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A meeting of the **Health & Social Care Integration Joint Board** will be held on **Wednesday, 17th May, 2023 at 9.00 am via Microsoft Teams.**

AGENDA

Time	No		Lead	Paper
9:00	1	ANNOUNCEMENTS & APOLOGIES	Chair	Verbal
9:02	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
9:05	3	MINUTES OF PREVIOUS MEETING 19.04.23 EO	Chair	(Pages 3 - 8)
9:10	4	MATTERS ARISING (a) Action Tracker (b) Direction: Hawick Care Village	Chair Chief Officer	(Pages 9 - 12)
9:15		FOR DECISION		
	5.1	Direction: Teviot & Liddesdale Day Service Business Case a Direction: Teviot & Liddesdale Day Service Business Case (i) Appendix 1 (ii) Appendix 2 (iii) Appendix 3 (iv) Appendix 4	Chief Officer	(Pages 13 - 86)
	5.2	Direction: Night Support/Rapid Response Pathfinder Direction: Proposal to implement a further Night Support / Rapid Response Pathfinder in the Duns area.	Chief Officer	(Pages 87 - 98)

	5.3	Direction: Relaunch Locality Working Groups Direction: Strategic Approach to Relaunch Locality Working Groups (Community Integration Groups). (i) Appendix	Chief Officer	(Pages 99 - 114)
10:10		FOR NOTING		
	6.1	Integrated Workforce Plan Implementation Group Performance Report Integrated Workforce Plan (i) Equality Outcomes 5 & 6 (ii) IWP Progress Report (iii) Implementation Board Membership	OD Manager HR Manager	(Pages 115 - 128)
	6.2	Directions Tracker	Chief Financial Officer	(Pages 129 - 136)
	6.3	Audit Committee Minutes 19.12.2022	Board Secretary	(Pages 137 - 148)
	6.4	Strategic Planning Group Minutes 01.02.2023	Board Secretary	(Pages 149 - 158)
10:25	7	ANY OTHER BUSINESS	Chair	
10:30	8	DATE AND TIME OF NEXT MEETING Wednesday 19 July 2023 10am to 12pm Scottish Borders Council and via Microsoft Teams	Chair	Verbal



Minutes of an Extraordinary meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 19 April 2023** at **9am** via Microsoft Teams.

Present:

(v) Cllr T Weatherston	(v) Mrs L O’Leary, Non Executive (Chair)
(v) Cllr R Tatler	(v) Mrs F Sandford, Non Executive
(v) Cllr N Richards	(v) Mrs K Hamilton, Non Executive
(v) Cllr E Thornton-Nichol	(v) Mr J McLaren, Non Executive
	(v) Mr T Taylor, Non Executive

Mr C Myers, Chief Officer
Mrs H Robertson, Chief Financial Officer
Mr D Bell, Staff Side, SBC
Dr R Mollart GP
Mrs S Horan, Director of Nursing, Midwifery & AHPs
Dr L McCallum, Medical Director
Mr S Easingwood, Chief Social Work Officer
Ms J Amaral, BAVs
Ms L Jackson, LGBTQ+

In Attendance:

Miss I Bishop, Board Secretary
Miss R Roberts, Admin Support (minutes)
Mrs J Stacey, Chief Internal Auditor
Dr S Bhatti, Director of Public Health
Mr S Burt, General Manager MH&LD
Mrs J Holland, Director of Strategic Commissioning & Partnerships
Mr P Grieve, Chief Nurse Health & Social Care Partnership

1. APOLOGIES AND ANNOUNCEMENTS

- 1.1 Apologies had been received from Cllr D Parker, Elected Member, Mrs J Smith, Borders Care Voice, Ms L Gallacher, Borders Carers Centre, Mr R Roberts, Chief Executive, NHS Borders, Mr D Robertson, Chief Executive, Scottish Borders Council, Mr N Istephan, Chief Executive Eildon Housing, Mrs J Smyth, Director of Planning & Performance, NHS Borders, Mrs L Jones, Director of Quality & Improvement, NHS Borders, Mr A Bone, Director of Finance, NHS Borders, Mr B Davies, Chief Officer – Strategic Commissioning & Performance, SBC, Mrs S Bell, Communications Officer, SBC, and Mrs H Jacks, Planning & Performance Officer, NHS Borders.
- 1.2 The Chair welcomed Mr Simon Burt, General Manager MH&LD to the meeting who was presenting item 5.2 on the agenda.
- 1.3 The Chair confirmed that the meeting was quorate.

2. DECLARATIONS OF INTEREST

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

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

3. MINUTES OF THE PREVIOUS MEETING

- 3.1 The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 1 February 2023 were amended at page 5, paragraph 6.5, line 3 to read “had pulled some of the funding ...” and with that amendment the minutes were approved.
- 3.2 The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 15 March 2023 were approved

4. MATTERS ARISING

- 4.1 The Chair confirmed that the 3 items discussed at the meeting on 15 March 2023 that required virtual approval via email outwith the meeting were: the 2022/23 IJB Financial Plan and Initial Budget; Evidencing compliance with the Equality, Human Rights and Fairer Scotland Duties; and Scottish Borders Health and Social Care Strategic Framework 2023-26.
- 4.2 The Chair formally recorded that all 3 items had been approved via email prior to the deadline of 31 March 2023.

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

5. 2023/24 IJB FINANCIAL PLAN AND INITIAL BUDGET

- 5.1 Mrs Hazel Robertson advised that approval of the social care element of the budget had been requested at the previous meeting. At that point in time approval of the health care element had not been requested due to additional information being required. She was pleased to advise that she was now in the position of being able to seek approval for the full initial budget.
- 5.2 Mrs Robertson provided an overview of the report and highlighted the changes to the content of the report that had been made since the paper had been considered last. Specifically she drew the attention of the Board to: additional information regarding the estimated reserves position as a result of the earmarked allocations received by NHS Borders on the IJB’s behalf; the savings targets remained the same as in the previous version of the report however the level of savings required was significant across the partnership and the associated risk was high; the recommendation that a recovery plan be formulated to address the level of risk in the budget for the IJB to consider at its meeting in May; and using the recovery plan to cover a quarter of the allocated gap currently found in the budget.
- 5.3 Mrs Robertson also noted changes in the budget in section 4, and highlighted that: the Mental Health and Learning Disabilities line in the table had been adjusted for the non-inclusion of external commissioned services; and that Home First was included in the generic line of figures of £13m; and in regard to the National Care Home contract at paragraph 5.6, the narrative had been expanded in regard to the uplift to the contract which remained under negotiation.

- 5.4 Mrs Robertson explained that the recovery plan process and recovery would not be possible in one year and would require to be linked to the medium and longer term financial strategy. She suggested an approach across the partnership whereby the Integration Joint Board (IJB) and Scottish Borders Council (SBC) and NHS Borders had a financial model to look at the longer term period with a view to achieving financial balance. In regard to risk she highlighted the insufficient funding for the Primary Care Improvement Plan (PCIP) and the need to continue to seek a funding stream that would ensure the work programme could be taken forward.
- 5.5 Mrs Karen Hamilton welcomed the report, and understood the stresses and constraints surrounding its collation. She also welcomed the progress made in the reconciliation between the partners to ensure there was a better understanding of where the savings targets might sit. She also supported its approval as an initial partnership budget.
- 5.6 Dr R Mollart commented that it would be helpful if the report would capture the risk for PCIP and thanked Mrs Robertson for alluding to that in her explanation. The Chair agreed the inclusion should be noted in the next version of the report.
- 5.7 Mr Chris Myers commented that the IJB followed local government finance regulations which meant that the budget presented had to be balanced. He assured the Board that whilst the initial budget was not balanced, there were plans surrounding a medium and long term financial strategy which would promote sustainability. He emphasised that there was a need to make traction on the budget deficit and consequently there would be difficult choices to be made.
- 5.8 Mr Myers commented that at present the assumptions around brokerage with NHS Borders remained unclear and a balanced budget would be presented to the May meeting with a requirement for upfront brokerage from the Health Board.
- 5.9 Mr Tris Taylor echoed the compliments on the layout of the budget and the clarity of the financial position. He noted that the contextualisation of the deficit as a percentage of the budget made it much clearer.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the assumptions and risks described in the paper.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the 2023/24 initial HSCP budget.

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

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

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** requested a Financial Recovery Plan and an update on medium – longer term financial planning to the May IJB.

