one session, this suggests they are accessing support in more than one area. We have invested time in the development of a 20 minute information session to:

- Raise Awareness of the App
- Encourage 'real-time' download
- Enable staff to signpost people to the App Information sessions have been facilitated with:
- Scottish Borders Health and Social Care Partnership Community Hubs
- NHS Borders Contact Tracing Team
- NHS Borders Community Testing Team
- Live Borders Library Services
- Scottish Borders Council CLD Youth and Adult learning services
- Home Energy Scotland
- Elected Members

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Real time evaluation has confirmed staff:

- Are confident to talk about money
- Sessions have raised awareness of income maximisation support
- Are more aware of the App post session
- Have increased confidence to signpost people to the App post session

Low and Slow: A holistic approach to address food and fuel poverty

The Scottish Borders Health and Social Care Partnership Joint Health Improvement Team worked in partnership with Changeworks, Morrisons Supermarket and Burnfoot Community Futures to launch a successful Low and Slow project across Hawick and Newcastleton. This eight week project aimed to reduce fuel and food bills by providing a home energy assessment, advice & support and slow cooking recipes.

Feedback from participants suggests Low & Slow demonstrates a collective impact:

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- The project led to food and fuel savings
- Increased confidence to cook using a slow cooker
- Having more time to spend with family Low & Slow also impacted on individuals
- 1 participant has been awarded £1200 towards energy debt
- 1 participant has been signposted to Citizen's Advice Bureau Example in action A Low & Slow participant was signposted to Changeworks following an unexpected rise in their energy bills. Changeworks contacted their energy supplier and shared feedback with the participant about small changes they could make. As a result of these changes their energy bills dropped by 50%.

Community Benefits Gateway Is now live in the Scottish Borders!

The Gateway aims to connect Third Sector organisations and NHS Scotland suppliers who may be able to support local project needs with an 'in kind' offer. An 'in kind' offer could include: volunteering, work placement opportunities, professional advice, capacity building training, assistance to build community facilities and much more! A partnership group has been established to review applications on the basis of three priorities:

- Reducing Health Inequalities
- Contributing to Anti-Poverty Work
- Improving health & wellbeing The Gateway is part of NHS Scotland's ambition to ensure that through all of our areas of work we bring maximum benefits to the people of Scotland. Access the portal https://nhsnss.service-now.com/community_benefit See the short animation https://www.youtube.com/watch?v=RyeU_4-Ztg0

Financial Inclusion in Early Years

Financial Inclusion work is supported by the Money Worries Leaflet (2019) which is used by Health Visitors and Midwives. Referrals to Financial Support Team and total gains are noted below.

April 2021 - March 2022

500 referrals

A 35% increase in last years figures

April 2021 - March 2022

total gains for pregnant women
and families with young children

£1.25 million

Best Start Grant

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We continue to support the Best Start grant scheme.

72% of these applications were authorised in Scottish Borders, this is above the average for Scotland.



Further information on the other work of the Scottish Borders Health and Social Care Partnership Joint Health Improvement Team in the annual report is available at:

<https://www.nhsborders.scot.nhs.uk/media/897985/JHIT-Annual-Report-2021-22.pdf>

Equality Outcome 7: Be confident that the information they provide, particularly in relation to the protected characteristics, will be used to make improvements to services and the way they are planned and delivered

As noted in equality outcome 1, the IJB has worked to comply with its Equalities, Human Rights and Fairer Scotland duties, and a Strategic Lead for Equalities and Human Rights was appointed in February 2022 to lead this work.

A number of new developments have acted as pathfinders with the new Equalities, Human Rights and Fairer Scotland documentation, including major projects such as the:

- Development of the new Health and Social Care Strategic Framework
- Hawick Care Village
- Tweedbank Care Village
- Teviot and Liddesdale Day Services Task and Finish Group
- Gala Resource Centre Review of Temporary Closure due to Pandemic Restrictions
- Development of a Hospital at Home Service
- Scottish Borders Health and Social Care Partnership's Integrated Workforce Plan
- Scottish Borders Health and Social Care Partnership's – Evidencing Compliance with the Duty to Assess policies and practices
- Review and relaunch of the SBHSCP Locality Working Groups
- SCBHSCP Finance Plan
- Social Prescribing

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- Day Support Service Review
- Dementia Strategy

Prior to June 2022 the following impact assessments were undertaken using the previous documentation:

- Physical Disability Strategy
- Complex Care Unit
- Scottish Borders Homecare Reablement Approach
- Primary Care Improvement Plan (PCIP)

In addition, an IJB Equalities and Human Rights Foundations Group was established in September 2022 and the aim is to develop a network of Equality and Human Rights Service Specialists. Senior Managers in each of the Partnership services will be asked to identify their service specialist. This to embed a culture of equality and human rights across Partnership services.

Our Strategic Planning Group now considers each new development including the Equalities, Human Rights and Fairer Scotland Impact Assessment prior to consideration at the Integration Joint Board. Should the group not be content with the approach or contents, then they can request further work and prevent the proposal from being considered by the Integration Joint Board

Following engagement with our communities through the 'We have Listened report', as noted in equality outcome 5, we have gone back out to communities to communicate how this feedback has informed the development of our strategic framework.

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Scottish Borders Health and Social Care Partnership

Appendix 3: Equality Outcomes and Mainstreaming Framework 2023-25

Mainstreaming the equality duty has several benefits including:

- Equality becomes part of the structures, behaviours and culture of an authority
- An authority knows and can demonstrate how, in carrying out its functions, it is promoting equality
 - Mainstreaming equality contributes to continuous improvement and better performance.

Source: Equality and Human Rights Commission

Our vision as a partnership is that “all people in the Scottish Borders are able to live their lives to the full.” Our strategic framework 2023-26 has a number of strategic objectives and ways of working that aim to ensure that this happens.

Working to achieve our vision, objectives and ways of working will increasingly promote equality and human rights as part of our core business.

For this reason, the Scottish Borders Health and Social Care Partnership’s (SBHSCP’s) Equality Outcome and Mainstreaming Framework (EOMF) directly aligns to three of our strategic objectives and 3 of our ways of working. However, we will work to ensure that we embed equalities and human rights across all of our objectives and ways of working.



The equality outcomes are listed below:

Equality Outcome	Description
Outcome 1	Improve access to services: Improving access and confidence in using health and social care services.
Outcome 2	Rising to the workforce challenge: A workforce that is reflective and representative of the communities we care for
Outcome 3	Reducing poverty and inequalities: Inclusive and co-productive approach to reducing poverty and increasing equality of outcome
Outcome 4	People at the heart of everything we do: Community engagement and empowerment across the Scottish Borders is inclusive, co-productive and fair
Outcome 5	Dignity and respect: All staff feel valued, respected and have their needs met appropriately
Outcome 6	Openness, honesty and responsibility: All staff fully understand their legal duties and other responsibilities in keeping people in the Scottish Borders safe and free from harm

The successful implementation of the Scottish Borders Health and Social Care Partnership's (SBHSCP's) Equality Outcome and Mainstreaming Framework (EOMF) will be supported by a network of Equality and Human Rights Service Specialists. The Service Specialists will have a lead role in supporting their colleagues to evidence compliance with equality and human rights legislation and other requirements. This offers a process to support continual improvement of quality of life outcomes for people using health and social care services in the Scottish Borders.

SBHSCP's EOMF will be underpinned by a quality assurance and performance framework which will be used to give the Strategic Planning Group (SPG) and the Integration Joint Board (IJB) assurance that compliance with the Public Sector Equality Duty and the Scottish Specific Public Sector Equality Duties is evidenced. In addition, the quality assurance and performance framework will support self-evaluation and continuous improvement models to be embedded. It will also enable quarterly performance reporting to the SPG, annually to the IJB and biannually to the Scottish Parliament's appointed Equality and Human Rights Regulator.

The Independent Review of Adult Social Care in Scotland identified that "the Covid-19 pandemic has intensified pre-existing inequalities and a lack of focus on rights, especially for older people, disabled people, people from minority ethnic communities and people from disadvantaged communities". This framework also is designed to support SBHSCP to deliver against recommendations 1 to 10 of the Feeley report.

Independent Review of Adult Social Care in Scotland – Recommendations

Source: [Independent Review of Adult Social Care - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations-petitions/ip/ip19-0001/)

A human rights based approach

The Independent Review of Adult Social Care in Scotland recommendations for establishing a human rights and equality approach to social care services and support are rooted in the work to consider incorporation of international treaties into domestic legislation, and the recent experiences during the pandemic that exposed structural inequalities and pre-existing inadequacies in the current social care support system:

1. Human rights, equity and equality must be placed at the very heart of social care and be mainstreamed and embedded. This could be further enabled by the incorporation of human rights conventions.
2. Delivering a rights based system in practice must become consistent, intentional and evident in the everyday experience of everyone using social care support, unpaid carers and families, and people working in the social care support and social work sector.
3. People must be able to access support at the point they feel they need it, including for advice and signposting to local community-based resources and help, and for barriers to this, such as the current eligibility criteria and charging regime, to be fundamentally reformed and removed, to allow a greater emphasis on prevention and early intervention.
4. People should understand better what their rights are to social care and supports, and “duty bearers”, primarily social workers, should be focused on realising those rights rather than being hampered in the first instance by considerations of eligibility and cost.
5. Where not all needs can be met that have been identified as part of a co-production process of developing a support plan, these must be recorded as unmet needs and fed into the strategic commissioning process.
6. Informal, community based services and supports must be encouraged, supported and funded to respond appropriately to the needs of local citizens, including for preventative and low level support.
7. A co-production and supportive process involving good conversations with people needing support should replace assessment processes that make decisions over people’s heads and must enable a full exploration of all self-directed support options that does not start from the basis of available funding. Giving people as much choice and control over their support and care is critical.
8. More independent advocacy and brokerage services, including peer services, must be made available to people to ensure that their voices are heard, and to help prepare for participation in planning and organising their support.
9. When things do not work well for people and their rights have not been upheld, they must have rapid recourse to an effective complaints system and to redress.
10. Packages of care and support plans must be made more portable and supported people should not have to fight to retain support because they have moved home.

Outcome 1 Improve access to services: Improving access and confidence in using health and social care services

<i>Output - What will success look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service</i>
1.1 Information and advice will be delivered in accessible formats that best suits people's needs	<p>SBHSCP adopt the 'Happy to Translate' logo for all publications</p> <p>Staff use of and understanding of Happy to Translate Logos to be reviewed before developing a staff focused communication and marketing event</p>	<p>Staff survey results and actions taken to address will be reported to the SPG Equality and Human Rights Subgroup.</p> <p>This will be repeated, 6 months after the first survey</p>	
	<p>Identify resource and capacity of translation services within the Partnership</p> <p>Staff use of and understanding of SBHSCP's Translation Services to be reviewed before developing a staff focused communication and marketing event</p>	<p>Official adoption of Logo and principles is publicised</p> <p>Use of logo across all publications</p> <p>Survey of partnership staff using the logo / creating publications shows increased awareness and actions taken to improve – reported to Equality and Human Rights Subgroup.</p> <p>This will be repeated, 6 months after the first survey</p>	
	<p>Proactive translation of information and advice relating to SBHSCP services into the most commonly spoken languages, after English in the Scottish Borders including Easy</p>	<p>Random sampling to be undertaken 6 monthly basis</p>	

	Read Versions		
	Explore and report on the provision of information in other formats e.g., AI Video and AI Chat		
	Creation of Diversity Directory by locality		
1.2 Proactive partnership arrangements which support SBHSCP demonstrate a welcoming environment with informed and understanding staff.	Development of Equality and Human Rights Staff Development Matrix to include but not limited to LGBTQ+ Mental Health Audit Tool, Health Literacy	Number of staff attending events	
		Gap analysis to support specific promotion and marketing events	
	Evaluation of the Staff Development Matrix to capture improvements made in the quality of life outcomes for people using partnership services post event attendance	Quarterly reports IJB Annual Report	
	Review current complaints procedures data sets and make recommendations, if required, to embed protected characteristics, lived experience and communities experiencing inequality in the system	Ability to interrogate the data from an equality perspective and carry out analysis of complaints across delegated services by protected characteristics, lived experience and communities experiencing inequality in the system	
1.3 All premises that the SBHSCP work out of or deliver services from have been collaboratively reviewed	Collation of all venues used for SBHSCP activity		


in terms of location, suitable environment, ramped access, signage, transportation links etc	Coproduce an audit action plan for inspection/review of suitability with Live Borders, Third Sector Interface Federation of Village Halls, Scottish Borders Council/NHS Estates		
	Assessment of GP surgeries and premises delivering mental health services to ensure that they meet the needs of people who have experienced trauma (e.g., Domestic Abuse, Survivors of Childhood Sexual Abuse)	Number of premises assessed as being Trauma Informed	Primary Care
1.4 SBHSCP adheres to the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018	Confirm accessibility status of existing NHS & SBC Websites		SBHSCP Communications
	Upskilling of staff in partnership with Scottish Accessible Information Forum		
1.5 2012 SSPSED embedded into the commissioning and procurement processes relating to the delivery of adult health and social care services – (<i>Fair Work Principles and Ethical Commissioning, Getting it Right for Everyone GIRFE</i>)	The Care at Home Collaborative Project Design Group will embed equality and human rights into the project design and modelling processes	Publication of the associated impact assessment and reporting against the recommendations identified	Strategic Commissioning and Performance
		Contracts will incorporate a statement regarding performance reporting against the equality outcomes and mainstreaming framework	
	The Equality and Human Rights Sub Group will seek assurance that	Lead commissioners will ensure that each tendering exercise is	Strategic Commissioning and Performance

