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Scottish Borders
Health and Social Care
PARTNERSHIP

A meeting of the **Health & Social Care Integration Joint Board** will be held on **Wednesday, 19th April, 2023** at **9.00 am** via Microsoft Teams

AGENDA

Time	No		Lead	Paper
9.00	**1**	**ANNOUNCEMENTS AND APOLOGIES**	Chair	Verbal
9.01	**2**	**DECLARATIONS OF INTEREST** 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.	Chair	Verbal
9.02	**3**	**MINUTES OF PREVIOUS MEETINGS** 01.02.23 15.03.23	Chair	(Pages 3 - 22)
9.04	**4**	**MATTERS ARISING** Action Tracker	Chair	(Pages 23 - 26)
		FOR DECISION		
9.05	5.1	2023/24 IJB Financial Plan and Initial Budget	Chief Financial Officer	(Pages 27 - 46)
	5.2	Direction: Gala Resource Centre	General Manager MH&LD	(Pages 47 - 174)
9.29	**6**	**ANY OTHER BUSINESS**	Chair	
9.30	**7**	**DATE AND TIME OF NEXT MEETING** Wednesday 17 May 2023 10am to 12pm	Chair	Verbal

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) Cllr R Tatler
(v) Cllr E Thornton-Nicol
(v) Mrs L O'Leary, Non Executive (Chair)
(v) Mrs K Hamilton, Non Executive
(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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Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 15 March 2023** at **10am** via Microsoft Teams

Present:
(v) Cllr D Parker
(v) Cllr R Tatler
(v) Cllr N Richards
(v) Mrs L O'Leary, Non Executive (Chair)
(v) Mrs F Sandford, Non Executive
Mr C Myers, Chief Officer
Mrs H Robertson, Chief Financial Officer
Mrs J Smith, Borders Care Voice
Mr D Bell, Staff Side, SBC
Mrs Y Smith, Partnership, NHS Borders
Mr N Istephan, Chief Executive Eildon Housing
Dr R Mollart GP
Mrs S Horan, Director of Nursing, Midwifery & AHPs
Mr S Easingwood, Chief Social Work Officer
Ms J Amaral, BAVs

In Attendance:
Miss I Bishop, Board Secretary
Mr D Robertson, Chief Executive, SBC
Mrs J Stacey, Chief Internal Auditor
Dr S Bhatti, Director of Public Health
Mrs L Jones, Director of Quality & Improvement, NHS Borders
Ms W Henderson, Scottish Care
Mr A Bone, Director of Finance, NHS Borders
Ms L Thomas, Communications, NHS Borders
Mr D Knox, BBC Scotland

1. APOLOGIES AND ANNOUNCEMENTS

1.1 Apologies had been received from Cllr T Weatherston, Elected Member, Cllr E Thornton-Nicol, Elected Member, Mrs K Hamilton, Non Executive, Mr J McLaren, Non Executive, Mr T Taylor, Non Executive, Dr L McCallum, Medical Director, Ms L Jackson, LGBTQ+, Ms L Gallacher, Borders Carers Centre, Mr R Roberts, Chief Executive, NHS Borders, Mrs J Smyth, Director of Planning & Performance, NHS Borders, Mr B Davies, Chief Officer – Strategic Commissioning & Performance, SBC, Mrs S Bell, Communications Officer, SBC, Mrs S Flower, Chief Nurse Health & Social Care Partnership, Mrs H Jacks, Planning & Performance Officer, NHS Borders, and Mrs J Holland, Director of Strategic Commissioning & Partnerships

1.2 The Chair welcomed Cllr Neil Richards to his first meeting of the Integration Joint Board (IJB).

1.3 The Chair welcomed attendees and members of the public to the meeting including Ms Wendy Henderson, Scottish Care and Mr David Knox, BBC Scotland.

1.4 The Chair confirmed that the meeting was not quorate and IJB would therefore be unable to formally approve any matters but would still be able to discuss and note items. Items that required approval before 31 March 2023 would be circulated to the Voting Members after the meeting to seek approval via email.

2. DECLARATIONS OF INTEREST

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

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

3. MINUTES OF THE PREVIOUS MEETING

3.1 The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 1 February 2023 were noted and would be submitted to the next meeting for formal approval.

4. MATTERS ARISING

4.1 **Action 2022:** Mr Chris Myers advised that the Carers workstream had been updated and a number of its members were part of the Teviot & Liddesdale working group. Public engagement had taken place across the locality and good feedback had been received on the day service and other services that supported carers the area. The feedback was being worked through with the working group and work was being undertaken in regard to a provider and commissioning. Stage 1 of the Inequalities Assessment had been completed and Stage 2 was being taken forward.

4.2 **Action 2022-4:** Mrs Hazel Robertson advised that she had presented to the Carers workstream on the Carers Act Funding covering current year spend and projected year spend. On an on-going basis she would be updating the group on how the funds were being used. Additional funding had been provided and not used in the current year but would be carried forward into next year. The Chair suggested the action be recorded as complete.

4.3 **Action 2023-1:** Mr Chris Myers advised that the revised direction would be submitted to the Strategic Planning Group for consideration and recommendation to the IJB in May.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that Action 2022-4 be marked as complete.

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

5. 2022/23 IJB FINANCIAL PLAN AND INITIAL BUDGET

5.1 Mrs Hazel Robertson provided an overview of the content of the report and explained how the IJB and Health & Social Care Partnership (HSCP) budget was compiled through offers from Scottish Borders Council (SBC) and NHS Borders. The process had been revised to formalise the sign off of the budget with both SBC and NHS Borders. The NHS Borders position was complex and formal sign off of that element would be sought at the next IJB meeting. However the SBC positon was less complex and she confirmed that the information provided by SBC met the requirements for setting the IJB budget.

5.2 Mrs Robertson commented that there had been a substantial historical savings target within the IJB budget and she anticipated that remaining in place with an increased requirement for savings in order to reach a balanced position for the partnership. She reiterated that the process with NHS Borders had not yet concluded and it was important to rectify that position in order to produce a recovery plan to show how those savings targets would be met. Whilst it was a difficult budget to work with she now had clarity of the issues and the funding to be set aside as the budget for next year remained consistent.

5.3 Mrs Robertson then detailed the budget proposals.

5.4 Mrs Fiona Sandford welcomed the report which was very clear in its layout. She enquired about the table in section 8.1 as it did not detail an entry against Home First. She also enquired if the level of savings was in line with other IJBs across Scotland.

5.5 Mrs Robertson advised that she would check the detail of Home First and respond outwith the meeting. Mr Andrew Bone suggested that the Home First information had been included in the “generic services” line but advised he would clarify the positon to Mrs Robertson.

5.6 Mrs Robertson commented that in regard to other IJBs she would gather some benchmarking information to be shared at the next meeting.

5.7 Mrs Jenny Smith echoed Mrs Sandford’s compliment in terms of the layout and content of the report. She commented that in her role as third sector member of the IJB it was a challenge to understand the finance and savings plan as they were high level and without the detail it was hard to make an informed decision. She suggested moving forward that they be involved earlier in the process. Mrs Robertson commented that she was keen to pursue the best value for every £1 approach in a number of areas and sought Mrs Smith’s involvement in that process. Mrs Smith welcomed the opportunity to be involved.

5.8 Dr Sohail Bhatti welcomed the clarity in the budget paper and enquired about the starting point when needing to decrease resource. He quoted Professor Rose of GlaxoSmithKlein about the vast majority of drugs only working on 30%-50% of people due to genetic factors. He suggested there was progress to be made with the drugs budget and getting the public to be fitter and healthier and manage self care with confidence. He also welcomed the programme budgeting pathway.

5.9 On a point of clarification Dr Rachel Mollart questioned the PCIP funding of £2.1m. Mrs Robertson commented that PCIP funding was complex due to the way the funding had been allocated by the Scottish Government. She believed that tranche 2 of the funding was inaccurate as it amounted to zero and was probably a consequence of an error in the formulae used by Scottish Government. She confirmed that the PCIP figure would be what the actual allocation was.

5.10 Mr Nile Istephan echoed Dr Bhatti's comments and suggested that the IJB had to do things differently in order to manage the budget and commission services moving forward. He suggested the delay in the national care service might free up some additional resource that could be redirected to the IJB.

5.11 Mr Chris Myers commented that it was a stark position and would have an impact on services and delivery and it was important that the IJB be mindful of that and express that to the public and local communities and some of that was already expressed in the strategic framework. The IJB was a legal entity and had statutory obligations and further work would be taken forward on financial governance with the help of the Director of Finance and Chief Financial Officer of NHS Borders and SBC respectively. He further commented that working closely with partner was important to ensure that where savings plans were agreed in one area they did not have a negative impact on another area.

5.12 In regard to the national care service he was unsure what the plans from the Scottish Government were given the current political turmoil. He advised that he would update the IJB on its request to be a pathfinder as soon as the Scottish Government advised him.

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

6. SCOTTISH BORDERS HEALTH AND SOCIAL CARE STRATEGIC FRAMEWORK 2023-26

6.1 Mr Chris Myers provided an overview of the content of the Strategic Framework for the period 2023-2026. He explained how the framework had been formulated through a bottom up approach engaging with local communities; analysing data; undertaking a needs assessment; targeting groups of stakeholders; holding locality sessions in person and online; reviewing feedback; scrutinising performance against the health and wellbeing outcomes; identifying strategic issues; planning for the future; and considering ways of working.

6.2 The Chair thanked all those involved in formulating the document which was more meaningful than previous iterations.

6.3 The Chair commented that it was clear that engagement had been at the heart of the document and so it had started in the right place and had changed the tone of the document compared to previous versions and she welcomed the single plan to be adopted across the partnership. In terms of being realistic and making tough decisions

she suggested the strategic framework set that out within its contents and provided the IJB and its partners with permission to be brave and tackle difficult issues.

6.4 Mrs Fiona Sandford echoed the Chairs comments and welcomed the framework being produced bottom up. She enquired about the communications strategy to publicise the framework and also enquired about the mission, vision and outcomes on page 13 in regard to the aim that 85% of adults would feel supported at home and questioned whether that should be a higher aim given it meant there would be an acceptance that 15% of people would feel unsafe.

6.5 Mrs Sarah Horan welcomed the framework and looked forward to receiving the annual plan that would support it and she enquired how it would be executed. She particularly referred to objectives on the promise and trauma practice. Mr Myers advised that trauma informed practice sat within the Equalities and Human Rights documentation and was not within the framework. He confirmed that the framework had been heavily edited to enable it to be as succinct as possible and much of the execution of it would be contained with the annual plan and other supporting documentation.

6.6 Mr Myers commented in regard to the 85% aim, obviously it was good to aim as high as possible and achievement was measured through a random survey of 500 people and sometimes the results were surprising as areas where work had been done, no improvement was seen and in other areas were no work was done a more positive result was received. He was committed to supporting people to feel safe.

6.7 Dr Rachel Mollart welcomed the section on “How everyone in the Scottish Borders can ‘Play their Part’” on page 5 as it would have an impact on primary care services.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** note the report.

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

7.1 Mr Chris Myers provided a brief overview of the report.

7.2 Mrs Wendy Henderson give an in-depth analysis of the report and highlighted that the IJB was in a strong position to evidence Equalities and Human Rights compliance with the Scottish specific duties 3, 4, 5 and 10. She explained the requirements of the duties and the supporting evidence that was in place.

7.3 Mrs Jill Stacey commented that it was a significant improvement and the evidence base around the legislative frameworks was very positive and would be reflected on as part of the requirement of the annual assessment.

7.4 Mr Henderson commented that a website would be created where all the relevant documents would be held for public scrutiny. She intended to bring a paper to the May IJB meeting on the United Nations Rights of the Child.

7.5 The Chair welcomed the sight of impact assessments now regularly accompanying all Board papers.

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

8. STRATEGIC RISK REGISTER UPDATE

8.1 Mr Chris Myers provided an overview of the content of the report. He advised that it continued to be reviewed on a regular basis and strategic issues were brought forward thought the strategic framework onto the risk register in line with the risk management approach. He noted the other key risk to note was the budgetary risk and assured the Board that he would be looking at the impact of that on outcomes and would feed that into the risk register. He suggested as progress was made with the annual plan there would be directions drafted for each service delegated to the IJB in line with best practice.

8.2 Mrs Jill Stacey commented that the integrated risk management approach in terms of the IJB was reliant on what was commissioned through the directions and was reliant on the operational delivery of services and obligations that the partners had. She suggested the IJB have more sight of that and noted that Mr Myers was sighted on those risks that might escalate and have an impact on the strategic objectives. She advised that there was a quarterly risk review of the IJB strategic risk register and there had been a delay in bringing the report to the IJB for consideration. She also wished to look at the timing of the report to the Board to enable assurance to the Board.

8.3 The Chair commented that it was helpful to see the risk register did not have any risks moving in the wrong direction.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** considered the reframed IJB Strategic Risk Register to ensure it covers the key risks to the IJB.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the work in progress to manage the risks.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted that a further risk update will be provided in June 2023.

9. FINANCIAL OUTLOOK UPDATE

9.1 Mrs Hazel Robertson provided a presentation to the IJB and spoke to several key elements including: improved financial regulations and controls; scheme of delegation; financial decision making; directions process; workforce; involvement; longer term; and best value.

9.2 The Chair welcomed the presentation given it had been largely about approach rather than facts and figures and was not just limited to money but was also about resources and how they should be used.

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

10. QUARTERLY PERFORMANCE REPORT

10.1 Mr Chris Myers provided an overview of the content of the report and highlighted: the key changes to be made to report to reflect the six objectives; the positive reduction in unmet need in the community over the past few months; the slight reduction in delayed discharges; and in terms of social work assessments there were a roll out of the developing community led support approach with a refocus on the work started in 2017.

10.2 Mr Myers commented that in terms of unscheduled care occupied bed days whilst the information was not contained within the report he assured the Board that there was a renewed focus on length of stay in NHS Borders. He further commented that an event had been held in regard to a national exercise on multi agency discharge. Following on from that the exercise had been rolled out locally in the Borders General Hospital, Mental Health wards, Community Hospitals, Garden View and in a number of interim care facilities to replicate that exercise across a number of health and social care units. The outcome had been that good traction had been gained and the learning from that exercise was being evaluated in order to mainstream it into "business as usual" and focus on those with long lengths of stay.

10.3 Dr Sohail Bhatti commented that he was concerned that primary and community care contacts were not given the recognition for the amount of work they undertook and he was keen to see their data shared.

10.4 Ms Juliana Amaral commented that the third sector was very enthusiastic about the direction of travel as community led work was linked to place making work and moved away from traditional silo working. Based on previous learning and the capitalisation of conversations happening in the communities she was sure that further progress would be made.

10.5 Mr Myers summarised that that primary care data and especially GP data was being captured for national data comparison and there were now dashboards available that the partnership could access. In terms of community led support there had been a lively session held the previous day on refocusing community led support and he was pleased with the appetite from the third sector to work in partnership with the health and social care partnership on that.

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

11. SCOTTISH BORDERS HSCP INTEGRATED WORKFORCE PLAN – IMPLEMENTATION PLAN

11.1 Mrs Wendy Henderson provided an overview of the content of the report and reminded the Board that the integrated workforce plan had been approved in October 2022 and

since then work had been taken forward to develop an Implementation Board. She spoke of the membership of the Implementation Board to reflect the 5 key areas of NHS Borders, SBC, the independent sector, primary care and the third sector. She outlined the vision agreed by the Board, the priorities identified and confirmed that Mrs Hazel Robertson had agreed to chair the Board.

11.2 Mrs Jenny Smith commented that there was a good appetite for the integrated workforce plan from the third sector as well as learning disability providers, mental health providers and other independent providers.

11.3 Dr Sohail Bhatti commented that the paper listed "no impact" on climate change, however if the workforce was increased and visited patients at various locations in the community there was likely to be some climate change impact due to increased traffic unless electrical vehicles were used. In terms of equalities and human rights he suggested the intention was to engage workers from the local area and train them up and that would be a social impact. If workers did not have the right qualifications the challenge was then to find a way for them to get those qualifications and that might be through more vocational than academic routes. He was keen to remind the Board that the equalities and human rights element was not just about protected characteristics but was wider than that in terms of social impacts.

11.4 Mrs Sarah Horan commented that it was a good opportunity to enable the prospects for young people and indeed all people in the Borders. She suggested there was an opportunity to have a positive impact through the collective strength of having a local Care Academy approach with various education providers developing training and career pathways.

11.5 Mr Chris Myers advised that a meeting had taken place recently between SBC, NHS Borders and Eildon Housing Association in regard to a pilot for housing with key workers in Galashiels. He commented that it was a positive piece of work and was supported by all partners and very much aligned to the intended ways of working approach to workforce from an IJB perspective.

11.6 Mrs Henderson advised that in terms of the right qualifications, the vocational approach would be picked up through the Care Academy that was being looked at. In relation to climate change she was looking at the whole systems approach and transport was recognised as a barrier to employment within the Borders. Providers were welcoming of e-bikes and alternative forms of transport. Within the protected characteristics the impact assessment included the Fairer Scotland duty and captured within that was evidence of positive impacts.

11.7 Ms Juliana Amaral commented that BAVs had some e-bikes that they would be happy to provide for a community transport pilot.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the formation of and membership of the cross sector SBHSCP Integrated Workforce Plan Implementation Board.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the Terms of Reference of the Implementation Board specifically the remit and scope which was coproduced with Implementation Board members.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the content of the first progress report detailing the Implementation Plan coproduced by the Implementation Board.

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

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted that the Implementation Plan is living document which will be refreshed and reported against quarterly to the IJB.

12. DIRECTIONS TRACKER

12.1 Mrs Hazel Robertson commented that the PCIP direction remained challenging and would be discussed in more detail at the IJB Audit Committee meeting the following week.

12.2 The Chair comment that some business cases took longer than others for good reason.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the contents of the Directions Tracker.

13. STRATEGIC PLANNING GROUP MINUTES: 12.12.22

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

14. ANY OTHER BUSINESS

14.1 **Future Business (May):**

- 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
- IJB Recovery Plan
- Rights of the Child

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the future business items.

14.2 **Appointment:** Mrs Jenny Smith congratulated Ms Juliana Amaral on her appointment as Chief Executive of the new third sector interface. Ms Amaral advised that she would be taking up post in April and it was exciting for her to be able to be a Borders wide voice and work with Mrs Smith more effectively across the 5 localities.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** recorded its congratulations to Ms Amaral on her appointment.

14.3 **Budget:** Mrs Hazel Robertson suggested the next IJB Development session to be held on Wednesday 19 April might include a short Extraordinary IJB meeting in order to sign off the NHS Borders element of the budget.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to hold a short extraordinary IJB meeting on 19 April.

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 17 May 2023, from 10am to 12noon through MS Teams and in person in the Council Chamber, Scottish Borders Council.

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

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. **In Progress:** 15.03.23: Mr Chris Myers advised that the Carers workstream had been updated and a number of its members were part of the Teviot & Liddesdale working group. Public engagement had taken place across the locality and good feedback had been received on the day service and other services that supported carers the area. The feedback was being worked through with the working group and work was being undertaken in regard to a provider and commissioning. Stage 1 of the Inequalities Assessment had been completed and Stage 2 was being taken forward.	G

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 Robertson advised that the matter was being discussed at the Carers Workstream and an update would be provided for the next meeting. **Complete:** 15.03.23: Mrs Hazel Robertson advised that she had presented to the Carers workstream on the Carers Act Funding covering current year spend and projected year spend. On an on-going basis she would be updating the group on how the funds were being used. Additional funding had been provided and not used in the current year but would be carried forward into next year.	G

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. **In Progress:** 15.03.23: Mr Chris Myers advised that the revised direction would be submitted to the Strategic Planning Group for consideration and recommendation to the IJB in May.	G

Meeting held 15 March 2023

Agenda Item: ANY OTHER BUSINESS

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2023-2	14.3	The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to hold a short extraordinary IJB meeting on 19 April.	Iris Bishop	April 2023	**Complete:** Extraordinary meeting scheduled for 9am on 19.04.23.	G

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

HSCP 2023/24 INITIAL BUDGET UPDATED

Scottish Borders Health and Social Care PARTNERSHIP

1 INTRODUCTION

1.1 The paper presents the initial 2023/24 HSCP budget for full approval by the IJB. It includes updated and additional information in relation to the NHS offer. The paper also includes further information on risk around the uplift on care home contracts. It provides the Direction to accompany the budget and the Strategic Commissioning Framework. Finally, the paper discusses the next steps in recovery planning, medium and long term financial planning.

1.2 General Requirements

1.2.1 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 through joint financial planning arrangements.

1.2.2 The HSCP is expected to deliver the outcomes identified within the Strategic Commissioning Framework from within the totality of resources available. In some cases additional resources may be made available during the year to meet strategic priorities. This includes allocation of additional resources by Scottish Government through partner bodies, where resources relate to functions delegated to the IJB. Partners are expected to pass on these resources in full.

1.2.3 The IJB operates under local government based Financial Regulations. Chief Finance Officer's duties in Scotland require a balanced budget to be set. This is established in s108(2) of the Local Government (Scotland) Act 1973 and s93(3) of the Local Government Finance Act 1992.

1.2.4 CIPFA produced the statement 'The Role of the Chief Finance Officer in Local Government'. This sets out how the legislative requirements that should be fulfilled by the Chief Finance Officer and the role of the IJB in meeting these requirements:

- Development of medium-term financial strategy to meet strategic objectives and ensure financial sustainability
- A robust annual budget process that ensures in year financial balance
- Consideration of relevant, timely and clearly explained financial information
- Receiving professional advice on financial implications, which is considered and recorded as part of decision making.

1.2.5 Audit Scotland have identified that we are not compliant with guidance in relation to Set Aside. The main issue to be addressed is to ensure that funds set aside for use by Borders residents reflect the impact of any agreed plans in relation to unscheduled care. This will be addressed in time for reporting on the first quarter.

1.3 Overview of the budget process

1.3.1 Resources are based on historic agreed budgets amended for items agreed through the financial plans of partner organisations, including a share of the local government financial settlement and the NHS uplift, as well as any further items directed as a result of national policy or agreed by partner bodies.

1.3.2 Savings targets are based on any shortfall against the level of resources available to the IJB and its agreed investments, including baseline expenditure.

1.3.3 The IJB has the ability to hold general reserves to retain planned underspends.

1.3.4 Where there is a forecast overspend in delegated functions "the Chief Officer and the Chief Finance Officer of the IJB must agree a recovery plan to balance the overspending budget" (SOI, Section 8.6).

1.4 Strategic financial planning

1.4.1 The financial pressures facing the HSCP are growing and reflect both cost and demand pressures. The budget offer does not fully meet these pressures. Savings targets total £9.725m for delegated services and £2.262m for set aside. Within delegated health services there is £3.632m of unidentified savings.

1.4.2 NHS Borders has prepared a 3 year Financial Plan and a 3 year Financial Recovery Plan for approval by Scottish Government. NHS Borders has previously required brokerage to break even. There is no requirement to repay brokerage, until NHS Borders returns to a balanced financial position. Brokerage has not been provided in the last two years, instead financial support has been through Covid response plans.

1.4.3 Scottish Borders Council has an agreed 10 year financial strategy.

1.4.4 The IJB does not have general reserves to call upon. There is some flexibility within earmarked reserves however this is not sufficient to meet the level of unidentified savings. This reduces the IJBs ability to deal with volatility from cost pressures and any further risks in 2023-24 and poses a risk for longer term sustainability.

1.4.5 The level of financial risk in the budget requires a Financial Recovery Plan to be prepared. Given the scale of risk, this recovery process will need to be considered not just for the current year but over the medium – long term.

1.4.6 Further work on financial recovery and planning will be undertaken in time for the May IJB meeting. In the meantime it is recommended that development plans, recruitment processes including use of bank, agency and locum cover, and non-essential contract awards be slowed down.

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.

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, funding is assumed to match pay agreements for Agenda for Change and Medical and Dental staffing.

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 will remain with Boards. Following the change in policy by UK Government, this funding is not ring-fenced 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. 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 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).

2.8 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. National contract negotiations have not yet concluded. The budget offer is based on the Scotland Excel negotiating position. Any increase in this negotiating position will require further budget prioritisation. An update will be provided to the IJB meeting in April and May if required.

2.9 The funding allocated to Integration Authorities should be additional and not substitute 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 Offer

3.1 The budget offer provides resources as shown below and compared to last years budgets at April 2022 and December 2022.

	2022/23 April 2022	2022/23 Dec 2022	2023/24 Initial
Social Care	£70.2m	£70.6m	£79.326m
NHS	£119.3m	£127.4m	£122.466m
Total delegated	£189.5m	£198.0m	£201.972m
Set aside	£28.1m	£29.0m	£28.759m

Additional in year allocations will be recognised when notified by Scottish Government. Where these relate to specific services, funding will be managed through earmarked reserves.

3.2 Earmarked reserves and allocations

Anticipated earmarked reserves brought forward from 2022/23 are set out below. There has been a significant reduction in earmarked reserves in 2022/23 due in the main to significant spend from Covid reserve and a reduced level of in year allocations. There has also been some clawback eg PCIP. These figures are subject to final reconciliation as part of annual accounts.

Estimated Opening Reserves	£
Mental Health	1,648,648
ADP	712,546
PCIP	601,142
PC Digital	445,280
Urgent & unscheduled care	394,563
Regional diabetes	384,640
PC Other	294,436
Public health	259,459
Other	238,114
PC Premises	221,478
Workforce	95,228
BBV	45,520
Winter	29,509
Total Estimated Opening Reserves	5,370,563

Anticipated funds in 2023/24 include 'earmarked' recurring and non-recurring allocations which relate to health delegated functions including Set Aside. Figures include elements incorporated within service base budgets.

	Revenue Resource Allocation Description	Type	2023-24 '000s	Assumption
*	Primary Care	Non-Rec	21,227	Per 2022/23 allocation (100%)
*	Primary Care Improvement Programme	Earmarked	3,486	Per 2022/23 allocation (100%)
	Public Dental Service	Non-Rec	2,645	Per minimum spend profile 2022/23
*	Outcomes Framework	Earmarked	1,398	Per 2022/23 allocation
*	Alcohol and Drug Partnerships (ADPs)	Earmarked	1,022	Per 2022/23 allocation (100%)
	HSCP - Multi Disciplinary Teams	Earmarked	948	Per 2022/23 allocation (100%)
	Urgent and Unscheduled Care Collaborative	Non-Rec	760	Per 2022/23 allocation
	District Nurses	Non-Rec	204	
	Primary Care OOH	Non-Rec	107	
*	Mental Health Funding	Earmarked	TBC	Awaiting confirmation of 2022/23 allocations
			31,799	

* includes elements incorporated within base budget

3.3 Savings targets

3.4 The budget includes a requirement for savings of £10.855m to deliver a balanced position for delegated services. Savings plans for health delegated functions remain in development.