6. DIRECTION: GALA RESOURCE CENTRE

- 6.1 Mr Simon Burt provided an overview of the content of the report and highlighted: the Gala Resource Centre (GRC) was a day service for adults with mental health problems which was building based in Galashiels; it had been temporarily closed since 2021; previous service users had either completed their course of treatment or had been referred to other appropriate services; since its inception there had been a process of ongoing service modernisation to develop a range of alternative services to enhance the quantity of support to adults experiencing mental ill health issues; formation of the renew service; the introduction of Miller House; short term interventions; wellbeing college; and the local area intervention service.
- 6.2 Mr Burt assured the Board that as a result of the additional support available there were no negative impacts identified for service users on the closure of the GRC and a comprehensive equalities impact assessment had been carried out. He emphasised that the new services provided an improved equity of services. He also commented that the closure of the GRC would contribute roughly £167k towards off setting cost pressures across the mental health services budget.
- 6.3 The Chair welcomed the comprehensive document and clear recommendation.
- 6.4 Mrs Karen Hamilton enquired if the proposal would lead to any impact on waiting times, either positive or negative. Mr Burt advised that the closure of GRC would not impact on waiting times in a negative way and the biggest challenge for mental health services waiting lists was the Child and Adolescent Mental Health Service (CAMHS) which would not be impacted by the closure.
- 6.5 Mr Tris Taylor thanked Mr Burt for the detailed equalities impact assessment and commented that it was helpful to see the outcomes with timelines as well as the governance arrangements.
- 6.6 Mr John McLaren requested clarification in the equalities impact assessment and enquired if the cross meant it had been considered or was not an impact. Mr Burt thanked Wendy Henderson for her help with the equalities impact assessment and explained the process followed. He commented that in terms of people with disabilities there would be no adverse impact on those individuals if the change were to occur and actually there would be a positive impact since the building in Galashiels was not accessible to people with disabilities whilst the services now provided had more accessibility for people with disabilities.
- 6.7 Dr Rachel Mollart welcomed the suggestion of a reinvestment into an emotional and unstable personality disorder service, which was a service that GPS had been asking for. If the reinvestment was agreed she suggested it might be possible to link it to the renew service and PCIP and she asked that any such service proposal be submitted to the GP Sub Committee for discussion.
- 6.8 Dr Lynn McCallum suggested the discussion on emotional and unstable personality disorder service be taken outwith the meeting as she was keen to discuss it with the

mental health and psychology teams before a discussion was had at the GP Sub Committee.

6.9 Ms Juliana Amaral provided feedback regarding the lived experience and long term flexible support. She enquired if the services were time bound and if there were waiting lists for individuals to access those services.

6.10 Cllr Tom Weatherston echoed comments surrounding the document being a document with which the Board were able to make and justify their decisions.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to the closure of the Gala Resource Centre.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to the reinvestment of £70k to provide improved services to those with an Emotional and Unstable Personality Disorder.

7. ANY OTHER BUSINESS

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there was none.

8. DATE AND TIME OF NEXT MEETING

8.1 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. She requested that as there was a newly scheduled meeting of all Chairs of Integration Joint Boards with the newly appointed Cabinet Secretary at 11am that morning, that the IJB meeting be held from an earlier start time of 9am via MS Teams only to allow her to attend the Cabinet Secretary meeting.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to the revised meeting arrangements.

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SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD

ACTION TRACKER

Meeting held 16 November 2022



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


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	<p>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.</p> <p>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.</p>	

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Agenda Item 4

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	<p>In Progress: The revised Direction will be brought to the May meeting of the IJB, so that the SPG can review it in advance.</p> <p>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.</p>	

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

DIRECTIONS FROM THE SCOTTISH BORDERS INTEGRATION JOINT BOARD

Directions issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014

Reference number	SBIJB-170523-4	
Direction title	Scoping of the associated integrated service models of delivery and associated revenue costs for the Full Business Cases for the Hawick and Tweedbank Care Villages.	
Direction to	Scottish Borders Council and NHS Borders	
IJB Approval date	IN DRAFT AND NOT YET APPROVED: PENDING APPROVAL AT THE INTEGRATION JOINT BOARD ON 17 MAY 2023	
Does this Direction supersede, revise or revoke a previous Direction?	Yes: Revises SBIJB-15-12-21-3	
Services/functions covered by this Direction	<ul style="list-style-type: none"> • Care Home services • Extra Care Housing • Services and support for adults with Learning Disabilities • Associated integrated services 	
Full text of the Direction	<p>To scope the potential integrated service model of delivery and potential revenue costs associated to the development of both of the Full Business Cases for Hawick and Tweedbank.</p> <p>As part of this process, it is expected that:</p> <ul style="list-style-type: none"> • There will continue to be full and appropriate consultation and engagement with stakeholders which informs the development of the Care Village service model • The Equalities and Human Rights Impact Assessment will continue to be developed and informs the development of the Care Village service model • The model of services will be needs based and align to the Integration Planning and Delivery Principles • The model of services will be integrated and holistic, in line with the integration delivery principles and Scottish Government “My Health, My Care, My Home - healthcare framework for adults living in care homes.” • The full proposed costs of the proposed service delivery will be outlined and based on best value principles <p>It is recognised that the capital investment needed to deliver the Care developments is included in the Scottish Borders Council’s Capital plan. It is expected that the Full Business Case for revenue and service provision will be considered by the Integration Joint Board, and that the Full Business Case will be considered for approval by the Scottish Borders Council.</p>	
Timeframes	<u>Hawick Care Home Provision Full Business Case and associated service model of delivery</u> To start by: With immediate effect To conclude by: Early 2024	<u>Tweedbank Care Village Full Business Case and associated service model of service delivery</u> To start by: With immediate effect To conclude by: Early 2024
Links to relevant SBIJB report(s)	- December 2021 IJB – Item 6f Tweedbank Care Village OBC https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&MIId=6088&Ver=4	

	<ul style="list-style-type: none"> - September 2022 IJB - Item 6A Hawick OBC Initial Agreement https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&MIId=6386&Ver=4 - February 2023 IJB – Item 5a Hawick Care Village OBC https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&MIId=6610
Budget / finances allocated to carry out the detail	<p>The budget for programme support is as per the scheme of integration.</p> <p>It is expected that all revenue implications for the Health and Social Care Integration Joint Board will be considered by the Integration Joint Board for approval, prior to agreement.</p>
Outcomes / Performance Measures	<ul style="list-style-type: none"> • NHWB2: 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 • NHWB3: People who use health and social care services have positive experiences of those services, and have their dignity respected • NHWB4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services • NHWB7: People who use health and social care services are safe from harm • NHWB9: Resources are used effectively and efficiently in the provision of health and social care services
Date Direction will be reviewed	Review of Hawick Care Village FBC progress in the August 2023 Audit Committee.

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

17 May 2023

TEVIOT AND LIDDESDALE DAY SERVICE BUSINESS CASE

Report by Chris Myers, Chief Officer



1. PURPOSE AND SUMMARY

- 1.1. In September 2022 the decision in 2019 to close the Teviot Day Centre was found to be unlawful. This decision was accepted by Scottish Borders Council (SBC) and the IJB, and a process commenced to identify need and agree a preferred option for day services in this area, co-producing the preferred option with staff, service users and carers.
- 1.2. This Teviot and Liddesdale Task and Finish Group have overseen the process to develop the preferred solution, in compliance with legal requirements. This document presents the work undertaken and on the advice of the Strategic Planning Group, seeks approval to direct the implementation of the preferred solution.

2. RECOMMENDATIONS

- 2.1. **The Scottish Borders Health and Social Care Integration Joint Board is asked to:**
 - a) Approve the selection of the preferred option based on the definition of the required service and the qualitative and financial options appraisal carried out.
 - b) Request that the IJB approve the Business Case and the associated Direction.
 - c) Issue the Direction to Scottish Borders Council.

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		

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 to Scottish Borders Council (enclosed as Appendix 4).

5. BACKGROUND

5.1. Through 2017 and 2018 Scottish Borders Council (SBC) and the Scottish Borders Health and Social Care Integration Joint Board (IJB) sought to consider how best the needs of Day Service users could be met within the Scottish Borders. Through that process it was considered, at that point, that service users gained more from alternative community based services rather than the traditional Day Centre model.

5.2. As part of the IJB Strategic Commissioning Plan 2018-23, there was a commitment to “reimagine day services”, by “redesigning day services with a focus on early intervention and prevention”. This included the development of older people’s Local Area Coordination services across the Scottish Borders, the promotion of Direct Payments, and community supports such as Dementia Cafes and Social Centres.

5.3. In June 2019, the Council decided that it would decommission the then existing Day Centres. One of those centres was the Teviot Day Centre in Hawick.