	Procurement Staff are fully aware and able to reflect on of the duty imposed by the Scottish Specific Public Sector Equality Duties (2012) in the commissioning processes	supported by a robust Equality and Human Rights Impact Assessment (E&HRIA)	
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Outcome 2 Rising to the workforce challenge: A workforce that is reflective and representative of the communities we care for

<i>Output - What will success look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service</i>
2.1 Workforce data reflects SBHSCP service user data	Analysis of current service data collection	One data set used by all providers of health and social care services in the Scottish Borders	Integrated Workforce Plan Implementation Board
	Development of data gathering process to capture service user by protected characteristic and lived experience	Delivery of a cross sector analysis of workforce quarterly	
	Development of a data gathering process to be implemented across the sectors to gather workforce data	Delivery of a cross sector analysis of people using health and social care services quarterly	
2.2 Flexible and targeted recruitment drives to address current gaps identified in 5.1 above and the needs of current and future service users	Analysis of the cross sector data set to identify gaps and inform the improvement and changes required	Evidence of amendments to current recruitment materials to increase accessibility and engagement	Integrated Workforce Plan Implementation Board
		Review of applications by protected characteristic	
	Development of new and innovative partnerships with organisations representing the relevant protected characteristic to co-produce marketing and staff recruitment models	New partnerships established	
		Documentation of attendance at events e.g., Scottish Borders Pride	

<p>2.3 Staff have a shared understanding of cultural diversity and difference</p>	<p>Cross Sector Equality and Human Rights Staff Development Matrix to be developed. Topics identified to date include but not limited to:</p> <p>LGBT Mental Health Tool</p> <p>LGBT Health and Wellbeing Dementia Took</p> <p>LGBT Age Audit Tool</p> <p>Addressing the findings of:</p> <p>Deaf people with dementia and care homes in Scotland report</p> <p> FINAL Deaf Dementia Research Summary Re</p> <p>Addressing the call to action from the Mental Welfare Commission to address Racial Inequality and Mental Health in Scotland</p>	<p>Material developed</p>	<p>Equality and Human Rights Sub Group</p> <p>Equality and Human Rights Service Specialists</p>
		<p>Partnerships developed to support delivery of awareness sessions</p>	
		<p>Events organised</p>	
		<p>Number of staff attending by service area</p>	
		<p>Improvement in the quality of the analysis in the impact assessments undertaken</p>	

Outcome 3 Reducing poverty and inequalities: Inclusive and co-productive approach to reducing poverty and increasing equality of outcome

<i>Output - What will success look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service</i>	
3.1 More people with the relevant protected characteristics and lived experience are engaged in exercise, self-care and meaningful activities	Review of current adult day service provision	Planning to include cognisance of the needs identified as part of the IIA	Locality Day Service Task and Finish Groups	
	Research into access to Self-Directed Support (SDS) for: LGBTQ+, Gypsy Travellers, ethnic minorities, families, young people transitioning to adult care services, homeless people, people living with addictions, people with long covid, veterans and ex-offenders	Co-produce a suite of outcome and output measures that reflect the lived experience of SDS and the experience of delivering SDS	Adult Social Work Services	
	Reduce employer discrimination faced by younger people diagnosed with dementia	Engagement with Scottish Borders Employers	Work with younger people to establish what support is required to sustain active and meaningful employment	
	Working jointly with Live Borders to support people post dementia diagnosis continue with existing activities	Number of sports and cultural organisations involved implementing reasonable adjustments to support current and increase future engagement in sport and leisure activities		

	<p>Motivational activities to be planned, designed, and developed in partnership with people with mental health and learning disabilities and organisations working with them e.g. Third Sector Mental Health Forum</p> <p><i>The principles of the Charter of Rights for people with Dementia and their carers will be adopted</i></p> <p><i>Embedding a human rights-based approach in practice and the Standards of Care for Dementia in Scotland</i></p>		
<p>3.2 Number of organisations and people participating in Social Prescribing initiatives</p>	<p><i>To be worked up with the Social Prescribing Delivery Group E&HRIA Subgroup and presented in the form of an update to the IJB in 2023</i></p>	<p>e.g. Number of older people supported when their partner moves into a care home</p>	<p>Strategic Commissioning and Performance</p>
<p>3.3 Reduction in the number of people with Learning Disabilities and or people with autism remaining hospital and an increase in the number being supported to live in the communities of the Scottish Borders</p>	<p><i>To be worked up with the Social Prescribing Delivery Group E&HRIA Subgroup and presented in the form of an update to the IJB in April 2023</i></p> <p><i>Coming Home – adult programme will review current provision in the Scottish Borders and develop an associated action plan to further increase provision beyond the provision in the Tweedbank Supported Living Service.</i></p>	<p>Reduction in the number of delayed discharges for people with learning disabilities and those with autism</p> <p>Reduction in the number of unnecessary long hospital stays</p> <p>Reduction in the number of adults with Learning Disability in placements out of area</p>	

<p>3.4 Young people leaving care transition seamlessly into adult services</p>	<p><i>To be worked up in partnership with the Promise Group</i></p>	<p><i>Service user feedback</i></p>	<p>Social Work and Practice</p>
<p>3.5 Young people with learning disabilities transition seamlessly into adult services</p>	<p><i>Learning disabilities transition</i></p>	<p><i>Service user and carer feedback</i></p>	<p>Learning disabilities service (HSCP delegated) in partnership with Children and Families Social Work (not delegated), and families.</p>
<p>3.5 SBHCSP's commissioning plans are based on the needs of our communities, and public feedback, including engagement with people with protected characteristics. SBHCSP's plan linked with Scottish Borders Council's Local Housing Strategy, Housing Need & Demand Assessment</p> <p><i>Quote from Derek Feeley Report: "People with lived experiences must be partners in the commissioning process and integral to decision making and prioritisation, monitoring process and making improvements; nothing about me without me as the saying goes"</i></p>	<p><i>Development of Health and Social Care Strategic Framework that pays due regard to these plans.</i></p> <p><i>To be worked with Strategic Commissioning and Performance and presented in the form of an update to the IJB in 2023</i></p>	<p>Strategic Framework based on needs of our communities, and public feedback, including engagement with people with protected characteristics.</p> <p>Inclusion of housing contribution statement in Strategic Framework.</p> <p>Operational commissioning informed by the same approach</p>	<p>Integration Joint Board Strategic Planning Group</p> <p>Strategic Commissioning and Performance</p>
<p>3.6 Information and qualifying criteria relating to disabled adaptations in private and social housing (both major and minor</p>	<p><i>To be worked up and presented in the form of an update to the IJB in 2023</i></p>		

adaptations) is promoted and easily accessed by all of Scottish Borders communities			
3.7 Equality of outcomes for all	<i>Continued work through the Joint Health Improvement Team</i>	<i>Health and Wellbeing outcomes Service data</i>	<i>Joint Health Improvement Team</i>

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Outcome 4 People at the heart of everything we do: Community engagement and empowerment across the Scottish Borders is inclusive, co-productive and fair

<i>Output - What will success look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service</i>
4.1 Increased participation, influence and voice from people with protected characteristics, with lived experiences, in the Scottish Borders Locality Working Groups <i>Derek Feeley Report quote At the population level, Integrated Joint Boards and Locality Planners need to do a better job of building the user voice into their considerations.</i>	SBHSCP Engagement and Communications Policy	Publication and marketing of new communications and engagement plan and associated guidance	Strategic Planning Group
		Review of SBHSCP engagement practices with a view to establishing if NHS Scotland and Voluntary Health Scotland's Engagement Matrix is embedded into all engagement processes	Equality & Human Rights Subgroup
		Number of organisations and individuals engaged in impact assessments, the views expressed, the recommendations and mitigating actions identified	Equality and Human Rights Service Specialists
	Establish a network of Equality and Human Rights Service Specialists	Number of Equality and Human Rights Service Specialists reported quarterly	Equality & Human Rights Subgroup
	Equality and Human Rights Service Specialists Programme Plan of Continuous Professional Development	Quarterly report to Strategic Planning Group Annual report to IJB	Equality & Human Rights Subgroup

	Development of localised diversity networks, organisations and contacts	5 Locality Directories – 1 for each locality via ALISS	Locality Working Groups working with the Equality & Human Rights Subgroup Equality and Human Rights Service Specialists
	Supporting the development of communities of interest, forums and networks to address gaps in the directory	Analysis and annual reporting on the additions to the diversity directories	Equality & Human Rights Subgroup Equality and Human Rights Service Specialists Community Led Support agenda
	Review of Locality Working Groups to scope out what supports are required to encourage people with protected characteristics and lived expertise to become members as a way of participating in and influencing local decision making processes	Locality Working Group reflects the local community	Locality Working Group Programme Manager
	Work with providers to raise awareness of their role in supporting people with protected characteristics to participate in and influence strategic and operational developments	Events organised Organisations in attendance Number of staff attending	Partners for Integration Borders Care Voice Third Sector Interface Primary and Community Services
	Impact Assessment Quality Assurance Framework	Number of impact assessments undertaken	Equality & Human Rights Subgroup Equality and Human Rights Service Specialists

		Quarterly analysis of IIA recommendations and progress against these	
	Establishment & promotion of an Equality & Rights Escalation Complaints Enquiry e-mail account	Number of emails received	Equality & Human Rights Subgroup
		Findings from analysis	
		Lessons learnt used to inform practice/policy	
		Corrective Actions implemented	
4.2 Adhere to the Planning with People guidance when engaging with communities of interest.	Development & awareness raising programme of events for Senior Staff, Equality and Human Rights Service Specialists and Community Representatives	Number of events delivered	Communications and Engagement
		Number of people attending	
	Build and sustain relationships between Partnership services and community groups	Number of community engagement events undertaken and who attended	Senior Managers
		Reporting against the recommendations of IIAs and the actions to be taken to address the needs and or issues that communities experience	Equality and Human Rights Service Specialists Community Led Support agenda
	Coproduction and launch of a service providers & forum directory (including representing protected characteristics) – use of ALISS ‘A Local Information System for Scotland’	Publication of the Directory	Locality Working Groups
		Analysis of staff awareness and use of the directory	Community Led Support agenda and What Matters Hubs
		Annual review of directory commencing 2024	
		Analysis of and feedback from	Social prescribing workstream

		organisations invited to participate in Equality and Rights Impact Assessments annually in 2022 and 2023	Equality & Human Rights Subgroup
	Equality and Human Rights Service Specialists and service leads embed 'Planning with People' into the consultation element of the impact assessment process	Impact Assessment Quality Assurance Framework findings	Equality & Human Rights Subgroup
		Actions taken to address findings	Equality and Human Rights Service Specialists

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Outcome 5 Dignity and respect: All staff feel valued, respected and have their needs met appropriately

<i>Output What will success look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service</i>
5.1 Managers have a shared understanding of their responsibilities in relation to reasonable workplace adjustments	Review current processes and training	Number of managers undertaking/ attending sessions	Integrated Workforce Plan Implementation Board in conjunction with the SBH&SCP Equality Lead and the SPG's E&HR Subgroup
	Co production of a cross sector managers resource package with organisations and people with the relevant protected characteristics e.g., physical disability, hidden disabilities, learning difficulty, mental health, race, religion, pregnancy & maternity, menopause	Number of adjustments put into place	
	Cross sector survey via iMatter to gather views of staff and provide baseline to report progress against	Number of staff who feel supported in the workplace has increased	
5.2 Wellbeing initiatives to support an improvement in the mental health of women working across the health and social care sector will be coproduced and reviewed for effectiveness	Development of a data gathering process to be implemented across the sectors to gather workforce data	Review of absence by causation and analysis was undertaken in 2022 providing the baseline figure.	Integrated Workforce Plan Implementation Board

	Analysis, promotion and marketing of emotional and mental health wellbeing initiatives	A cross sector analysis of absence by causation will be undertaken annually.	
5.3 Compliance with A Fair Work Action Plan: Becoming a Fair Work Nation by 2025	This will be developed as part of the IWP Implementation Plan under the Attract and Employ Pillars. A future report on what will be done and how success will be measured is to be developed and included in a future version of the Mainstreaming Framework	To be confirmed	Integrated Workforce Plan Implementation Board
5.4 Embedding the requirements of the Scottish Government's Fairer Scotland for All: An Anti-Racist Employment Strategy into and across all employment policies	Review of policies and decisions undertaken on a 6 monthly basis to ensure each evidence an anti-racist statement	Publication of the associated equality and human rights impact assessments on the Partnership's website	Integrated Workforce Plan Implementation Board in conjunction with the SBH&SCP Equality Lead and the SPG's E&HR Subgroup
5.5 FREDIE Principles embedded into Integrated Workforce Plan's associated action plan	The benefits of achieving accreditation with the National Centre for Diversity to be explored with the newly formed IJB Equality Network and the Equality and Human Rights Commission.		Integrated Workforce Plan Implementation Board in conjunction with the SBH&SCP Equality Lead and the SPG's E&HR Subgroup

Outcome 6 Openness, honesty and responsibility: All staff fully understand their legal duties and other responsibilities in keeping people in the Scottish Borders safe and free from harm