£m	Health	Social care	Total delegated	Set Aside	Total
Savings target b/f	4.553	1.32	5.873	0.944	6.817
Agreed plans		0.42	0.42		0.42
Unallocated gap	3.632	0.93	4.562	1.318	0.42
Total target	8.185	2.67	10.855	2.262	13.117
Of total budget	7%	3%		8%	6%

3.5 We plan to take an approach to overview of savings across the HSCP, to ensure no unintended consequences. The IJB CFO will join the NHS Borders Financial Improvement Oversight Board. This will provide for close alignment between the NHS Borders Recovery Plan and the HSPC Recovery Plan.

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

4 HSCP Budgets 2023/24

4.1 The table below summarises budgets agreed with partner bodies for the functions delegated to the HSPC for 2023/24.

	NHS Borders £m		SBC £m		HSCP £m		
	Budget	Savings	Budget	Savings	Budget	Savings	TOTAL
Prescribing	25.754				25.754	-	25.754
Older People			27.116	(0.050)	27.116	(0.050)	27.066
Learning Disability	3.629		21.152	(0.748)	24.781	(0.748)	24.033
Mental Health	20.298		2.177		22.475	-	22.475
Adult social care			20.212	(1.870)	20.212	(1.870)	18.342
Physical Disability			2.698		2.698	-	5.396
ADP	0.439				0.439	-	0.439
Primary & Community Care							
Independent Contractors	31.487				31.487	-	31.487
Allied Health Professionals	8.166				8.166	-	8.166
Community Hospitals	6.714				6.714	-	6.714
District Nursing	4.592				4.592	-	4.592
Public Dental Services	4.360				4.360	-	4.360
Out of Hours Service	2.609				2.609	-	2.609
Primary Care Improvement	2.160				2.160	-	2.160
Community Based Services	3.035				3.035	-	3.035
Sexual Health	0.793				0.793	-	0.793
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)			-	(8.185)	(8.185)
Total Delegated	**130.651**	**(8.185)**	**81.994**	**(2.668)**	**212.645**	**(10.853)**	**201.792**

* Generic other includes discharge programme (home first), social care fund

Set Aside	**31.021**	**(2.262)**	**28.759**

4.2 Any further increase to allocations in relation to delegated functions which are received by partner bodies will be passed on. This will include elements of Programme for Government resource.

4.3 The IJB performance report is also being updated, to ensure that the measures and targets are also in alignment with the Strategic Commissioning Framework.

4.4 The budget is supported with a direction to partners to jointly implement the budget and the Strategic Commissioning Framework. The direction is in part behavioural and in part outcomes based. It requires teams to work together in clustered groups, to comply with financial regulations, operate within budget and develop and implement plans to address the strategic commissioning priorities. Significant deviations from plan should be reported to the IJB. This represents a new method of setting out annual directions. Work is ongoing across NHSB and SBC to coordinate year one plans and the direction will be reissued once this information is available

5 Assumptions

5.1 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 delegated services.

5.2 Pay pressures have been calculated on the basis of SG pay policy guidelines although pay negotiations continue.

5.3 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 monitored via quarterly reviews.

5.4 Prescribing costs are assumed to be in line with estimates provided by NHSB.

5.5 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.

5.6 Scottish Government funding has been provided to meet the uplift to the National Care Home Contract linked to the uplift in the Scottish Living Wage from £10.50 to £10.90. The national contract offer is not yet agreed and an interim uplift is being applied. Negotiations have escalated from Scotland Excel to Scottish Government. It is possible that national negotiations will not reach an agreed conclusion and local negotiation will be required.

5.7 The impact of known and expected pressures relating to increases in demand for services are reflected as budget growth, specifically in relation to Older People and Learning Disability Social Care services.

6 HSPC Recovery Plan

6.1 There is a projected requirement for £10.855m of savings delivery for delegated services during 2023/24.

6.2 A HSCP Recovery plan has been commissioned by the Chief Officer for presentation to the IJB in May. The Strategic Commissioning Framework gives an opportunity to align financial improvement with the IJBs overall strategic direction (it is one of the six strategic priorities). The Workforce Plan will also be a key enabler. Implementation of this scale of recovery will take time and it is unlikely that the full value of savings will be achieved in 2023/24.

6.3 The CFO has commenced a series of strategic conversations across the HSCP to generate ideas for inclusion in the Recovery Plan. Integrated Impact Assessment will be required. The HSPC team away day on 28 April presents an opportunity to discuss the draft plan and agree next steps.

6.4 We intend to take a cross system approach to the review of savings delivery. Success criteria will include:

- the HSCP Recovery plan will align to savings programmes and plans within partner organisations.
- effective alignment of financial and workforce planning and management
- teams will require to work together across the partnership to identify and deliver agreed actions and minimise unintended consequences.
- rapid and inclusive decision making processes to make necessary changes.
- increase grip & control on existing budgets,
- service reviews where spend is out of alignment with benchmarked performance.
- drive programmes focussed on improvement and value based health and care
- support from partners for efficient contracting across the partnership for goods & services.

6.5 Key actions will be managed operationally through the HSCP, with accountability for performance aligned to the partner bodies.

6.6 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 reserves in the current year with the expectation that this will be paid back through release of savings in future years. This strategy presents significant risk and deployment of this approach will need agreement of partner organisations and the IJB.

6.7 If the recovery plan does not result in a breakeven position, and one or other partner is not able to return a balanced position, 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.

6.8 In line with the SOI, the IJB can request additional contributions from partner bodies to offset their share of this gap. In the case of joint services any additional payment will be agreed pro rata in line with the original budget level.

6.9 Partner bodies are required to provide this support, however the SOI 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".

6.10 NHS Borders and Scottish Borders Council have not required the IJB to make repayment in previous years.

6.11 NHS Borders holds a commitment to repay brokerage to Scottish Government in relation to support received in prior years. This includes support made available to the IJB. The CFO has not been advised of any expectations that it will contribute to the repayment of this brokerage in the short - medium term. It is assumed that this will not commence until NHS Borders returns to financial balance.

6.12 The CFO will provide leadership for the development of a medium – long term financial strategy for how the IJB will move towards a sustainable financial position.

7 Risk

7.1 There is a high degree of uncertainty across Health & Social Care delegated functions, with significant volatility in relation to financial planning assumptions. This is not unique to the Scottish Borders IJB, with other partnerships having difficulties setting budgets and having to put in place Recovery Plans with challenging savings targets and service reductions. The scale of the challenge is high for Borders.

7.2 The IJB must be clear that it accepts these risks in approving the budget offers from both partners.

7.3 Delivering a budget for 2023/24 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. Assumptions made are consistent with Scottish Government advice,

7.4 National care home contract rates have still to be agreed and negotiations have been escalated to Scottish Government. An interim increase is being implemented. Any further increase will require a further review of priorities and will increase savings requirements. Some IJBs are signalling the need to cap care home hours to remain within the budget envelope. Sustainability of providers is a key factor.

7.5 It is possible that we have 'exhausted opportunities' to deliver savings in 2023/24 without a significant detrimental impact on service delivery, within 10 months.

7.6 There is a risk that SG requires NHSB to take additional actions to reduce the projected deficit and that this in turn impacts on the in year level of resource available to delegated and set aside functions.

7.7 Failure to agree a balanced budget requires an immediate recovery plan to ensure that the IJB remains in financial balance and does not enter into expenditure which

cannot be met from available funding. This will result in a freeze on new expenditure including slowing of developments, controls over recruitment and contract awards, which would impact on all services across the HSCP.

8 Approvals process

8.1 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.

8.2 Scottish Borders Council approved its budget at its meeting on 23 February 2023.

8.3 NHS Borders approved its budget at its board meeting on 31 March 2023.

8.4 The initial delegated social care budget was approved by the IJB on 15 March 2023.

8.5 The initial budget for Health and Social Care delegated functions and set aside is presented to the IJB for approval on 19 April 2023.

8.6 Compliance with set aside guidance is targeted for completion in the first quarter.

8.7 The CFO will work with partners to develop the HSCP recovery plan and medium term financial plan aligned to the Strategic Commissioning Framework and Workforce Plan, and will provide an update to the IJB in May 2023.

9 Recommendations

9.1 The Integrated Joint Board is requested to:

Note the assumptions and risks described in the paper.

Approve the 2023/24 initial HSCP budget.

Approve the Annual Direction to work effectively across the partnership, to comply with Financial Regulations, live within budget and implement the Strategic Commissioning Framework.

Endorse the approach to development of an HSCP Recovery Plan and medium - long term Finance Plan/Strategy which will address savings targets and provide alignment with the Strategic Commissioning Framework and the Workforce Strategy.

Request a Financial Recovery Plan and an update on medium – longer term financial planning to the May IJB.

Author(s)
Hazel Robertson, Chief Finance Officer, HSCP and IJB
Finance teams in NHSB and SBC

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DIRECTION FROM THE SCOTTISH BORDERS INTEGRATION JOINT BOARD Direction issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014	
Reference number	Use format SBIJB-Date of IJB Meeting-Sequential number where a Direction has been approved [DDMMYY]: e.g. SBIJB-151221-1
Direction title	Annual Services and Budget Direction 2023: INSERT SERVICE NAME / CLUSTER HERE
Direction to	Scottish Borders Council and NHS Borders
IJB Approval date	19 April 2023
Services/functions covered by this Direction	List all services/functions covered by this Direction (e.g. palliative care, older adult social care etc)
Full text of the Direction	The Scottish Borders Health and Social Care Integration Joint Board is directing the Scottish Borders Council and NHS Borders to: 1. Work collaboratively across the Partnership with all delegated services, in line with the Integration Delivery Principles 2. Work proactively and collaboratively across the Partnership with the appropriate level of public involvement to design services to meet future need, within available resources. Participate in evaluating the Best Value for Every Pound approach to develop services that have the greatest impact relative to resources deployed. Engage in activity across the Partnership to develop and implement medium-long term strategy and service plans to achieve a balanced financial position across all services. 3. Use the delegated budget as noted below to jointly implement the requirements of the Strategic Framework 2023-2026 ○ Operate within the annual budget attached , providing core services (Note that this is the initial budget which may change once the Financial Plan, Annual Plan, NHS Board Recovery Plan and IJB Recovery Plan have been approved) ○ Outcomes will be measured through appropriate quarterly financial and non-financial performance reporting in line with the Performance Management Framework which will continue to be developed by the IJB via its new Performance and Delivery Committee. Attend the Committee as required. ○ As part of quarterly monitoring processes, where any element of this direction is unable to be delivered as a result of financial challenge, or otherwise, the relevant partner organisation should provide a written response detailing their proposed approach, including timescales under which the full direction is expected to be implemented. A template for submission of this return will be provided to all HSPC managers. ○ Risks and issues relating to the strategic planning and budgeting of delegated services that require strategic input, must be escalated to the Health and Social Care Executive Team for awareness or decision-making, and onward reporting to the IJB if required. This will include any potential variations resulting in performance / outcomes going off plan (i.e. Budget, Strategic Framework and Annual Plan). This will be incorporated into the monitoring template. ○ A further direction will be provided to update the annual budget and advise service priorities from the Annual Plan (to be confirmed by June 2023).

	4. Work with the IJB CFO to ensure full compliance with set aside guidance. 5. Provide assurance to the IJB in respect of the integrated Clinical and Care Governance framework, in line with the responsibilities of the Medical Director, Director of Nursing, Midwifery & AHPs, Director of Public Health and Director of Social Work & Practice. 6. Ensure that an integrated approach to audit is taken for the delegated services, with oversight from the IJB Audit Committee 7. Comply with IJB Financial Regulations and Scheme of Delegation (to be finalised by end June)
Timeframes	To start by: 1 April 2023 To conclude by: 31 March 2024
Links to relevant SBIJB report(s)	Health and Social Care Strategic Framework 2023-26 Health and Social Care Annual Plan 2023-24 (available from June 2023) Health and Social Care Scheme of Integration for the Scottish Borders Health and Social Care Integration Joint Board: 15 March 2023 Financial Regulations Scheme of Delegation and decision making Best Value for Every Pound Budget and Financial Plan
Budget / finances allocated to carry out the detail	Description of Cluster Delegated budget 2023/24. Services covered, and value: Detail to be completed
Outcomes / Performance Measures	The 6 Strategic Framework objectives and ways of working, the National Health and Wellbeing Outcomes performance measures, and all other service quality and performance indicators for the cluster of services will be overseen via the new IJB Performance and Delivery Committee. Delivery of financial targets. To be reissued by end of first quarter, with specific metrics and targets from annual plan
Reporting to IJB/SPG or Audit	Any required monitoring to the Integration Joint Board via the: • IJB Performance and Delivery Committee (new committee not yet established - for commissioning activity, financial and non-financial performance) • IJB Audit Committee (for risk management, delivery of legal obligations, financial audit, governance, delivery against specific directions associated to the Strategic Framework and Annual Plan) • IJB Strategic Planning Group (for new plans and proposals associated aligning to the Strategic Framework / Annual Plan)
Date Direction will be reviewed by Audit Committee	Monitoring at September IJB Audit Committee

HSCP Budgets 2023/24

	NHS Borders £m		SBC £m		HSCP £m		
	Budget	Savings	Budget	Savings	Budget	Savings	TOTAL
Prescribing	25.754				25.754	-	25.754
Older People			27.116	(0.050)	27.116	(0.050)	27.066
Learning Disability	3.529		21.152	(0.748)	24.681	(0.748)	23.933
Mental Health	20.398		2.177		22.575	-	22.575
Adult social care			20.212	(1.870)	20.212	(1.870)	18.342
Physical Disability			2.698		2.698	-	5.396
ADP	0.439				0.439	-	0.439
Primary & Community Care							
Independent Contractors	31.487				31.487	-	31.487
Allied Health Professionals	8.166				8.166	-	8.166
Community Hospitals	6.714				6.714	-	6.714
District Nursing	4.592				4.592	-	4.592
Public Dental Services	4.360				4.360	-	4.360
Out of Hours Service	2.609				2.609	-	2.609
Primary Care Improvement	2.160				2.160	-	2.160
Community Based Services	3.035				3.035	-	3.035
Sexual Health	0.793				0.793	-	0.793
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)			-	(8.185)	(8.185)
Total Delegated	**130.651**	**(8.185)**	**81.994**	**(2.668)**	**212.645**	**(10.853)**	**201.792**

* Generic other includes discharge programme (home first), social care fund

Clusters

NHSB and SBC:

- Public health and health promotion (also including health visiting, school nursing, exc immunisation and vaccination)
- Social prescribing and local area coordination
- Unpaid carer support services
- OTs - expectation that social work care manager and health OT role will both be completed as part of this, bringing the budget together ensures better collective oversight
- Community Equipment and technology enabled care
- Mental health services
- Learning disability services (in and out of area)
- Alcohol and drugs - inc ADP, community addiction services
- Adult public protection, domestic abuse and health visiting
- Intermediate Care - non bed based: SBC Adult Social Care reablement, Home First
- Intermediate Care - bed based: community hospitals, Garden View
- Hospital discharge functions (RAD, START, Discharge and Pathways, Supporting the right direction worker etc)
- Home dialysis
- Community palliative care and long term conditions / cancer
- Localities - a small infrastructure needed to support
- Planning functions, comms, workforce, digital etc

SBC only:

- Adult social work (excluding OTs and adult public protection)
- Adult care at home / extra care housing (excluding SBC reablement)
- Adult residential and nursing care (excluding Garden View and interim care)
- Social care and wider third sector commissioning

NHSB only:

- Commissioned General Practice and 2C practices - health board run GPs
- General dental services, public dental services and oral health
- Community optometry
- Community Pharmacy services and NHS Pharmacy in community
- Prescribing
- Community nursing services - exc health visiting
- Allied health professionals (excluding OTs)
- Immunisation and vaccination

Hospital based services / set aside (we plan but don’t commission delivery)

Scottish Borders Health and Social Care Partnership
Integration Joint Board

19 April 2023

2023/24 IJB FINANCIAL PLAN AND INITIAL BUDGET

Report by Hazel Robertson, Chief Finance Officer

1. PURPOSE AND SUMMARY

To present the initial budget for approval.

2. RECOMMENDATIONS

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

  Note the assumptions and risks described in the paper.

  Approve the 2023/24 initial HSCP budget.

  Approve the Annual Direction to work effectively across the partnership, live within budget, implement the Strategic Commissioning Framework, achieve performance outcomes and comply with Financial Regulations.

  Endorse the approach to development of an HSCP Recovery Plan and medium -long term Finance Strategy which will address savings targets and provide alignment with the Strategic Commissioning Framework and the Workforce Strategy.

  Request a Financial Recovery Plan and an update on medium – longer term financial planning to the May IJB.

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 delegated budget is £197.467m. Set aside service budget is £28.759m.

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 inllation having an effect on a number of aspects of the budget.
- The risk in the financial position requires the preparation of a HSPC Recovery Plan for consideration by the IJB at its meeting in May.

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 Hazel Robertson, Chief Finance Officer

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Gala Resource Centre

A review of services provided by the Gala Resource Centre to inform future planning

1. Introduction

The Gala Resource Centre (GRC) is a partnership service jointly funded by Scottish Borders Council (SBC) and NHS Borders (NHSB), offering building-based day service support to adults aged 18 and over with mental health challenges. It was originally established to meet the care and support needs of people with longer term, severe and enduring mental ill health (such as schizophrenia, bi-polar disorders) following the closure of Dingleton Hospital, offering a more community-focused model of delivery.

GRC is located within Galashiels and provides centre and community-based leisure, interest and skills-based courses indoors and outdoors, where individuals can access support to regain and develop their existing skills, strengths and abilities. GRC does not offer an accessible service to those living out with central Borders. Many of those accessing GRC for support over this time reported positive experiences and benefits, but evidence of impact was not routinely gathered.

An independent evaluation of GRC carried out by Figure8 Consultancy (2017), made recommendations for improvement. These recommendations were not implemented and GRC continued to evolve operationally in response to changes in staff and referrals being directed to them for support.

GRC resources (building and staff) are owned by Scottish Borders Council and NHS Borders yet are not linked in strategically to Joint Mental Health Services. As it is not a commissioned service there is no contract with agreed service specification, routine monitoring, or oversight. GRC has not routinely been included in broader transformation work across adult Mental Health Services. The tables below lay out the staffing details and costs of the service as it currently is across both the NHS and SBC.

NHS Borders Component:

	Budget	Funded (WTE/Hours)	Current (WTE/Hours)
Band 5 Nursing	£39209	1 / 37.5	0 / 0
Band 6 Nursing	£12495 (£1398 from MH Innovation fund)	0.2 / 7.5	0.2 / 7.5
Band 7 Nursing	£33726	0.8 / 30 (0.41 of which is fixed term)	0.8 / 30
TOTAL	£85430	1.78 / 51.38	1 / 37.5

Scottish Borders Council component:

Annual Budget		Current (WTE/Hours)
£146,026	Grade 7 Day Centre Officers	3.85 / 144.63
	Grade 4 Peer Practitioners	0.32 / 12
	TOTAL	1 / 37.5

Add annual building maintenance costs (excludes cleaning) – approx. £5,200 (2019/20)

Total combined budget: £236,656

The onset of the COVID-19 pandemic brought with it severe restrictions on face-to-face service delivery, including for Mental Health Services. As a result, GRC was temporarily closed to allow staff to be redeployed elsewhere. Those accessing the service were either assessed as being ready for discharge or referred to alternative services for support, mainly the Local Area Co-ordinating Team (LACT) or Health in Mind.

There remains a need to address issues highlighted by the Figure8 evaluation which has been exacerbated by the transformation of Mental Health Services round about GRC. The recent closure of the Centre has presented an opportunity to carry out a review and consider longer-term plans for the service.

This review will examine the role and function of GRC, identify if there are areas of unmet mental health need, and consider if/how a revised version of the service might meet these needs. It should also explore whether recommendations previously made by Figure8 still apply.

Any possible future service model must fit with other strategic priorities, provide effective, responsive and integrated support, offer equality of access across the region, and make best use of available resources.

2. Background

In 2017, Figure8 Consultancy were commissioned to independently evaluate the GRC service. Recommendations included:

- the need for a permanent management post
- development of a clear service model
- greater IT capacity (to facilitate monitoring)
- a need for more joint working with other services
- greater emphasis on the recovery agenda.

These recommendations were not implemented. Interim managers continued in post and GRC evolved in a way that aligned more with Primary Care rather than Secondary Care Mental Health Services. Many of those accessing GRC for support over this time reported positive experiences and benefits, but evidence of impact was not routinely gathered.

Since that Figure8 (2017) report there have been several other developments in local Mental Health Services. These include the formation of the Local Area Co-ordinating Team (LACT), the Wellbeing College, a Distress Brief Intervention service, and latterly, the 'Renew' service offering psychological therapy for mild to moderate anxiety and depression. Between them, these services now offer a range of early intervention, treatment and recovery supports for mild to moderate mental health challenges.

Figure 1 below sets out the current range of mental health supports and services in the Scottish Borders using a Tiered model of care. GRC is a community-based, specialist mental health provider that offers recovery-orientated care and support at Tiers 2 and 3. However, it is presented here in Tier 3 as it currently, requires referral from a GP or health and social care professional to access the service.

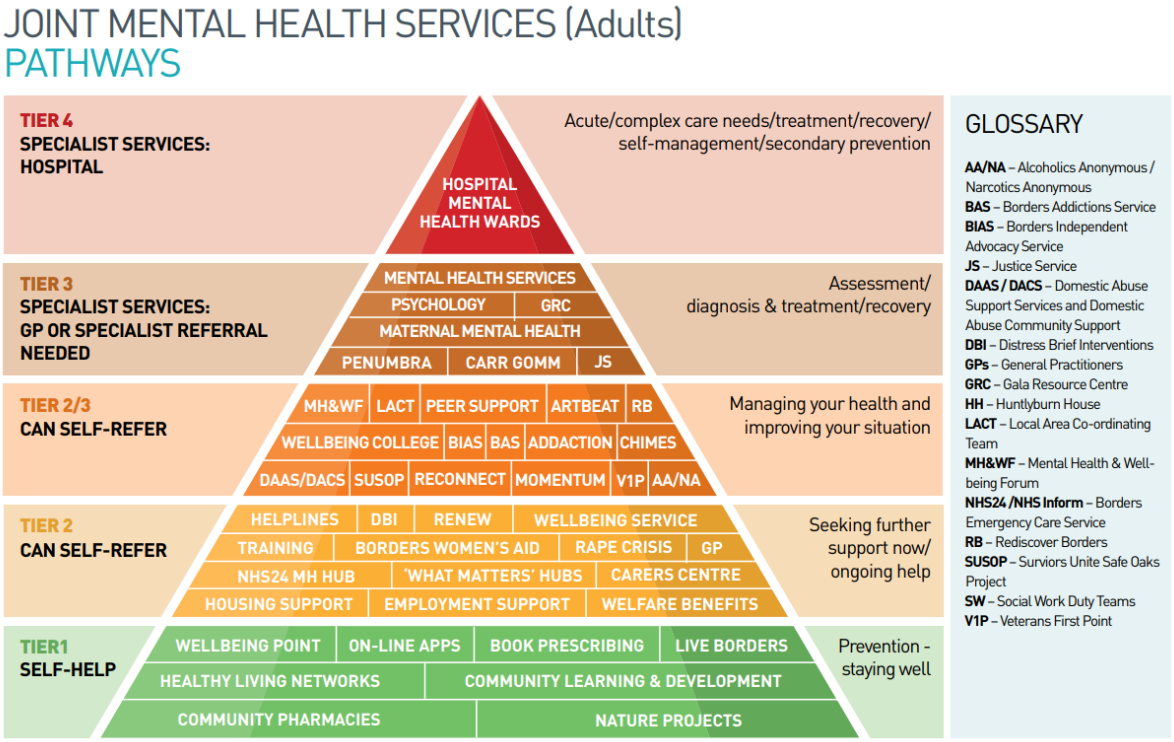

Figure 1: Joint Mental Health Services (Adults) Pathways (Scottish Borders Health and Social Care Partnership, 2019)

This shows an extract from a Mental Health information resource was created to support that work by mapping out what supports, and services are available for adults and how to access them. It is based on a 'Tiered Care' model that shows what is available for those with different levels of need, including:

- **Tier 1:** Self-help, prevention orientated services that enable people stay well
- **Tier 2:** Front line services offering urgent help when issues start to develop (accessed through self-referral)
- **Tier 2/3:** Help and support to help you managing your health (accessed through self-referral, mostly to the voluntary sector)
- **Tier 3:** Community-based care and treatment for those with more severe mental ill health (GP referral needed)
- **Tier 4:** Hospital in-patient care and treatment for those with more acute, severe or complex care needs

Support and services are grouped in two main categories - those specifically for individuals with mental health needs (including those around addiction or trauma) and some that might commonly be

used around general health and well-being. This resource can be accessed online by clicking on 'your local mental health services at: www.nhsborders.scot.nhs.uk/wellbeingpoint

There have been several developments in mental health services over recent years that have incorporated statutory and commissioned services, including.

- **LAC Team** - offers support for those with mental health issues to connect with local community resources (also offers support for those with learning disabilities and older people).
- **Health in Mind** - a voluntary sector organisation that offers a range of services including the Wellbeing College, peer support services and befriending.
- **Distress Brief Intervention service (DBI)** - offers short-term support for those presenting to GPs and other front-line services in distress.
- **'Renew'** – a new service available in primary care that offers help to those presenting with mild to moderate anxiety and depression.

In addition, there are plans for the Borders to take part in a national pilot to develop services for those with complex psychosocial needs. This could offer additional supports tailored to meet some needs not currently being addressed.

It is though also the case that some services have ceased to operate or been transformed with new service providers. These include some that previously offered supports to those with longer term mental ill health (New Horizons peer support groups and Borderline – a telephone helpline with many regular callers).