5.4. In late 2021 a Petition was lodged in the Court of Session seeking a Declarator that the decision to close the Teviot Day Centre was unlawful. On 20 September 2022, Lady Carmichael issued her judgement that the decision to close the Teviot Day Centre was unlawful and she “reduced” that decision. That means, in effect, that the Council has not decided to close that Centre. The Court found that SBC had failed to properly undertake an Equality Impact Assessment and, also, that it had failed to properly consult with affected parties. It was noted by Lady Carmichael that the “fresh decision-making process will inevitably be one taken in the context of circumstances that differ from those which obtained in June 2019”.

5.5. In Council on 29 September 2022, SBC accepted the Court judgement with regard to Teviot Day Centre, and considered a further report detailing the next steps in its October meeting.

5.6. At its meeting on 16 November 2022 the IJB recognised its role to issue directions to support its Strategic Commissioning Plan, and acknowledged the omission of the IJB to appropriately commission and issue a direction in relation to day service transformation in 2019. An IJB Direction was issued to develop a proposal to inform the re-commissioning of the Teviot and Liddesdale day service in line with need in the locality.

- 5.7. As the Teviot Day Centre was no longer registered with the Care Inspectorate, nor were there any staff in place, the centre could not re-open its doors immediately.
- 5.8. In line with the Lady Carmichael judgement, further review of service user and carer needs in the Teviot and Liddesdale locality was required. This allowed for comprehensive engagement, consideration of options and a full Integrated Impact Assessment (IIA).
- 5.9. As agreed in the November 2022 Integration Joint Board, once work to confirm the required service provision in Teviot and Liddesdale has been completed, work is planned to be undertaken to ascertain the levels of potential need in Eildon, followed by Tweeddale, Berwickshire and Cheviot, based on the level of responses from the IJB unpaid carers survey about their need for buildings based day services, and the services available.

6. STRATEGIC CASE

6.1. Profile of the area

- Teviot and Liddesdale has the second-smallest land area and the smallest population of the five area partnerships in Scottish Borders. Its population in 2020 was 17,711.
- It has only one main town, Hawick, with a population of 13,653 in 2020. Over three quarters of the population of Teviot and Liddesdale lives in Hawick.
- Teviot and Liddesdale has only two other settlements of more than 500 people. These are Newcastleton (757) and Denholm (702).
- Teviot and Liddesdale has the most clustered population out of the five Localities, with only 14% (2,581 people in 2019) living outside these three main settlements.
- Teviot and Liddesdale has been slowly losing population for many years, although it has affected the locality unevenly. The biggest losses have been in Hawick, which lost 3.2% of its population between 2011 and 2019. However, Denholm bucked the trend in the same period, with an 8.6% increase in population. There was also an increase in Newcastleton of 2.6%.
- GP data shows that there are currently 120 patients awaiting post diagnostic support for dementia in the Teviot and Liddesdale Locality.

6.2. Previous service provision

A decision was made, as part of the Reimagining Day Service Review in June 2019 to move away from formal day services and move to a Local Area Coordination Model of support. Prior to this the Teviot Day Service, operated by SB Cares, provided regulated support for up to 12 people 5 days a week from 9am to 3.30pm. Transport and meals were provided at a cost to the service user. Service users were financially assessed for this charge and were referred to the service by Social Work and Health.

- ### 6.3. Communication and engagement.
- The National Development Team for Inclusion (NDTi) completed eight engagement sessions across the locality, gaining the views of 120 people on services that are currently in place and the gaps in services for older people or those with complex needs. A further survey was issued to a number of groups to gain specific information which has informed the Stage 2 IIA. 120 local people were involved in the engagement events that took place over seven weeks involving current service users, families and carers, staff, community councils and the public. Views were gained in Denholm, Bonchester Bridge, Newcastleton and Hawick. All areas, except Newcastleton, suggested that the most appropriate location for a day service is Hawick. Participants in Newcastleton highlighted the need for something within the village due to concerns relating to travelling from the area to Hawick.

- 6.4. To complement the engagement undertaken by NDTi, a short targeted survey was issued to groups which represent those with protected characteristics. The results of this survey have been added into the Stage 2 IIA along with the NDTi data, the information received from the Joint Needs Assessment and the Unpaid Carers survey to give a full picture of potential impact.
- 6.5. The Task and Finish Group worked in partnership with frontline health and social care / work professionals, and the Third Sector to:
- identify the potential number of adult service users and unpaid carers in the Teviot and Liddesdale locality and undertake a comprehensive IIA
 - contact the individuals identified to offer the opportunity to engage with a consultation to inform the service specification required for the service, noting the high-level guide offered by the IJB Carers work stream as a framework
 - ensure full engagement with staff, with service users, unpaid carers and partners (including but not exclusively review at the IJB Joint Staff Forum, Unpaid Carers work stream and Independent Care Sector Advisory Group).
- 6.6. Feedback from the engagement exercise focussed around eight questions covering current service/community group usage, gaps in service provision, accessing information, what would be most important to the individual in relation to a day care service, what support and activities they would like to see in day service provision and how they feel that a day service should interact with other services in the community.
- 6.7. The Unpaid Carers Survey demonstrated the importance of day services to enable respite for unpaid carers. Any day Service provision will take this into account and have a positive impact of unpaid carers in the Teviot and Liddesdale locality.
- 6.8. Feedback showed that there are a wide range of activities currently available to people but that transport was a barrier to access. Environmentally friendly transport options will need to be considered. Feedback also showed the lack of activities available for those who required support with personal care or those with complex needs. Dementia care and the need for day services to provide opportunities for social interaction and stimulation were highlighted as priorities.



7. OPTIONS

- 7.1. Service modelling. The engagement activity allowed the Task and Finish Group to:
- a) identify the options for providing this service
 - b) outline the scope of the service, and referral pathways.
- 7.2. The Care Inspectorate visited the Hawick Community Hospital and confirmed that with some minor adjustments it would be a suitable Day Service venue for 14 service users. The registration is for the service provider, rather than the commissioning organisation. Care Inspectorate registration can take up to six months.
- 7.3. Options identification. A market sounding exercise was completed. There were six notes of interest – one local, three national and two new providers although one national provider subsequently withdrew. There was only one formal submission. The proposal was dementia specific, which is non-negotiable. Feedback has been requested from organisations which expressed an interest in the service, but did not submit a full proposal. Adult Social Care also completed a submission.

8. APPRAISAL

- 8.1. Provider presentations (internal and external) took place on 27.04.23. The submissions resulted in the following options –
- 1) A dementia only day service provided by an external provider
 - 2) A day service provided by SBC Adult Social Care.
- 8.2. The options were appraised based on the following criteria, which were developed by the Task and Finish Group–
- Ability to offer a buildings based day care service
 - Ability to support clients with high level complex needs
 - Ability to provide support with personal care
 - Ability to support clients with mild to moderate needs
 - Ability to provide a support and advice hub / meeting centre resource for clients and carers
 - Ability to offer an enabling approach including meaningful activities and to combat isolation
 - Ability to offer respite to carers
 - Willingness to work in collaboration with another service
 - Ability to support 14 clients in any one session
 - Ability to operate a five or a seven day service
 - Ability to deliver a seven hour session
 - Ability to provide meals
 - Ability to reach to outlying rural communities
 - Provision of transport
 - Ability to work with a range of complex support needs
 - Cost.
- 8.3. During the course of the presentations we started to consider the possibility of a mixed model, with a blend of internal and external provision. This would not be a joint venture but two services working out of one facility. It was confirmed that it would be possible to gain registration for this model.

8.4. The summary of the service evaluation is noted below.

Criteria	Internal	External	Mixed
Service requirements	31.71	24.43	30.43
Operational delivery	11.43	5.43	5.71
Equalities	6.86	4.57	6.57
Subtotal	50.00	34.43	42.71

8.5. This part of the evaluation accounts for 70% of the overall score. It can be noted that the external submission scored around half the available points, this was largely due to the fact that this is a dementia only service and did not reflect the wider requirements of the day service. This could not be considered to be a viable option in its own right.

9. FINANCIAL EVALUATION

9.1. This part of the evaluation accounts for 30% of the overall score.

9.2. Prices were supplied for a five day service and a seven day service. The prices were not 100% comparable however sensitivity analysis has shown that prices would have to vary by more than £20k in order to affect the rank order of the options.

9.3. The summary of the financial evaluation is noted below. Price of the service delivery is not the only relevant factor. The number of clients per session varies significantly and will be related to the nature of the client group requiring more support. From a price perspective the internal provider performs best when taking into account value for money considerations.

9.4. The option of a mixed model was not something that was considered at the outset and despite scoring poorly on operational delivery criteria, presents a real option for consideration.

9.5. A mixed model ranks 2 and would be palatable from an affordability point of view. Whilst price of the external option appears favourable it should be noted that the number of clients is significantly less, which will reflect the nature of this service being dementia specific.