<i>Output - What will success look like</i>	<i>What will be done to achieve success</i>	<i>How will success be measured</i>	<i>Lead Service</i>
6.1 Equalities and Human Rights Training delivered to HSCP staff	Standardised training programme developed and rolled out to staff	Number of participants in the training	Equalities Lead
6.2 Interventions are early and effective, preventing domestic abuse, and maximising the safety and wellbeing of adults, children, and young people affected by domestic abuse. Awareness of violence/ abuse / public protection and related harms are better understood by staff working in Partnership services	Working jointly with the Violence Against Women Partnership (VAWP) to develop, promote and market awareness raising campaigns to highlight what constitutes harmful behaviour.	Number of campaigns delivered and location of marketing events	Equality and Human Rights Subgroup in partnership with the Violence Against Women Partnership and the Integrated Workforce Plan Implementation Board
		Number of referrals made by staff delivering SBHSCP Services	
		Number of enquiries from people using health and social care services	
	Staff use of and understanding of Respect Helpline	Survey of staff delivering Partnership services	
	Working jointly with the VAWP to implement the Safe and Together model of training to create a domestic abuse informed workforce	Number of staff attending sessions	
		Number of referrals made by staff delivering SBHSCP Services	
	Promotion of child and adult protection training	Number of relevant staff with completed child adult protection training	
Raise awareness and understanding	Number of staff attending sessions		

	<p>of the legislation of forced marriage The Anti-social Behaviour, Crime and Policing Act 2014</p>	<p>including e-learning module</p>	
	<p>Promotion and marketing of the Forced Marriage Unit's guidance and training materials including:</p> <p>multi-agency practice guidelines: handling cases of forced marriage</p> <p>multi-agency statutory guidance for dealing with forced marriage</p> <p>multi-agency practice guidelines for Forced Marriage and learning disabilities</p>	<p>Number of referrals made by staff delivering SBHSCP Services</p>	
	<p>Promotion of the Forced Marriage Unit's free e-learning tool: https://www.virtual-college.co.uk/resources/free-courses/awareness-of-forced-marriage</p>	<p>Scotland's Domestic Abuse and Forced Marriage Helpline will be promoted and visible in GP surgeries and buildings Partnership staff work out of</p>	
	<p>Raising awareness of Scottish Government's Forced Marriage Guidance Forced marriage awareness raising materials - gov.scot (www.gov.scot)</p>	<p>Imams statement against Forced Marriage (in different languages) promoted and visible in GP surgeries and buildings Partnership staff work out of</p>	

<p>6.3 Improved services for those affected by hate crime and hate incidents in the Scottish Borders. Improved preventative work and a shared understanding of the causes enabling a reduction in hate crime and hate incidents – this will staff who experience unacceptable behaviours</p>	<p>Analysis of staff delivering SBHSCP services understanding of hate crime and hate incidents</p>	<p>Findings and recommendations reported to Equality and Human Rights Subgroup</p>	<p>Equality and Human Rights Subgroup in partnership with: The Integrated Workforce Plan Implementation Board, Scottish Borders Council and Police Scotland</p>
	<p>Awareness raising activities to address the recommendations of the report presented to the Equality and Human Rights Subgroup</p>	<p>Number of incidents reported, and referrals made to appropriate services</p>	
	<p>Participation in Hate Crime Awareness Week annually commencing October 2023</p>	<p>Details of and participation in events organised across SBHSCP services</p>	
	<p>Working with community members and representatives to co-design local initiatives to raise awareness of hate crime and prejudice.</p>	<p>Number of hate incidents reported by staff working in partnership services and the number of people accessing appropriate support.</p>	
	<p>Working with SBHSCP Services and those commissioned to delivery services to review and or establish a Transgender Policy</p>	<p>All organisations evidence a Transgender Policy in relation to service provision</p>	
<p>6.4 Improved services and support for those at risk of and those that are affected by Female Genital Mutilation (FGM).</p>	<p>Circulation of FGM Community Information Leaflet Female Genital Mutilation (FGM) community information leaflet - gov.scot (www.gov.scot)</p>	<p>Details of awareness raising activities</p>	<p>Equality and Human Rights Subgroup in partnership with the Primary and Community Services team</p>
	<p>Female Genital Mutilation (FGM) awareness-raising postcard: 2015 - gov.scot (www.gov.scot)</p>	<p>FGM Awareness Postcard visible in all GP surgeries and buildings that Partnership staff work out of</p>	

<p>6.5 Improved understanding of and development of a joined up approach to support those affected by human trafficking and exploitation.</p>	<p>Review current activity against the Scottish Government's Trafficking and Exploitation Strategy for Scotland 2017 and subsequent update reports before developing and implementing staff awareness sessions and support services for Potential Victims of Trafficking</p>	<p>Number of staff attending awareness raising sessions</p>	
		<p>Number of Human Trafficking and Exploitation (Scotland) Act 2015 Section 38 Referrals made by staff delivering SBHSCP Services</p>	
		<p>Number of Adult Support and Protection cases in which Potential Victims of Trafficking have been identified</p>	
<p>6.6 Improved understanding of the causes of honour based violence and the support services necessary to keep people safe</p>	<p>In partnership with the relevant organisations develop and implement a programme of staff and key partners awareness raising programmes</p> <p><i>What Works to Prevent Violence Against Women: A Summary of the Evidence</i></p>	<p>Number of sessions run number of people in attendance and details of which services/organisations</p>	<p>Equality and Human Rights Subgroup in partnership</p>
<p>Staff delivering SBHSCP Services can evidence a better understanding of the dynamics of 'honour', in particular how it exerts psychological and physical control over the victim, how the wider family and community may be implicated in the abuse, the multiple barriers to reporting, and the high level of risk facing victims who decide to ask for assistance.</p>			

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**Scottish Borders Health and Social Care Partnership
Integration Joint Board**

Wednesday 15 March 2023



Scottish Borders
Health and Social Care
PARTNERSHIP

QUARTERLY PERFORMANCE REPORT, MARCH 2023

Report by Chris Myers, Chief Officer, Scottish Borders Health and Social Care Partnership and Integration Joint Board

1. PURPOSE AND SUMMARY

- 1.1. **To provide a high level summary of quarterly performance for Integration Joint Board (IJB) members, using latest available data.**
- 1.2. The report focuses on demonstrating progress towards the Health and Social Care Partnership's Strategic Objectives.

2. RECOMMENDATIONS

- 2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to:-**
 - a) Note and approve any changes made to performance reporting and the key challenges highlighted
 - b) Direct actions to address the challenges and to mitigate risk

3. INTEGRATION JOINT BOARD DIRECTION

- 3.1 A Direction is not required.

The remaining sections of the cover paper have been removed, as not applicable to the Quarterly Performance Report.

Approved by:

Chris Myers, Chief Officer, Scottish Borders Health and Social Care Partnership and Integration Joint Board

Author(s)

Hayley Jacks, Planning & Performance Officer, NHS Borders
Stacy Miller, Business Intelligence Analyst, NHS Borders

For more information on this report, contact Hayley Jacks via MS Teams.

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Scottish Borders
Health and Social Care
PARTNERSHIP

Quarterly Performance Report for the
Scottish Borders Integration Joint Board March 2023

SUMMARY OF PERFORMANCE:
Latest available data at end December 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

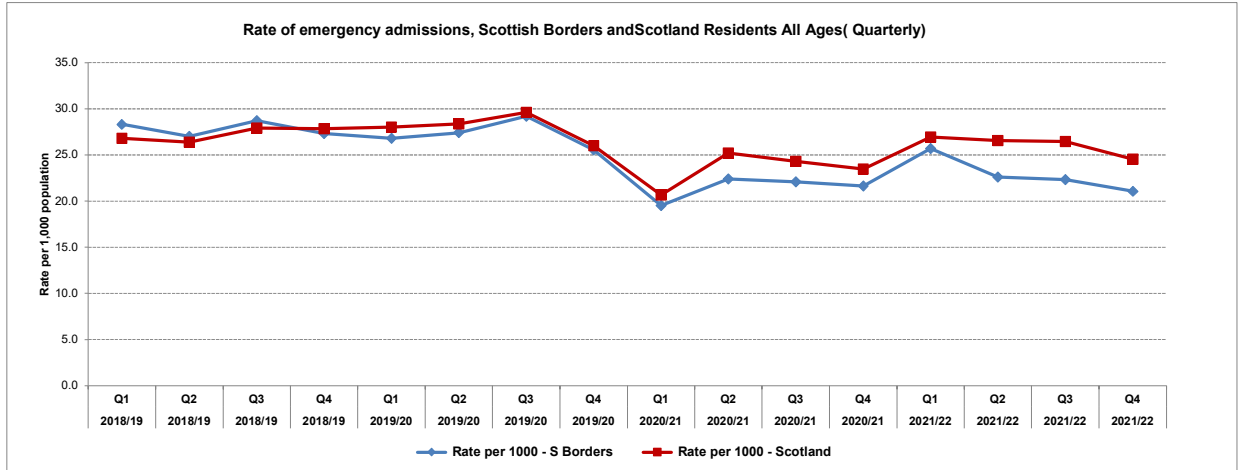
Objective 3: We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

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)

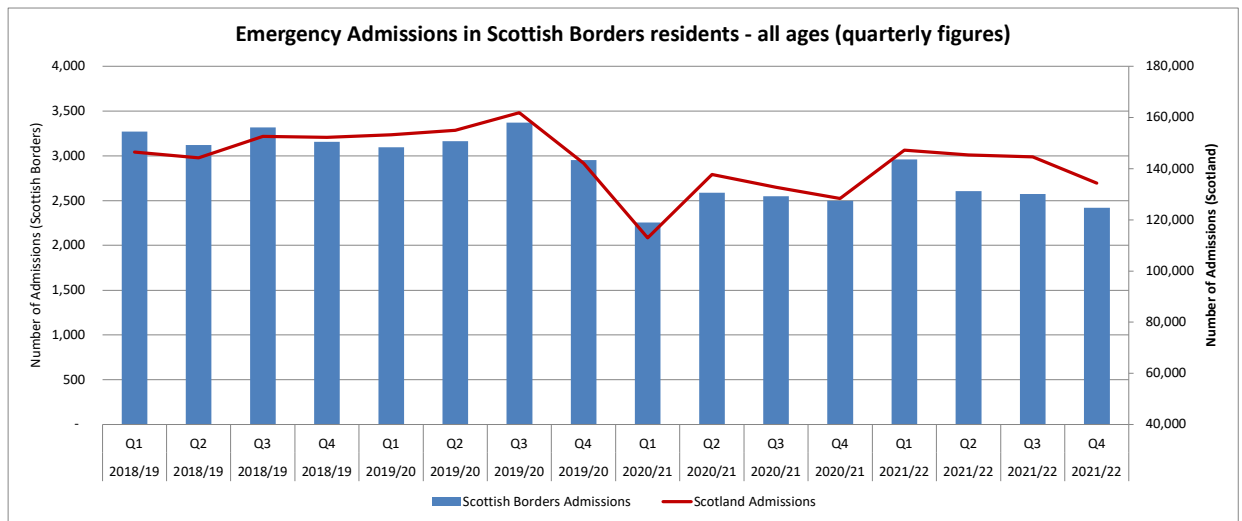
	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22
Scottish Borders - Rate of Emergency Admissions per 1,000 population All Ages	27.5	26.9	27.5	29.3	25.6	19.6	22.4	22.1	21.6	25.7	22.6	22.3	21.1
Scotland - Rate 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



Number of Emergency Admissions in Scottish Borders residents - all ages (quarterly figures)

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.

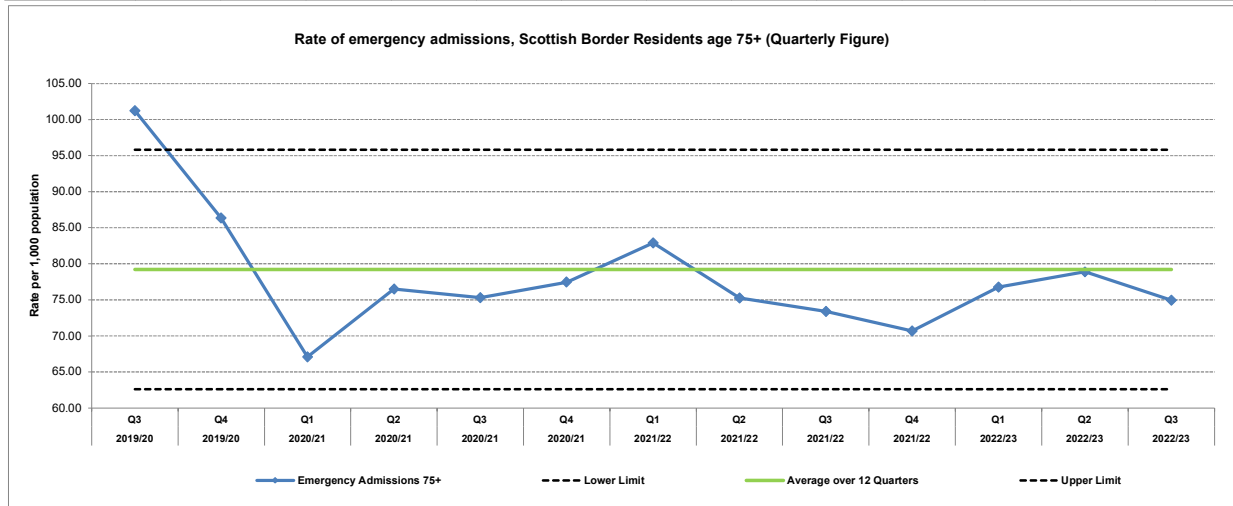
How are we performing?