Services for adults with autistic spectrum disorders and mental health difficulties have been commissioned from an Edinburgh-based organisation (Autism Initiatives). This offers post-diagnostic support on a group basis in Edinburgh with some outreach activity in the Borders. This creates some barriers to access for those unable or unwilling to travel and has already been identified as an area for consideration with a view to improving access.

3. Review Scope

The aim of this review is to ensure that people with mental health needs in the Scottish Borders can access the right support, at the right time, in the right place – a key strategic objective in the local Mental Health Strategy.

The specific objectives were:

- To scope and analyse current service delivery
- To identify gaps and areas of unmet need
- To provide evidence-based recommendations for the development of local specialist services.

This review will be informed by:

- National and local context
- Figure8 recommendations
- GRC activity and monitoring data
- Exploration of how this sits alongside other Mental Health Services (statutory and commissioned)
- A stakeholder consultation workshop
- Focus groups for those with lived experience including some that have accessed GRC.

Stakeholders included those with lived experience of mental ill health, people who had accessed support from GRC and other sources; and staff from GRC and other statutory and third sector mental health services. This process was supported by Border Care Voice - a local, independent, voluntary sector organisation that facilitates the involvement of those with lived experience and those who support them. Project support was also provided by NHS Borders.

4. Strategic Context

NHS Borders and Scottish Borders Council came together to form a single integration board (Integration Joint Board) in 2015 with the aim of providing improved and integrated adult health and social care services that make the best use of available resources. The Scottish Borders Health & Social Care Partnership Strategic Plan (H&SCP) (2018-2021) along with the Mental Health Strategy (2017) set the details of this strategic vision. This includes a commitment to forge effective links with all its

partners in care, such as patients, staff, local communities, and disadvantaged groups, so that their needs and views are placed at the heart of the design and delivery of local health services.
In support of that aim, an independent Mental Health Needs Assessment was carried out by Figure8 Consultancy (2014). This analysed the mental health needs (excluding dementia) for adults and informed future mental health planning and service provision.

Key findings included:

- Commissioners should review the pattern of service provision and contracting to ensure that its strengths the co-ordination of care and effective partnership working and communication
- Services need to be developed to be more responsive including ensuring that waiting time targets are consistently met, having clear access criteria, being available for longer hours and ensuring that staff understand what services are available and how to appropriately refer
- Commissioners need to work with providers to look at how IT can be more effectively used to enhance mental health support
- Commissioners need to look at how third sector and peer support can be developed and more integrated into local models of service provision
- Promote empowerment and positive recovery from mental ill health.

The 'Mental Health Strategy: Scottish Borders' (Scottish Borders Health & Social Care Partnership, 2017) sets out a framework for the delivery of activities and services designed to improve the mental health and wellbeing for all ages groups in the local population. A key strategic priority clearly states that '…delivering services within an integrated care model' should look to co-locate services where possible to ensure equity across the Borders.

5. Current and Future Need

Demographic and socioeconomic factors

The Scottish Borders Health & Social Care Partnership (2015) provides background information on the Scottish Borders: A population of just over 115,000, widely dispersed across towns, villages and remote areas and with no natural centre. The Borders has a high proportion of older people placing increasing demands on care and treatment services. Those of working age are subject to a low wage economy, and deprivation is often hidden. Public transport is limited so owning a car is a necessity rather than a luxury.

Funding allocations from central government are usually informed by population size and, where relevant, the prevalence of certain diseases or issues. This does not take into account the expense of delivering services across such a widely dispersed area. Funding is also often short-term posing recurrent challenges to devise, develop and retain new and innovative services that connect to those already in place.

The Mental Health Strategy (2017) talks of mental ill health often being associated with stigma, and of people being reluctant to be seen accessing support. This is a particular issue in this rural setting where services are more visible in small communities with extensive family networks. The same applies to other 'sensitive' services such as those for addictions and sexual health.

Services are planned across five localities within the Scottish Borders (Fig 2). Together, these factors pose challenges for the Integration Joint Board in the planning and delivery of services.

Specific issues are:

Accessibility - To make services accessible you must make sure people who need those services can get to them, or the services can get to the people. Limited public transport and the costs of travel may make accessing some services difficult. Community-based services cost time and money to travel around the region, and limit how many people can be seen in a day.

Acceptability - ensuring anonymity can be difficult when people feel that everyone 'knows their business'. Making services generic and using bases that are accessed for several services can help to address this, as can making use of technology to increase flexibility.

Recruitment and retention of staff – rural areas can mean there is a limited pool of people with the required knowledge, skills and experience to do the jobs advertised, and with lower wages than might be offered in the city. Working in a demanding, isolated job out in the community can increase the stress of working in a caring role. Rigorous support and supervision arrangements are required to ensure staff feel supported and connected to their team.

Figure 2: Scottish Borders Localities (Scottish Borders Council, 2018)

COVID-19

The COVID-19 pandemic and associated restrictions on service delivery have meant that services have had to withdraw much of the face-to-face support they would normally deliver. This has increased anxieties, loneliness and isolation for many, including those who normally benefit from mental health support. It is though also the case that many services have become more resourceful, moving services on-line as well as delivering support by telephone, text and e-mail.

Whilst this has not been sufficient to meet everyone's needs, it has enabled those in more remote areas to access help that might otherwise have been more difficult. It has also helped some with social anxieties or worried about confidentiality to seek help more discreetly. As restrictions are eased, it is envisaged that recovery plans for services will include retaining some of these developments, increasing accessibility and flexibility of supports available.

Mental Health in the Scottish Borders

Extract from Scottish Borders Mental Health Needs Assessment (2014) and Scottish Borders Mental Health Strategy, 2017-

'Evidence shows that mental illness affects 1 in 4 adults and 1 in 10 children under 15. These figures would suggest that around 23,000 adults and 1,898 children and young people living in Scottish Borders will experience mental ill health at some point in their lives.
Depression and anxiety are the most common. Antidepressants were the most commonly used drug to treat mental health problems in both Scottish Borders and Scotland, having increased year on year.

Co-occurring mental health and drug or alcohol problems are common. Over 40% of people supported by the community mental health teams (CMHT) report problem drug use or harmful drinking, and mental health problems are present in over 70% of those in touch with addictions services.

Long term physical health conditions are associated with older age and with living in deprived circumstances and are key risk factors for mental ill health.
The suicide rate for the Borders was 15 per 100,000 population, just above the rate for Scotland.
The number of psychiatric admissions and lengths of stay shows a steady decline over the last 20 years. There were 680 admissions in 1998 falling to 470 in 2020. Most hospital stays were for a period of 8-28 days. This numbered 230 people in 1998, and had fallen to 120 people by 2020.

Prescriptions for anti-psychotic medication amongst adults shows a small increase over time from just under 7 per 1,000 in 2010/11 up to almost 9 per 1,000 in 2019/20 (reflecting a similar trend for Scotland.

Such data likely reflects a reduction in capacity (less beds) rather than demand so is not a good indicator of future need. It shows a gradual shift of resources in line with national and local policy of reducing bed numbers and moving care out into the community. This is based on the premise that as hospital-based care and treatment is reduced, it will be replaced by care delivered closer to home (hence the establishment of GRC in the first place).

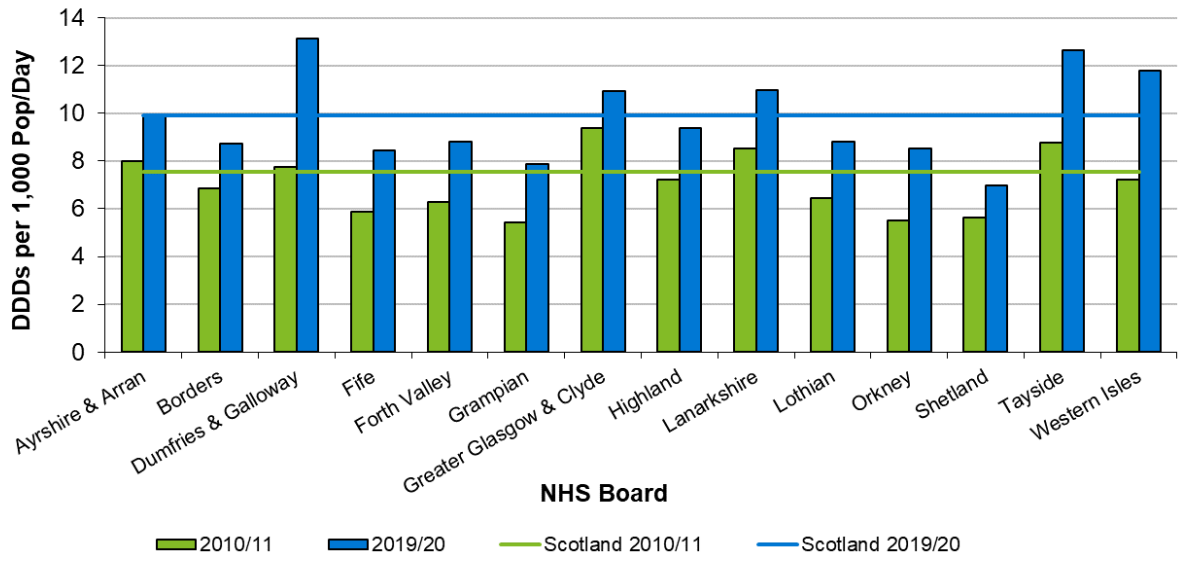

Figure 3: Drug used in psychoses and related disorders 2009/10 – 2019/20 (Public Health Scotland, 2020)

Regional profiles can also show comparisons with other areas. Scotland and Dumfries & Galloway were chosen to give national and rural contexts which showed psychiatric admissions for Borders compares well to both since 2012.

6. Current GRC Service Model

GRC was established in the 1990's as an integrated day service of NHS and SBC. It is predominantly a building-based service for the Galashiels community and caters for adults 18 and over with a primary diagnosis of mental ill health.

It originally operated as a drop in facility for people resettling into the community and worked routinely with people experiencing severe and enduring mental illness (Bi-polar, schizophrenia). In early years, the number of referrals was relatively low (10 referrals in 1999 rising to 76 in 2009). There were 381 referrals in total over a 10- year period, and the number of contacts in groups and activities averaged around 3,000 per annum. Referrals were mainly from the statutory mental health services with only 15-20% being GPs.

The Figure8 (2017) report described a model that had evolved into a more structured, daytime therapeutic resource for a wider client group, and from a wider geographical area (albeit still Galashiels focused). GRC was described as offering 'a safe place where you can access support to

regain a level of personal recovery that enables you to maintain your community presence, contribute to society, and to maximise your individual potential'.

This has been further developed over recent years with services now including a range of 1-1 and group activities (building and community based) as well as therapeutic groups around resilience and self-management.

Also, over recent months, there have been discussions between GRC, the LAC Team and Health in Mind to explore areas of possible duplication and explore the potential for joint working. Key aspects of these discussions have been ways of promoting engagement and of enhancing support.

GRC activity

Accessing data was difficult as it had not been routinely gathered. Activity data for 2019/20 shows a change in the pattern of referrals to the service in terms of gender, age, diagnosis and referral route.

- There has been an increase in younger adults (18-25), most commonly experiencing social anxieties
- There has been an increase in young woman with trauma related EUPD
- There has been an increase in those either diagnosed, or thought to be on the autistic spectrum
- The largest referrals source is now GPs, with Community Mental Health Teams the next highest referrer. Numbers referred with severe mental ill health over recent years are very low.

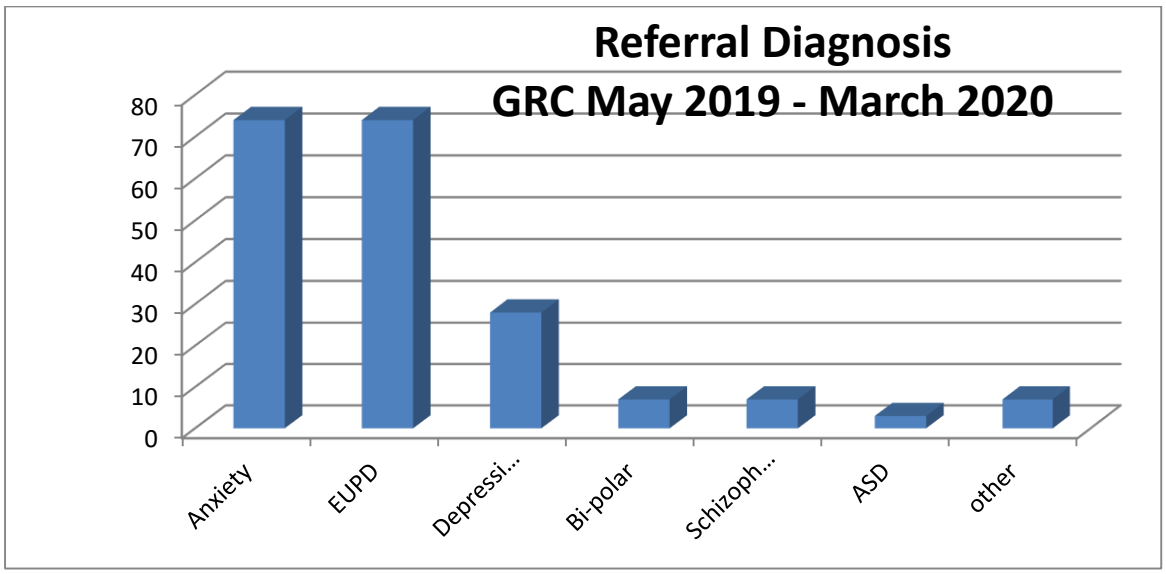

Figure 4: Referral Diagnosis May 2019 – March 2020 (NHS Presentation 2021)

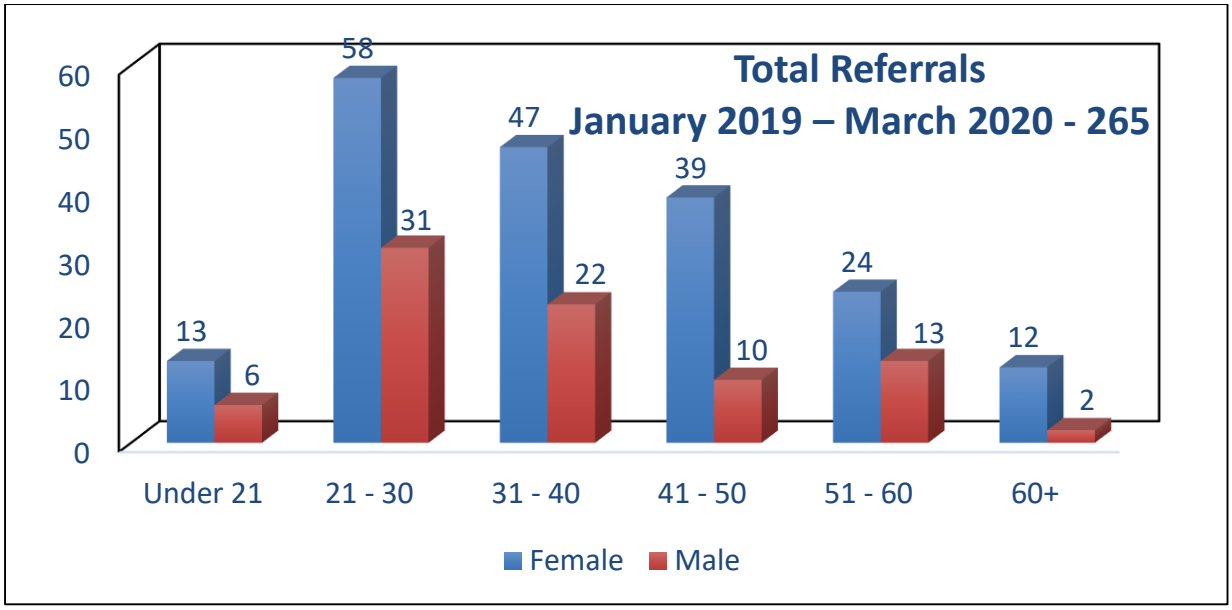

Figure 5: Total Referrals Jan 2019 – March 2020 (NHS Presentation 2021)

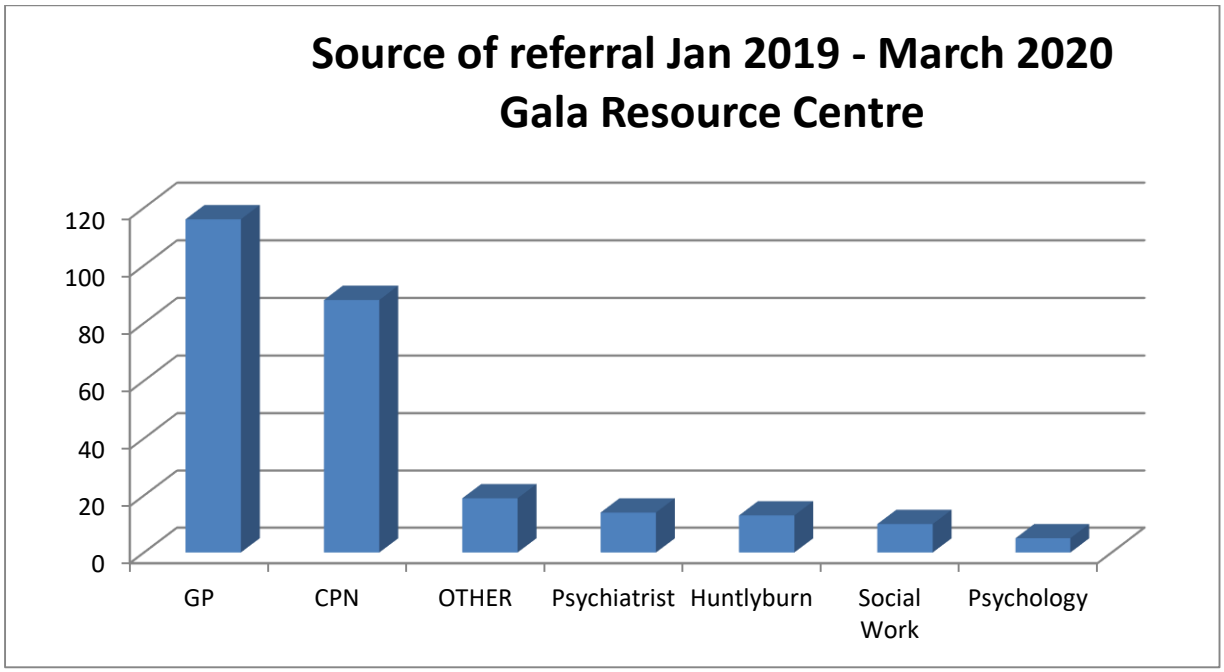

Figure 6: Source of referral Jan 2019 – March 2020 (NHS Presentation 2021)

Figure 7 below shows the type of referrals to GRC by source. EUPD forms the largest proportion (38%), followed by anxiety disorders (34%), and depression (14%). Most EUPD referrals come from the statutory mental health services (CPNs) but even those coming via their GP are likely to have first been diagnosed by mental health clinicians.

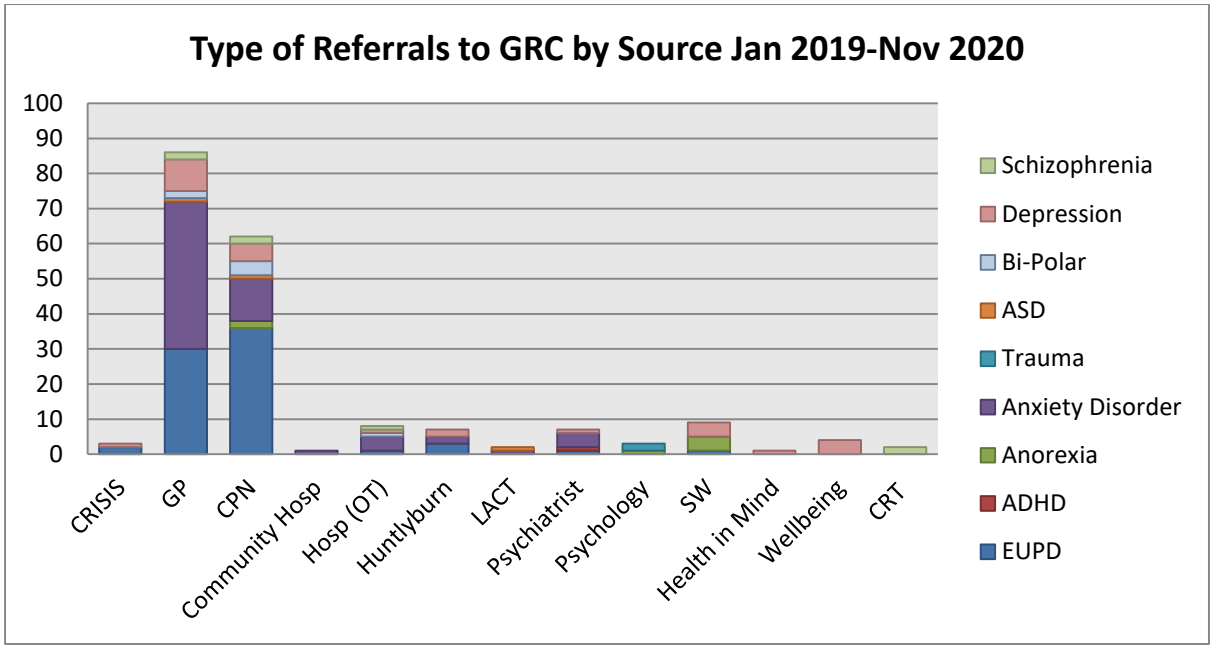

Figure 7: Type of referrals to GRC by source Jan 2019 – Nov 2020 (sourced from GRC data in NHS presentation)

Figure 8 below shows the current profile in terms of referral type, source and routes in/out of the service.

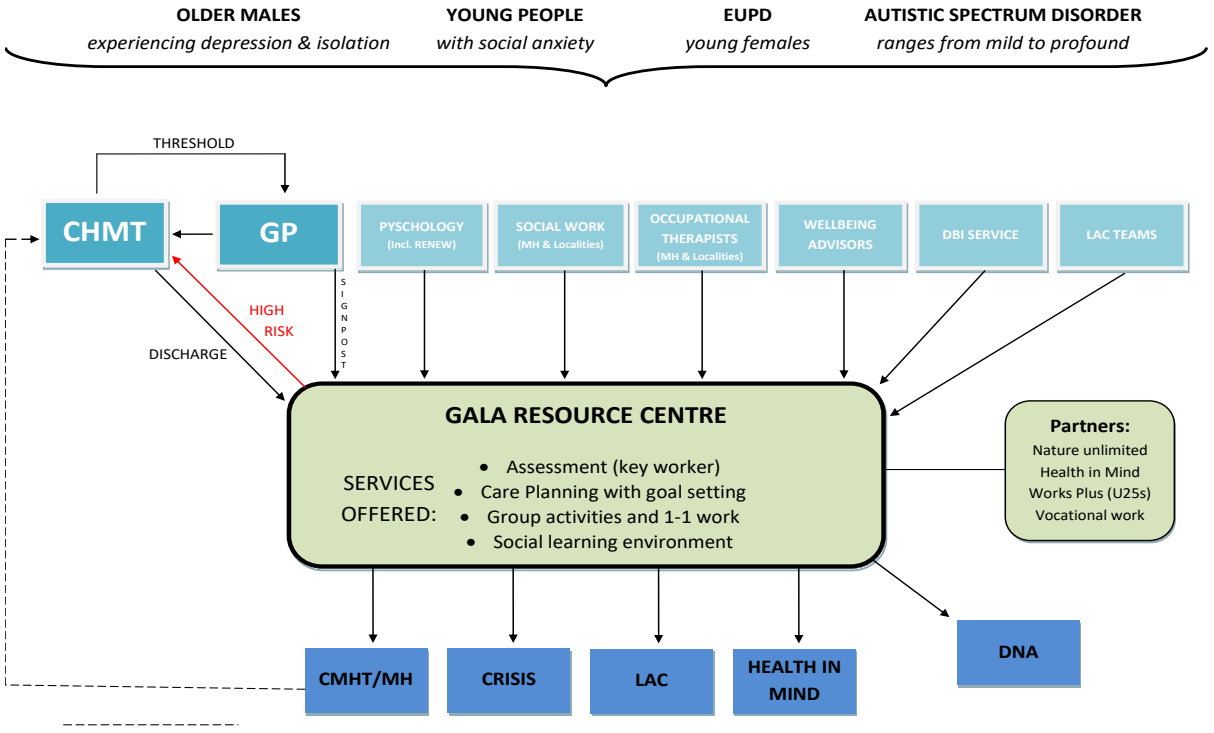

Figure 8: Referral Pathways (NHS Presentation 2021)

Challenges in GRC delivery

It is acknowledged that GRC has been operating in relative isolation from other statutory and commissioned Mental Health Services. Staff describe pathways for referral, joint working and discharge into the service as disjointed. GRC's geographical location also creates a barrier to access, placing it at odds with strategic priorities to achieve equity of access across the Scottish Borders.

Clients are discharged from Community Mental Health Teams (CMHTs) immediately after referral to GRC but their presentation can often fluctuate considerably. If they are no longer appropriate for GRC, or if they relapse, they cannot be referred back into Mental Health Services but must start again back at their GP.

7. Stakeholder Workshop

A workshop was held 11th May 2021 attended by a wide range of stakeholders. This was followed up by a number of small focus groups where people with lived experience of mental ill health were invited to share their views. Participants at these events were asked to consider four questions:

1. Who is the GRC *not* catering for?
2. How do we best meet the needs of those previously attending GRC?
3. What do we want any future service to look like/achieve?
4. How should future service provision connect to other services?

Key points raised are presented below (a summary can be found in Appendix A).

1. **Who are we *not* catering for?** Those with 'severe and enduring' mental ill health were identified as a group no longer being specifically catered for but having a high level of need. People with anxiety disorders and emotionally unstable personality disorders (EUPD) were the largest groups being referred. It was acknowledged that new services have developed to support anxiety issues such as 'Renew' and the Distress Brief Intervention service (DBI). Others noted were co-morbid and complex cases (such as co-existing long-term conditions, physical or learning disability, drug or alcohol misuse); younger adults (16-18s); autism/ADHD; and perinatal mental ill health.