Price 30%		Internal	External	Mixed
	5 days	26.37	30.00	28.55
	7 days	26.52	30.00	28.61
Capacity / Value for money	clients x sessions	30.00	13.78	21.89

10. OVERALL EVALUATION OF OPTIONS

10.1. The summary of the evaluation is noted below.

Day Services - Teviot and Liddesdale Options Appraisal Summary

Criteria	Internal	External	Mixed
Service requirements	31.71	24.43	30.43
Operational delivery	11.43	5.43	5.71
Equality	6.86	4.57	6.57
Subtotal	50.00	34.43	42.71
Financial	26.37	30.00	28.55
Total	76.37	64.43	71.26
Rank	1	3	2

10.2. The internal option came out overall ranked 1.

11. IMPACTS

Community Health and Wellbeing Outcomes

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

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Increase
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	Increase
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Increase
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Increase
5	Health and social care services contribute to reducing health inequalities.	Increase
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	Increase
7	People who use health and social care services are safe from harm.	Increase
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	No Impact
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

11.2. The Unpaid Carers Survey demonstrated that people from Teviot and Liddesdale expressed high value on the importance of Day Services to support service users and enable unpaid carers respite. Any Day Service provision will take this into account and have a positive impact on unpaid carers in the Teviot and Liddesdale Locality.

Financial impacts

11.3. Following the closure of the previous Day Service, budget was moved to fund other services within social care. Accordingly budget will be identified from within the funds delegated to social care services.

11.4. The total cost of this service is £173,465. Costs within this business case represent gross costs and do not take account of replacement costs, which will significantly offset the cost of the service.

Equality, Human Rights and Fairer Scotland Duty

11.5. The Stage 1 IIA was completed on 21.11.22 (Appendix 1). The Stage 2 IIA was completed on 27.04.23 (Appendix 2). The Stage 3 IIA is not completed as the work to review the provision in Newcastleton is ongoing, however this will be completed as part of the project closure and reported to the IJB Audit Committee.

Legislative considerations

11.6. The Task and Finish Group have provided explicit confirmation that appropriate engagement has taken place throughout this process, involving NDTi, service users, carers and the Third Sector in co-producing the specification and undertaking the options appraisal process. The full IIA process has been undertaken as required and assurance provided by the Equalities Lead. SPG members were satisfied of compliance with legislation in respect of consulting with communities and taking account of inequalities.

Climate Change and Sustainability

11.7. Transport has been highlighted as a requirement of a new service, so environmentally friendly transport options will need to be considered.

Risk and Mitigations

11.8. There is a risk relating to the costs of operating a Day Service - which would be mitigated by reductions in replacement care costs.

11.9. Challenges to recruitment, this will be offset by a reduction in replacement care.

12. CONSULTATION

Communities consulted

12.1. NDTi have carried out wide ranging public and targeted engagement in Denholm, Hawick, Newcastleton and Bonchester Bridge. Further engagement was also completed with specific

groups within the community including LGBT people, the Polish Community, The Hawick Stroke Club, Borders Older Peoples Partnership, Health in Mind, Dementia Best Practice Network, Mental Health Forum, See Hear Group and Ability Borders.

12.2. This work stream's approach is in line with the Integration Planning and Delivery Principles. The working group membership comprises of staff from across the Health and Social Care Partnership.

Integration Joint Board Officers consulted

12.3. The IJB Chief Officer and Director of Strategic Commissioning and Partnerships have been consulted, and all comments received have been incorporated into the final report. The IJB Chief Finance Officer has worked with colleagues to ensure the options appraisal has followed best practice and has provided advice on interpretation of the non-financial and financial evaluation.

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

- Strategic Planning Group
- HSCP Joint Executive
- Admin Policy Working Group

Approved by:

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

Author(s)

Clare Richards, Programme Manager, Scottish Borders Council
Hazel Robertson, Chief Finance Officer, Scottish Borders HSPC and IJB

Background Papers: [IJB Agenda pack 16.11.22](#), SPG Update paper 05.04.23

Previous Minute Reference: N/A

For more information on this report, contact Hazel Robertson, Chief Finance Officer, Scottish Borders HSPC and IJB (hazel.robertson3@borders.scot.nhs.uk)

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Scottish Borders Health and Social Care Partnership



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

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

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

Buildings Based Day Services - Teviot and Liddesdale

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

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

Human Rights (enhancing or infringing)

Life	Degrading or inhumane treatment	Free from slavery or forced labour	Liberty	Fair Trial	No punishment without law	Respect for private and family life	Freedom of thought, conscience and religion	Freedom of expression	Freedom of assembly and association	Marry and found a family	Protection from discrimination
X	X					X	X	X			X

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
Enhancing quality of life to service users who can participate in meaningful activities, and to unpaid carers who will be able to get respite	Positive	Significant
Time apart for service users and carers will support both those who use the service and carers with more freedom of thought, conscience and expression.	Positive	Significant
Time apart also provides enhanced opportunities to respect private and family life	Positive	Significant
Both carer stress and the service user presentation can lead to increases in domestic abuse / adult protection	Positive	Significant
People who live alone can poorly self-support / self-harm (malnourishment, neglect, fire safety, hoarding, living conditions –bathrooms etc)	Positive	Significant

Potential to reduce community /family exploitation through better engagement with service	Positive	Significant
Potential to identify people who need adaptations to support continued independence and living	Positive	Significant
Better potential to support carers to identify further supports and reduce risks to the carer and cared for	Positive	Significant

Is the proposal considered strategic under the Fairer Scotland Duty?	Yes – socio-economic, potential challenges accessing the service from across the locality. However it is also worth noting that this development may also create the capacity for carers to have paid employment.
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<p>IA to be undertaken and submitted with the report – Yes</p> <p>If no – please attach this form to the report being presented for sign off</p> <p style="text-align: right;">21.11.2022</p>	<p>Proportionality & Relevance Assessment undertaken by:</p> <ul style="list-style-type: none"> • Susan Davidson, Operations Manager, SBC Social Care Department • Jenny Smith, Chief Officer, Borders Care Voice • Sean Elliot, Teviot Day Services Support Group • Lynn Gallacher, Manager, Borders Carers Centre • Wendy Henderson, Partners for Integration, Scottish Care • Stacy Patterson, Team Leader, Community Care Review Team • Shirley Cumming, Paraprofessional and Local Area Coordinator • Bryan Davies, Head of Commissioning • Michael Curran, Programme Manager, Business Change and Improvement • Chris Myers, Joint Director Health and Social Care SBC/NHSB
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Equality Human Rights and Fairer Scotland Duty Impact Assessment (IA)

Stage 2 Empowering People - Capturing their Views



Scottish Borders Health and Social Care Partnership

Teviot and Liddesdale Day Service Task and Finish Group

Equality Human Rights and Fairer Scotland Impact Assessment Team

Role	Name	Job title	Date of IA Training
HER&FSD Advisor	Wendy Henderson	Independent Sector Lead, Partners for Integration	
Service Lead	Chris Myers	Chief Officer, Scottish Borders HSCP	
Responsible Officer	Bryan Davies	Head of Commissioning and Performance	
Main Stakeholder (NHS Borders)	Susannah Flower	Chief Nurse, HSCP	
Mains Stakeholder (Scottish Borders Council)	Jen Holland	Director of Strategic Commissioning and Partnerships	

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	<p>Scottish Borders Health and Social Care Partnership Joint Strategic Needs Assessment September 2022: https://www.scotborders.gov.uk/downloads/file/11690/hscp_joint_needs_assessment_report</p> <p>National Records of Scotland https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html</p>	<p>There is an aging population in the Scottish Borders and with this comes a potential increase in the number people with complex care needs that will need support.</p>
Data on relevant protected characteristic	<p>Scottish Borders Council Mainstreaming Report and Equality Outcomes file:///G:/LLC%20SW%20IST/LLC%20SW%20Integrated%20Care%20Fund/TEC/SW%20review%20documents/SW%20review%20projects/Performance%20Board/Mainstreaming_Report_Equality_Outcomes_2021_25.pdf</p>	<p>Age – 16.5% of the Scottish Borders population is under the age of 15 (16.9% Scotland) 58.8% of the Scottish Borders population is aged 16 to 64 (64.1% Scotland) 24.8% of the Scottish Borders Population is aged 65 or older (19.1% Scotland)</p> <p>An ageing population means more people in the Borders will be living with one or more complex conditions and therefore will require more support from health and social care as they age.</p> <p>Carers data showed that 70% of respondents were aged between 18-64 years, and 30% over 65 years. What does this tell us? With 30% of carers over 65 years of age, there is a need to support these carers to ensure that their health does not deteriorate.</p> <p>Gender-</p>



<https://www.gov.scot/publications/national-care-service-adult-social-care-scotland-equality-evidence-review/pages/8/>

National Records of Scotland

<https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html>

Gender	Male	Female
Age 0 to 15	50.85%	49.15%
Aged 16 to 64	48.79%	51.21%
65+	46.58%	53.42%
Total	48.58%	51.42%

There is a slightly higher female population in the Borders. The unpaid Carers Needs assessment survey also showed that 76% of the unpaid carers that responded were female.