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

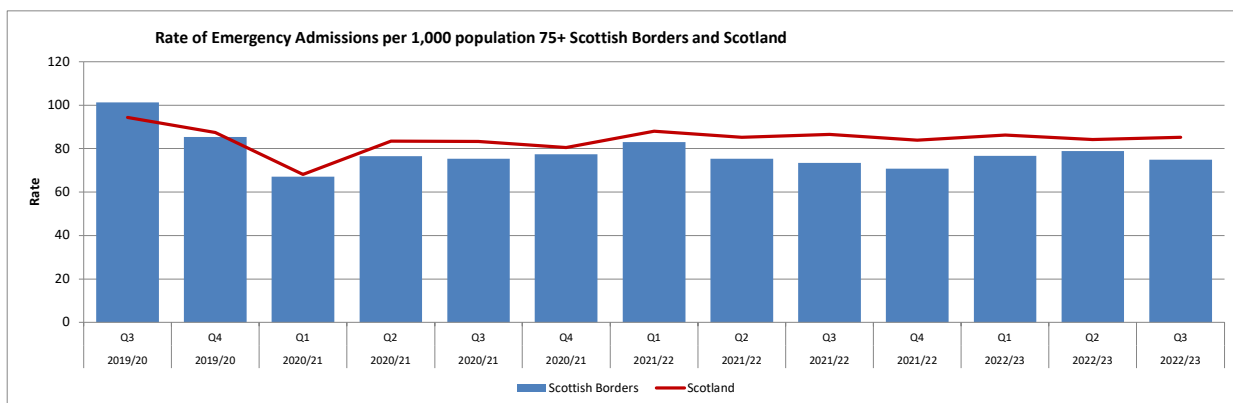
	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23
Number of Emergency Admissions, 75+	1,239	1,057	846	965	947	977	1,046	970	946	907	1,016	1044	992
Rate of Emergency Admissions per 1,000 population 75+	101.2	86.4	67.1	76.5	75.3	77.5	82.9	75.3	73.4	70.7	76.8	78.9	74.9



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

Source: NSS Discovery

	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	Q3 2022/23
Rate of Emergency Admissions Scottish Borders	101.2	85.3	67.1	76.5	75.3	77.5	82.9	75.3	73.4	70.7	76.8	78.9	74.9
Rate of Emergency Admissions 75+ Scotland	94.4	87.5	68.0	83.4	83.3	80.5	88.0	85.2	86.5	83.9	86.3	84.1	85.2



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

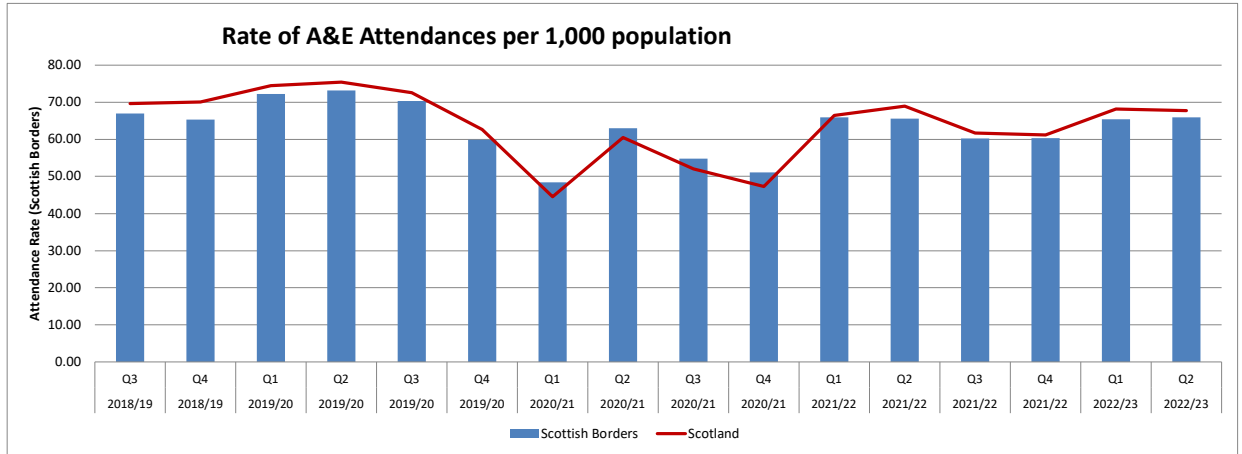
How are we performing?

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)

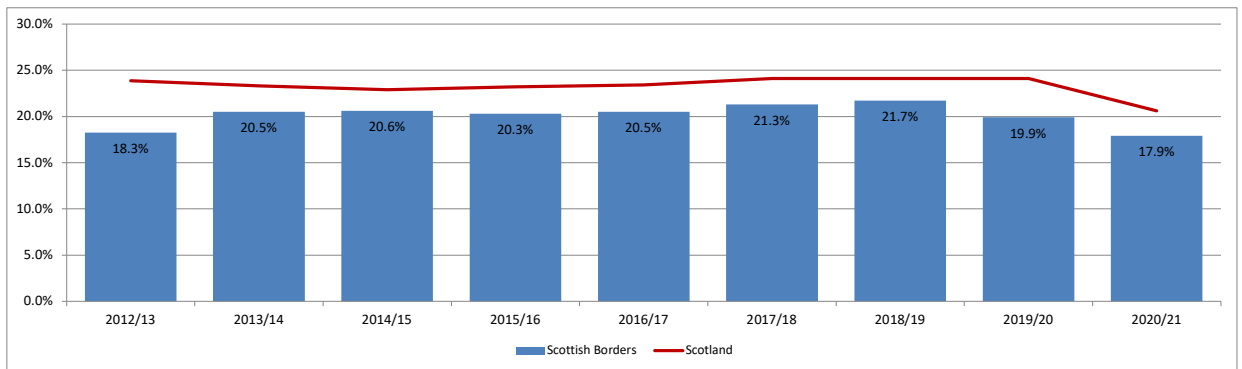
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
	2019/20	2019/20	2019/20	2020/21	2020/21	2020/21	2020/21	2021/22	2021/22	2021/22	2021/22	2022/23	2022/23
Rate of Attendances, Scottish Borders	73.3	70.5	60.0	48.5	63.0	54.7	51.0	65.9	65.6	60.2	60.4	65.5	65.7
Rate of Attendances, Scotland	75.7	72.9	62.9	44.6	60.5	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: Core 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.

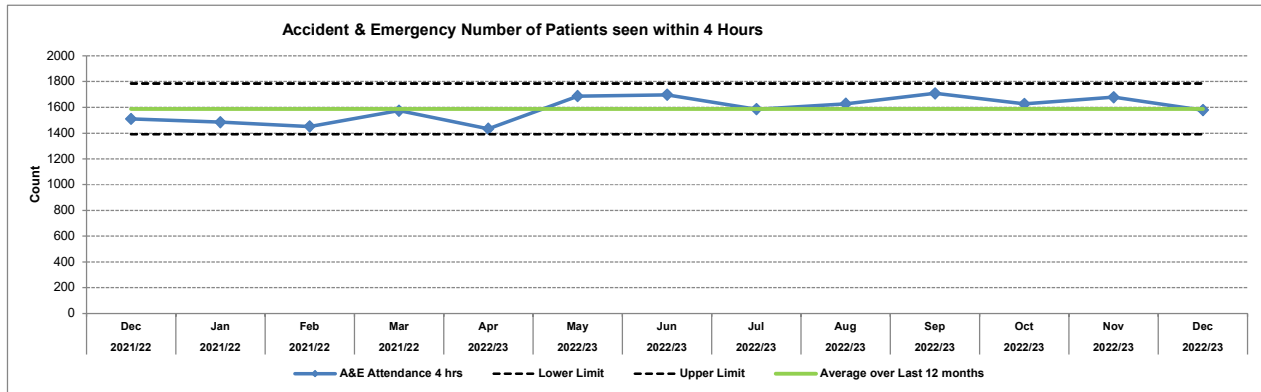
NB: December 2019, the denominator for this indicator now includes dental and ophthalmic costs. As a result, the % of spend has slightly decreased. The Table and Chart above have been

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

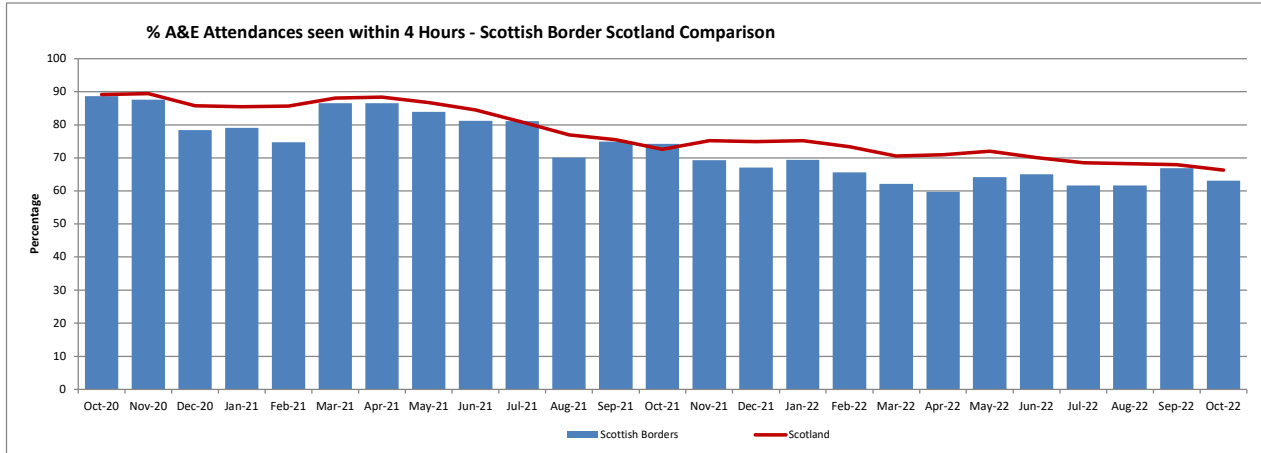
	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Number of A&E Attendances seen within 4 hours	1509	1484	1451	1574	1434	1686	1698	1586	1628	1708	1626	1678	1578



% 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	Sep-22	Oct-22
% A&E Attendances seen within 4 hour Scottish Borders	74.2	69.3	67.0	69.4	65.6	62.1	59.7	64.2	65.0	61.6	61.7	66.9	63.1
% 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	67.9	66.3



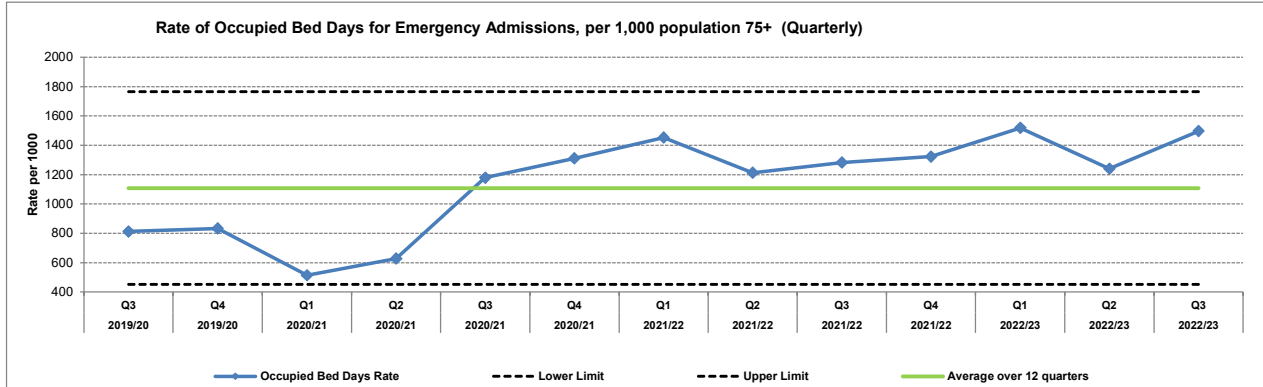
How are we performing?

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 Corona Virus 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

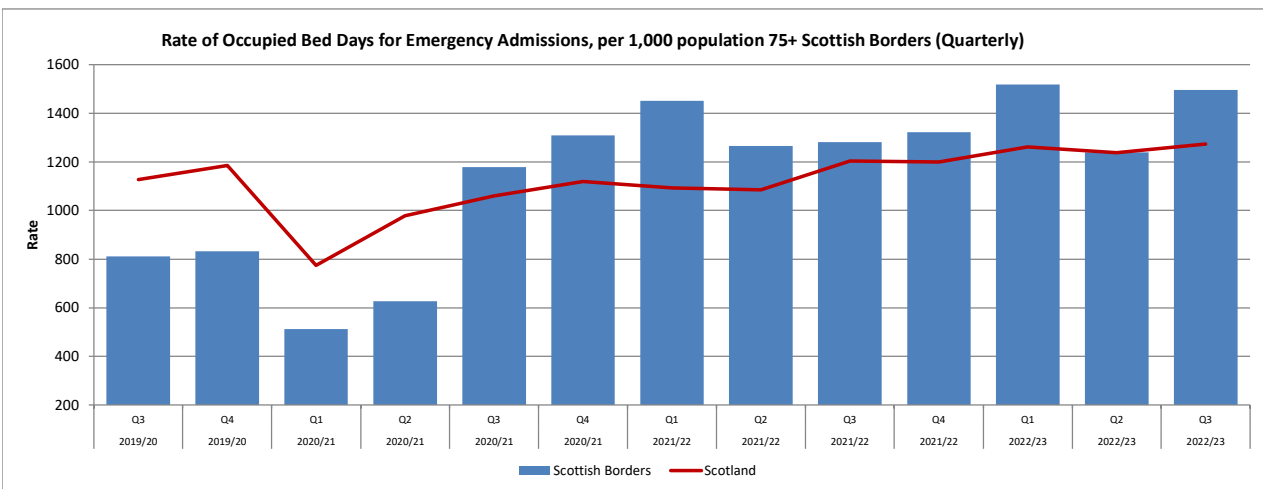
	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23
Number of Occupied Bed Days for emergency Admissions, 75+	812	833	513	627	1179	1310	1452	1212	1282	1323	1519	1240	1497
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+	9933	10505	6471	7903	14861	16521	18378	15625	16465	16829	20109	16409	19810