2. **How do we best meet needs?** A person-centred, flexible approach that offers a range of options including psychosocial interventions (mindfulness, anxiety management, CBT, emotional

regulation), peer support, life skills development, and activities that promote health and wellbeing, connectedness and employability.

3. **What should future services look like?** Locality-based support (to reduce geographical inequalities); hub & spoke model; blended of face-to-face and digital; flexible, not time limited); multi-disciplinary (include OT, social and practical support); activities adapted for people with severe and enduring mental ill-health.

4. **How should it connect to other services?** Improved integration with the Wellbeing College and other services and more clearly defined treatment pathways; close working with CMHTs, working in partnership with locality-based community resources; staff aware of and understand how services connect with each other; multi-disciplinary working; empowerment – equal relationships between staff/those using the services.

Together with GRC activity data, two main areas of need were identified as requiring additional examination:

- Those with severe mental ill health (for whom GRC was originally designed to support); and
- Those with EUPD (for whom there are limited, dedicated services within adult mental health services).

The adult Mental Health Services were invited to consider how the needs of these two groups might best be met, and two further Focus Groups were planned for those with lived or living experience of EUPD.

8. Severe Mental Illness

One proposal was put forward around the current 'Space to Grow' garden allotment based at Huntlyburn. The project allows patients and staff to participate in Social Therapeutic Horticultural (STH), be active outdoors and engage/explore/absorb the natural environment. The proposal looks at the expansion of the service through redesign with additional funding.

The Adult CMHT services submitted two proposals for addressing the needs of people with people with severe mental illness.

One was from the Community Rehabilitation Team: *Connecting People and Physical Health Improvement and Support Team (PHIST).* This is a community-based model of care delivered by a multi-disciplinary, locality-based team. It would offer interventions that addressed the physical health, wellbeing and rehabilitation needs of people with severe mental illness (initially those currently being supported by the Community Rehabilitation Team, then rolled out to all adults with severe mental illness. It is thought there are approximately 100 people currently on the team's caseload who meet those criteria.

A second proposal was submitted by the Psychology Department which focused on developing a programme of dedicated psychological therapy (individual and group) together with Occupational Therapy and a range of therapeutic activities.

9. EUPD

Views of people with lived experience:

Three on-line focus groups were held with four people with lived experience of mental ill health, some of whom had consulted peers who wished to contribute their views. Two of the Focus Groups focused explicitly on Emotionally Unstable Personality Disorder (EUPD). The full notes can be found in Appendix B. A common theme was recognition that EUPD was often accompanied by a background of trauma, anxiety and self-harm leading to frequent presentations for help.

Experiences accessing supports

Although the focus for discussion was on GRC services, participants chose to share examples of having accessed support from various sources including GRC, GP and adult Mental Health Services.

Overall, the GRC was described as being a 'safe, secure and relaxing space', and staff praised for being sensitive, patient and welcoming. Helpful interventions in managing anxiety and depression included mindfulness, talking with others, café, crafts, walking and other outside/gardening activities.

Other examples of seeking help suggested fewer positive experiences that could have been improved with a more a compassionate and informed response.

How do we best meet needs?

- GRC type service that everyone who needs it can access
- Opportunities to connect with others in a non-threatening way (e.g. group and outdoor activities)
- Good information about their condition and opportunities to discuss what this means for them
- Education and self-management (managing emotions)
- Safe space/safety planning (when in crisis, suicidal thoughts, and self-harming)
- Peer support/buddy (sponsor type role) – someone who knows them who they can 'check in' with
- Long-term, flexible support when needed (not short-term programmes)
- Mindfulness (that is open to people with mental health challenges)
- Making sure staff have the necessary training and support to do this difficult job (supporting those with EUPD)
- Help to access appointments/sessions when anxious.

What should future services look like?

- Blended delivery of face-to-face, on-line, social media group/peer support
- Like GRC but available across the Borders on different days (a building is lockable and helps to feel safe and secure)
- 'Social prescribing' - support to find out about and access other resources in local communities (LAC and HiM do this)
- Open-ended as and when needed, not time-limited programmes.

Views of Adult Community Mental Health Teams (CMHTs)

Adult Mental Health Services represent medical, nursing, psychology and Occupational Therapists. CMHTs started development of a Care Pathway for people with Personality Disorders in 2019. This is awaiting completion, having been delayed by the COVID-19 pandemic, but will include sections on assessment, treatment and in-patient care (see Appendix C).

The CMHT were invited to submit their views on perceived gaps in community supports for people with EUPD. These include:

- Early intervention-access to therapeutic, goal orientated support, accessible via primary care and supporting joint work with community-based resources. This could provide therapeutic input at first point of need, reduce the need for referral to secondary services, and help address education and employment issues
- Transition from acute or secondary services. Often there is a gap between receiving inpatient or intensive secondary services to only accessing 3rd sector/community service, education or work. Having a goal focused approach that clearly sets out the individual's aims, is activity/therapeutically focussed and supports smooth transitions would be beneficial.

Potential solutions included:

- Moving away from a crisis or maintenance model to a more recovery focused, multi-disciplinary approach
- A person-centred, evidence-based approach that enables self-management
- Activity groups and vocational rehabilitation that support remaining, returning or starting work (good for health and wellbeing)
- The GRC Occupational Therapist (O.T) had offered a 'stepping stone to work' through work assessment, resilience skill courses (such as Mindfulness) and the opportunity to develop work skills through supported volunteer opportunities
- Physical spaces offering therapeutic environments to support people
- Joint working with third sector and community-based resources working collaboratively.

10. Summary

Background:

GRC was originally intended to provide essential support for people with severe and enduring mental ill health as part of a transition from hospital to community-based care. Mental Health Services have continued to develop over time, enhancing the type and range of supports on offer, but GRC has not been an integral part of that process. These developments have tended to focus on the shorter-term needs associated with emotional distress, anxiety, depression, loneliness and isolation. Those with longer-term support needs have not received the same level of attention.

Independent evaluation of GRC in 2017 recommended areas for improvement around structure, management and ethos of the Centre. These recommendations did not translate into any changes for

the staffing, approach or oversight of the service. Difficulties in accessing good monitoring data, together with feedback from stakeholders, suggests that the same issues still exist.

Gaps in services and unmet need:

Over recent years, GRC has evolved to meet the needs of those people now being referred for help – predominantly those experiencing anxiety and depression (for which there are now a range of community-based services in place), and those diagnosed as having an EUPD (for which there are no dedicated, community-based services). These supports have been well-received and beneficial for those accessing them, but a disconnect with other services has resulted in fragmented care, gaps in support, and a revolving door between services. This is leading to repeated presentations at front-line services and referrals into secondary mental health care.

Stakeholders are agreed that attention must now focus on the needs of those with longer term mental health needs: restoring support for those with severe and enduring mental ill health, and those with a diagnosis of EUPD (increasingly being referred to CMHTs and the GRC for support over recent years).

How these needs might be addressed:

The Community Rehabilitation Team and Psychology Department have both submitted proposals for providing enhanced support for those with severe mental illness (attached in Appendix C). These would create a stronger, multi-disciplinary focus on recovery and support people to improve physical health and wellbeing outcomes, living as well as possible with their condition in their local communities. This would benefit around 100 people currently on the Community Rehabilitation Team's caseload at any given time, and more if it was subsequently rolled out to others in need of such support.

For those with EUPD, there is also a degree of consensus on ways in which people might best be supported in the community. This includes:

- Opportunities to connect: Group and 1-1 activities (therapeutic, social and outdoors) previously provided by GRC but made more widely available across the Borders
- Information and advice: Help to understand what EUPD is and what it means for them; what supports are available and how to access them; developing resilience and self-management skills
- 1-1, group and peer support, especially at times of crisis that can be accessed at times of need and in the long-term and (not short programmes)

- Blended delivery (face-to-face and on-line, text etc) to facilitate access (geographically and practically)
- Collaborative working across sectors and agencies that avoids unnecessary referral/re-referral to the CMHTs, provides responsive care when needed, and supports broader family, social and employability goals
- Staff that are trained and supported to offer a compassionate response.

In terms of numbers, approximately 80 people were referred to GRC in 2019/20, but it is also featuring in referrals to other services that support those in distress such as the DBI service.

11. Recommendations

The primary recommendation of this review is to engage in an Options Appraisal process with our stakeholders to consider the proposals that will provide a cost-efficient service that addresses the unmet need of those in the community.

Some of the suggestions for strengthening care and support, particularly for those with EUPD, go beyond the realms of GRC and are thus not directly 'in scope' for this review.

a) GRC resources should now prioritise meeting the needs of two key groups:
   - Those with 'severe and enduring' mental ill health; and
   - EUPD

b) Various proposals have been submitted for those with severe mental ill health which would re-establish and improve upon services historically provided. These need further examination to consider the best option for taking this forward.

c) Further work needs to be done to work up a specific proposal for those with EUPD that would help to address the emerging needs of this group and reduce re-referrals into secondary Mental Health Services. This should include information and support post diagnosis; longer-term support via 1-1, group and peer support (to learn self-management; manage crisis and build resilience); opportunities to connect with others (social and creative activities). These opportunities should link with existing services and supports in the community.

d) Services should be locality-based to ensure equality of access across the region and delivered in a blended style of face-to-face and on-line to facilitate contact. The involvement of support workers, peer support and/or carers could also help to address barrier to attendance and engagement.

e) The building currently housing GRC could be assessed for its potential as a local 'hub' that facilitates a multi-agency programme of support (this would likely necessitate an assessment of suitability and refurbishment). Alternatively, the building could be handed back to the Council for alternative use.

Findings in this review have wider implications for adult Mental Health Services that suggest a need for further discussion. This could contribute to the further development of care pathways, support collaborative working across statutory and commissioned services, create opportunities for inter-agency staff support and development, and avoid unnecessary referrals and re-referrals into secondary care.

Once these developments have been agreed, there is a need to raise the profile of information resources on what services are in place, who offers what service, and how to access them.

12. References

Changing Health & Social Care for You 2018-2021 (Scottish Borders Health & Social Care Partnership, 2018)

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Scottish Borders Mental Health Services, Information resource to support integrated care (Adult) (2019)

Scottish Public Health Observatory (2014) – Health and Wellbeing Profiles

Appendix A – Stakeholder Workshop Feedback

Going forward how do we best meet the needs for those who were previously attending GRC?

Service Users

- Person Centred and not time limited
- Skill Building and Confidence Building
- Different methods of access- blend of face to face and digital
- Clear pathways so patients have a positive journey

Services

- Services that are more joined up/ work in conjunction with CMHTs
- Pleases for opportunity for peer support such as cafe, kitchen or garden
- Partnership working with services like open door cafe, Bowhill and the wellbeing collage
- Building based services to support patients feel safe
- Streamlined anxiety disorder pathways
- Hub and spoke model to cater for people outside of central area
- Services that facilitate patient's ability to engage with local services
- Clear referral pathways into the right services – single point of referral or self-referral – clear for GP's to follow
- Clear therapeutic routes such as – mindfulness, anxiety management, emotional regulation, communication and social skills
- Clearly defined patient treatment pathways that consider how the services link in and smother transition between services
- Develop services for severe and enduring, complex cases
- Stepping stones to support patient's recovery journey
- Consider services for 16+ to support CAMHS
- DBI/ Renew are short term need to support those not captured by CMHT
- Offer goal based therapy based on individual needs

What do we want any future service to look like/ achieve?

Supports people with severe and enduring MH problems	Stepping stone to other community groups	Clearly defined pathways between services	Considers physical health and physical activity
Offers access to Peer support	Fills the gaps we have in other services	Close links with Wellbeing College	Peer support and peer led sessions
Employability locality based approach	Sufficient OT/ Support/ Volunteers/ CBT Resource	Tailored to individual recovery journeys – supports employment	Promotes health and wellbeing skills and creative skills
Borders wide service- More locality based services not just a central building- everything we do must widen equity	Move away from set timescales – long term support for long term conditions that is flexible based on people's current need	Goal focused can sometimes be overwhelming also focus on acceptance and believing in themselves	Continues to build on the benefits felt with going online over the past year but is a blend of services to recognise health inequalities
Hub & Spoke- have a base but also have a travelling service	Focus more on social and practical support as opposed to psychology	Drop the PD role but make sure it sits within an alternative service	Consider use of alternative venues not restricted to NHSB & SBC
Adapted wellbeing courses for people with severe and enduring MH issues	More fluidity with 16-18 as gender identity is becoming more prominent	Use of walking groups/ cycling groups/ music therapy / art activities / gardening/ cooking skills	Avoid duplication with LAC- more about recovery community- focus on peer to peer support
Time limit as allows people to be goal focused but then peer support group that could have a looser timescale	Occupational Therapy could be utilised to support autism gap		

How should the future service provision connect with other services?

Need for therapy for the future	Links with Public Health to support physical health	Develop a core set of courses in conjunction with the wellbeing service- consider joint service	Communication- build an effective communication route
Maybe a one stop shop a hub of services operating out of one building	Ensure consistent language is used across all services	Work as equal partners supporting each other, working together to build solutions	Multidisciplinary working to support seamless access to multiple services- develop a system of support
Discharge plans- established who is involved in developing and updating ensuring person centred	Educate staff about how services can connect in and out	Link with post diagnostic support – would same model work? If focused less on clinical then would free up time for other areas	Post diagnostic support in conjunction with CMHT so that people aren't discharged

Appendix B - EUPD Focus Group responses

Experiences accessing support

One person described having received a diagnosis of EUPD and told they were being discharged (with no follow up and no information) all within a 20-minute phone call. The discharge was based on them having been assessed as 'high functioning' because they were 'able to hold down a job' (they had in fact been on long-term sick leave for 7 months). This took place before the development of the current Care Pathway for Personality Disorders* (updated Dec 2021).

Most spoke positively of their experiences accessing support at the GRC, describing it as being 'safe, secure and relaxing'. Staff were praised for being sensitive, patient and welcoming. One person felt it to be 'dingy, unwelcoming 'not homely'. Interventions regarded as helpful in managing anxiety and depression included mindfulness, talking with others, café, crafts, walking and other outside/gardening activities.

Following the recent closure of GRC, two people had been referred to the LAC Team for support. Both had received leaflets; advice and a telephone call every 6-8 weeks to check on how they were. One was offered access to walking activities, but the other was not, but both would have found it of value. They felt was insufficient to meet their needs but understood that out with Covid restrictions they would normally have been offered more regular and face-to-face help.

One person described having gone to their GP several times with problems of anxiety and self-harm, but not being offered any help to address these issues other than being told the only option was to reduce their medication. It was acknowledged that there are other sources of support that could have been suggested.

Another described an incident where they arrived for an appointment with their CPN but were too anxious to leave their car and were now a few minutes late. They telephoned staff to let them know they were outside and ask for a few minutes extra. This was turned down, the appointment was cancelled, and the person discharged because of failure to keep their appointment. The very problem they had been referred for (anxiety) had stopped them attending. They suggested that if staff had come out to offer reassurance it could have helped them to access support and avoided wasting the appointment.

How do we best meet needs?

GRC type service that everyone who needs it can access

Opportunities to connect with others in a non-threatening way (e.g. activities)

Good information about their condition and opportunities to discuss what this means for them.

Education and self-management (managing emotions)

Safe space/safety planning (when in crisis, suicidal thoughts and self-harming)

Peer support/buddy (sponsor type role) – someone who knows them who they can 'check in' with

Long-term, flexible support when needed (not short-term programmes)

Mindfulness (that is open to people with mental health challenges)

Making sure staff have the necessary training and support to do this difficult job (supporting those with EUPD)

Help to access appointments/sessions when anxious

What should future services look like?

Blended delivery of face-to-face, on-line, social media group/peer support
Like GRC but available across the Borders on different days (a building is lockable and helps to feel safe and secure).
Creative activities, walking and gardening e.g. the 'Space to Grow' at Huntlyburn.
The use of 'social prescribing' was discussed where people are helped to find out about and access (LAC and HiM do this) other resources in their local communities that would help improve mental health and well-being and connectedness.
Open-ended as and when needed, not time-limited programmes

Appendix C: Care Pathways for Personality Disorders


HOW%20TO%20ASSESS%20Overview.


Personality%20Disorder%20Integrated


Inpatient%20Treatment%20ICP%20Dra

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Gala Resource Centre

Business Case

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7 Recommendations 12

1 Purpose

The purpose of the Business Case is to set out the recommendations for the future of Gala Resource Centre based on the outcome of the Service Review and Options Appraisal process.

The Business Case is compiled from other documentation, principally the:

- Project Brief
- Programme Plan
- Risk Register
- Service Specification (see Appendix A)
- Options Appraisal Pack

These documents can be referred to for further rationale in the decision-making process – please contact Graeme Spowart (Project Support Officer) if you require these documents.

Background

The Gala Resource Centre (GRC) is a building-based day service for adults 18 and over with mental health challenges. Jointly funded and staffed by Scottish Borders Council (SBC) and NHS Borders (NHSB), it is located within Galashiels and provides services for central Borders. It offers building and community-based leisure, interest, and skills-based activities to support improvements in mental health and wellbeing. The total combined budget for the service is £236,656.

The arrival of the COVID-19 pandemic in 2020, and associated restrictions on face-to-face service delivery, resulted in the temporary closure of the GRC to allow the redeployment of staff elsewhere. This was seen as an opportunity to review the centre by examining its role and function, identify unmet need, and consider how these needs might be best met in the future.

This review was informed by the local mental health strategy - one of its key objectives being to ensure that people with mental health needs in the Scottish Borders can access the right support, at the right time, in the right place.

An independent evaluation of GRC was carried out by Figure8 Consultancy in 2017. The report cited the 'skills and experience of the staff team, as well as their helpful attitude in working with service users and other agencies. It described the provision of a 'well-balanced, supportive service which is used/seen as a 'stepping-stone' for service users as they build their confidence to move beyond the need for involvement with the service'.

The report also noted concern over 'the lack of a clear, agreed (and documented) service model' and called for *'improvements in the structure, management, delivery and monitoring of the service over the next 3-5 years'*. It also recommended a review of joint working arrangements and protocols to improve collaboration with other local mental health services.

Since the Figure 8 report there have been a number of other developments in local mental health services designed to strengthen early intervention, treatment and recovery supports for mild to moderate mental health problems. This has been part of a wider programme of transformation in mental health to deliver more effective and efficient use of resources, meet growing demand, and offer care closer to home. The lack of involvement of GRC in this transformation programme represents a missed opportunity to address some of the issues identified.

This latest review of GRC was to take approximately 6 months and to be completed by autumn 2021. An upsurge in COVID-related demand led to delays in this process which was finally concluded in March 2022. Stakeholders included those with lived experience and people involved in providing

mental health and related services (statutory and commissioned). The review was to be informed by:

- National and local context
- Relevance of Figure 8 recommendations
- GRC activity and monitoring data
- Exploration of how GRC sits alongside other mental health services (statutory and commissioned)
- A stakeholder consultation workshop
- Focus groups for those with lived experience including some that have accessed GRC

The recent closure of GRC has led to staff being moved to alternative roles and people being referred to alternative sources of help. Any possible future service model must fit with other strategic priorities, provide effective, responsive and integrated support, offer equality of access across the region, and make best use of available resources.

Since the review took place the IJB has issued a directive to complete a mental health needs assessment and the process of the GRC review will contribute to this needs assessment specifically relating to gaps identified across primary care and 3rd sector organisations/MH services.

2 Strategic Objectives

The specific objectives of this project were:

- To scope and analyse current service delivery
- To identify gaps and areas of unmet need
- To provide evidence-based recommendations for the future of the service

3 Benefits

A number of common benefits criteria and weights were used by the Project Team to develop a methodology to make an assessment of the options.

Scoring was based on Safety, Timeliness, Equity, Environment & Accessibility and Person-centeredness, in line with NHS Scotland's Quality Strategy and NHS Borders Clinical Strategy. These are set out in the table below. No benefits criteria are related to the value for money objective. This was assessed later in the process of financial appraisals. The benefits criteria had been assigned a relative weighting from a maximum of 100%. Each of the options was then scored against criteria on a scale of 1 to 5 by facilitated groups representing all key stakeholders.

Potential Criteria	Definition	Score	Weighting
Timeliness	- Does the option reduce waits and sometimes harmful delays for both those who receive care and those who give care?	1 - 5	12%
Patient Safety	- No increase in risk for patients/meets current requirements - Delivers a safe service - Level of care/service remains the same - Appropriate treatment mix	1 - 5	20%
Ability to meet quality of care	- The quality of care has a positive effect on the patient, family and carers - Delivers a safe service that achieves the standards identified in national and local strategies, including appropriate staffing - Provides an appropriate environment	1 - 5	12%
Equity	- No variation in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status - Consider more deprived and remote and rural areas	1 - 5	12%
Environment & Accessibility	- Timely and easy access to other associated specialties for patients, including investigations - Delivers the physical capacity for all desirable facilities - Provides direct access and appropriate surroundings for patients, family and carers	1 - 5	12%
Resource Utilisation	- Effective use of scarce resources - Staff back-up available if necessary, including the number of skilled staff across other areas	1 - 5	20%

	- Availability of cover - Speed and response when specialty cover is not available		
Ability to Deliver	- Is the option achievable - Is level of skill mix/trained staff available - Is the option sustainable	1 – 5	12%

Table 1: Criteria and Definitions

4 Risks

This project has been subject to on-going risk review and risk management through the production of formal Risk Logs and Issue logs. These have been considered at the Project Team meetings. The Project Team meetings have agreed actions and strategies to mitigate risk, wherever possible. Robust arrangements for risk appraisal and management will be in place as part of the overall project management arrangements for the next phase of the project. An initial risk register has been compiled with agreement from the Project Team and will be regularly reviewed and updated as part of the project management framework arrangements.

5 Available Options

The options that require to be scored are outlined below. Each option is described and supporting information is provided to aid discussion.

Option	Description / Additional Information
1	Status Quo - resume service as a building-based centre
2	Close Building Based Service

Table 2: Options to be appraised

Option 1: Status Quo

This option assumes that the current service will continue as a building-based centre, but alternative accommodation may need to be found.

GRC resources (building and staff) are owned by Scottish Borders Council and NHS Borders yet are not linked in strategically to Joint Mental Health Services. As it is not a commissioned service there is no contract with agreed service specification, routine monitoring, or oversight. GRC has not routinely been included in broader transformation work across adult Mental Health Services.

Option 2: Close Building Based Service

This option looks to close the GRC service and allows progression of deployed staff to find stability and alternative roles within the service. Currently, the building and service of Gala Resource Centre remains closed since the start of the pandemic. 3 staff (1 x Band 7 Manager; 1 x OT (employed by Health) and 1 x peer support worker (employed by SBC)) remain deployed from this service and have been for nearing 2 years.

During this time, we have not seen any mark demand on the specific service provided by GRC nor a marked increase in people needing to access this service. Previous users were either discharged or now supported by the LAC team. While the service review identified an unmet need – the needs remain the same regardless of GRC status as it did not provide an equitable service for the Scottish Borders population due to its locality-based status.

Non-Financial Appraisal

Table 3 below sets out the summary appraisal of the short-listed options with weighted scores.

Criteria	**Group**	**OPTION 1**		**OPTION 2**	
		Score	Weighted	Score	Weighted

			Score		Score
(A) Patient Safety	1	3	60	4	80
	2	3	60	2	40
(B) Ability to Meet Quality Care -	1	3	36	4	48
	2	4	48	2	24
(C) Timeliness - 14.29%	1	2	24	4	48
	2	3	36	3	36
(D) Equity - 14.29%	1	1	12	5	60
	2	2	24	4	48
(E) Environment and Accessibility -	1	3	36	4	48
	2	3	36	3	36
(F) Resource Utilisation -	1	3	60	3	60
	2	3	60	4	80
(G) Ability To Deliver -	1	2	24	4	48
	2	3	36	2	24
TOTAL		**38**	**552**	**48**	**680**

Table 3: Non-Financial Appraisal Scoring

Financial Appraisal

Table 4 below sets out the financial evaluation of the options presented.

A breakdown of the costs can be found in Appendix B.

Criteria	**OPTION 1**		**OPTION 2**	
	Score	Weighted Score	Score	Weighted Score
(A) Overall Affordability	5	150	5	150
(B) Value for Money, in particular Efficiency of	2	60	5	150

Delivery				
(C) Cashable Savings contributing to Financial Turnaround / Fit for 2024	1	30	5	150
(D) Cashable Savings enabling targeted reinvestment elsewhere on care pathway to deliver further increased outcomes	1	10	1	150
TOTAL	**38**	**552**	**48**	**680**

Table 4: Financial Appraisal Scoring

Combined scoring table

	OPTION 1	OPTION 2
Non-Financial Score	558	680
Financial Score	552	680
Total	1110	1360
Rank	**2**	**1**

Table 5: Combined Scoring

6 Preferred Option

Preferred Option: Close Building Based Service

The output of the Option Appraisal Process indicates that Option 2 (Close Building Based Service) is the preferred outcome and has ranked highest in terms of non-financial benefits and provides the best value for money. This allows for the affected staff to find stability through alternative roles within the organisation; allows for the IJB needs assessment to take place across the wider landscape; and will not incur any additional costs to either organisation as the service has been 'moth-balled' for the past two years.

A Health Inequalities Impact Assessment has been carried out on the preferred option and can be referred to in Appendix C.

7 Recommendations

The main recommendation from this paper is to note the work to date and **approve** the implementation of Option 2.

Subject to approval there will be a public-led consultation at the closure of the service and further discussion and investigation into the outcome of the IJB-led needs assessment.

Appendix A – Financial Appraisal Details

7.1.1.1

Gala Resource Centre

A review of services provided by the Gala Resource Centre to inform future planning

1. *Introduction*

The Gala Resource Centre (GRC) is a partnership service jointly funded by Scottish Borders Council (SBC) and NHS Borders (NHSB), offering building-based day service support to adults aged 18 and over with mental health challenges. It was originally established to meet the care and support needs of people with longer term, severe and enduring mental ill health (such as schizophrenia, bi-polar disorders) following the closure of Dingleton Hospital, offering a more community-focused model of delivery.

GRC is located within Galashiels and provides centre and community-based leisure, interest and skills-based courses indoors and outdoors, where individuals can access support to regain and develop their existing skills, strengths and abilities. GRC does not offer an accessible service to those living out with central Borders. Many of those accessing GRC for support over this time reported positive experiences and benefits, but evidence of impact was not routinely gathered.