Disability –

22.4% of the Scottish Borders population have a long term health condition (deaf or partially hearing impaired; blind or partially vision impaired; learning disability; learning difficulty; developmental disorder; physical disability; mental health condition; or Other Long-term health condition)


Day service provision needs to take into account the views of those with complex care needs and cater for complex needs, those views have been gathered through this IIA process.


Gender reassignment – Data states that 0.5% of population is Trans. In Teviot and Liddesdale this equates to 89 people.

Marriage and Civil Partnership - Not relevant

Pregnancy and Maternity – Not relevant

Race -

		<table border="1"> <thead> <tr> <th>Ethnicity</th> <th>Scottish Borders</th> </tr> </thead> <tbody> <tr> <td>White: Scottish</td> <td>70%</td> </tr> <tr> <td>White: Other British</td> <td>25.9%</td> </tr> <tr> <td>White: Polish</td> <td>1.3%</td> </tr> <tr> <td>Asian</td> <td>N/A</td> </tr> <tr> <td>Other Ethnic Group</td> <td>N/A</td> </tr> </tbody> </table> <p>The Polish Community have feed into this IIA process.</p> <p>Religion or belief -</p> <table border="1"> <thead> <tr> <th>Religion</th> <th>Scottish Borders</th> </tr> </thead> <tbody> <tr> <td>None</td> <td>59%</td> </tr> <tr> <td>Church of Scotland</td> <td>25.5%</td> </tr> <tr> <td>Roman Catholic</td> <td>4.3%</td> </tr> <tr> <td>Other Christian</td> <td>10%</td> </tr> <tr> <td>Other Religion</td> <td>1.1%</td> </tr> </tbody> </table> <p>Sexual Orientation - 1.4% of adults identify as “LGB & Other” (Lesbian, Gay, Bisexual or Other). The LGBTQ+ Community has been engaged via this IIA process and further engagement will take place with the provider of choice to inform decisions on service design to promote inclusivity.</p>	Ethnicity	Scottish Borders	White: Scottish	70%	White: Other British	25.9%	White: Polish	1.3%	Asian	N/A	Other Ethnic Group	N/A	Religion	Scottish Borders	None	59%	Church of Scotland	25.5%	Roman Catholic	4.3%	Other Christian	10%	Other Religion	1.1%
Ethnicity	Scottish Borders																									
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Other Christian	10%																									
Other Religion	1.1%																									
<p>Data on service uptake/access</p>		<p>There are currently no Day Services Operating in Teviot and Liddesdale.</p>																								
<p>Data on socio economic disadvantage</p>	<p>National Records of Scotland https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html</p>	<p>Majority of most deprived SIMD groups including SIMD 1 in the Teviot and Liddesdale locality are in Hawick, with some SIMD 4 groups in Denholm.</p>																								

	<p>Scottish Borders Health and Social Care Partnership Joint Strategic Needs Assessment September 2022: https://www.scotborders.gov.uk/downloads/file/11690/hscp_joint_needs_assessment_report</p> <p>Scottish Borders Council Mainstreaming Report and Equality Outcomes file:///G:/LLC%20SW%20IST/LLC%20SW%20Integrated%20Care%20Fund/TEC/SW%20review%20documents/SW%20review%20projects/Performance%20Board/Mainstreaming_Report_Equality_Outcomes_2021_25.pdf</p>	<p>In 2020, the median gross weekly pay (workplace based) for full time workers in the Scottish Borders was £481, £111 below the £593 for Scotland or 81% of the Scottish figure. In 2020, the median gross weekly pay (residence based) for full time workers in the Scottish Borders was £522, £73 below the £595 for Scotland or 87% of the Scottish figure.</p> <p>Around 29% of all households in the Scottish Borders are fuel poor, equivalent to approximately 16,000 households</p> <p>Any future Day Care Service users will be financially accessed for the service. During this process a benefits review is also undertaken.</p>
Research/literature evidence	<p>National Records of Scotland https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html</p>	
Existing experiences of service information	See consultation events detailed below	
Evidence of unmet need	<p> Unpaid Carers survey results.pdf</p> <p>NDTi We Have Listened Full Report</p>	<p>NDTi Engagement noted unmet need in Newcastleton which may require a peripatetic service. However, there is only currently 1 individual recorded in the GP system awaiting post diagnostic support for Dementia in Newcastleton. Further work is required to identify need in this area.</p> <p>There are currently 120 patients awaiting post diagnostic support for dementia in the Teviot and Liddesdale area.</p>
Good practice guidelines	<p>Guide to re-opening day services for adults Nov 2020.pdf (careinspectorate.com)</p> <p>https://www.careinspectorate.com/index.php/news/5790-guidance-</p>	

	on-adult-social-care-building-based-day-services	
Other – please specify		
Risks Identified		
Additional evidence required		

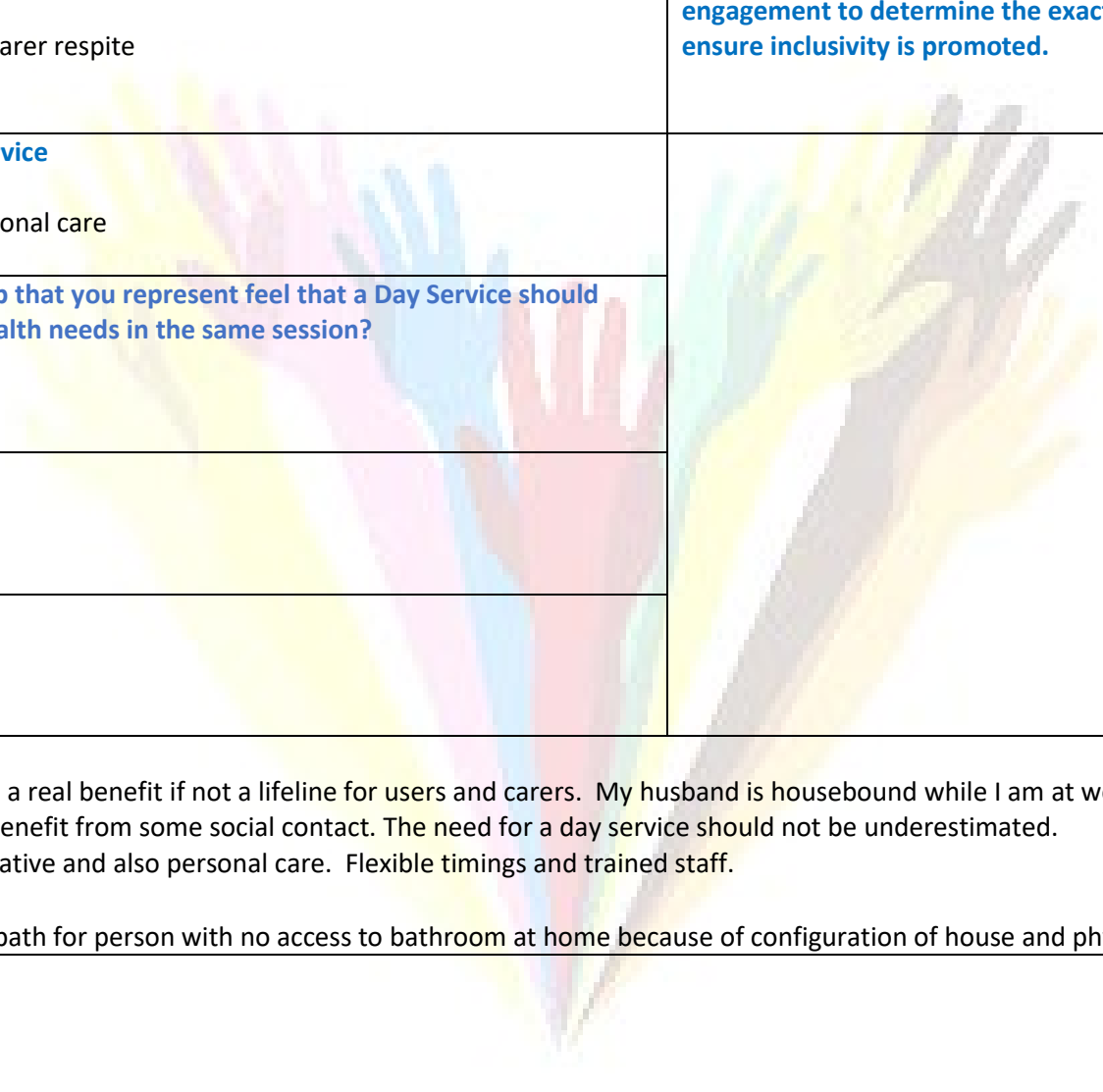
Engagement 1 – Online Survey shared with key stakeholder groups