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

Source: NSS Discovery

	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	Q3 2022/23
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scottish Borders	812	833	513	627	1179	1310	1452	1265	1282	1323	1519	1240	1497
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scotland	1127	1185	774	979	1060	1119	1093	1085	1203	1200	1262	1237	1273



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

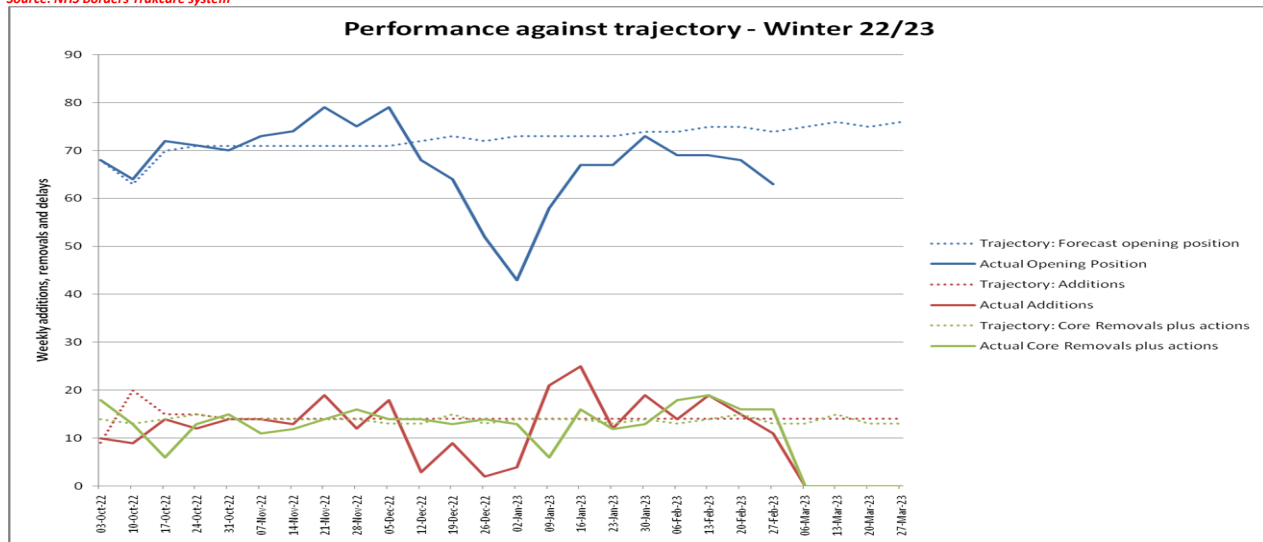
How are we performing?

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

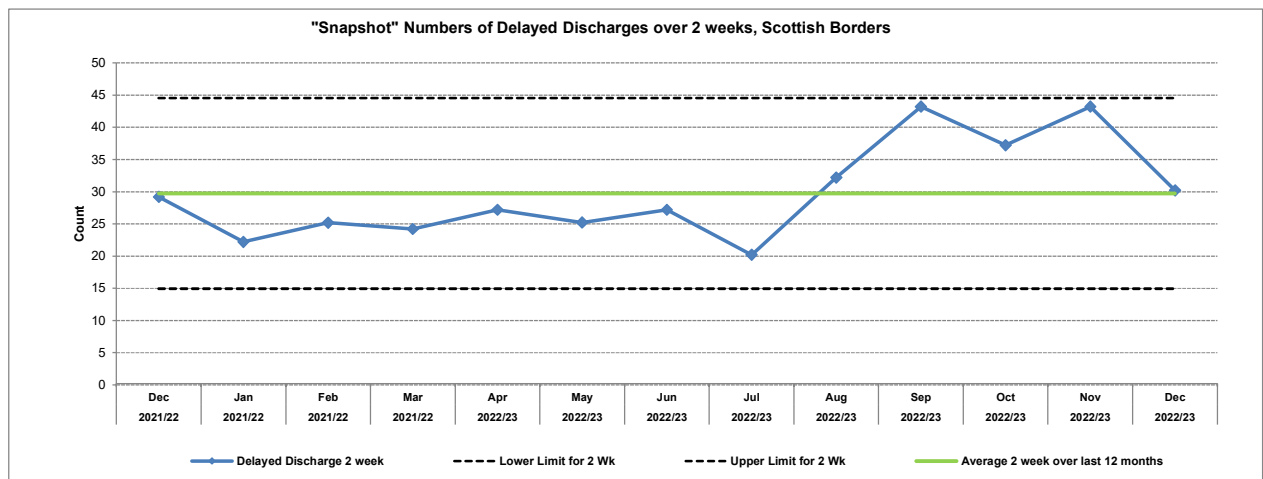
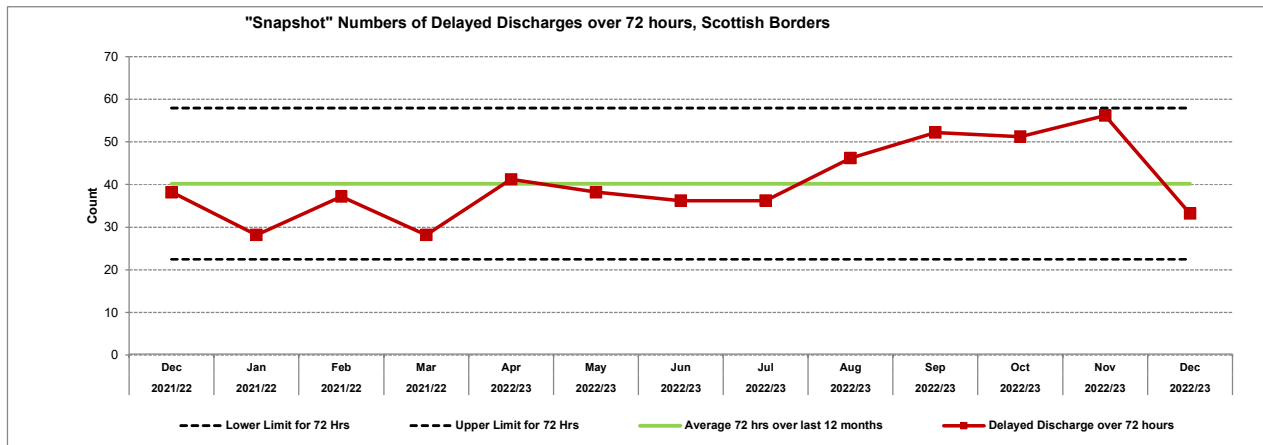
The quarterly occupied bed day rates for emergency admissions in Scottish Borders residents aged 75+ has fluctuated over time and had been lower than the Scottish Average until Q3 20/21 when Community Hospitals data are included. There was a reduction between Q1 2021/22 and Q2 2021/22 but rates have 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.

Delayed Discharges (DDs)

Source: NHS Borders Trakcare system



	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Number of DDs over 2 weeks	29	22	25	24	27	25	27	20	32	43	37	43	30
Number of DDs over 72 hours	38	28	37	28	41	38	36	36	46	52	51	56	33



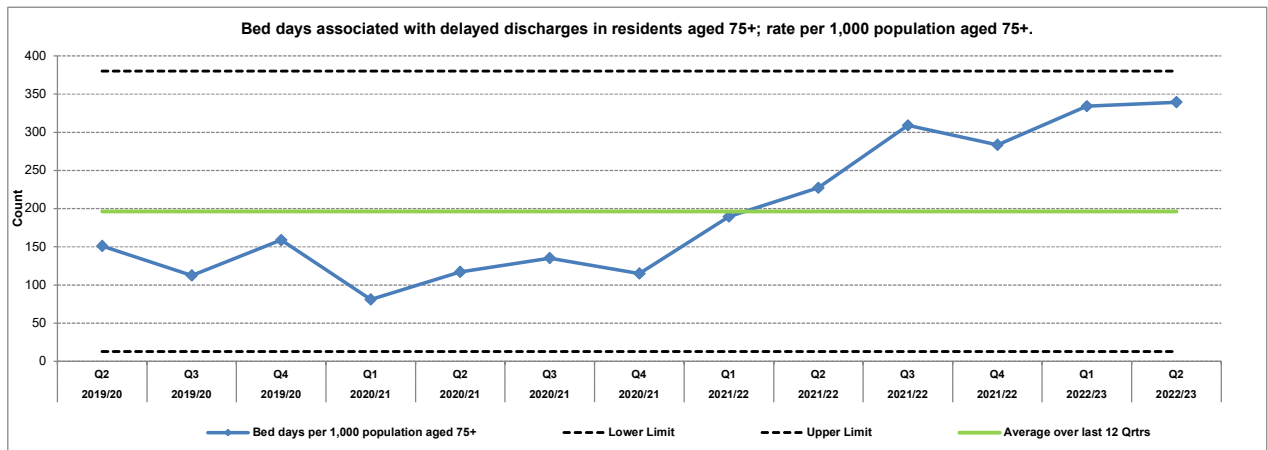
Please note the Delayed Discharge over 72 hours measurement has been implemented from April 2016.

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

	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
Bed days per 1,000 population aged 75+	150.8	112.4	158.6	80.9	116.8	135.0	114.7	189.3	227.0	308.8	283.5	334.0	339.3



How are we performing?

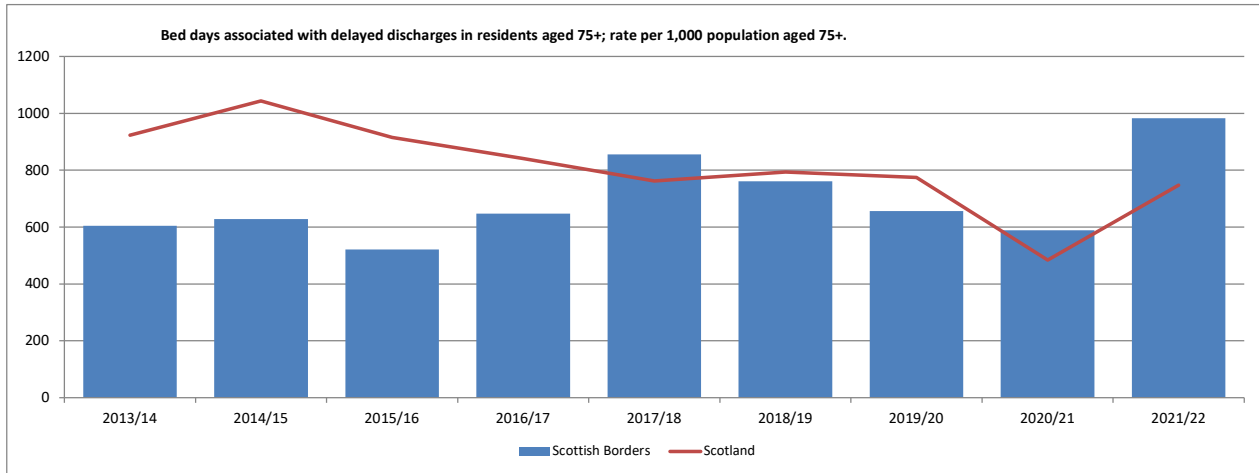
Although, at the onset of the COVID-19 pandemic there was a reduction in the number of delayed discharges, this was short-lived and these have again been on an increasing trend since May 20. December 2020 demonstrated a drop in delayed discharges; this is in-line with the previous year although the 2020 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	588	982
Scotland	915	841	762	793	774	484	748



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

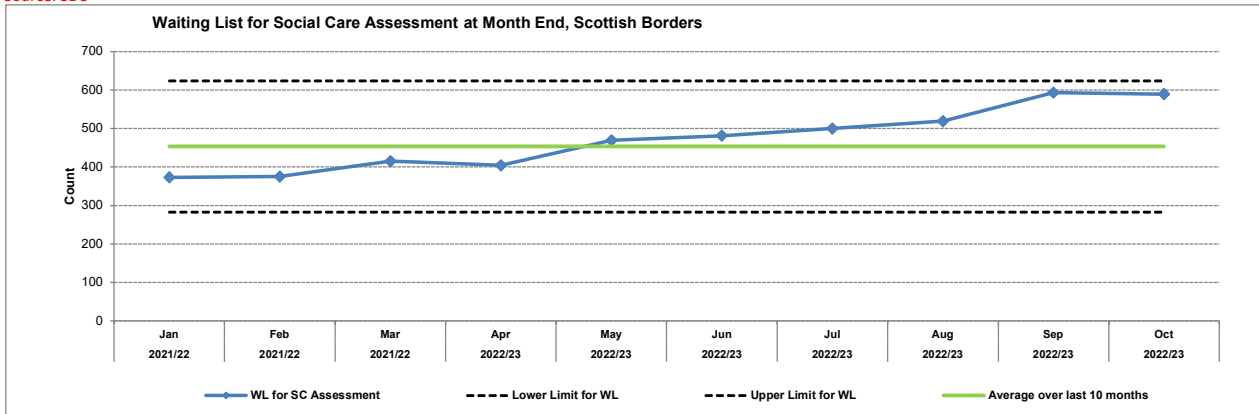
How are we performing?