An independent evaluation of GRC carried out by Figure8 Consultancy (2017), made recommendations for improvement. These recommendations were not implemented and GRC continued to evolve operationally in response to changes in staff and referrals being directed to them for support.

GRC resources (building and staff) are owned by Scottish Borders Council and NHS Borders yet are not linked in strategically to Joint Mental Health Services. As it is not a commissioned service there is no contract with agreed service specification, routine monitoring, or oversight. GRC has not routinely been included in broader transformation work across adult Mental Health Services. The tables below lay out the staffing details and costs of the service as it currently is across both the NHS and SBC.

NHS Borders Component:

	Budget	**Funded (WTE/Hours)**	**Current (WTE/Hours)**
Band 5 Nursing	£39209	1 / 37.5	0 / 0
Band 6 Nursing	£12495 (£1398 from MH Innovation fund)	0.2 / 7.5	0.2 / 7.5
Band 7 Nursing	£33726	0.8 / 30 (0.41 of which is fixed term)	0.8 / 30

TOTAL	£85430	1.78 / 51.38	1 / 37.5

Scottish Borders Council component:

Annual Budget		Current (WTE/Hours)
£146,026	Grade 7 Day Centre Officers	3.85 / 144.63
	Grade 4 Peer Practitioners	0.32 / 12
	TOTAL	1 / 37.5

Add annual building maintenance costs (excludes cleaning) – approx. £5,200 (2019/20)

Total combined budget: £236,656

The onset of the COVID-19 pandemic brought with it severe restrictions on face-to-face service delivery, including for Mental Health Services. As a result, GRC was temporarily closed to allow staff to be redeployed elsewhere. Those accessing the service were either assessed as being ready for discharge or referred to alternative services for support, mainly the Local Area Co-ordinating Team (LACT) or Health in Mind.

There remains a need to address issues highlighted by the Figure8 evaluation which has been exacerbated by the transformation of Mental Health Services round about GRC. The recent closure of the Centre has presented an opportunity to carry out a review and consider longer-term plans for the service.

This review will examine the role and function of GRC, identify if there are areas of unmet mental health need, and consider if/how a revised version of the service might meet these needs. It should also explore whether recommendations previously made by Figure8 still apply.

Any possible future service model must fit with other strategic priorities, provide effective, responsive and integrated support, offer equality of access across the region, and make best use of available resources.

2. Background

In 2017, Figure8 Consultancy were commissioned to independently evaluate the GRC service. Recommendations included:

- the need for a permanent management post
- development of a clear service model
- greater IT capacity (to facilitate monitoring)
- a need for more joint working with other services
- greater emphasis on the recovery agenda.

These recommendations were not implemented. Interim managers continued in post and GRC evolved in a way that aligned more with Primary Care rather than Secondary Care Mental Health Services. Many of those accessing GRC for support over this time reported positive experiences and benefits, but evidence of impact was not routinely gathered.

Since that Figure8 (2017) report there have been several other developments in local Mental Health Services. These include the formation of the Local Area Co-ordinating Team (LACT), the Wellbeing College, a Distress Brief Intervention service, and latterly, the 'Renew' service offering psychological therapy for mild to moderate anxiety and depression. Between them, these services now offer a range of early intervention, treatment and recovery supports for mild to moderate mental health challenges.

Figure 1 below sets out the current range of mental health supports and services in the Scottish Borders using a Tiered model of care. GRC is a community-based, specialist mental health provider that offers recovery-orientated care and support at Tiers 2 and 3. However, it is presented here in Tier 3 as it currently, requires referral from a GP or health and social care professional to access the service.

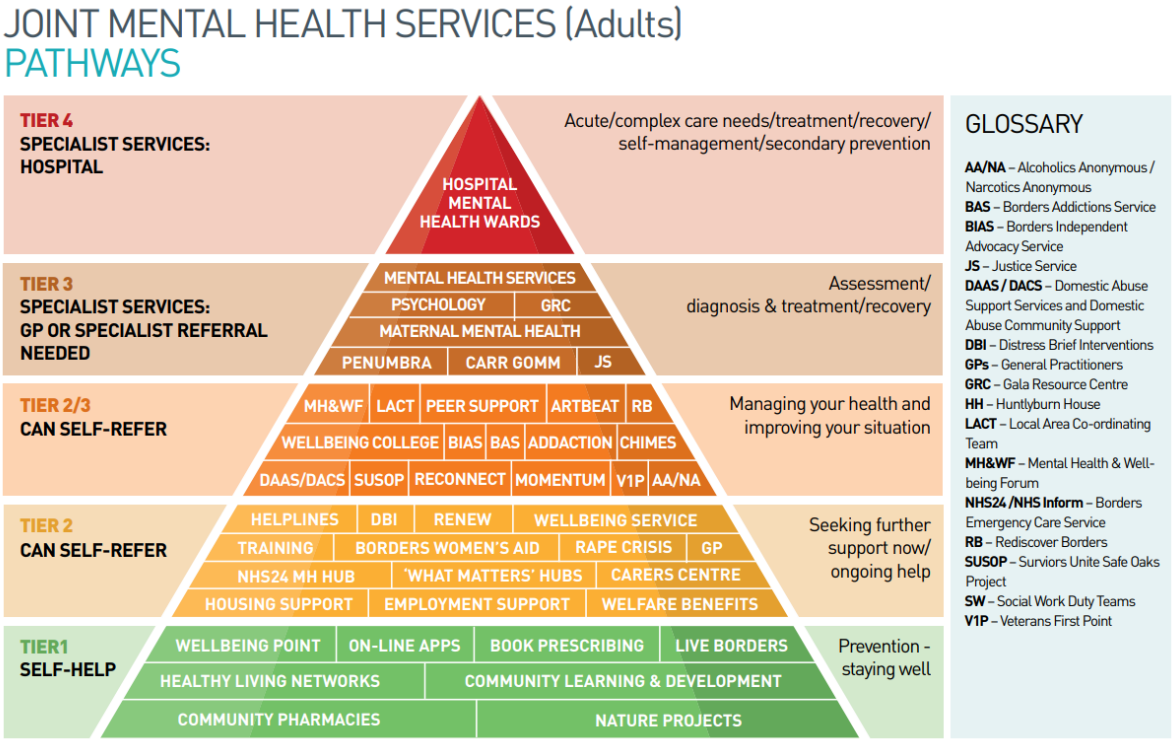

Figure 1: Joint Mental Health Services (Adults) Pathways (Scottish Borders Health and Social Care Partnership, 2019)

This shows an extract from a Mental Health information resource was created to support that work by mapping out what supports, and services are available for adults and how to access them. It is based on a 'Tiered Care' model that shows what is available for those with different levels of need, including:

- **Tier 1:** Self-help, prevention orientated services that enable people stay well
- **Tier 2:** Front line services offering urgent help when issues start to develop (accessed through self-referral)
- **Tier 2/3:** Help and support to help you managing your health (accessed through self-referral, mostly to the voluntary sector)
- **Tier 3:** Community-based care and treatment for those with more severe mental ill health (GP referral needed)
- **Tier 4:** Hospital in-patient care and treatment for those with more acute, severe or complex care needs

Support and services are grouped in two main categories - those specifically for individuals with mental health needs (including those around addiction or trauma) and some that might commonly

be used around general health and well-being. This resource can be accessed online by clicking on 'your local mental health services at: www.nhsborders.scot.nhs.uk/wellbeingpoint

There have been several developments in mental health services over recent years that have incorporated statutory and commissioned services, including.

- **LAC Team** - offers support for those with mental health issues to connect with local community resources (also offers support for those with learning disabilities and older people).
- **Health in Mind** - a voluntary sector organisation that offers a range of services including the Wellbeing College, peer support services and befriending.
- **Distress Brief Intervention service (DBI)** - offers short-term support for those presenting to GPs and other front-line services in distress.
- **'Renew'** – a new service available in primary care that offers help to those presenting with mild to moderate anxiety and depression.

In addition, there are plans for the Borders to take part in a national pilot to develop services for those with complex psychosocial needs. This could offer additional supports tailored to meet some needs not currently being addressed.

It is though also the case that some services have ceased to operate or been transformed with new service providers. These include some that previously offered supports to those with longer term mental ill health (New Horizons peer support groups and Borderline – a telephone helpline with many regular callers).

Services for adults with autistic spectrum disorders and mental health difficulties have been commissioned from an Edinburgh-based organisation (Autism Initiatives). This offers post-diagnostic support on a group basis in Edinburgh with some outreach activity in the Borders. This creates some barriers to access for those unable or unwilling to travel and has already been identified as an area for consideration with a view to improving access.

3. *Review Scope*

The aim of this review is to ensure that people with mental health needs in the Scottish Borders can access the right support, at the right time, in the right place – a key strategic objective in the local Mental Health Strategy.

The specific objectives were:

- To scope and analyse current service delivery
- To identify gaps and areas of unmet need
- To provide evidence-based recommendations for the development of local specialist services.

This review will be informed by:

- National and local context
- Figure8 recommendations
- GRC activity and monitoring data
- Exploration of how this sits alongside other Mental Health Services (statutory and commissioned)
- A stakeholder consultation workshop
- Focus groups for those with lived experience including some that have accessed GRC.

Stakeholders included those with lived experience of mental ill health, people who had accessed support from GRC and other sources; and staff from GRC and other statutory and third sector mental health services. This process was supported by Border Care Voice - a local, independent, voluntary sector organisation that facilitates the involvement of those with lived experience and those who support them. Project support was also provided by NHS Borders.

4. *Strategic Context*

NHS Borders and Scottish Borders Council came together to form a single integration board (Integration Joint Board) in 2015 with the aim of providing improved and integrated adult health and social care services that make the best use of available resources. The Scottish Borders Health & Social Care Partnership Strategic Plan (H&SCP) (2018-2021) along with the Mental Health Strategy (2017) set the details of this strategic vision. This includes a commitment to forge effective links

with all its partners in care, such as patients, staff, local communities, and disadvantaged groups, so that their needs and views are placed at the heart of the design and delivery of local health services. In support of that aim, an independent Mental Health Needs Assessment was carried out by Figure8 Consultancy (2014). This analysed the mental health needs (excluding dementia) for adults and informed future mental health planning and service provision.

Key findings included:

- Commissioners should review the pattern of service provision and contracting to ensure that its strengths the co-ordination of care and effective partnership working and communication
- Services need to be developed to be more responsive including ensuring that waiting time targets are consistently met, having clear access criteria, being available for longer hours and ensuring that staff understand what services are available and how to appropriately refer
- Commissioners need to work with providers to look at how IT can be more effectively used to enhance mental health support
- Commissioners need to look at how third sector and peer support can be developed and more integrated into local models of service provision
- Promote empowerment and positive recovery from mental ill health.

The 'Mental Health Strategy: Scottish Borders' (Scottish Borders Health & Social Care Partnership, 2017) sets out a framework for the delivery of activities and services designed to improve the mental health and wellbeing for all ages groups in the local population. A key strategic priority clearly states that '…delivering services within an integrated care model' should look to co-locate services where possible to ensure equity across the Borders.

5. *Current and Future Need*

Demographic and socioeconomic factors

The Scottish Borders Health & Social Care Partnership (2015) provides background information on the Scottish Borders: A population of just over 115,000, widely dispersed across towns, villages and remote areas and with no natural centre. The Borders has a high proportion of older people placing increasing demands on care and treatment services. Those of working age are subject to a low wage economy, and deprivation is often hidden. Public transport is limited so owning a car is a necessity rather than a luxury.

Funding allocations from central government are usually informed by population size and, where relevant, the prevalence of certain diseases or issues. This does not take into account the expense of delivering services across such a widely dispersed area. Funding is also often short-term posing recurrent challenges to devise, develop and retain new and innovative services that connect to those already in place.

The Mental Health Strategy (2017) talks of mental ill health often being associated with stigma, and of people being reluctant to be seen accessing support. This is a particular issue in this rural setting where services are more visible in small communities with extensive family networks. The same applies to other 'sensitive' services such as those for addictions and sexual health.

Services are planned across five localities within the Scottish Borders (Fig 2). Together, these factors pose challenges for the Integration Joint Board in the planning and delivery of services.

Specific issues are:

Accessibility - To make services accessible you must make sure people who need those services can get to them, or the services can get to the people. Limited public transport and the costs of travel may make accessing some services difficult. Community-based services cost time and money to travel around the region, and limit how many people can be seen in a day.

Acceptability - ensuring anonymity can be difficult when people feel that everyone 'knows their business'. Making services generic and using bases that are accessed for several services can help to address this, as can making use of technology to increase flexibility.

Recruitment and retention of staff – rural areas can mean there is a limited pool of people with the required knowledge, skills and experience to do the jobs advertised, and with lower wages than might be offered in the city. Working in a demanding, isolated job out in the community can increase the stress of working in a caring role. Rigorous support and supervision arrangements are required to ensure staff feel supported and connected to their team.

Figure 2: Scottish Borders Localities (Scottish Borders Council, 2018)

COVID-19

The COVID-19 pandemic and associated restrictions on service delivery have meant that services have had to withdraw much of the face-to-face support they would normally deliver. This has increased anxieties, loneliness and isolation for many, including those who normally benefit from mental health support. It is though also the case that many services have become more resourceful, moving services on-line as well as delivering support by telephone, text and e-mail.

Whilst this has not been sufficient to meet everyone's needs, it has enabled those in more remote areas to access help that might otherwise have been more difficult. It has also helped some with social anxieties or worried about confidentiality to seek help more discreetly. As restrictions are eased, it is envisaged that recovery plans for services will include retaining some of these developments, increasing accessibility and flexibility of supports available.

Mental Health in the Scottish Borders

Extract from Scottish Borders Mental Health Needs Assessment (2014) and Scottish Borders Mental Health Strategy, 2017-

'Evidence shows that mental illness affects 1 in 4 adults and 1 in 10 children under 15. These figures would suggest that around 23,000 adults and 1,898 children and young people living in Scottish Borders will experience mental ill health at some point in their lives.
Depression and anxiety are the most common. Antidepressants were the most commonly used drug to treat mental health problems in both Scottish Borders and Scotland, having increased year on year.

Co-occurring mental health and drug or alcohol problems are common. Over 40% of people supported by the community mental health teams (CMHT) report problem drug use or harmful drinking, and mental health problems are present in over 70% of those in touch with addictions services.

Long term physical health conditions are associated with older age and with living in deprived circumstances and are key risk factors for mental ill health.
The suicide rate for the Borders was 15 per 100,000 population, just above the rate for Scotland.
The number of psychiatric admissions and lengths of stay shows a steady decline over the last 20 years. There were 680 admissions in 1998 falling to 470 in 2020. Most hospital stays were for a period of 8-28 days. This numbered 230 people in 1998 and had fallen to 120 people by 2020.

Prescriptions for anti-psychotic medication amongst adults shows a small increase over time from just under 7 per 1,000 in 2010/11 up to almost 9 per 1,000 in 2019/20 (reflecting a similar trend for Scotland.

Such data likely reflects a reduction in capacity (less beds) rather than demand so is not a good indicator of future need. It shows a gradual shift of resources in line with national and local policy of reducing bed numbers and moving care out into the community. This is based on the premise that as hospital-based care and treatment is reduced, it will be replaced by care delivered closer to home (hence the establishment of GRC in the first place).

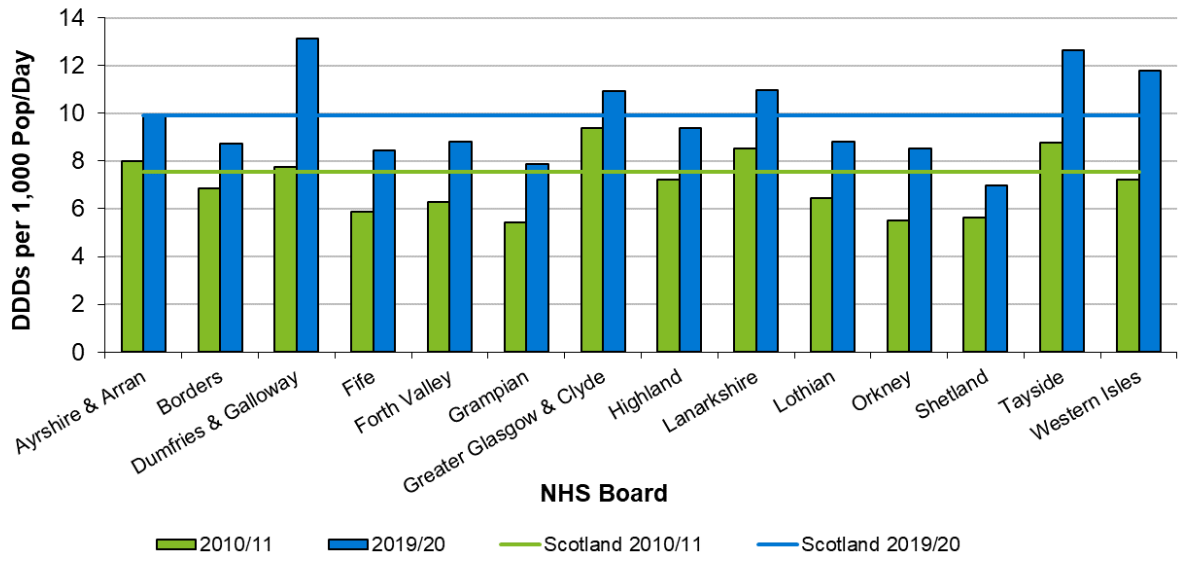

Figure 3: Drug used in psychoses and related disorders 2009/10 – 2019/20 (Public Health Scotland, 2020)

Regional profiles can also show comparisons with other areas. Scotland and Dumfries & Galloway were chosen to give national and rural contexts which showed psychiatric admissions for Borders compares well to both since 2012.

6. *Current GRC Service Model*

GRC was established in the 1990's as an integrated day service of NHS and SBC. It is predominantly a building-based service for the Galashiels community and caters for adults 18 and over with a primary diagnosis of mental ill health.

It originally operated as a drop in facility for people resettling into the community and worked routinely with people experiencing severe and enduring mental illness (Bi-polar, schizophrenia). In early years, the number of referrals was relatively low (10 referrals in 1999 rising to 76 in 2009). There were 381 referrals in total over a 10- year period, and the number of contacts in groups and activities averaged around 3,000 per annum. Referrals were mainly from the statutory mental health services with only 15-20% being GPs.

The Figure8 (2017) report described a model that had evolved into a more structured, daytime therapeutic resource for a wider client group, and from a wider geographical area (albeit still Galashiels focused). GRC was described as offering 'a safe place where you can access support to

regain a level of personal recovery that enables you to maintain your community presence, contribute to society, and to maximise your individual potential'.

This has been further developed over recent years with services now including a range of 1-1 and group activities (building and community based) as well as therapeutic groups around resilience and self-management.

Also, over recent months, there have been discussions between GRC, the LAC Team and Health in Mind to explore areas of possible duplication and explore the potential for joint working. Key aspects of these discussions have been ways of promoting engagement and of enhancing support.

GRC activity

Accessing data was difficult as it had not been routinely gathered. Activity data for 2019/20 shows a change in the pattern of referrals to the service in terms of gender, age, diagnosis and referral route.

- There has been an increase in younger adults (18-25), most commonly experiencing social anxieties
- There has been an increase in young woman with trauma related EUPD
- There has been an increase in those either diagnosed, or thought to be on the autistic spectrum
- The largest referrals source is now GPs, with Community Mental Health Teams the next highest referrer. Numbers referred with severe mental ill health over recent years are very low.

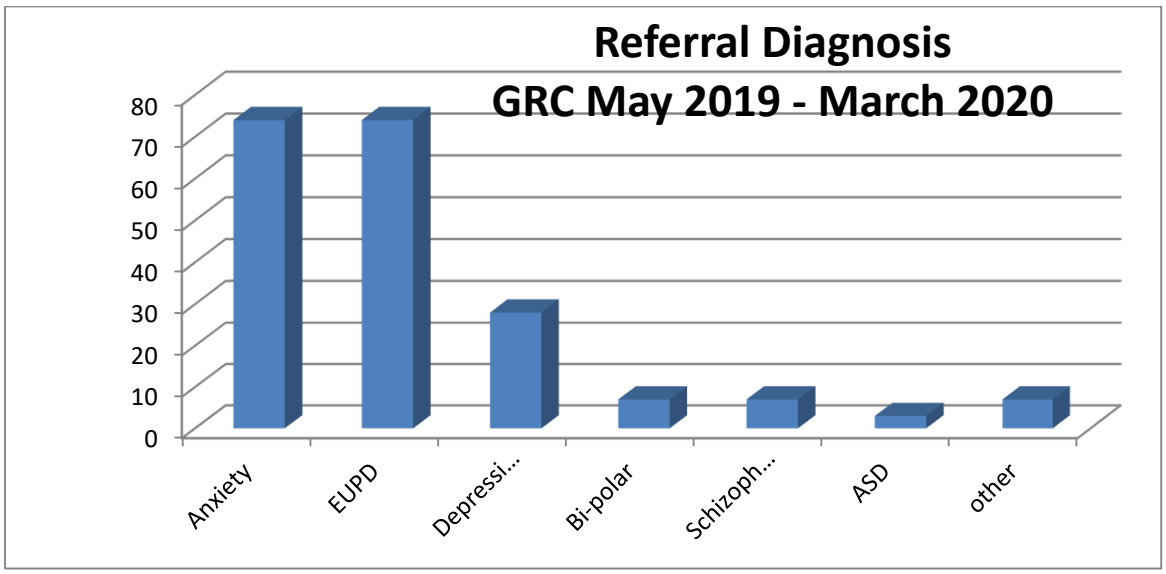

Figure 4: Referral Diagnosis May 2019 – March 2020 (NHS Presentation 2021)

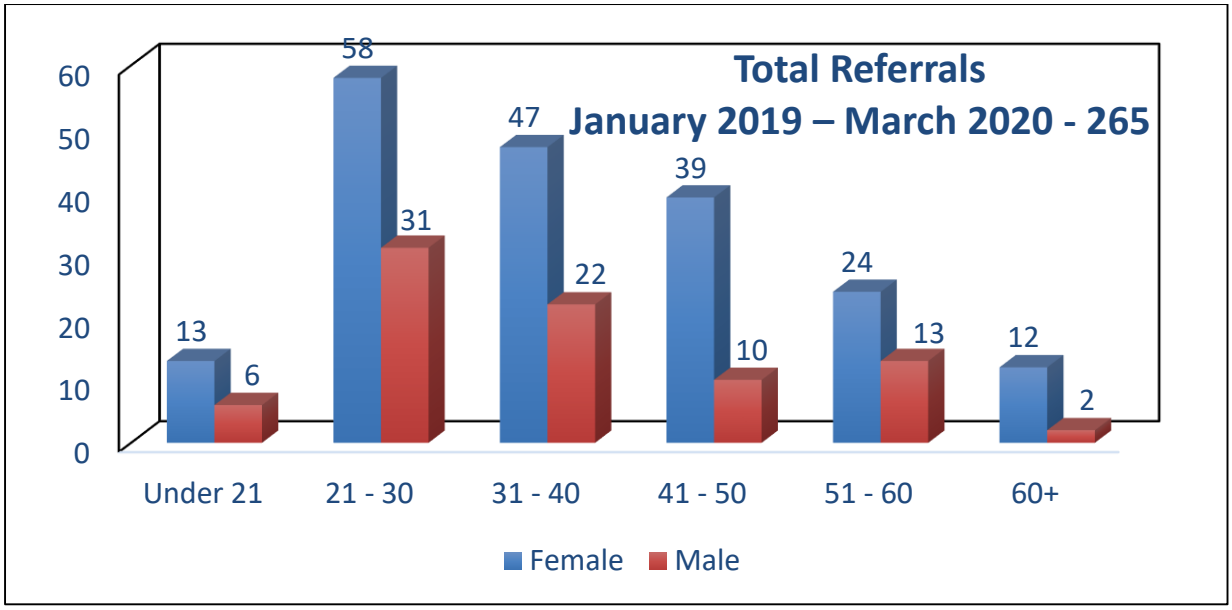

Figure 5: Total Referrals Jan 2019 – March 2020 (NHS Presentation 2021)

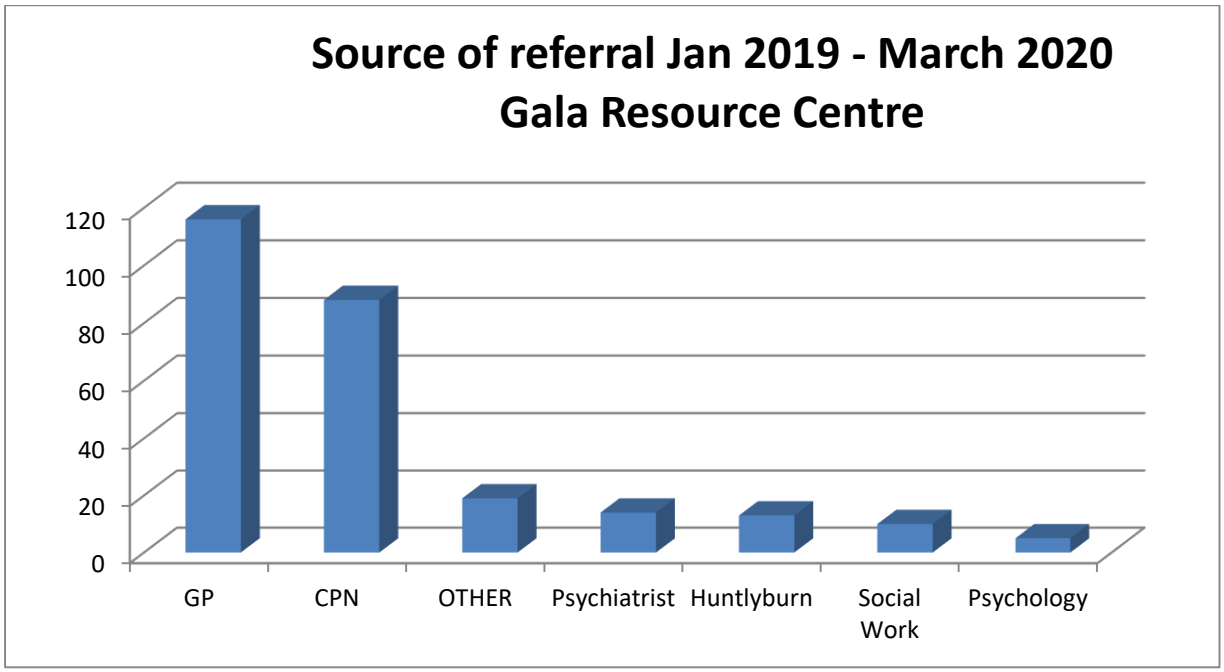

Figure 6: Source of referral Jan 2019 – March 2020 (NHS Presentation 2021)

Figure 7 below shows the type of referrals to GRC by source. EUPD forms the largest proportion (38%), followed by anxiety disorders (34%), and depression (14%). Most EUPD referrals come from the statutory mental health services (CPNs) but even those coming via their GP are likely to have first been diagnosed by mental health clinicians.