Physical Disability group

Date	Format	Number of People responded	Protected Characteristics Represented								
22.03.23	Online Survey (with paper copies available) shared with the Physical Disability Strategy Group	10	<p>Age</p> <ul style="list-style-type: none"> • 17 years and under - 0 • 18 - 64 years - 3 • 65+ years - 7 <p>Disability</p> <table border="1"> <tr> <td>Deafness/partial hearing loss</td> <td>4</td> </tr> <tr> <td>Blindness or partial sight loss</td> <td>1</td> </tr> <tr> <td>Physical Disability</td> <td>10</td> </tr> <tr> <td>Mental health condition (Including Dementia,</td> <td>6</td> </tr> </table>	Deafness/partial hearing loss	4	Blindness or partial sight loss	1	Physical Disability	10	Mental health condition (Including Dementia,	6
Deafness/partial hearing loss	4										
Blindness or partial sight loss	1										
Physical Disability	10										
Mental health condition (Including Dementia,	6										

			Alzheimer's) Long-term illness, disease or condition	 6
			Gender <ul style="list-style-type: none"> • Female - 7 • Male - 3 • Non Binary - 0 • Prefer not to say - 0 	
			Race <ul style="list-style-type: none"> • White Scottish - 9 • Other British 	
			Religion <ul style="list-style-type: none"> Church of Scotland - 8 None - 2 	
			Pregnancy & Maternity (not recorded)	
			Sexual Orientation <ul style="list-style-type: none"> • Heterosexual/straight - 7 • Other - 1 • Don't know/rather not answer- 1 • Not answered -1 	
			Transgender <ul style="list-style-type: none"> • No - 10 	

Views Expressed The things important in a Day Service 9 - Opportunities to socialize with people with similar needs to me 7 - Social activities	Officer Response All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider.
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<p>6 - Personal care 6 - Transport 6 - Length of session to allow Carer respite 6 - Trained staff 3 - Location</p>	<p>The chosen Service Provider will undertake further engagement to determine the exact delivery model and ensure inclusivity is promoted.</p>
<p>Barriers to accessing a Day Service 5 - Transport 4 - Lack of staff to provide personal care 3 - No barriers</p>	
<p>Do you or the individual/group that you represent feel that a Day Service should cater for multiple different health needs in the same session? 6 - Yes 3 - Not sure 1 - No</p>	
<p>Duration 3 - 3 Hour session 6 - 5 hour session 1 - Not sure</p>	
<p>Days of operation 6 - Daily Mon – Fri 3 - 7 days a week 1 - Not sure</p>	
<p>Other comments</p> <ul style="list-style-type: none"> • A day service would be a real benefit if not a lifeline for users and carers. My husband is housebound while I am at work and struggles with loneliness and would benefit from some social contact. The need for a day service should not be underestimated. • Socialisation for my relative and also personal care. Flexible timings and trained staff. • Understanding • Access to a shower or bath for person with no access to bathroom at home because of configuration of house and physical disability. 	

Deafness and sight loss

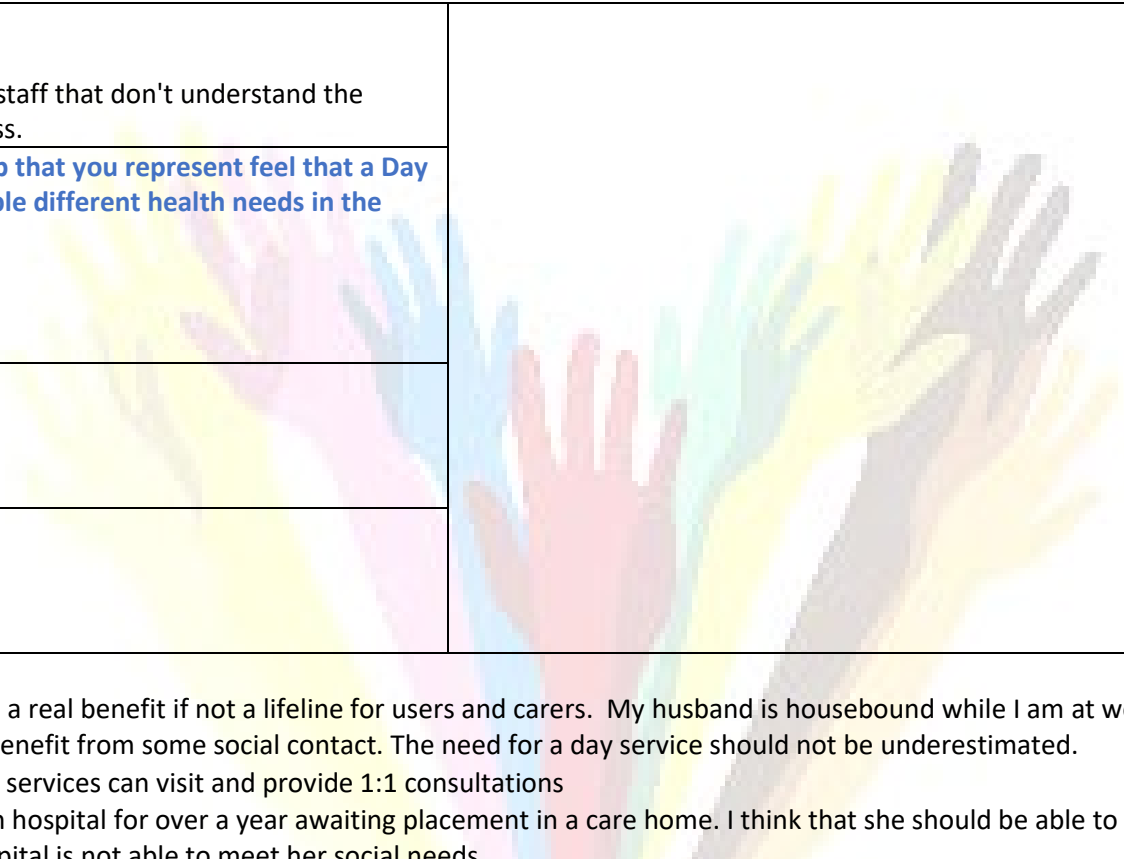
Date	Format	Number of People in	Protected Characteristics Represented
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22.03.23	Online Survey (with paper copies available) shared with the See/Hear Group and response from RNID	<p>attendance by category*</p> <p>11 individuals 1 Group (RNID) response, group not listed in the protected characteristic breakdown</p>	<p>Age</p> <ul style="list-style-type: none"> • 17 years and under - 0 • 18 - 64 years - 2 • 65+ years - 9 <p>Disability</p> <table border="1" data-bbox="1507 453 2009 1070"> <tr> <td>Deafness/partial hearing loss</td> <td>8</td> </tr> <tr> <td>Blindness or partial sight loss</td> <td>6</td> </tr> <tr> <td>Physical Disability</td> <td>6</td> </tr> <tr> <td>Mental health condition (Including Dementia, Alzheimer's)</td> <td>7</td> </tr> <tr> <td>Long-term illness, disease or condition</td> <td>6</td> </tr> <tr> <td>Other Old age</td> <td>1</td> </tr> </table> <p>Gender</p> <ul style="list-style-type: none"> • Female - 8 • Male - 3 • Non Binary - 0 • Prefer not to say - 0 <p>Race</p> <ul style="list-style-type: none"> • White Scottish - 10 • Other British - 1 	Deafness/partial hearing loss	8	Blindness or partial sight loss	6	Physical Disability	6	Mental health condition (Including Dementia, Alzheimer's)	7	Long-term illness, disease or condition	6	Other Old age	1
Deafness/partial hearing loss	8														
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			<p>Religion</p> <p>Church of Scotland - 6</p> <p>Roman Catholic - 1</p> <p>None - 4</p> <p>Pregnancy & Maternity (not recorded)</p> <p>Sexual Orientation</p> <ul style="list-style-type: none"> • Heterosexual/straight - 9 • Asexual - 1 • Not answered - 1 <p>Transgender</p> <p>0</p>
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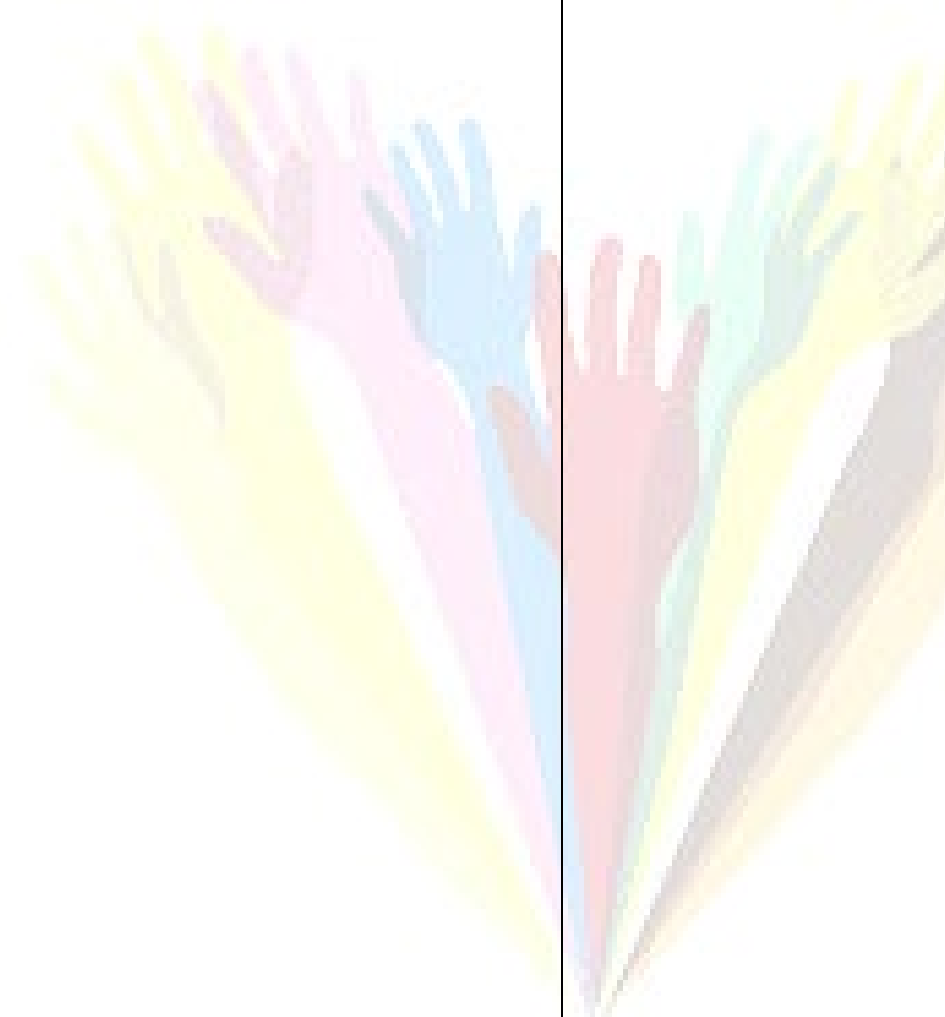
***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
<p>The things important in a Day Service</p> <p>9 - Opportunities to socialize with people with similar needs to me</p> <p>10 - Social activities</p> <p>6 - Personal care</p> <p>10 -Transport</p> <p>6 - Length of session to allow Carer respite</p> <p>7 - Trained staff</p> <p>3 – Location</p> <p>Other - Deaf Awareness training for all staff. Social areas to be well sound proofed (reduced echo). Good lighting to enable lip reading. Access to other services through Day Centre.</p>	<p>All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider.</p> <p>The chosen Service Provider will undertake further engagement to determine the exact delivery model and ensure inclusivity is promoted.</p>
<p>Barriers to accessing a Day Service</p> <p>7 – Transport</p> <p>1 – Language</p> <p>1 – Lack of staff to provide personal care</p> <p>1 – Lack of information</p>	