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



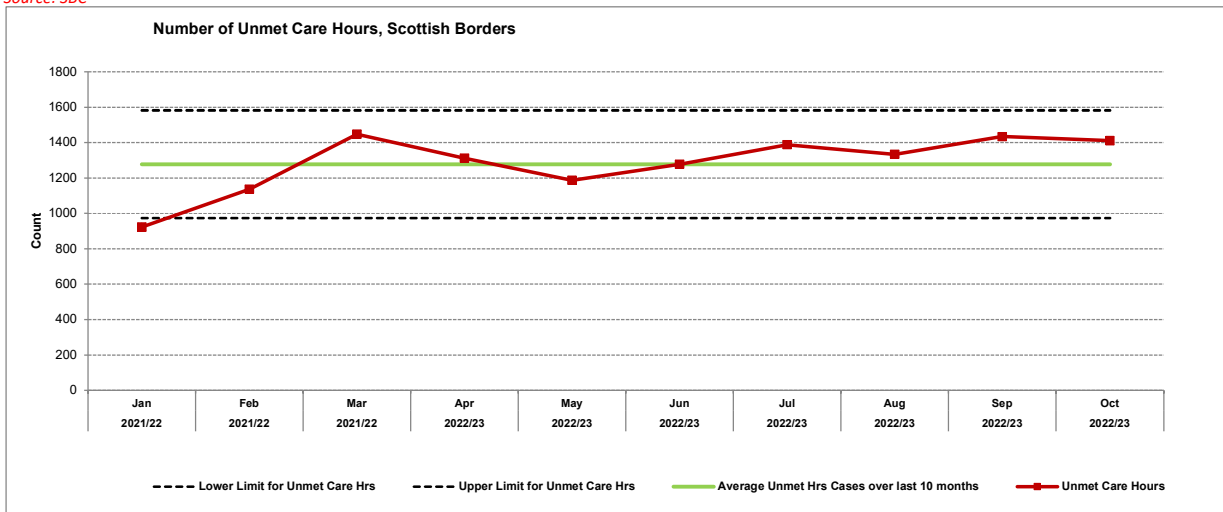
How are we performing?

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



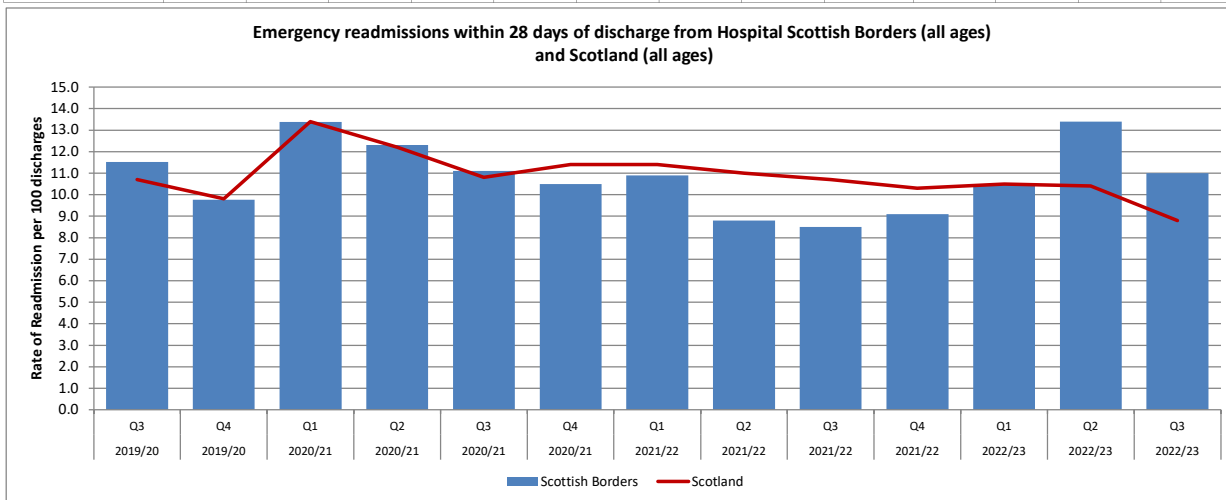
How are we performing?

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

	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	Q3 2022/23
Scottish Borders	11.5	9.8	13.4	12.3	11.1	10.5	10.9	8.8	8.5	9.1	10.5	13.4	11.0
Scotland	10.7	9.8	13.4	12.2	10.8	11.4	11.4	11.0	10.7	10.3	10.5	10.4	8.8



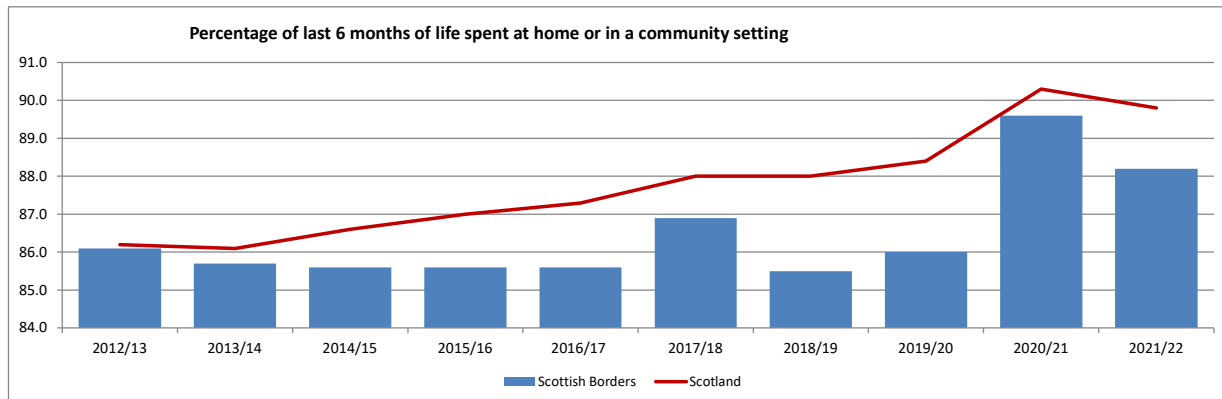
How are we performing?

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

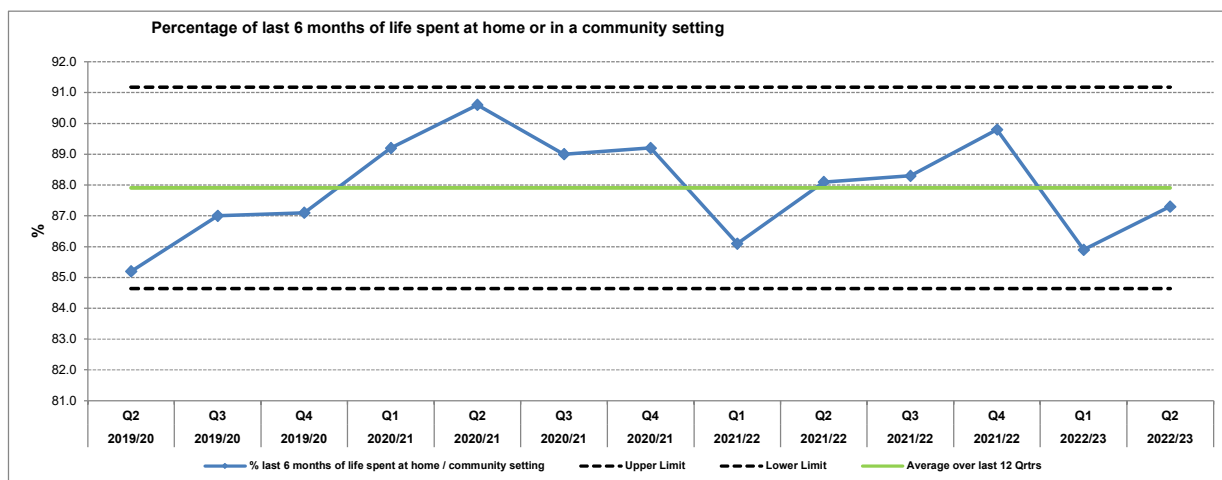
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Scottish Borders	86.1	85.7	85.6	85.6	85.6	86.9	85.5	86.0	89.5	88.2
Scotland	86.2	86.1	86.6	87.0	87.3	88.0	88.0	88.3	90.2	89.8



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

Source: Core Suite Indicator workbooks

	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
% last 6 months of life spent at home or in a community setting Scottish Borders	85.2	87.0	87.1	89.2	90.6	89.0	89.2	86.1	88.1	88.3	89.8	85.9	87.3



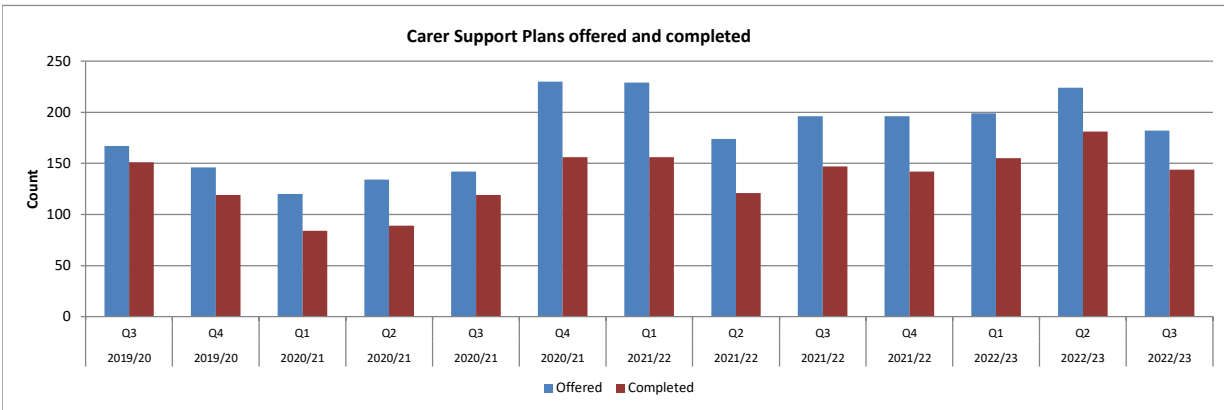
How are we performing?

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

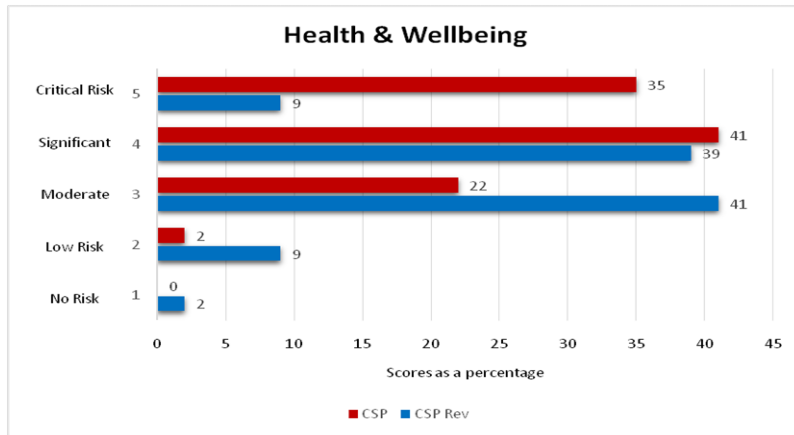
Source: Borders Carers Centre

	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	Q3 2022/23
Carer Support Plans Offered	167	146	120	134	142	230	229	174	196	196	199	224	182
Carer Support Plans Completed	151	119	84	89	119	156	156	121	147	142	155	181	144



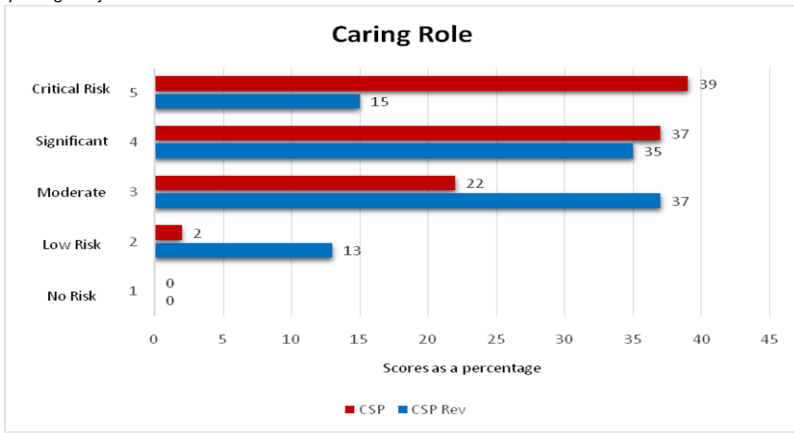
Health and Wellbeing (Q3 2022/23)

I think my quality of life just now is:



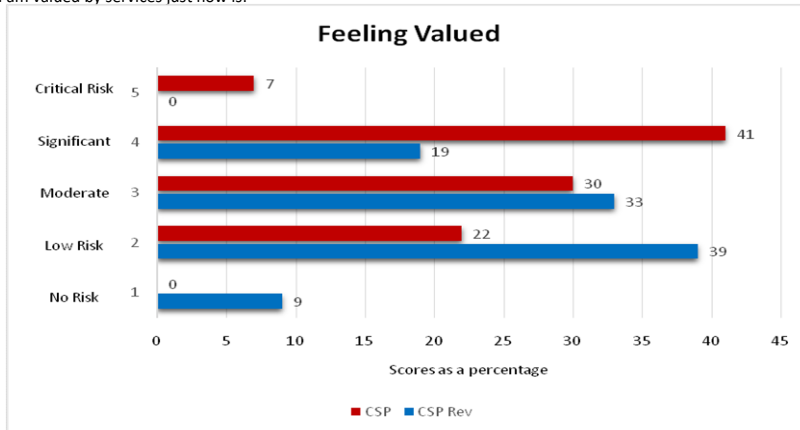
Managing the Caring role (Q3 2022/23)