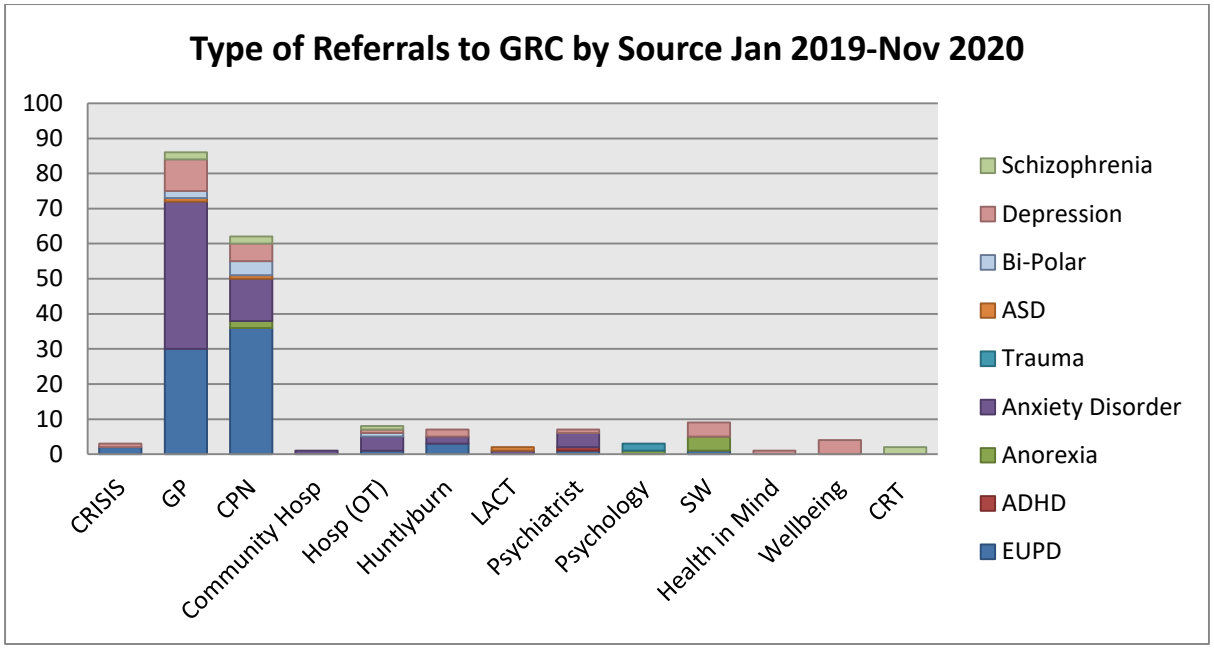

Figure 7: Type of referrals to GRC by source Jan 2019 – Nov 2020 (sourced from GRC data in NHS presentation)

Figure 8 below shows the current profile in terms of referral type, source and routes in/out of the service.

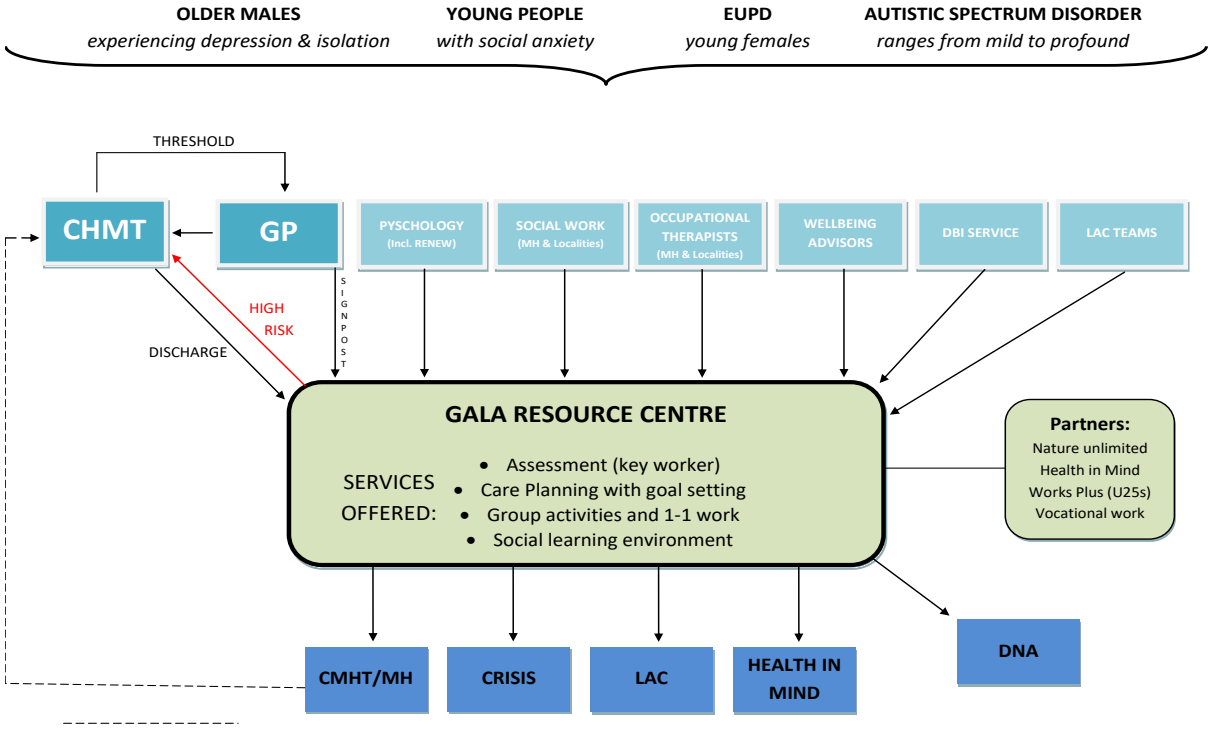

Figure 8: Referral Pathways (NHS Presentation 2021)

Challenges in GRC delivery

It is acknowledged that GRC has been operating in relative isolation from other statutory and commissioned Mental Health Services. Staff describe pathways for referral, joint working and discharge into the service as disjointed. GRC's geographical location also creates a barrier to access, placing it at odds with strategic priorities to achieve equity of access across the Scottish Borders.

Clients are discharged from Community Mental Health Teams (CMHTs) immediately after referral to GRC but their presentation can often fluctuate considerably. If they are no longer appropriate for GRC, or if they relapse, they cannot be referred back into Mental Health Services but must start again back at their GP.

7. Stakeholder Workshop

A workshop was held 11th May 2021 attended by a wide range of stakeholders. This was followed up by a number of small focus groups where people with lived experience of mental ill health were invited to share their views. Participants at these events were asked to consider four questions:

1. Who is the GRC *not* catering for?
2. How do we best meet the needs of those previously attending GRC?
3. What do we want any future service to look like/achieve?
4. How should future service provision connect to other services?

Key points raised are presented below (a summary can be found in Appendix A).

1. **Who are we *not* catering for?** Those with 'severe and enduring' mental ill health were identified as a group no longer being specifically catered for but having a high level of need. People with anxiety disorders and emotionally unstable personality disorders (EUPD) were the largest groups being referred. It was acknowledged that new services have developed to support anxiety issues such as 'Renew' and the Distress Brief Intervention service (DBI). Others noted were co-morbid and complex cases (such as co-existing long-term conditions, physical or learning disability, drug or alcohol misuse); younger adults (16-18s); autism/ADHD; and perinatal mental ill health.

2. **How do we best meet needs?** A person-centred, flexible approach that offers a range of options including psychosocial interventions (mindfulness, anxiety management, CBT, emotional

regulation), peer support, life skills development, and activities that promote health and wellbeing, connectedness and employability.

3. **What should future services look like?** Locality-based support (to reduce geographical inequalities); hub & spoke model; blended of face-to-face and digital; flexible, not time limited); multi-disciplinary (include OT, social and practical support); activities adapted for people with severe and enduring mental ill-health.

4. **How should it connect to other services?** Improved integration with the Wellbeing College and other services and more clearly defined treatment pathways; close working with CMHTs, working in partnership with locality-based community resources; staff aware of and understand how services connect with each other; multi-disciplinary working; empowerment – equal relationships between staff/those using the services.

Together with GRC activity data, two main areas of need were identified as requiring additional examination:

- Those with severe mental ill health (for whom GRC was originally designed to support); and
- Those with EUPD (for whom there are limited, dedicated services within adult mental health services).

The adult Mental Health Services were invited to consider how the needs of these two groups might best be met, and two further Focus Groups were planned for those with lived or living experience of EUPD.

8. Severe Mental Illness

One proposal was put forward around the current 'Space to Grow' garden allotment based at Huntlyburn. The project allows patients and staff to participate in Social Therapeutic Horticultural (STH), be active outdoors and engage/explore/absorb the natural environment. The proposal looks at the expansion of the service through redesign with additional funding.

The Adult CMHT services submitted two proposals for addressing the needs of people with people with severe mental illness.

One was from the Community Rehabilitation Team: *Connecting People and Physical Health Improvement and Support Team (PHIST).* This is a community-based model of care delivered by a multi-disciplinary, locality-based team. It would offer interventions that addressed the physical health, wellbeing and rehabilitation needs of people with severe mental illness (initially those currently being supported by the Community Rehabilitation Team, then rolled out to all adults with severe mental illness. It is thought there are approximately 100 people currently on the team's caseload who meet those criteria.

A second proposal was submitted by the Psychology Department which focused on developing a programme of dedicated psychological therapy (individual and group) together with Occupational Therapy and a range of therapeutic activities.

9. EUPD

Views of people with lived experience:

Three on-line focus groups were held with four people with lived experience of mental ill health, some of whom had consulted peers who wished to contribute their views. Two of the Focus Groups focused explicitly on Emotionally Unstable Personality Disorder (EUPD). The full notes can be found in Appendix B. A common theme was recognition that EUPD was often accompanied by a background of trauma, anxiety and self-harm leading to frequent presentations for help.

Experiences accessing supports

Although the focus for discussion was on GRC services, participants chose to share examples of having accessed support from various sources including GRC, GP and adult Mental Health Services.

Overall, the GRC was described as a 'safe, secure and relaxing space', and staff praised for being sensitive, patient and welcoming. Helpful interventions in managing anxiety and depression included mindfulness, talking with others, café, crafts, walking and other outside/gardening activities.

Other examples of seeking help suggested fewer positive experiences that could have been improved with a more a compassionate and informed response.

How do we best meet needs?

- GRC type service that everyone who needs it can access
- Opportunities to connect with others in a non-threatening way (e.g. group and outdoor activities)
- Good information about their condition and opportunities to discuss what this means for them
- Education and self-management (managing emotions)
- Safe space/safety planning (when in crisis, suicidal thoughts, and self-harming)
- Peer support/buddy (sponsor type role) – someone who knows them who they can 'check in' with
- Long-term, flexible support when needed (not short-term programmes)
- Mindfulness (that is open to people with mental health challenges)
- Making sure staff have the necessary training and support to do this difficult job (supporting those with EUPD)
- Help to access appointments/sessions when anxious.

What should future services look like?

- Blended delivery of face-to-face, on-line, social media group/peer support
- Like GRC but available across the Borders on different days (a building is lockable and helps to feel safe and secure)
- 'Social prescribing' - support to find out about and access other resources in local communities (LAC and HiM do this)
- Open-ended as and when needed, not time-limited programmes.

Views of Adult Community Mental Health Teams (CMHTs)

Adult Mental Health Services represent medical, nursing, psychology and Occupational Therapists. CMHTs started development of a Care Pathway for people with Personality Disorders in 2019. This is awaiting completion, having been delayed by the COVID-19 pandemic, but will include sections on assessment, treatment and in-patient care (see Appendix C).

The CMHT were invited to submit their views on perceived gaps in community supports for people with EUPD. These include:

- Early intervention-access to therapeutic, goal orientated support, accessible via primary care and supporting joint work with community-based resources. This could provide therapeutic input at first point of need, reduce the need for referral to secondary services, and help address education and employment issues
- Transition from acute or secondary services. Often there is a gap between receiving inpatient or intensive secondary services to only accessing 3rd sector/community service, education or work. Having a goal focused approach that clearly sets out the individual's aims, is activity/therapeutically focussed and supports smooth transitions would be beneficial.

Potential solutions included:

- Moving away from a crisis or maintenance model to a more recovery focused, multi-disciplinary approach
- A person-centred, evidence-based approach that enables self-management
- Activity groups and vocational rehabilitation that support remaining, returning or starting work (good for health and wellbeing)
- The GRC Occupational Therapist (O.T) had offered a 'steppingstone to work' through work assessment, resilience skill courses (such as Mindfulness) and the opportunity to develop work skills through supported volunteer opportunities
- Physical spaces offering therapeutic environments to support people
- Joint working with third sector and community-based resources working collaboratively.

10. Summary

Background:

GRC was originally intended to provide essential support for people with severe and enduring mental ill health as part of a transition from hospital to community-based care. Mental Health Services have continued to develop over time, enhancing the type and range of supports on offer, but GRC has not been an integral part of that process. These developments have tended to focus on the shorter-term needs associated with emotional distress, anxiety, depression, loneliness, and isolation. Those with longer-term support needs have not received the same level of attention.

Independent evaluation of GRC in 2017 recommended areas for improvement around structure, management, and ethos of the Centre. These recommendations did not translate into any changes for the staffing, approach, or oversight of the service. Difficulties in accessing good monitoring data, together with feedback from stakeholders, suggests that the same issues still exist.

Gaps in services and unmet need:

Over recent years, GRC has evolved to meet the needs of those people now being referred for help – predominantly those experiencing anxiety and depression (for which there are now a range of community-based services in place), and those diagnosed as having an EUPD (for which there are no dedicated, community-based services). These supports have been well-received and beneficial for those accessing them, but a disconnect with other services has resulted in fragmented care, gaps in support, and a revolving door between services. This is leading to repeated presentations at front-line services and referrals into secondary mental health care.

Stakeholders are agreed that attention must now focus on the needs of those with longer term mental health needs: restoring support for those with severe and enduring mental ill health, and those with a diagnosis of EUPD (increasingly being referred to CMHTs and the GRC for support over recent years).

How these needs might be addressed:

The Community Rehabilitation Team and Psychology Department have both submitted proposals for providing enhanced support for those with severe mental illness (attached in Appendix C). These would create a stronger, multi-disciplinary focus on recovery and support people to improve physical health and wellbeing outcomes, living as well as possible with their condition in their local communities. This would benefit around 100 people currently on the Community Rehabilitation Team's caseload at any given time, and more if it was subsequently rolled out to others in need of such support.

For those with EUPD, there is also a degree of consensus on ways in which people might best be supported in the community. This includes:

- Opportunities to connect: Group and 1-1 activities (therapeutic, social and outdoors) previously provided by GRC but made more widely available across the Borders

- Information and advice: Help to understand what EUPD is and what it means for them; what supports are available and how to access them; developing resilience and self-management skills
- 1-1, group and peer support, especially at times of crisis that can be accessed at times of need and in the long-term and (not short programmes)
- Blended delivery (face-to-face and on-line, text etc) to facilitate access (geographically and practically)
- Collaborative working across sectors and agencies that avoids unnecessary referral/re-referral to the CMHTs, provides responsive care when needed, and supports broader family, social and employability goals
- Staff that are trained and supported to offer a compassionate response.

In terms of numbers, approximately 80 people were referred to GRC in 2019/20, but it is also featuring in referrals to other services that support those in distress such as the DBI service.

11. Recommendations

The primary recommendation of this review is to engage in an Options Appraisal process with our stakeholders to consider the proposals that will provide a cost-efficient service that addresses the unmet need of those in the community.

Some of the suggestions for strengthening care and support, particularly for those with EUPD, go beyond the realms of GRC and are thus not directly 'in scope' for this review.

a) GRC resources should now prioritise meeting the needs of two key groups:
   - Those with 'severe and enduring' mental ill health; and
   - EUPD

b) Various proposals have been submitted for those with severe mental ill health which would re-establish and improve upon services historically provided. These need further examination to consider the best option for taking this forward.

c) Further work needs to be done to work up a specific proposal for those with EUPD that would help to address the emerging needs of this group and reduce re-referrals into secondary Mental Health Services. This should include information and support post diagnosis; longer-term support via 1-1, group and peer support (to learn self-management; manage crisis and build resilience); opportunities to connect with others (social and creative activities). These opportunities should link with existing services and supports in the community.

d) Services should be locality-based to ensure equality of access across the region and delivered in a blended style of face-to-face and on-line to facilitate contact. The involvement of support workers, peer support and/or carers could also help to address barrier to attendance and engagement.

e) The building currently housing GRC could be assessed for its potential as a local 'hub' that facilitates a multi-agency programme of support (this would likely necessitate an assessment of suitability and refurbishment). Alternatively, the building could be handed back to the Council for alternative use.

Findings in this review have wider implications for adult Mental Health Services that suggest a need for further discussion. This could contribute to the further development of care pathways, support collaborative working across statutory and commissioned services, create opportunities for inter-agency staff support and development, and avoid unnecessary referrals and re-referrals into secondary care.

Once these developments have been agreed, there is a need to raise the profile of information resources on what services are in place, who offers what service, and how to access them.

12. References

Changing Health & Social Care for You 2018-2021 (Scottish Borders Health & Social Care Partnership, 2018)

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Scottish Borders Health and Social Care Partnership (2019) *Information Resource to Support Integrated Care – Adult* [Online] Available from: http://www.nhsborders.scot.nhs.uk/media/799176/mentalhealthpathway_20_interactive-003-.pdf

Scottish Borders Council (2018) *Appendix 1a To Scottish Borders Council's Strategic Plan 2018 – 2023* [Online] Available from: https://www.scotborders.gov.uk/info/20062/strategies_plans_and_policies/252/corporate_plan

Scottish Borders Mental Health Services, Information resource to support integrated care (Adult) (2019)

Scottish Public Health Observatory (2014) – Health and Wellbeing Profiles

Appendix A – Stakeholder Workshop Feedback

Going forward how do we best meet the needs for those who were previously attending GRC?

Service Users

- Person Centred and not time limited
- Skill Building and Confidence Building
- Different methods of access- blend of face to face and digital
- Clear pathways so patients have a positive journey

Services

- Services that are more joined up/ work in conjunction with CMHTs
- Pleases for opportunity for peer support such as cafe, kitchen or garden
- Partnership working with services like open door cafe, Bowhill and the wellbeing collage
- Building based services to support patients feel safe
- Streamlined anxiety disorder pathways
- Hub and spoke model to cater for people outside of central area
- Services that facilitate patient's ability to engage with local services
- Clear referral pathways into the right services – single point of referral or self-referral – clear for GP's to follow
- Clear therapeutic routes such as – mindfulness, anxiety management, emotional regulation, communication and social skills
- Clearly defined patient treatment pathways that consider how the services link in and smother transition between services
- Develop services for severe and enduring, complex cases
- Stepping stones to support patient's recovery journey
- Consider services for 16+ to support CAMHS
- DBI/ Renew are short term need to support those not captured by CMHT
- Offer goal based therapy based on individual needs

What do we want any future service to look like/ achieve?

Supports people with severe and enduring MH problems	Stepping stone to other community groups	Clearly defined pathways between services	Considers physical health and physical activity
Offers access to Peer support	Fills the gaps we have in other services	Close links with Wellbeing College	Peer support and peer led sessions
Employability locality based approach	Sufficient OT/ Support/ Volunteers/ CBT Resource	Tailored to individual recovery journeys – supports employment	Promotes health and wellbeing skills and creative skills
Borders wide service- More locality based services not just a central building- everything we do must widen equity	Move away from set timescales – long term support for long term conditions that is flexible based on people's current need	Goal focused can sometimes be overwhelming also focus on acceptance and believing in themselves	Continues to build on the benefits felt with going online over the past year but is a blend of services to recognise health inequalities
Hub & Spoke- have a base but also have a travelling service	Focus more on social and practical support as opposed to psychology	Drop the PD role but make sure it sits within an alternative service	Consider use of alternative venues not restricted to NHSB & SBC
Adapted wellbeing courses for people with severe and enduring MH issues	More fluidity with 16-18 as gender identity is becoming more prominent	Use of walking groups/ cycling groups/ music therapy / art activities / gardening/ cooking skills	Avoid duplication with LAC- more about recovery community- focus on peer to peer support
Time limit as allows people to be goal focused but then peer support group that could have a looser timescale	Occupational Therapy could be utilised to support autism gap		

How should the future service provision connect with other services?

Need for therapy for the future	Links with Public Health to support physical health	Develop a core set of courses in conjunction with the wellbeing service- consider joint service	Communication- build an effective communication route
Maybe a one stop shop a hub of services operating out of one building	Ensure consistent language is used across all services	Work as equal partners supporting each other, working together to build solutions	Multidisciplinary working to support seamless access to multiple services- develop a system of support
Discharge plans- established who is involved in developing and updating ensuring person centred	Educate staff about how services can connect in and out	Link with post diagnostic support – would same model work? If focused less on clinical then would free up time for other areas	Post diagnostic support in conjunction with CMHT so that people aren't discharged

Appendix B - EUPD Focus Group responses

Experiences accessing support

One person described having received a diagnosis of EUPD and told they were being discharged (with no follow up and no information) all within a 20-minute phone call. The discharge was based on them having been assessed as 'high functioning' because they were 'able to hold down a job' (they had in fact been on long-term sick leave for 7 months). This took place before the development of the current Care Pathway for Personality Disorders* (updated Dec 2021).

Most spoke positively of their experiences accessing support at the GRC, describing it as being 'safe, secure and relaxing'. Staff were praised for being sensitive, patient and welcoming. One person felt it to be 'dingy, unwelcoming 'not homely'. Interventions regarded as helpful in managing anxiety and depression included mindfulness, talking with others, café, crafts, walking and other outside/gardening activities.

Following the recent closure of GRC, two people had been referred to the LAC Team for support. Both had received leaflets; advice and a telephone call every 6-8 weeks to check on how they were. One was offered access to walking activities, but the other was not, but both would have found it of value. They felt was insufficient to meet their needs but understood that out with Covid restrictions they would normally have been offered more regular and face-to-face help.

One person described having gone to their GP several times with problems of anxiety and self-harm, but not being offered any help to address these issues other than being told the only option was to reduce their medication. It was acknowledged that there are other sources of support that could have been suggested.

Another described an incident where they arrived for an appointment with their CPN but were too anxious to leave their car and were now a few minutes late. They telephoned staff to let them know they were outside and ask for a few minutes extra. This was turned down, the appointment was cancelled, and the person discharged because of failure to keep their appointment. The very problem they had been referred for (anxiety) had stopped them attending. They suggested that if

staff had come out to offer reassurance it could have helped them to access support and avoided wasting the appointment.

How do we best meet needs?

GRC type service that everyone who needs it can access

Opportunities to connect with others in a non-threatening way (e.g. activities)

Good information about their condition and opportunities to discuss what this means for them.

Education and self-management (managing emotions)

Safe space/safety planning (when in crisis, suicidal thoughts and self-harming)

Peer support/buddy (sponsor type role) – someone who knows them who they can 'check in' with

Long-term, flexible support when needed (not short-term programmes)

Mindfulness (that is open to people with mental health challenges)

Making sure staff have the necessary training and support to do this difficult job (supporting those with EUPD)

Help to access appointments/sessions when anxious

What should future services look like?

Blended delivery of face-to-face, on-line, social media group/peer support
Like GRC but available across the Borders on different days (a building is lockable and helps to feel safe and secure).
Creative activities, walking and gardening e.g. the 'Space to Grow' at Huntlyburn.

The use of 'social prescribing' was discussed where people are helped to find out about and access (LAC and HiM do this) other resources in their local communities that would help improve mental health and well-being and connectedness.

Open-ended as and when needed, not time-limited programmes

Appendix C: Care Pathways for Personality Disorders


HOW%20TO%20ASSESS%20Overview.


Personality%20Disorder%20Integrated%


Inpatient%20Treatment%20ICP%20Dra

Appendix B – Financial Appraisal Details

All costs at midpoint / FYE			Status Quo Continue as a building-based service		Close building-based service and absorb need across other existing services	
NHSB Pay	**Band**	**2022/23 Mid-Point £**	**Option 1 WTE**	**Option 1 Cost £**	**Option 2 WTE**	**Option 2 Cost £**
B5 Nursing	1.00	48,240	1.00	48,240	0.00	0
B6 Nursing	0.20	59,788	0.20	11,958	0.00	0
B7 Nursing	0.80	72,194	0.80	57,755	0.00	0
			2.00	**117,953** *	**0.00**	**0**
SBC Pay	**Band**	**2022/23 Mid-Point £**	**Option 1 WTE**	**Option 1 Cost £**	**Option 2 WTE**	**Option 2 Cost £**
G7 Day Centre Officers	3.85	35,907	3.85	138,242	0.00	0
G4 Peer Practitioners	0.32	23,885	0.32	7,643	0.00	0
			4.17	**145,885**	**0.00**	**0**
Non Pay				**500**		**0**
GRC Total Estimated Cost				**264,338**		**0**

** Not all retractable - some funding already being used to part-fund other initiatives since GRC closed. In region of £85k available.*

Appendix C – Health Inequalities Impact Assessment

Introduction

The Gala Resource Centre (GRC) is a building-based day service for adults 18 and over with mental health challenges. Jointly funded and staffed by Scottish Borders Council (SBC) and NHS Borders (NHSB), it is located within Galashiels and provides services for central Borders. It offers building and community-based leisure, interest, and skills-based activities to support improvements in mental health and wellbeing.
GRC does not offer an accessible service to those living out with central Borders. Many of those accessing GRC for support over this time reported positive experiences and benefits, but evidence of impact was not routinely gathered.