<p>1 – Lack of cultural awareness 4 - No barriers Other - Noisy environments & staff that don't understand the needs of those with hearing loss.</p>	
<p>Do you or the individual/group that you represent feel that a Day Service should cater for multiple different health needs in the same session? 8 - Yes 4 - Not sure 0 - No</p>	
<p>Duration 4 - 3 Hour session 6 - 5 hour session 2 - Not sure</p>	
<p>Days of operation 7 - Daily Mon – Fri 5 - 7 days a week 1 -Not sure</p>	
<p>Other Comments -</p> <ul style="list-style-type: none"> • A day service would be a real benefit if not a lifeline for users and carers. My husband is housebound while I am at work and struggles with loneliness and would benefit from some social contact. The need for a day service should not be underestimated. • Private rooms so other services can visit and provide 1:1 consultations • My relative has been in hospital for over a year awaiting placement in a care home. I think that she should be able to access a day service from the hospital as the hospital is not able to meet her social needs. 	

Mental Health Forum and Dementia Working Group

Date	Format	Number of People in attendance by category*	Protected Characteristics Represented
22.03.23	Online Survey (with paper copies available) shared with the Mental Health Forum and The Dementia Working Group	18	Age <ul style="list-style-type: none"> • 17 years and under - 0 • 18 - 64 years - 6

		<ul style="list-style-type: none"> • 65+ years - 12 <p>Disability</p> <ul style="list-style-type: none"> Deafness/partial hearing loss 6 Blindness or partial sight loss 3 Physical Disability 7 Mental health condition (Including Dementia, Alzheimer's) 18 Long-term illness, disease or condition 8 <p>Gender</p> <ul style="list-style-type: none"> • Female - 12 • Male - 6 • Non Binary - 0 • Prefer not to say - 0 <p>Race</p> <ul style="list-style-type: none"> • White Scottish - 15 • Other British - 2 • Other white ethnic group - 1 <p>Religion</p> <ul style="list-style-type: none"> Church of Scotland - 8 Roman Catholic - 1 None - 9 <p>Pregnancy & Maternity (not recorded)</p> <p>Sexual Orientation</p> <ul style="list-style-type: none"> • Heterosexual/straight - 14 • Asexual - 1 • Gay/Lesbian – 1 • Don't know/rather not answer - 1 • Other - 1
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			Transgender - 0
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***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
<p>The things important in a Day Service 14 - Opportunities to socialize with people with similar needs to me 13 - Social activities 8 - Personal care 8 - Transport 13 - Length of session to allow Carer respite 10 - Trained staff 3 - Location</p>	<p>All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider. The chosen Service Provider will undertake further engagement to determine the exact delivery model and ensure inclusivity is promoted.</p>
<p>Barriers to accessing a Day Service 11 - Transport 6 - No barriers</p>	
<p>Do you or the individual/group that you represent feel that a Day Service should cater for multiple different health needs in the same session? 9 - Yes 5 - Not sure 4 - No</p>	
<p>Duration 6 - 3 Hour session 11 - 5 hour session 1 - Not sure</p>	
<p>Days of operation 12 - Daily Mon – Fri 5 - 7 days a week 2 -Not sure</p>	
<p>Other Comments –</p>	

- A day service would be a real benefit if not a lifeline for users and carers. My husband is housebound while I am at work and struggles with loneliness and would benefit from some social contact. The need for a day service should not be underestimated.
- Socialisation for my relative and also personal care. Flexible timings and trained staff.
- understanding
- The reinstatement of local support services which my elderly parents had withdrawn - to their severe detriment.
- The ability to be in one place to meet other people, have company, eat well and access other supports is so important to the older folk who have been sitting isolated since the closure of this vital service - LAC support never materialised.
- Please listen to the folks that need this service & the carers who need the respite.
- My relative has been in hospital for over a year awaiting placement in a care home. I think that she should be able to access a day service from the hospital as the hospital is not able to meet her social needs.
- Opportunity to socialise and importantly give carers some respite.