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



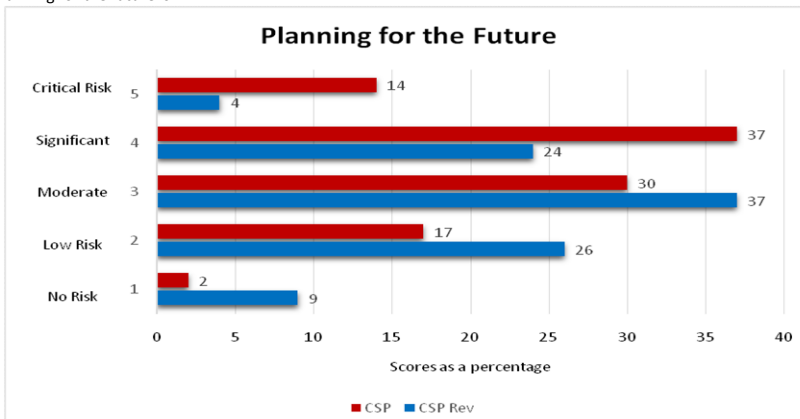
How are you valued by Services (Q2 2022/23)

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



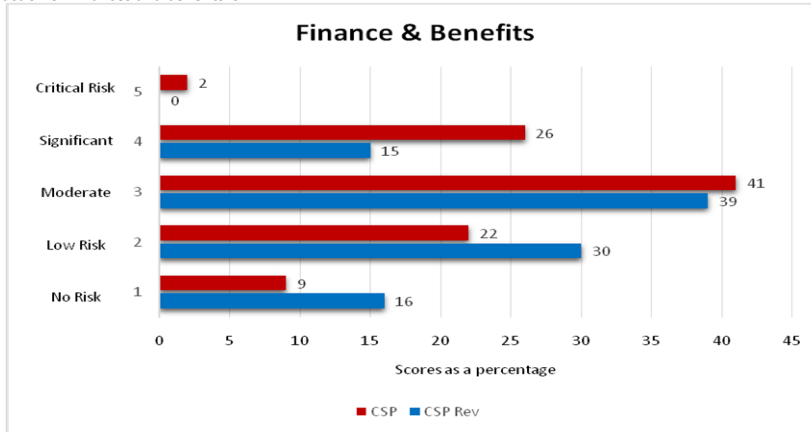
Planning for the Future (Q3 2022/23)

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



Finance & Benefits (Q3 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.

**Scottish Borders Health and Social Care Partnership
Integration Joint Board**

15 March 2023

**SCOTTISH BORDERS HSCP INTEGRATED WORKFORCE
PLAN – IMPLEMENTATION PLAN**



Report by Erick Ullrich, Organisational Development Manager; Claire Smith, Workforce Planning Manager; Wendy Henderson, Partners for Integration, Scottish Care

1. PURPOSE AND SUMMARY

- 1.1. **To update the Integration Joint Board of progress developing an Integrated Workforce Plan Implementation Group**
- 1.2. Our Integrated Workforce Plan was approved by the Integration Joint Board on 26 October 2022. This report provides an update on the development of the associated implementation plan.

2. RECOMMENDATIONS

- 2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to:-**
 - a) Note the formation of and membership of the cross sector SBHSCP Integrated Workforce Plan Implementation Board
 - b) Note the Terms of Reference of the Implementation Board specifically the remit and scope which was coproduced with Implementation Board members
 - c) Note the content of the first progress report detailing the Implementation Plan coproduced by the Implementation Board
 - d) Note that two of the Equality Outcomes for the period 2023 to 2025 relate specifically to the Partnership’s Workforce. The Implementation Board will report progress against these outcomes monthly to the SPG E&HR Subgroup
 - e) Note that the Implementation Plan is living document which will be refreshed and reported against quarterly to the IJB

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our efficiency and effectiveness	Reducing poverty and inequalities

X	X		X	X	
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Alignment to our ways of working					
People at the heart of everything we do, and inclusive co-productive and fair	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Openness, honesty and responsibility
X	X	X	X	X	X

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required.

5. BACKGROUND

- 5.1. In April 2020 the Scottish Government's Directorate of Health Workforce issued a letter to NHS Board Chief Executives, Integration Joint Board Chief Officers and Local Authority Chief Executives. The letter provided guidance to the Scottish Border Health and Social Care Partnership and NHS Borders on the completion of their Three Year Workforce Plans.
- 5.2. The Directorate of Health Workforce recognised that the Scottish Borders HSCP were asked to develop its first Integrated Workforce Plan prior to developing its Strategic Commissioning Plan, therefore the plan presented to the Scottish Borders Integration Joint Board in October 2022, would be a high level summary of actions to be taken to address cross sector workforce issues.
- 5.3. To meet the expectations of the Scottish Government, the Scottish Borders HSCP's Integrated Workforce Plan was developed using the Five Pillar of Workforce Planning as outlined in the National Workforce Strategy.
- 5.4. The Public Bodies (Joint Working) Scotland) Act 2014, places a duty on the Scottish Borders Integration Joint Board (IJB) and the Scottish Borders Health and Social Care Partnership to maximise the integration of services, via the Integration Planning and Delivery Principles.
- 5.5. To do this effectively our Integrated Workforce Plan was approved by the Integration Joint Board on 26 October 2022. The Scottish Borders HSCP Integrated Workforce Plan has been designed to carefully consider the interdependencies across the whole system as well as delivering the platform from which to ensure that one part of the system's actions do not impinge on another's and the Integration Joint Board and Scottish Borders Health and Social Care Partnership's vision of an across the system approach, to current and future workforce pressures and one that address the current inefficiencies experienced by organisations providing care as staff move from one provider to another.
- 5.6. The coproduced Integrated Workforce Plan and associated Action Plan, approved by the Integration Joint Board, outlined proposed actions to deliver a cross sector vibrant and competent workforce to meet local projected short-term recovery and medium term workforce growth requirements.
- 5.7. To give the Integration Joint Board assurance that actions are being taken to evidence compliance with the requirements of the Scottish Government and the associated regulatory requirements an Implementation Plan has been coproduced.

6. GOVERNANCE AND PERFORMANCE

- 6.1. In line with the Governance arrangements presented to the Integration Joint Board in October 2022, which can be found in appendix 1, the Integrated Workforce Plan's Implementation Board was established in January 2023. The Board has met on three occasions since 17 January 2023 to develop the Integrated Workforce Plan's Implementation Plan.
- 6.2. During these meetings the Board also agreed to support the development and presentation of:
 - Quarterly performance reports to the Integration Joint Board
 - Quarterly performance reports to the HSCP Joint Executive Team
 - To take monthly reports from the workstream leads
- 6.3. To further support a robust oversight of the implementation plan in the first 6 months, it has been agreed that the Board will take responsibility for delivering Pillar 1 - Plan.

7. PRIORITIES

7.1. During the three meetings held to date, an initial implementation plan and associated priorities was coproduced by board members. These have been developed under the 5 Pillars adopted by the Integration Joint Board in October 2022. These can be found in appendix 4 and are summarised below:

- Mapping exercises e.g., current activities including recruitment, retention and training
- Maximising large scale change opportunities e.g., National Care Service
- Affecting Practice change – move from actuate to community based change
- Evaluating current models of care with a view to developing new models of care e.g. GP Practices, intermediate care
- Portability/flexibility of staff
- Breaking down professional barriers e.g., flexibility of roles and responsibilities
- Promotion of career in care
- International and UK national partnership recruitment
- Promotion of the Borders benefits e.g., accommodation affordability

8. IMPACTS

Community Health and Wellbeing Outcomes

8.1. It is expected that the proposal will impact on the National Health and Wellbeing Outcomes below:

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Increase
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.	Increase
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Increase
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Increase
5	Health and social care services contribute to reducing health inequalities.	Increase
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.	Increase
7	People who use health and social care services are safe from harm.	Increase
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.	Increase
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

Financial impacts

8.2. There are no costs attached to any of the recommendations contained in this report.

- 8.3. A significant proportion of delegated budget within Scottish Borders Health and Social Care Partnership is dedicated to workforce. It is anticipated that this plan will be closely allied to investment in specific areas such as Social Work, Social Care, Winter Monies, Primary Care Improvement, Urgent Care and Transforming Roles.
- 8.4. This requires the SBHSCP Integrated Workforce Plan to be interlinked with the Strategic Framework to support transformation, change and redesign to meet the current and emerging needs of the Scottish Borders communities.
- 8.5. The Partnership's Joint Staff Forum will ensure that cross sector organisational development is effectively monitored.

Equality, Human Rights and Fairer Scotland Duty

- 8.6. An assessment of proportionality and relevance to the Equality Act 2010 (Stage 1 Integrated Impact Assessment) was undertaken in May 2022 and is attached for reference
- 8.7. Stage 2 Integrated Impact Assessment Empowering People – Capturing their Views has been undertaken since May 2022 and is attached for reference. This details who was consulted with, what they said and how this has been used to influence and inform the development of the plan
- 8.8. Stage 3 of the Integrated Impact Assessment – Analysis and Findings is also attached for reference.
- 8.9. A cross sector Implementation Board, which includes organisations reflective of the relevant protected characteristics has been established. The Implementation Board has used the findings of the impact assessment to inform and influence the development of the implementation plan.

Legislative considerations

- 8.10. Adopting the proposed SBHSCP Integrated Workforce Plan will support the IJB evidence its compliance with:
 - CEL 32(2011)
 - Public Bodies (Joint Working) Scotland Act 2014
 - Regulation 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011
 - The Equality Act 2010
 - Scottish Specific Public Sector Equality Duties 2012

Climate Change and Sustainability

- 8.11. There are no known climate change impacts at this stage.

Risk and Mitigations

- 8.12. Risks are outlined below:
 - Changing demographics affecting staff and people who use our services, including the consequences of the Covid-19 Pandemic.
 - Population changes with a reduction in working age population living in the Scottish Borders

- A significant reduction in the availability of professionally trained clinical staff, including Allied Health Professionals, doctors, nurses and pharmacists.
- Changes in employment and immigration regulations linked to EU withdrawal
- Complex and protracted employment processes that do not respond to short term needs
- Inability to train key professionals at a sufficient rate to meet demand National competition attracting newly qualified professionals to settle where they trained - often in city areas

9. CONSULTATION

Communities consulted

- 9.1. In November 2022 lead representatives from each of the 5 sectors represented on the Implementation Board were identified. Membership is drawn from:
- Third Sector Organisations/Forum
 - Independent Sector Organisations/Forum
 - Primary Care Services
 - Scottish Borders Council
 - NHS Borders
- 9.2. A full list of members and the networks/forum they represent is attached as appendix 2.
- 9.3. During the meetings which took place in January 2023 and February 2023, a Terms of Reference for the Implementation Board was coproduced, this is attached as appendix 3.
- 9.4. In addition, the following groups have been consulted:
- Joint Staff Forum
 - Care Sector Advisory Group
 - IJB Strategic Planning Group
 - Other groups – as relevant

Integration Joint Board Officers consulted

- 9.5. The IJB Board Secretary, the IJB Chief Financial Officer and the IJB Chief Officer have been consulted, and all comments received have been incorporated into the final report.
- 9.6. In addition, consultation has occurred with our statutory operational partners at the:
- HSCP Joint Executive

Approved by:

Chris Myers, Chief Officer

Authors:

Erick Ullrich, Organisational Development Manager, Scottish Borders Council
 Claire Smith, Workforce Planning Manager NHS Borders
 Wendy Henderson, Partners for Integration, Scottish Care

Background Papers: Integration Joint Board, 26 October 2022 - Item 5a:

<https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&MIId=6444&Ver=4>

Previous Minute Reference: n/a

For more information on this report, contact us at:

- Erick Ullrich, Organisational Development Manager, Scottish Borders Council – erick.ullrich@scotborders.gov.uk
- Claire Smith, Workforce Planning Manager NHS Borders – claire.smith@borders.scot.nhs.uk
- Wendy Henderson, Partners for Integration, Scottish Care – wendy.henderson@scottishcare.org

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**Scottish Borders Health and Social Care Partnership
Integration Joint Board**

15 March 2023

Directions Tracker

Report by Hazel Robertson, Chief Finance Officer, HSCP and IJB



1. PURPOSE AND SUMMARY

1.1. To provide an overview of the implementation of approved directions.

Progress is being made in relation to the implementation of approved directions. The PCIP direction is providing difficult to conclude because of lack of clarity of Scottish Government funding.

Development of business cases is taking longer than anticipated, largely as a result of the engagement processes. This extensive approach should provide for better outcomes.

An update is not provided for some of the items currently due. This will be followed up with leads before the end of March.

2. RECOMMENDATIONS

2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to:-**

a) Note the contents of the Directions Tracker.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our effectiveness and thinking differently to meet need with less	Reducing poverty and inequalities
x	x		x	x	

Alignment to our ways of working					
People at the heart of everything we do	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Inclusive co-productive and fair with openness, honesty and responsibility
	x	x			x

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required.

5. BACKGROUND

5.1. This is a monitoring report to support the smooth working of the IJB, and implementation of our strategic priorities.

6. IMPACTS

Community Health and Wellbeing Outcomes

6.1. The intention of this report is to provide a focus for improvement of health services therefore should indirectly impact on the National Health and Wellbeing Outcomes below:

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Increase
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.	Increase
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Increase
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Increase
5	Health and social care services contribute to reducing health inequalities.	Increase
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.	Increase
7	People who use health and social care services are safe from harm.	Increase
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.	Increase
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

Financial impacts

6.2. There are no costs directly associated with this report. Indicative costs to implement directions are highlighted where known. The Strategic Plan and Financial Plan directions set out the overall expected costs for the IJB.

Equality, Human Rights and Fairer Scotland Duty

6.3. An assessment against these duties is not required as this is a summary report and IIAs will be conducted as required for each item.