The arrival of the COVID-19 pandemic in 2020, and associated restrictions on face-to-face service delivery, resulted in the temporary closure of the GRC to allow the redeployment of staff elsewhere. This was seen as an opportunity to review the center by examining its role and function, identify unmet need, and consider how these needs might be best met in the future

This HIIA looks at the impact of the preferred Option 2 as described in the Business Case.

Please capture as much information as possible using the headings below.

1. Which population group is currently the target of this change?
(If appropriate note any comments about how they will be affected. Please note fuller information on differential impacts on the next page.)

The target group is those aged 18 and over with mental health conditions.

2. What are the potential impacts (positive or negative) this change will have on people with any of the nine protected characteristics and from vulnerable groups?

Population groups	Potential impacts and explanation why	Recommendations to reduce or enhance such impacts
Age: older people; middle years; early years; children and young people.	No significant specific impact identified for those with this protected characteristic.	N / A
Disability: physical, sensory and learning impairment; mental health conditions; long-term medical conditions.	The impact on those with mental health conditions will be negative as the proposal is to close the building-based service accessed by those in Galashiels.	Await outcome of IJB needs assessment to assess wider landscape of unmet need. Investigate provision of service that provides equity for those across the Scottish Borders locality. Signposting to other services within the locality.
Gender Reassignment: people undergoing gender reassignment	No significant specific impact identified for those with this protected characteristic.	N / A

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Date: 01 August 2022
Author: Deborah Raftery (Senior Project Manager)
Owner: Graeme Spowart (PSO)

Population groups	Potential impacts and explanation why	Recommendations to reduce or enhance such impacts
Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership.	No significant specific impact identified for those with this protected characteristic.	N / A
Pregnancy and Maternity: women before and after childbirth; breastfeeding.	No significant specific impact identified for those with this protected characteristic.	N / A
Race and ethnicity: minority ethnic people; non-English speakers; gypsies/travellers; migrant workers.	No significant specific impact identified for those with this protected characteristic.	N / A
Religion and belief: people with different religions or beliefs, or none.	No significant specific impact identified for those with this protected characteristic.	N / A
Sex: men; women; experience of gender-based violence.	No significant specific impact identified for those with this protected characteristic.	N / A
Sexual orientation: lesbian; gay; bisexual; heterosexual.	No significant specific impact identified for those with this protected characteristic.	N / A
Looked after (incl. accommodated) children and young people	No significant specific impact identified for those with this protected characteristic.	N / A
Carers: paid/unpaid, family members.	Potential impact on those supporting individuals to attend in terms of accessibility to service.	Investigate provision of service that provides equity for those across the Scottish Borders locality for those with the is characteristic that cannot currently access it. Signposting to other services within the locality.
Homelessness: people on the street; staying temporarily with friends/family; in hostels, B&Bs.	Potential impact identified for those with this protected characteristic in ability to access location of service.	Investigate provision of service that provides equity for those across the Scottish Borders locality for those with the is characteristic that cannot currently access it. Signposting to other services within the locality.

Population groups	Potential impacts and explanation why	Recommendations to reduce or enhance such impacts
Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders.	No significant specific impact identified for those with this protected characteristic.	N / A
Addictions and substance misuse	Potential impact on those with this protected characteristic is negative as they may be referred to the service.	Signposting to other services within the locality.
Staff: full/part time; voluntary; delivering/accessing services.	All staff will be redeployed into new roles within the service.	Involvement of HR & Partnership throughout project
Low income	There may be a potential impact on those in accessing service through affordability to travel.	Investigate provision of service that provides equity for those across the Scottish Borders locality for those with this characteristic that cannot currently access it. Signposting to other services within the locality.
Low literacy / Health Literacy: includes poor understanding of health and health services as well as poor written language skills.	A potential impact for those with this protected characteristic in missing communications or updates about changes to service.	Ensure easy read communications are given to Health Providers and other services for updating clients
Living in deprived areas	No significant specific impact identified for those with this protected characteristic.	N / A
Living in remote, rural and island locations	No significant specific impact identified for those with this protected characteristic.	N / A
Discrimination/stigma	No significant specific impact identified for those with this protected characteristic.	N / A
Refugees and asylum seekers	No significant specific impact identified for those with this protected characteristic.	N / A

Population groups	Potential impacts and explanation why	Recommendations to reduce or enhance such impacts
Any other groups and risk factors relevant to this policy	No significant specific impact identified for those with this protected characteristic.	N / A

3. How will the change impact on the causes of health inequalities?

Will the change impact on?	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
Income, employment and work.	No significant specific impact identified	
The physical environment and local opportunities	No significant specific impact identified	
Education and learning	No significant specific impact identified	
Access to services	Impact on those in the currently locality accessing the service as it will be closed in in current form.	Consideration around access to service so that it provides an improved equity of service.
Social, cultural and interpersonal	No significant specific impact identified	

4. How will the change impact on people's human rights?

Articles	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
The right to life	No significant specific impact identified	

Articles	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
The right not to be tortured or treated in an inhuman or degrading way	No significant specific impact identified	
The right to liberty	No significant specific impact identified	
The right to a fair trial	No significant specific impact identified	
The right to respect for private and family life, home and correspondence	No significant specific impact identified	
The right to freedom of thought, belief and religion	No significant specific impact identified	
The right to freedom of expression	No significant specific impact identified	
The right not to be discriminated against	No significant specific impact identified	
Any other relevant rights to this policy	No significant specific impact identified	

5. Will there be any cumulative impacts as a result of the implementation of this change in combination with others?

Should further information or impacts arise this HIIA will be updated to reflect such changes.

6. What sources of evidence have informed your impact assessment?

Evidence Type	Evidence available	Gaps in evidence
Population Data e.g. demographic profile, service uptake.	Figure8 (2014) Mental Health Needs Assessment Figure8 (2017) Evaluation of Mental Health Services In the Scottish Borders – Summary Evaluation of Gala Resource Centre GRC Activity from EMIS – noted in Gala Resource Centre Service Review 2022	Demand during Covid
Consultation and Involvement findings e.g. any engagement with service users, local community, particular groups.	Figure8 (2017) Evaluation of Mental Health Services In the Scottish Borders – Summary Evaluation of Gala Resource Centre Stakeholder workshops with PWLE, staff etc	

Research e.g good practice guidelines, service evaluations, literature reviews.	Figure8 Consultation 2017 Scottish Borders Health & Social Care Partnership Strategic Plan (H&SCP) (2018-2021 Mental Health Strategy (2017) Gala Resource Centre Service Review 2022	
Participant knowledge e.g. experiences of working with different population groups, experiences of different policies.	Service Management	

7. Key issues and questions that may require research evidence. – none?

Issue	Question to answer	Type of evidence
Hard to quantify need	Since the temporary closure has there been a demand for the building-based service?	Statistics – separating out locality, signposting, appropriateness etc.

8. Summary of discussion

Acknowledged that there is difficulty in determining ongoing demand on a service that has been closed for nearly 2 years. Discussed that impact of what we know has been minimal to secondary care services. Highlighted that on reflection GRC functioned more at a 3rd sector service and as such wasn't aligned to secondary mental health services. The gaps identified from the stakeholder event will contribute to the pending Primary mental health and well-being agenda as well as the larger MH needs assessment as directed by the IJB.

9. Anything else?

SBAR

Gala Resource Centre (GRC) review and support for people who have a diagnosis of personality disorder

Tim Sporle

25th October 2022

Situation

There is currently a review in progress with respect to the Gala Resource Centre (GRC). One of the identified gaps in local service provision has been support for people who have a diagnosis of personality disorder, particularly at the mild to moderate range of presenting problems. This was a resource previously provided by the GRC and there has been discussion in local stakeholder groups about how to meet the need for a range of interventions to be available to this group of people.

Background

Before its closure the GRC provided support in the form of psycho-educational courses with a focus on learning skills to cope with problems in emotional regulation and tolerating distress. The courses were co-facilitated by a support worker and another mental health professional. The content of the courses was based on DBT skills. Although the support worker had attended a DBT course themselves and had been involved in co-facilitating DBT courses in the NHS Borders, they had no professional qualifications or formal training in DBT. The other members of the GRC staff who would co-facilitate the courses had no formal training in DBT. There was no supervision arrangement in place appropriate to the course that was being delivered. There had been no discussion about the establishment of these courses with our local psychology service which is responsible for the governance of psychological therapies delivered within local statutory services. In summary, although the courses were valued by both professionals and people with lived experience, there was questionable governance with regards to the course and qualifications of those offering it. We would therefore have concerns about replicating this, without these issues being addressed.

The skills courses offered at the GRC that were attended by people who had received a personality disorder diagnosis from the CMHT and / or had problems with emotional dysregulation. For some patients they were often discharged from the CMHT when they were referred to the GRC, for others they continued seeing their CPN whilst attending the GRC. There does not appear to have been a clear protocol or SOP regarding how to manage this pathway of referrals between the GRC and the CMHT. More recently, there has been discussion amongst local stakeholder groups about how to recreate resource similar to the GRC courses that would enable patients to be discharged from the CMHT. I would like to present below an argument for keeping the treatment of these patients within the CMHT.

Assessment

The provision of courses for people diagnosed with a personality disorder needs to fit within our current therapy provision for people who have this diagnosis and/or associated presenting problems of emotional dysregulation.

Psychological treatment for this group of people could involve a course or one to one psychological therapy. We have been piloting a range of courses, including Survive and Thrive (Transdiagnostic although trauma focused, 10 weeks) and Emotional Resources Groups (Transdiagnostic, 6 weeks). The moderate intensity offer is DBT skills and the high intensity offer is DBT programme. DBT skills is a weekly course that lasts approximately one year. DBT programme includes attending a weekly course and having 1:1 therapy with a DBT therapist.

I would suggest that the gap in service provision created by the loss of GRC courses could be filled by the creation of a lower intensity course within secondary care that sits below the level of the current course options and is specifically focused on personality issues.

This could include options such as a Decider Skills course. Decider Skills refers to a set of coping skills which are based on DBT skills but which do not require training in DBT in order to implement them. Many of our local teams have begun to receive training in Decider Skills. A Decider Skills course would therefore offer a different option to the Emotion Resources Groups currently offered within our lower intensity interventions. Offering treatment within the CMHT would enable smoother transitions if patients need to step up or down between courses and also ensures that patients can work with staff who have appropriate training in working with the diagnosis of personality disorder.

One further issue is providing support to people who have a diagnosis of personality disorder. Our current Personality Disorder Pathway recommends that core and general treatments take place within secondary care before considering psychological treatment options. Core treatment includes establishing a therapeutic relationship, risk assessment and harm reduction planning, medication review and considering referral to other CMHT team members and third sector organisations.

General treatment includes psychoeducation and / or introduction to skills training in line with the principles of safety and stabilisation work and structured clinical management. Although the core and general work can be supported by a range of team members, the most obvious professional group to undertake this work is CPNs. If the CMHTs experience limitations within their CPN resource then it can present a challenge to local CMHTs to meet the demand for core and general treatment to take place.

If additional resources were made available to the CMHTs to provide core and general treatments as part of the Personality Disorder Pathway then this would also fill some of the gaps that had been created by the loss of courses available at the GRC.

<u>Recommendations</u>
The assessment section above sets out a need to provide:

- Courses, ideally based on Decider Skills
- Additional resource to support the direct provision of 1:1 core and general treatments including safety and stabilisation work as per our current personality disorder pathway
- Consultation support to keyworkers in the CMHT providing core and general treatment
- It is recommended that this work would take place within CMHTs and provide additional resource to the CMHTs

It is understood that approx £70,00 is currently available. It is recommended that this money could be used to create one full time or two part time Band 6 or Band 7 mental health professional post(s). These post(s) could be open to staff from a range of professional backgrounds including nursing, occupational therapy and physiotherapy. It is recommended that the post(s) require candidates to have some previous training and experience of using relevant therapies, either CBT or DBT, although appropriate candidates could receive further training if needed. It is suggested that one full time post holder is likely to be the preferred option. The creation of one post would enable the post holder to co-facilitate courses with other colleagues from the CMHT, assuming there is an option to free up time for course delivery from existing CMHT staff. This would support the up skilling of other CMHT colleagues in developing their Decider skills. However, if the vacancy is filled with two posts this would enable co-facilitation of the courses with both post holders.

It would be proposed that the post holders would become part of the DBT Team within secondary care services in order to receive supervision and support. It is suggested that there would be a dual accountability within the posts – within their professional grouping for line management and clinical caseload and within psychology for their psychological therapeutic work.

Thank-you for giving consideration to the points set out above.

Tim Sporle
Consultant Clinical Psychologist

Appendix
NHS Borders Personality Disorder Pathway summary diagram

Personality Disorder
Integrated Care Path

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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 HIIA.

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

Permanent closure of Gala Resource Centre

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

Age	Disability	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non-belief)	Sexual Orientation
Relevant (Service open to 18-69 yrs. with all age groups represented in referrals.)	Relevant. The service is designed to support people with mental health problems or mental illness.	Relevant Referrals over 2019/20 roughly 2:1 female to male reflecting common trends amongst	Relevant	Not considered relevant	Not considered relevant	Relevant	Relevant	Relevant

		mental health services.						

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
		Social Care	Social Care Health outcomes Access to health care Mental health		Access to services
Not considered relevant	Not considered relevant	x	x	Not considered relevant	x

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
The proposal is to permanently close a building-based service accessed by those in the Galashiels area. The Gala Resource Centre was temporarily closed in line with national COVID restrictions. The temporary closure was reviewed jointly with those using the service and people with lived experience who were not currently using the service. This resulted in: • Signposting of people attending Gala Resource Centre to other appropriate services	Positive – in terms of providing alternative suitable services Positive – addressing improvements in current services and gaps identified in the service review	Significant

• Improved information and advice regarding access to alternative services • The proposal to develop and improve services for Emotionally Unstable Personality Disorder • Strengthening of existing arrangements for supporting those with severe and enduring mental ill health.		

Is the proposal considered strategic under the Fairer Scotland Duty?	Yes. Permanent closure of the Gala Resource Centre and reallocation of resources (staff and some funding) allows the achievement of a strategic ambition to ensure people with mental health needs are able to access 'the right support, at the right time, in the right place' (Mental Health Strategy 2017).

IA to be undertaken and submitted with the report – Yes **If no – please attach this form to the report being presented for sign off**	**Proportionality & Relevance Assessment undertaken by:** Simon Burt Philip Grieve Debbie Raftery Julie Waddell **Date: 1st May 2021** **Updated 24th March 23**

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Equality Human Rights and Fairer Scotland Duty Impact Assessment

Stage 2 Empowering People - Capturing their Views

Joint Executive Team and Strategic Planning Group BRIEFING NOTE

Permanent Closure of Gala Resource Centre

Equality Human Rights and Fairer Scotland Impact Assessment Team

Role	Name	Job title	Date of IA Training
Service Lead	Simon Burt	General Manager, Joint MH Services	
Responsible Officer	Philip Grieve	Service Manager, Joint MH Services	
Main Stakeholder (NHS Borders)	Debbie Raftery	Senior Project Manager	
Mains Stakeholder (Scottish Borders Council)	Julie Waddell	Planning & Development Manager, Joint MH Services	? – When working in Public Health, 2012-2016

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	Scottish Borders Health and Social Care Partnership (2015) *Facts and Statistics*	The needs assessment drew on data from various sources that give an indication of the prevalence of mental health problems/illness in the Scottish Borders: Census 2011 - 3.5% of the Scottish Borders population identified themselves as having a mental health condition lasting at least 12 months. GP data – 881 (0.81% of all patients registered) patients with severe mental illness (e.g. schizophrenia, bi-polar affective disorder); 8,588 patients with newly diagnosed depression in the last year (7.4%). 18,795 (16.5% of the local population) were prescribed drugs for depression, anxiety, and/or psychosis (year ending March 2013).
Data on relevant protected characteristic	Scottish Borders Mental Health Needs Assessment (2014) and Scottish Borders Mental Health Strategy, 2017.	The Needs Assessment and the Strategy both describe life events that can have a negative impact on mental health and wellbeing, including long-term conditions, adverse childhood events, substance misuse, homelessness, offending, poverty, unemployment, physical disabilities, and caring for others. A significant inequality is seen in the life expectancy of those with a diagnosed mental illness where life expectancy can be 10 to 15 years lower than the general population. People with mental health problems experience inequalities in relation to income and employment. Mental illness affects 1 in 4 adults and 1 in 10 children under 15. This suggests around 23,000 adults and 1,898 children and young people living in Scottish Borders will experience mental ill health at some point in their lives.

		Depression and anxiety are the most common. Antidepressants were the most commonly used drug to treat mental health problems in both Scottish Borders and Scotland, having increased year on year. Co-occurring mental health and drug or alcohol problems are common. Over 40% of people supported by the community mental health teams report problem drug use or harmful drinking, and mental health problems are present in over 70% of those in touch with addictions services. The suicide rate for the Borders was 15 per 100,000 population, just above the rate for Scotland. Suicide rates are higher for males than for females. The number of psychiatric admissions and lengths of stay shows a steady decline over the last 20 years. There were 680 admissions in 1998 falling to 470 in 2020. Most hospital stays were for a period of 8-28 days. This numbered 230 people in 1998, and had fallen to 120 people by 2020. Prescriptions for anti-psychotic medication amongst adults shows a small increase over time from just under 7 per 1,000 in 2010/11 up to almost 9 per 1,000 in 2019/20 (reflecting a similar trend for Scotland. Such data likely reflects a reduction in capacity (less beds) rather than demand so is not a good indicator of future need. It shows a gradual shift of resources in line with national and local policy of reducing bed numbers and moving care out into the community. This is based on the premise that as hospital-based care and treatment is reduced, it will be replaced by care delivered closer to

		home, reducing institutionalised care and supporting independence and recovery.
Data on service uptake/access	Gala Resource Centre service activity and monitoring data (2019/20) to inform a review of the service (2021).	Accessing data was difficult as it had not been routinely gathered. Activity data for 2019/20 shows a change in the pattern of referrals to the service in terms of gender, age, diagnosis and referral route. • There has been an increase in younger adults (18-25), most commonly experiencing social anxieties • There has been an increase in young woman with trauma related Emotionally Unstable Personality Disorder • There has been an increase in those either diagnosed, or thought to be on the autistic spectrum • The largest referrals source is now GPs, with Community Mental Health Teams the next highest referrer. Numbers referred with severe mental ill health over recent years are very low. Emotionally Unstable Personality Disorder forms the largest proportion (38%), followed by anxiety disorders (34%), and depression (14%). Most Emotionally Unstable Personality Disorder referrals come from the statutory mental health services (CPNs) but even those coming via their GP are likely to have first been diagnosed by mental health clinicians.
Data on socio economic disadvantage	Scottish Borders Health and Social Care Partnership (2015) *Facts and Statistics*	5 data zones in the Scottish Borders are recognised by Scottish Government as being amongst the 15% most deprived in Scotland (3.2% of the Scottish Borders population). The most deprived data zones in Scottish Borders are in Burnfoot, Hawick, and Langlee, Galashiels.

Research/literature evidence	Figure8 (2017) *Evaluation of Mental Health Services In the Scottish Borders – Summary Evaluation of Gala Resource Centre*	Independent evaluation of Gala Resource Centre in 2017 recommended areas for improvement around structure, management and ethos of the Centre. These recommendations did not translate into any changes for the staffing, approach or oversight of the service. Difficulties in accessing good monitoring data, together with feedback from stakeholders, suggests that the same issues still exist.
Existing experiences of service information		
Evidence of unmet need	Gala Resource Centre follow-up consultation: • Focus Groups with people with lived experience specifically around the needs of those with Emotionally Unstable Personality Disorder; and • Consultation with various staff disciplines involved in supporting people with Severe Mental Illness (SMI) and Emotionally Unstable Personality Disorder.	The workshop had identified main areas of unmet need, but additional consultation was required to examine these in greater depth to inform future plans. Of the referrals to Gala Resource Centre over Jan 2019 – March 2020, Emotionally Unstable Personality Disorders formed the largest proportion (38%), followed by anxiety disorders (34%), and depression (14%). Most Emotionally Unstable Personality Disorder referrals come from the statutory mental health services (Community Psychiatric Nurses) but even those coming via their GP are likely to have first been diagnosed by mental health clinicians. All those accessing support represented people with lived experience of mental ill health. Changes in Gala Resource Centre management, staff skills and supports offered had led to a gradual shift away from people with serious mental illness being referred to Gala Resource Centre and little had been developed in mental health services generally that offered alternative forms of support.

		It was acknowledged that new services have developed to support anxiety issues such as 'Renew' and the Distress Brief Intervention service although these tend to focus on shorter-term interventions. Stakeholders are agreed that attention should now focus on the needs of those with longer term mental health needs: restoring support for those with severe and enduring mental ill health, and those with a diagnosis of Emotionally Unstable Personality Disorder (increasingly being referred to Community Mental Health Teams and the Gala Resource Centre for support over recent years). For those with severe mental illness, a new model of supported accommodation has been approved that will see a transition to improved facilities, and the development of new, enhanced residential support that will provide stepped up/stepped down facilities (operational Feb 2023). For those with an Emotionally Unstable Personality Disorder, a proposal has been drafted to re-invest some of the GRC resources to recruit an additional staff post in mental health services. This post will support a cross-sector programme of staff training, collaborative working, and an enhanced care pathway. This will build on existing services for this client group and respond to needs identified by stakeholders in the GRC review, including: • Staff that are trained and supported to offer a compassionate response. • Collaborative working across sectors and agencies that avoids unnecessary referral/re-referral • Challenging stigma and promoting awareness and understanding of mental ill health amongst other services. • Accessible information and advice to support self-management skills in appropriate formats

		• Increased access - geographically and practically - using a blended delivery model (face-to-face, on-line, text etc).
Good practice guidelines	Co-production Charter – local agreement facilitated by Border Care Voice. This makes a commitment to involve people with lived experience in the development of mental health policies and services in the Scottish Borders.	Representation from Border Care Voice ensured we adhered to the agreed principles, and facilitated representation of people with lived experience in the consultation exercises.
Other – please specify	Consultation with mental health professionals (including Psychology Dept.) as part of the 2021 Gala Resource Centre service review.	During the review it became clear that there had been no discussion about the establishment of psycho-educational courses for people with personality disorders with our local psychology service. The Psychology Service is responsible for the governance of psychological therapies delivered within local statutory services. Although the courses were valued by both professionals and people with lived experience, there was questionable governance with regards to the course and qualifications of those offering it.
Risks Identified	Consultation with mental health professionals (including Psychology Dept.) as part of the 2021 Gala Resource Centre service review.	There are clinical risks associated with the issues identified in this recent service review around the clinical governance of programmes delivered for potentially vulnerable people which would need to be addressed in any future service development.
Additional evidence required		

Consultation/Engagement/Community Empowerment Events

Event 1

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
11/05/21	On-line (due to Covid restrictions)	42 people in total plus presenters: People with Lived Experience of mental ill health and/or addictions – 8 Carers - 1 Gala Resource Centre staff - 3 NHS – various (staff rep, union, project support, finance) – 11 Statutory mental health & addictions services – 11 Commissioned mental health & addictions services – 2 NHS AHPs – 1 GP - 2 SBC staff (SW - 2, Contracts – 1)	People with lived experience of mental ill health (including those who had and had not accessed Gala Resource Centre).

***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
Although the focus for discussion was on Gala Resource Centre services, participants chose to share examples of having accessed support from various sources including Gala Resource Centre, GP and adult Mental Health Services. <u>Who is the GALA RESOURCE CENTRE not catering for?</u>	The following have been co-designed with people with the relevant protected characteristics to meet current and future needs and address the views expressed. • Miller House – a new service which was subject to its own Equality Human Rights Impact Assessment • Emotionally Unstable Personality Disorder Proposal – subject to consultation currently with people with the relevant protected

Those with 'severe and enduring' mental ill health and people with Emotionally Unstable Personality Disorders <u>How do we best meet the needs of the two groups above?</u> A person-centred, flexible approach that offers a range of options including psychosocial interventions (mindfulness, anxiety management, Cognitive Behavioural Therapy, emotional regulation), peer support, life skills development, and activities that promote health and wellbeing, connectedness and employability. <u>What should future services look like?</u> Locality-based support (to reduce geographical inequalities); hub & spoke model; blended of face-to-face and digital; flexible, not time limited); multi-disciplinary (include OT, social and practical support); activities adapted for people with severe and enduring mental ill-health. <u>How should it connect to other services?</u> Improved integration with the Wellbeing College and other services and more clearly defined treatment pathways; close working with Community Mental Health Teams, working in partnership with locality-based community resources; staff aware of and understand how services connect with each other; multi-disciplinary working; empowerment – equal relationships between staff/those using the services.	characteristics and lived experience. This to improve and enhance the existing personality disorder pathway

Event 2

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
25th Jan 2022.	On-line focus group (due to Covid restrictions)	2	Yes – people with lived experience of mental ill health (Emotionally Unstable Personality Disorder).

Views Expressed	Officer Response
This focus group was arranged specifically to discuss the needs of people with Emotionally Unstable Personality Disorder (Who are we not catering for?). The rest of the questions were repeated from the original workshop: <u>How do we best meet their needs?</u> • Better access to information/what Emotionally Unstable Personality Disorder means and what's available at diagnosis point. • Interventions to manage anxiety and depression (mindfulness, talking with others, café, crafts, walking and other outside/gardening activities). • Being able to ask for help with peers who have been through or are going through the same thing. • Being able to have an individual that can 'just check in' and have contact with someone that has taken time to get to know you and be able to consistently touch base. <u>What should future services look like?</u> • Having an online hub as well as a physical place. Ideally given a username and password with anonymous alias for a peer network and discussion forum.	Participants were invited to contribute to further aspects of the review in terms of option appraisals and developing future proposals. One asked to be involved and details were taken. Their feedback helped to shape the final proposal.

• Be able to cater for needs whether that is face-to-face, online or via phone etc. as this will vary from person to person and be dependent upon current situation. • A service that can set-up the 'basics' consistently – such as a safety plan – to help individuals manage their condition. • A safe place with people that will give you time to talk (no support groups are available at the time of diagnosis) <u>How should it connect to other services?</u> • Other services know what's available and can signpost/refer. • Promotion more in line with addictions services	

Event 3

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
7th Feb 2022	On-line focus group (due to Covid restrictions)	1 person with lived experience of mental ill health (and also of the LGBTQ+ community but not explicitly representing that group). This person was there to discuss their own views and those of others with lived experience, some of whom had accessed GRC for support.	Yes – people with lived experience of mental ill health (Emotionally Unstable Personality Disorder).

Views Expressed	Officer Response
A separate Emotionally Unstable Personality Disorder-specific focus group was held for an individual not able to participate in the previous one held on 19th Jan (same questions but participant preferred a free-flowing discussion).	Regular feedback on the review process has also been shared with the Border Care Voice Mental Health & Wellbeing Forum for people with lived experience, and the Providers Forum. Future arrangements will be based on agreed and informed by the Co-production Charter – see Stage 3.

LGBTQ+ was not an explicit focus of the questions, or of any discussion, but the meeting was not formally structured and opportunities to raise any issues were available throughout. No such issues were raised. **WHAT WOULD BEST MEET NEEDS MOVING FORWARD/MEETING THE GAPS** (1) **There is a gap in information –** need to help people understand Emotionally Unstable Personality Disorder - what it is, what it means for them, how to manage it, what the future holds etc. (2) **Location/blended support**: Due to Covid, we are now able to access more blended support (on-line, phone etc) which some people like. It's easier, less threatening, especially if you are having a bad day, and can turn the camera off if you want. (3) **Staying connected**. It's important to meet other people in the same situation. Opportunities to network are vital. (4) **Education resources** such as CAPS (advocacy organisation that runs a course in Edinburgh) – a dedicated project for people with a personality disorder that people found very helpful (co-written and co-facilitated by peers). Experiences of Personality Disorder - CAPS (capsadvocacy.org) – Something like that could be useful here. (5) **Managing distressing emotions**. Gala Resource Centre used to run such groups, and there is some support available at present e.g. on-line and via the Health in Mind service. However, these are short-term supports for long-	

term problems that can take years to learn and need a lot of practise (6) **Mindfulness**: People with mental health difficulties are not welcome in Mindfulness sessions but it could be really helpful. People need support to feel welcomed and offered meaningful opportunity to manage triggers etc. (7) **Creativity sessions**: Arts, crafts and nature activities can be really helpful. Gala Resource Centre provided a safe space for Emotionally Unstable Personality Disorder without triggers. It reduces feelings of isolation within a non-threatening group without having to be forced into social situations. (8) **Managing a crisis/suicidal thoughts**: Small things can be very stressful and crisis can occur easily - fluctuating nature of Emotionally Unstable Personality Disorder. This may or may not involve suicidal thoughts (with or without intent) and self-harm. People can feel uncomfortable discussing these things with us, but we need a safe space to be able to do this where we can go for reassurance, support, and time out. (9) **Staff:** Emotionally Unstable Personality Disorder is a difficult and unpredictable condition to manage and to support. Staff need training, help and support to work with this. (10) **Safety planning**: This is so important and should be part of any support both in services, and out of them (peer support?).	

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Equality, Human Rights and Fairer Scotland Duty Impact Assessment

Stage 3

Analysis of findings and recommendations

Permanent Closure of Gala Resource Centre

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

The Gala Resource Centre is a building-based day service for adults 18 and over with mental health problems. It offers building and community based leisure, interest and skills-based activities to support improvements in mental health and wellbeing.

Covid-related restrictions on face-to-face service delivery, and a need to re-deploy staff to alternative roles elsewhere, resulted in the temporary closure of the Gala Resource Centre in early 2020. Existing clients and new referrals were directed to alternative sources of mental health support, mainly from the Borders-wide Local Area Coordinating Team.

In 2017, an independent evaluation of the Gala Resource Centre undertaken highlighted concerns over 'the lack of a clear, agreed service model' and called for 'improvements in the structure, management, delivery and monitoring of the service over the next 3-5 years' together with a need to review joint working arrangements with other services. These recommendations were not actioned, and although there were numerous developments in local mental health services over the following years, the Gala Resource Centre was not included in that process.

A more recent Gala Resource Centre service review (2021) found that a centralised, building-based service no longer meets the needs of people with longer-term mental health needs in the Borders. It recommended that proposals be developed that offer locality-based supports and address the long-term mental health needs of the two groups identified (those with severe mental illness, and those with Emotionally Unstable Personality Disorder).

An Option Appraisal considered whether to re-open the Gala Resource Centre, or to make the closure permanent and re-focus resources on developing services to address the gaps identified. As staff had now either left their posts or been re-allocated to alternative roles, they were no longer available to re-open the original service. The building had also now been unoccupied for more than 2 years and would have needed refurbishment. Those in need of services had been accessing alternative services for support, and people with lived experience and ex-service users had contributed their thoughts on how future services might be strengthened. The Option Appraisal therefore concluded that the Gala Resource Centre should remain closed, and proposals developed that would address the gap in services identified by stakeholders.

Equality Act 2010 – Relevant Protected Characteristics as identified in Stage 1

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	None identified at the time of undertaking the impact assessment	
	Advancing equality of opportunity	Significant alternative services have been developed since the opening of GRC. All these services are accessible to the same age group as GRC was. All services gather data on attendance by age. For example, for DBI approximately 50% of referrals are from those aged 16 – 34 with those over 65 making up less than 5% of referrals.	Services are collecting data upon attendance including by age. All Mental Health Services are currently being reviewed or scheduled to be reviewed. We will be ensuring that accessibility across the age groups is analysed and when under representation, positive action is taken. Scottish Government have announced an intention to provide additional funding to ensure that mental health primary care services are

		Previous scoping exercise in Primary care have recognised a need to develop suitable therapeutic services that adults receive from Renew for under 18s. There is less of a take up of services by older adults in general.	"ageless". We have scoped with partners the priority age group will be under 18s. This will enhance the additional funding made available to CAMHS to deliver the CAMHS standards. We have expanded our DBI service to 17 year olds. There is a Scottish Government pilot to expand further to 16 year olds. We will monitor the results of this pilot and consider for further service development going forward. Involving people with lived experience in developing new arrangements Monitoring of referrals to the Community Mental Health Teams in terms of protected characteristics, activity, outcomes and experience.
	Fostering good relations by reducing prejudice and promoting understanding	None identified at the time of undertaking the impact assessment	
Disability	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at the time of undertaking the impact assessment	
	Advancing equality of opportunity	People who may previously have been referred to Gala Resource Centre are already now accessing other mental health services that can act as a gateway to a range of information, advice and supports. These include Renew, Peer Support Workers within Community Mental Health Teams,	In addition, mental health residential rehabilitation services will be enhanced through a move to improved accommodation and the development of new facilities at "Millar House" for people with severe mental illness.

		Wellbeing College, Local Area Coordination Team, Advanced Nurse Practitioner role with Border Crisis team, pre diagnostic support for adults who may have/have Autism, Perinatal pathway and additional support, addictions services, and the Distress Brief Intervention Service.	A proposal has also been developed that will enhance existing supports for people with an Emotionally Unstable Personality Disorder. This new proposal will allow the reinvestment of some resources to develop interventions and address a gap in supports for people with Emotionally Unstable Personality Disorder. The proposal will provide: • dedicated time, training and agreed protocols • build capacity across all Community Mental Health Services • improve geographical equality of access across the Borders
	Fostering good relations by reducing prejudice and promoting understanding	None identified at the time of undertaking the impact assessment	
Gender Reassignment	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at the time of undertaking the impact assessment	
	Advancing equality of opportunity	As it stands the closure of GRC will have no impact upon people who have undergone gender reassignment. However, we are aware that we need to ensure that we pay attention to any accessibility and inclusion issues that there may be across our services.	We have already completed the self-assessment audit tool contained within the MWC Good Practice Guide "LGBT Inclusive Mental Health Services (August 2022)" and will be looking to deliver improvements. NHS Borders are looking to pilot training in this area for which Mental Health services have agreed to be early adopters.
	Fostering good relations by reducing prejudice and promoting understanding	None identified at the time of undertaking the impact assessment	

Marriage and Civil Partnership	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at the time of undertaking the impact assessment	
	Advancing equality of opportunity	None identified at the time of undertaking the impact assessment	
	Fostering good relations by reducing prejudice and promoting understanding	None identified at the time of undertaking the impact assessment	
Pregnancy and Maternity	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at the time of undertaking the impact assessment	
	Advancing equality of opportunity	None identified at the time of undertaking the impact assessment	
	Fostering good relations by reducing prejudice and promoting understanding	None identified at the time of undertaking the impact assessment	
Race	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at the time of undertaking the impact assessment	
	Advancing equality of opportunity	As it stands, we do not believe that the closure of GRC in itself will adversely impact upon racial equality.	Mental Health services are actively looking at how we can implement the Mental Welfare Commissions Racial Inequality and Mental Health in Scotland (Sept 2020) recommendations across all services. This should go some way to ensure that our services are accessible and inclusive. As mentioned earlier, we will be ensuring that these recommendations are included within service reviews. Some data is gathered in this area but it's fair to say that we do not adequately utilise this to monitor and ensure representative accessibility and inclusivity. We will look to proactively

			monitor accessibility and inclusivity, utilising available published research in this area. Again, this will be covered within our service reviews.
	Fostering good relations by reducing prejudice and promoting understanding	None identified at the time of undertaking the impact assessment	
Religion & Belief including non-belief	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at the time of undertaking the impact assessment	
	Advancing equality of opportunity	As it stands, we do not believe that the closure of GRC in itself will adversely impact upon people's religion, beliefs including non-beliefs.	
	Fostering good relations by reducing prejudice and promoting understanding	None identified at the time of undertaking the impact assessment	
Sex (Gender)	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at the time of undertaking the impact assessment	
	Advancing equality of opportunity	Referrals over 2019/20 roughly 2:1 female to male reflecting common trends amongst mental health services. In relation to the new services in place, referral by gender is gathered and shows on average a similar gender balance on average as for GRC when it was in operation. For example, the DBI service receives 58% of its referrals from women.	Services are collecting data upon attendance including by gender. All Mental Health Services are currently being reviewed or scheduled to be reviewed. We will be ensuring that accessibility across the protected groups are analysed and where under represented, positive action is taken.
	Fostering good relations by reducing prejudice and promoting understanding	None identified at the time of undertaking the impact assessment	

Sexual Orientation	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at the time of undertaking the impact assessment	
	Advancing equality of opportunity	None identified at the time of undertaking the impact assessment	We have already completed the self-assessment audit tool contained within the MWC Good Practice Guide "LGBT Inclusive Mental Health Services (August 2022)" and will be looking to deliver improvements. NHS Borders are looking to pilot training in this area for which Mental Health services have agreed to be early adopters.
	Fostering good relations by reducing prejudice and promoting understanding	None identified at the time of undertaking the impact assessment	

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

Article	Enhancing or Infringing	Impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Health	Social Care Health outcomes Access to health care Mental health	Proposal will have a positive impact on enhancing the quality and range of supports for people with Emotionally Unstable Personality Disorder - currently not available across the Borders, and only to a limited extent when the Gala Resource Centre was operational.	Involving people with lived experience in developing new arrangements Capturing and evidencing participation of people by protected characteristic Monitoring of referrals to the Community Mental Health Teams in terms of activity, outcomes and experience.

Living Standards	Enhancing • Poverty	People will be able to access services in their local community reducing the requirement to travel and the associated costs of travelling to building based services	Number of people, by protected characteristic, accessing community based services
Participation	Enhancing • Participation and representation • Access to services • Family Life	Services co-produced with those currently using and future users of services Increased access to locally community based services Reduction on the dependency on carers or family members to support travel to building based services Reduction in carer stress	Involving people with lived experience in developing new arrangements Capturing and evidencing participation of people by protected characteristic Monitoring of referrals to the CMHTs in terms of protected characteristic, activity, outcomes and experience.

Fairer Scotland Duty

Identify the opportunities the strategic programme/proposal/decision provides to reduce or further reduce inequalities of outcome	Permanent closure of the GRC and reallocation of resources (staff and some funding) will support the reduction in hospital-based care and treatment and an increase in the delivery of care closer to people's home and family. Adopting such an approach will enhance the right to family life and reduce any unnecessary travel expenses and associated costs for those on low income. It will also reduce any unnecessary impact on the demands placed on unpaid carers.

Are there any negative impacts with no identified mitigating actions? If yes, please detail these below: not applicable

Equality, Human Rights & Fairer Scotland Duty Impact Assessment Recommendations

What recommendations were identified during the equality and human rights impact assessment process:

Recommendation	Recommendation owned by:	Date recommendation will be implemented by	Review Date
Ensure the continued active involvement of people with lived experience all of the relevant protected characteristics identified in the co design, coproduction and monitoring of the proposal.	Simon Burt General Manager Mental Health and Learning Disability Services	End March 2023	End March 2024
Continue to work collaboratively with Borders Care Voice to ensure that we continue to adhere to the agreed principles in the Co-Production Charter	Service manager	Ongoing	March 2024
Work with Borders Care Voice to ensure representation of people with lived experience and the relevant protected characteristics continue to participate in, influence and inform future service developments including outcome evaluation.	Julie Waddell Borders Care Voice	Ongoing	March 2024
Consult with the Border Care Voice Mental Health & Wellbeing Forum and the Providers Forum about the creation of a Co-Production Steering Group involving people with lived experience in the creation,	Julie Waddell	April 2023	March 2024

implementation and monitoring of services that address identified gaps.			
All communications coming through the above Steering group will be made available in all appropriate formats to ensure accessibility.	Mental Health & Wellbeing Forum Steering Group	April 2023	March 2024
Ensure that services and staff are trauma informed this to include staff awareness training and ensuring that services and environments are appropriate and provide a safe and supportive space.	Mental Health & Wellbeing Forum Steering Group	April 2023	March 2024

Monitoring Impact – Internal Verification of Outcomes

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

Monthly reporting to the Emotionally Unstable Personality Disorder Steering Group
Monthly reporting to the Health and Social Care Partnership's Strategic Planning Group's Equality and Human Rights Subgroup
The 6 monthly Risk Committee Report
The Annual Equality and Human Rights Integration Joint Board Report

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?

No, although commissioned services and people with lived experience will be stakeholders in the development, implementation and monitoring of the proposal – see above re the Border Care Voice Mental Health & Wellbeing Forum and Providers Forum.

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.

An information leaflet will be drafted in partnership with Border Care Voice and their forum members following the principals in the Co-Production Charter. This will set out any changes in service provision, what supports, and services are available, and how these may be accessed. This will be shared with all stakeholders on-line, in person at forum meetings, and in paper format. It will be made available in other languages and formats such as large print, audio and braille. Contact details will be provided for accessing information.

Signed Off by: Simon Burt, General Manager Mental Health and Learning Disability Services

Date: 24th March 2023

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DIRECTION FROM THE SCOTTISH BORDERS INTEGRATION JOINT BOARD Direction issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014	
Reference number	SBIJB-190423-1
Direction title	Gala Resource Centre
Direction to	Scottish Borders Council and NHS Borders
IJB Approval date	To be confirmed: IJB are considering the Direction on 19 April 2023
Does this Direction supersede, revise or revoke a previous Direction?	No
Services/functions covered by this Direction	Mental Health – Day services

Full text of the Direction	The IJB directs NHS Borders and Scottish Borders Council to:
	• Not re-open / close the Gala Resource Centre
	• Collect baseline outcomes / performance measure information as outlined in the outcomes / performance measures section below
	• Earmark £70,000 of funds saved for reinvestment in the further development of service to support adults with a diagnosis of Emotionally Unstable Personality Disorder (EUPD). As part of this:
	  ○ Ensure that the integration planning and delivery principles are followed
	  ○ Ensure that an Equalities and Human Rights Impact Assessment is undertaken by the service as part of the development of the Emotionally and Unstable Personality Disorder service
	  ○ Ensure that the case is reviewed by the Integration Joint Board for consideration of approval
	  ○ Develop courses, ideally based on decider skills
	  ○ Increase the direct provision of 1:1 core and general treatments including safety and stabilisation work as per the current personality disorder pathway
	  ○ Provide consultation support to keyworkers in the CMHT providing core and general treatment

Timeframes	To start by: April 2023 To conclude by: March 2024
Links to relevant SBIJB report(s)	IJB papers – 19 April 2023
Budget / finances allocated to carry out the detail	This direction will release cash savings of £166,656 (£236,656 from the closure less £70,000 for the EUPD service. Savings will support the budgetary pressure in IJB/HSCP delegated services.
Outcomes / Performance Measures	• Improved satisfaction for those with a diagnosed Emotionally Unstable Personality Disorder (EUPD) • National Health and Wellbeing outcomes included in the paper It is expected that the baseline information is developed in advance of the new EUPD service.
Date Direction will be reviewed	To be reviewed by the IJB Audit Committee in December 2023

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Scottish Borders Health and Social Care Partnership
Integration Joint Board

19th April 2023

Gala Resource Centre (GRC)

Report by Simon Burt – General Manager

Scottish Borders
Health and Social Care
PARTNERSHIP

1. PURPOSE AND SUMMARY

1.1. To seek approval for the closure of Gala Resource Centre following a formal review, consultation and options appraisal process.

1.2. To seek approval for the re investment of £70k pa to enhance the current services provided to those adults with a Personality Disorder as set out in the paper

1.3. Summary of the report:

- The GRC was temporarily closed due to Covid 19 in 2021 and all those who previously attended GRC have either completed their course of treatment/support or been referred to other appropriate services

- Since the opening of GRC over 20 years ago, a process of ongoing service modernisation has been undertaken, progressively investing in and developing a comprehensive range of alternative services significantly enhancing the quantity of support to adults experiencing mental ill health within the Borders. These services include: The Primary Care Mental Health Service (RENEW), Millar House, Distress Brief Interventions (DBI), the Wellbeing College and the Local Area Coordination Service (LACS). As a result, if GRC were to close, on the basis of development of additional support for people with Emotionally Unstable Personality Disorder, there would be no negative impacts identified upon completion of the Health Equalities Impact Assessment rather a range of positive impacts due to the other services now available since GRC was first opened.

- A comprehensive Review (Appendix 1), Options Appraisal/Business Case (Appendix 2) and Health Equalities Impact Assessment (Appendix 4) has taken place including a full consultation process with all stakeholders and people with lived experience (in line with our commitments made within our "Co-Production Charter" produced the Scottish Borders Mental Health and Wellbeing Forum).

- The purpose of the Business Case was to set out the recommendations for the future of Gala Resource Centre. The recommendation was to permanently close GRC.

- The new services in place provide improved equity of access across all localities within the Scottish Borders

- We have identified those with an Emotional Unstable Personality Disorder (EUPD) as needing improved support over and above that previously provided by GRC and recommend that there should be a re investment of £70k to provide such support (appendix 3)

- The closure of GRC net of the proposed re investment of £70k will contribute circa £167k towards offsetting cost pressures within the Mental Health Services budget

2. RECOMMENDATIONS

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

- **Agree to the closure of GRC**

- **Re investment of £70k to provide improved services to those with an Emotional and Unstable Personality Disorder**

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	

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 required from the IJB to close gala Resource Centre (Appendix 5)

4.2. A Direction from the IJB is required to re-invest £70,000 to enhance services to adults with a diagnosis of Emotional and Unstable Personality Disorder

5. BACKGROUND

5.1. The Gala Resource Centre (GRC) is a building-based day service for adults 18 and over with mental health challenges. Jointly funded and staffed by Scottish Borders Council (SBC) and NHS Borders (NHSB), it is located within Galashiels and provides services for central Borders. It offers building and community-based leisure, interest, and skills-based activities to support improvements in mental health and wellbeing. The total combined budget for the service is £236,656 (NHS Borders £85,340, SBC £146,026, annual building maintenance £5,200 pa approx. 19/20)

6. FURTHER BACKGROUND

Review:

6.1. A review of GRC was undertaken and completed in March 22

6.2. This review was informed by the local mental health strategy - one of its key objectives being to ensure that people with mental health needs in the Scottish Borders can access the right support, at the right time, in the right place.

6.3. Stakeholders included those with lived experience and people involved in providing mental health and related services (statutory and commissioned).

6.4. At the point of temporary closure at the beginning of the Covid pandemic, all existing service users were discharged to suitable alternative services or closed due to their needs being fully met.

6.5. Data collected for the period from January 2019 to March 2020 show that a total of 265 referrals were made to GRC.

6.6. The vast majority of the referrals were received from GP's and Community Psychiatric Nurses.

6.7. EUPD (emotionally unstable personality disorder) forms the largest proportion of referrals (38%), followed by anxiety disorders (34%), depression (14%) and a variety of other diagnosis making up the remainder of referrals including Schizophrenia and Bi polar disorder.

6.8. It is acknowledged that GRC has been operating in relative isolation from other statutory and commissioned Mental Health Services. Staff describe pathways for referral, joint working and discharge into the service as disjointed. GRC's geographical location also creates a barrier to access, placing it at odds with strategic priorities to achieve equity of access across the Scottish Borders.

6.9. Over recent years, GRC has evolved to meet the needs of those people now being referred for help – predominantly those experiencing anxiety and depression (for which there are now a range of community-based services in place), and those diagnosed as having a EUPD.

6.10. Stakeholders agreed that attention should focus on the needs of those with longer term mental health needs: restoring support for those with severe and enduring mental ill health, and those with a diagnosis of EUPD (increasingly being referred to CMHTs and the GRC for support over recent years).

Services to people with an EUPD

6.11. Since the review took place, consideration has been given to how we can improve the services to those with an EUPD diagnosis beyond those previously provided at GRC. The gap in service provision created by the loss of GRC courses could be filled by the creation of a lower intensity course within secondary care that sits below the level of the current course options and is specifically focused on personality issues. This additionally in treatment for people diagnosed with a personality disorder would allow a more comprehensive range of therapy provision for people diagnosed with a Personality Disorder, including those with an EUPD diagnosis. The Mental Health Service has subsequently supported a proposal to re-invest £70,000pa to allow the new Personality Disorder Pathway to expand its treatment options. This will provide clinically sound treatment pathways and effective clinical governance. Reinvestment of £70k from the budget available if the GRC was to close would be required.

Development of new services since the opening of GRC

We have invested in developing a comprehensive range of new services since the opening of GRC including:

6.12. The Primary Care Mental Health Service (RENEW) – Focussing upon the treatment of anxiety and depression seeing upwards of 5,000 patients since opening in 2021 (funded from additional Scottish Government Mental Health Act and Primary Care investments)

6.13. Millar House community rehabilitation services – Relocating and expanding the existing core and cluster housing and support service for adults with severe and enduring mental ill health. The new service, opened in March 2023, providing enhanced rehabilitation support with an additional 4 x grade 5 level tenancies and additional investment of £256k (funded via improved outcomes and efficiencies providing an overall anticipated net saving)

6.14. Distress Brief Interventions (DBI) – Opened in February 2021 receiving an average of 95 referrals per month with the most common referral reasons being depression (75%) and anxiety (67%) funded from additional Scottish Government Mental Health Act funding

6.15. Wellbeing College - Opened in July 2018 offering individual, group work and self-help resources with the aim of supporting people across the Borders improve their mental health (funded from a reduction in other contracts where demand had decreased)

6.16. Local Area Coordination Service (LACS) – 3.75 full time equivalent staff. LACs work flexibly with individuals, families and carers; community groups and associations; and public services in order to achieve positive outcomes for people within their locality. The core areas of Local Area Co-ordination focus on: information; signposting and guiding; developing relationships; planning, empowerment and promoting independent living; promoting inclusion; and influencing public service delivery (funded from additional Scottish Government Mental Health Act funding and a review of commissioned services)

Business Case/Options appraisal:

6.17. The purpose of the Business Case was to set out the recommendations for the future of Gala Resource Centre based on the outcome of the Service Review and Options Appraisal process.

6.18. Within the GRC Business Case a formal options appraisal was undertaken considering 2 options:

Option 1, Status Quo. This option assumes that the current service will continue as a building-based centre
Closure

Option 2, Closure

Preferred option:
Option 2, Closure, was the preferred option and the recommendation of the GRC Business Case

7. IMPACTS

Community Health and Wellbeing Outcomes

7.1 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.	No impact
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. If GRC were to close the existing budget of £236,656, less the recommended£70,000 re investment in EUPD services = £166,656 would contribute towards implementing a balanced budget.

Equality, Human Rights and Fairer Scotland Duty

7.3. A Health equalities impact assessment, Stage 1,2 and 3, has been completed in relation to the recommendation to close GRC. No negative impacts have been identified. Rather a range of additional services established since GRC first opened with the additional recommended development for those with an EUPD results in overall positive impacts over the years and going forward.

7.4. It should be noted that we focussed upon local impacts and knowledge in relation to any impacts and equalities issues. For future service developments we will be ensuring that we take into account national research and recommendations such as the Mental Welfare Commissions Racial Inequality and Mental Health in Scotland (Sept 2020) recommendations and the MWC Good Practice Guide "LGBT Inclusive Mental Health Services (August 2022)". Indeed, we have already completed the self-assessment audit tool contained within the Good Practice Guide and NHS Borders are looking into staff awareness and training options.

7.5. It should be noted that our extensive consultation exercise was generic in nature and going forward we will be looking to ensure more focussed consultations

Legislative considerations

7.6. None

Climate Change and Sustainability

7.7. None

Risk and Mitigations

7.8. The report and Equalities Impact Assessment fully describes all the elements of risk that have been identified in relation to this project and no specific additional concerns need to be addressed

8. CONSULTATION

Communities consulted

8.1 Details included within Stage 2 of the EIA documentation

Integration Joint Board Officers consulted

IJB Chief Financial Officer
IJB Chief Officer

Others consulted were:
IJB Equalities, Human Rights and Diversity Lead (post consultation)

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

- HSCP Joint Executive
- IJB Future Strategy Group
- SBC CMT
- NHS OPG

Approved by:

Chris Myers

Author(s)

Simon Burt – General Manager Mental Health and Learning Disability Services

Background papers:

Appendix 1

Gala Resource Centre Service Review Final.p

Appendix 2

GRC Business Case Final.pdf

Appendix 3

SBAR GRC.pdf

Appendix 4

EIA stage 1.pdf

EIA stage 2.pdf

EIA stage 3.pdf

Appendix 5

Direction IJB GRC.pdf

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