Legislative considerations

6.4. None

Climate Change and Sustainability

6.5. None.

Risk and Mitigations

6.6. No specific risks as this is a national overview,

7. CONSULTATION

Communities consulted

7.1. Not relevant.

Integration Joint Board Officers consulted

7.2. Not relevant.

Approved by:

Hazel Robertson, Chief Finance Officer

Author(s)

Hazel Robertson, Chief Finance Officer

Background Papers Directions Tracker

Previous Minute Reference: not applicable

For more information on this report, contact us at

Hazel Robertson

Chief Finance Officer

07929 760333

hazel.robertson3@borders.scot.nhs.uk

Ref	Date	Service	Purpose	Direction	Value £000s	Outcomes	Mar-23
SBIJB-151221-1	02/02/22	Workforce	Development of plan	Development of a HSCP Integrated Workforce Plan, including support of immediate workforce sustainability issues			complete
SBIJB-151221-2	02/02/22	Strategic Commissioning	Development of plan	Resource support for the development of the IJB's Strategic Commissioning Plan			complete
SBIJB-151221-3	02/02/22	Care Village Tweedbank and Care Home Hawick	Development of FBC	Development of Full Business Cases for Care Village in Tweedbank, and the scoping of Care Home Provision in Hawick to Outline Business Case		revised direction below	
SBIJB-020322-1	02/02/22	Millar House	Commissioning	Commissioning the Millar House Integrated Community Rehabilitation Service	£256k R	quality of care, LOS, costs	
SBIJB-150622-2	16/06/22	Day services for adults with learning disabilities	Commissioning	To recommission a new model of Learning Disability Day Services by going to the open market	1,643,000	savings target £350,000. All nine health and well being outcomes	being finalised
SBIJB-150622-3	16/06/22	Pharmacy support to social care users	Polypharmacy	To provide an Integrated service for all adult social care service users	NR £150k	Savings will be identified to CFO. Review of service after two cycles	y
SBIJB-150622-4 Budget	16/06/22	All	Budgetary framework	To deliver services within the budgets and under the framework outlined in Item 5.7 of the 15 June 2022 Integration Joint Board			

Ref	Date	Service	Purpose	Direction	Value £000s	Outcomes	Mar-23
SBIJB-151221-3	21/09/22	Care Home Hawick update	Development of FBC	Hawick Outline Business Case		present business case	
SBIJB-150622-5	16/06/22	Health Board Oral Services	Development of plan	To provide support for the production of an Oral Health Plan	As per Sol	Focused on planning principles, health improvement plan, and be financially sustainable	on AC agenda
SBIJB-21-09-22-01	21/09/22	Hospital at home	Scope the development of Hospital at home	Develop a business case to come back to IJB for approval	300	To be discussed at range of groups prior to IJB in March	recruitment and start up
SBIJB-210922-2	21/09/22	Integrated home based reablement service	Report to IJB with business case for integrated SB Cares and Home First Service	Develop a business case to come back to IJB for approval	expected that costs will reduce	To review by SPG before IJB in December	
SBIJB-210922-3	21/09/22	Palliative Care review	To commission an independent palliative care review	Scope and outcomes as described in paper with full engagement and integrated approach. To improve outcomes and reduce costs through a programme budgeting approach	-	To conclude by 31 March 2023. Review by SPG before IJB	y

Ref	Date	Service	Purpose	Direction	Value £000s	Outcomes	Mar-23
SBIJB-020922-1	21/09/22	Primary Care Improvement Plan	Manage PCIP within existing funding	PCIP Exec to deliver outcomes from non recurrent spend, and reprioritise the use of available recurrent funding. PCIP Exec to escalate at a national level regarding inadequacy of funds and the risks associated with that.	£1.523 NR and £2.313 rec plus tranche 2 tbc	Implementation of GP contract	significant challenge
SBIJB-161122-1	21/12/23	Day services	Re-commissioning of the Teviot and Liddesdale Buildings Based Adult Day Servic	Engage in partnership working, through an IIA, consider and evaluate options, including financial impact, outline scope of service, ensure full engagement	tbc		y
SBIJB-010223-1	01/02/23	Care home and extra care housing, LF	Scoping of the associated integrated service models of delivery	Scoping of the associated integrated service models of delivery and associated revenue costs for the Full Business Cases for the Hawick and Tweedbank Care Villages		Business case	y

**Scottish Borders Health and Social Care Partnership
Integration Joint Board**



Scottish Borders
Health and Social Care
PARTNERSHIP

15 March 2023

STRATEGIC PLANNING GROUP MINUTES

Report by Iris Bishop, Board Secretary

1. PURPOSE AND SUMMARY

- 1.1. To provide the Integration Joint Board with the approved minutes of the Strategic Planning Group meeting, as an update on key actions and issues arising from the meeting held on 12 December 2022.
- 1.2. The meeting focused on 3 main areas: Integrated Impact Assessment; Strategic Framework; and Community Engagement.

2. RECOMMENDATIONS

- 2.1. The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to:-
 - a) Note the SPG minutes of 12 December 2022.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

- 3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:
- 3.2. All items discussed at the SPG will fall into the categories listed below.

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our effectiveness and thinking differently to meet need with less	Reducing poverty and inequalities
x	x	x	x	x	x

Alignment to our ways of working					
People at the heart of everything we do	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Inclusive co-productive and fair with openness, honesty and responsibility
x	x	x	x	x	x

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required.

5. BACKGROUND

- 5.1. Once approved minutes from the Strategic Planning Group and Integration Joint Board Audit Committee as submitted to the Integration Joint Board for noting.

6. IMPACTS

Community Health and Wellbeing Outcomes

- 6.1. It is expected that the proposal will impact on the National Health and Wellbeing Outcomes below:

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	N
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.	N
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	N
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	N
5	Health and social care services contribute to reducing health inequalities.	N
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.	N
7	People who use health and social care services are safe from harm.	N
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.	N
9	Resources are used effectively and efficiently in the provision of health and social care services.	N

Financial impacts

- 6.2. There are no costs attached to any of the recommendations contained in this report.

Equality, Human Rights and Fairer Scotland Duty

- 6.3. An IIA is not required.

Legislative considerations

- 6.4. Not applicable.

Climate Change and Sustainability

- 6.5. Not applicable.

Risk and Mitigations

6.6. Not applicable.

7. CONSULTATION

Communities consulted

7.1. Not applicable.

Integration Joint Board Officers consulted

7.2. The IJB Board Secretary, the IJB Chief Financial Officer and the IJB Chief Officer have been consulted.

Approved by:

Chris Myers, Chief Officer Health & Social Care

Author(s)

Iris Bishop, Board Secretary

Background Papers: SPG Minutes 12.12.22

Previous Minute Reference: Not applicable

For more information on this report, contact us at Iris Bishop, Board Secretary, email: iris.bishop@borders.scot.nhs.uk



Minutes of a meeting of the **Scottish Borders Health & Social Care Strategic Planning Group** held on **Monday 12 December 2022** at **9am – 10.30am** via Microsoft Teams

Present: Chris Myers, Chief Officer (Chair – deputising for Cllr Parker)
Dr Sohail Bhatti, Director of Public Health
David Bell, Staff Side Representative, SBC
Caroline Green, Public Member
Wendy Henderson, Independent Sector Lead
Susan Holmes, Principal Internal Audit Officer, IJB
Linda Jackson, Service User representative
Gwyneth Lennox, Chief Officer Adult Social Work, SBC
Colin McGrath, Community Councillor
Amanda Miller, Eildon Housing Association
Clare Oliver, Head of Communications and Engagement, NHS Borders
Hazel Robertson, IJB Chief Financial Officer
Jenny Smith, Co-ordinator, Borders Care Voice
Cathy Wilson, General Manager, P & CS

In Attendance: Laura Prebble, Minute Taker
Elke Fabry, Project Manager
Hayley Jacks, Planning & Performance Officer

1. APOLOGIES AND ANNOUNCEMENTS

Apologies received from Cllr David Parker (Chair), Stuart Easingwood and Lynn Gallacher.

2. MINUTES OF THE PREVIOUS MEETING

The Minute of the previous meeting held on 1 November 2022 were approved.

3. MATTERS ARISING/ACTION TRACKER

- Unpaid Carers Update – Chris Myers gave an update. There is a focus on the Teviot & Liddesdale building based day service and a Task and Finish group has been established. Engagement to begin in January 2023 and specification to be complete by April 2023. Meeting centres are being considered in parallel for people with lower level need. Linda Jackson added the concern noted by the Health Board on the length of time before a day service can be re-opened and are writing to the IJB to note this concern. Chris Myers noted the time required to design a service based on evidence of appropriate engagement and undertaking a comprehensive Equalities and Human

Rights Impact Assessment, the need to identify a provider, and the time required for registration by the Care Inspectorate.

- Membership – This agenda item will follow once work has progressed on locality working groups.

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

4. INTEGRATED IMPACT ASSESSMENT SCRUTINY ROLE

Wendy Henderson presented the paper which had been circulated in advance of the meeting. Members were thanked for their involvement. The Equality Act 2010 outlines the general duties and there are Scotland specific duties. Priorities have been identified and the next steps set out. An equality impact assessment process has been set up for core business processes. An audit was undertaken showing only 3 out of 83 reports to the IJB included an impact assessment with 12 stating that one had been undertaken. It will be the role of the SPG to scrutinise the impact assessments and give quality assurance as well as a monitoring and performance role. A specialist SPG equalities and human rights sub group is proposed to include specialists. The will ensure the robustness before a paper is brought to the SPG. An impact assessment will be required for all new and revised policies and practices. This will ensure the views of people with lived experience are being taken into account. There are 3 stages – proportionality and relevance, capturing people's views, findings and recommendations. An exercise was carried out to show how the process works. Wendy Henderson added an online tool is being developed to allow interrogation. A system is needed so NHSB/SBC/IJB are not duplicating impact assessments. The process is to become mainstreamed.

The Chair thanked Wendy Henderson for the presentation and asked for comments and observations.

David Bell asked if the SPG could reject an impact assessment and Wendy Henderson noted it was the role of the SPG to scrutinise so papers can be rejected. Hazel Robertson noted she had attended a recent workshop from a financial planning approach and that resource allocation needs to be embedded from an Equalities and Human Rights perspective too. Colin McGrath noted he had been involved in the setting up of protected characteristics and noted an impact assessment may not always be required as they can be disproportionate. Wendy Henderson advised that even if there is only 1 person with a protected characteristic the law states the needs of all are to be considered. Dr Sohail Bhatti congratulated Wendy Henderson on the progress made and asked if health inequalities could be included at stage 1 of the framework. This would avoid duplication and maximise gain. To also consider a review process every 6 months. Keith Allan volunteered to join the foundation of the sub group which includes Wendy Henderson, Jenny Smith and Laura Jones. Laura Jones noted that if this is carried out correctly at the start of the journey then it will ensure services are accessible to everyone. Jenny Smith agreed the need for synergy and to include health inequalities going forward. Chris Myers added that keeping human rights at the forefront of our approach will inform how services are delivered and ensure that they are delivered more effectively. He thanked the foundation group for their work to date.

Wendy Henderson advised there are currently 5 impact assessments piloting the new documentation as a test of change and positive feedback has been received. There is also a national network offering support and giving strategic direction.

The **STRATEGIC PLANNING GROUP** supported the approach outlined in the paper.

5. HEALTH & SOCIAL CARE STRATEGIC FRAMEWORK

Hayley Jacks presented the paper which had been circulated in advance of the meeting. A group discussion followed. The document is to be simplified before publication so it can be read and comprehended by all. There has been consultation at a locality level which is informing our plan, and this will continue to develop as the Locality Working Group model redevelops.

David Bell noted the reference to staff also needs to be included. Wendy Henderson suggested including a link to the Integrated Workforce Plan. Jenny also queried the use of terminology since the report will be read by the public and added that the political situation needs to be included. Wendy Henderson added an easy read version as well an audio/braille and in different languages should be considered and Hayley Jack noted advice is being taken on this.

Action: Hayley Jacks to circulate an updated document after the meeting for further comment by all members by 23 December 2022.

The Chair thanked everyone involved for their contribution to date.

The **STRATEGIC PLANNING GROUP** approved the paper.

6. NEXT STEPS – COMMUNITY ENGAGEMENT

Clare Oliver shared a presentation on the phase 2 engagement which will take place in Jan/Feb 2023. This is an evolving document covering the 6 emerging priorities. Five localities are identified to shape the differences identified in phase 1. There will be a link to existing groups as well as the Locality Working Groups once re-established.

Colin McGrath noted the in person events that he attended were not well attended and felt the community had not had their say since the Community Councils/Citizens Panels had not been engaged with. Colin McGrath raised concern about the lack of engagement with Community Councils and Linda Jackson noted every group member's responsibility to feed information from this group on thorough our own networks. Jenny Smith agreed and noted the importance of everyone working as ambassadors for this work by using their links and networks. Clare agreed that attendance at the in person events had been small and was keen to work with Colin McGrath to engage the Community Councils better in phase 2.

Dr Sohail Bhatti noted that diplomatic skills may be required to work will empowered people. Wendy Henderson added that empowering people mean hearing their voice and was glad to hear this language being used.

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

7. ANY OTHER BUSINESS

There was no other business noted.

8. DATE AND TIME OF NEXT MEETING

The Chair confirmed the next meeting of the Strategic Planning Group would be held on Wednesday 1 February 2023 at 10am to 12pm via Microsoft Teams.

Meeting Dates 2023 10am – 12pm:

5 April 2023

7 June 2023

2 August 2023

4 October 2023

6 December 2023