LGBTQ Community

Date	Format	Number of People in attendance by category*	Protected Characteristics Represented								
22.03.23	Online Survey (with paper copies available) shared with the Linda Jackson	2	<p>Age</p> <ul style="list-style-type: none"> • 17 years and under - 0 • 18 - 64 years - 1 • 65+ years - 1 <p>Disability</p> <table border="1" data-bbox="1503 1038 2009 1367"> <tr> <td data-bbox="1503 1038 1765 1114">Deafness/partial hearing loss</td> <td data-bbox="1765 1038 2009 1114">1</td> </tr> <tr> <td data-bbox="1503 1114 1765 1222">Blindness or partial sight loss</td> <td data-bbox="1765 1114 2009 1222">1</td> </tr> <tr> <td data-bbox="1503 1222 1765 1262">Physical Disability</td> <td data-bbox="1765 1222 2009 1262">1</td> </tr> <tr> <td data-bbox="1503 1262 1765 1367">Mental health condition (Including</td> <td data-bbox="1765 1262 2009 1367">2</td> </tr> </table>	Deafness/partial hearing loss	1	Blindness or partial sight loss	1	Physical Disability	1	Mental health condition (Including	2
Deafness/partial hearing loss	1										
Blindness or partial sight loss	1										
Physical Disability	1										
Mental health condition (Including	2										

			Dementia, Alzheimer's)	
			Long-term illness, disease or condition	2
			Gender	
			• Female	- 2
			• Male	- 0
			• Non Binary	- 0
			• Prefer not to say	- 0
			Race	
			• White Scottish	- 1
			• Other British	- 1
			Religion	
			None	- 2
			Pregnancy & Maternity (not recorded)	
			Sexual Orientation	
			• Gay/Lesbian	- 1
			• Asexual	-1
			Transgender	
			0	

***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
The things important in a Day Service 1 - Opportunities to socialize with people with similar needs to me 2 - Social activities 1 - Personal care	All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider. The chosen Service Provider will undertake further engagement to determine the exact delivery model and ensure inclusivity is promoted.

<p>1 - Transport 1 - Length of session to allow Carer respite 1 - Trained staff 0- Location</p>	
<p>Barriers to accessing a Day Service 1- Transport 1- Lack of staff to provide personal Care 1- No barriers</p>	
<p>Do you or the individual/group that you represent feel that a Day Service should cater for multiple different health needs in the same session? 1- Yes 0- Not sure 1- No</p>	
<p>Duration 1- 3 Hour session 1 - 5 hour session 0 - Not sure</p>	
<p>Days of operation 2 - Daily Mon – Fri 0 - 7 days a week 0 - Not sure</p>	
<p>Other comments</p> <ul style="list-style-type: none"> • Lunch to be included • My relative has been in hospital for over a year awaiting placement in a care home. I think that she should be able to access a day service from the hospital as the hospital is not able to meet her social needs. 	

Hawick Stroke Group

Date	Format	Number of People in attendance by category*	Protected Characteristics Represented
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22.03.23	Paper survey and discussion	Answered as a groups so protected Characteristic information not provided.	Age 25 +
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***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
<p>The things important in a Day Service Opportunities to socialize with people with similar needs to me Social activities Personal care Transport Trained staff Location Speech Therapy, Physiotherapy, Lunch included and bathing options.</p>	<p>All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider. The chosen Service Provider will undertake further engagement to determine the exact delivery model and ensure inclusivity is promoted.</p>
<p>Barriers to accessing a Day Service Transport Lack of information</p>	
<p>Do you or the individual/group that you represent feel that a Day Service should cater for multiple different health needs in the same session? No</p>	
<p>Duration 5 hour session (10-3)</p>	
<p>Days of operation Daily Mon – Fri</p>	
<p>Other comments • Gentle exercise • Scheduled activities • Quiz • Games• Time to speak• Crafts• Arts • Fun place • Slide shows • Specific support for stroke on certain days• Therapeutic support/Physio • Stretching/movement instruction • Meditation/breathing instruction • Photos from when younger • Coffee time good for conversation • Planting and gardening • Art • Variation every week important• Happy place</p>	

Polish Community via Polish School

Date	Format	Number of People in attendance by category*	Protected Characteristics Represented		
22.03.23	Online survey with paper copies available	1	<p>Age</p> <ul style="list-style-type: none"> • 17 years and under - 0 • 18 - 64 years - 1 • 65+ years - 0 <p>Disability</p> <table border="1" data-bbox="1507 630 2009 774"> <tr> <td>Long-term illness, disease or condition</td> <td>1</td> </tr> </table> <p>Gender</p> <ul style="list-style-type: none"> • Female - 0 • Male - 1 • Non Binary - 0 • Prefer not to say - 0 <p>Race</p> <ul style="list-style-type: none"> • White Polish - 1 <p>Religion</p> <p>Roman Catholic - 1</p> <p>Pregnancy & Maternity (not recorded)</p> <p>Sexual Orientation</p> <ul style="list-style-type: none"> • Heterosexual/Straight - 1 <p>Transgender</p> <p>0</p>	Long-term illness, disease or condition	1
Long-term illness, disease or condition	1				

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***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
The things important in a Day Service Social activities Length of session to allow for carer respite Trained staff	All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider. The chosen Service Provider will undertake further engagement to determine the exact delivery model and ensure inclusivity is promoted.
Barriers to accessing a Day Service Lack of information Lack of cultural awareness	
Do you or the individual/group that you represent feel that a Day Service should cater for multiple different health needs in the same session? Yes	
Duration 5 hour session	
Days of operation Daily 7 days a week Evenings	

Borders Carers Centre-

Date	Format	Number of People in attendance by category*	Protected Characteristics Represented
22.03.23	Online survey with paper copies available	2 Responses as an organization – protected characteristic information not recorded	Age 18 +

***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
<p>The things important in a Day Service</p> <p>Personal care Opportunities to socialise with people with similar needs to me Location Transport Length of session to allow carer respite Trained staff (Dementia, Physical Disabilities, Personal care, Moving and handling)</p> <p>Other - It is utterly imperative that day service provision is offered in all areas of the Borders and that personal care is provided. Unpaid carers should not have to attend at all - as the day service needs to enable them to access respite for themselves. Transport must be reliable and robust and buildings based. End users (the cared for and the unpaid carers) must be heard prior to the design and commissioning of services and unpaid carers and service users must be at the heart of the commissioning process in terms of involvement and decision making. There is a significant risk that if services are designed in isolation from unpaid carers then it could result in the needs of families in the area not being met and inappropriate allocation of limited resources. The importance of continuously involving the service users at a 'systems level' in order to make improvements in the locality in the future is evident from our ongoing and extensive research</p>	<p>All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider.</p> <p>The chosen Service Provider will undertake further engagement to determine the exact delivery model and ensure inclusivity is promoted.</p>
<p>Barriers to accessing a Day Service</p> <p>Transport Lack of staff to provider personal care</p> <p>Other - Must be staffed properly - Lack of training, skill, facilities and capacity in the community activities Not all community based activities have the skills, training, facilities or capacity to support the range of needs of the cared for. This results in a lack of confidence felt by the carer due to the increased risk to the health, welfare and wellbeing of their loved one. It was also highlighted</p>	

<p>that community activities are not necessarily regulated and therefore carers needed to feel confident that the community provision was adequate in terms of safety, skills and facilities before they could consider accessing community based activities.</p>	
<p>Do you or the individual/group that you represent feel that a Day Service should cater for multiple different health needs in the same session? No Not Sure</p>	
<p>Duration 5 hour session Other - It should be flexible to suit the individual. Everyone has different needs</p>	
<p>Days of operation Daily 7 days a week</p>	
<p>Other comments Range of care offered, Participants identified that what works for one individual may not work for all. They identified that the needs of the carer must be considered alongside the needs of the cared for and that a range of care options were needed to enable people to choose what works best for them in their individual set of circumstances. The lack of availability and limited range of care services was highlighted as a key challenge. Within the range of care services, consideration needs to be given for those with low, middle and high levels of care requirement. Services being designed/commissioned should consider the level of needs that can and cannot be met by future services that are designed/commissioned. Participants highlighted a need for services to specifically cater for moderate to high level needs with staff who have the specialist skills required to support loved ones with high levels of need including dementia and autism. Without access to these specialist services, unpaid carers are at risk of Burnout or becoming ill as a consequence of the lack of respite and quality rest. Relating to this, the need for overnight respite was also raised as unpaid carers are experiencing continuous disturbed sleep on an enduring basis.</p> <p>Duration of care Duration of care was highlighted by participants as a real challenge. Some are experiencing 15 minutes of support and therefore they are only able to access 15 minutes of rest from caring. There was a significant discussion about unpaid carers requiring day long services to enable them to access the respite that they need which will also support their ability to cope with stress, their mental health, allow them to have time that 'is theirs' and socialise. The phrase 'clock watching' was used which could indicate increased stress being placed on unpaid carers as a result of short bursts of care as opposed to day long provision. Again, the needs of the individuals (cared for and unpaid carer) need to be considered and therefore this highlights again the requirement for families to choose from an availability of options on offer in the future.</p>	

Location of care services

The location of the services was discussed as an important factor and again raised the need for this to be an option for unpaid carers to choose from in the future. For some, home based care was felt to be most suitable for their situation, for others care outside of the home was required with some unpaid carers reporting that they cannot secure time alone in their own home. Despite the recognition of varying needs, there was a strong expression during the session for making available 'building based' care services for those who wished care to be delivered out with the home.

Continuity of care

Continuity of care was discussed as a key challenge. Unpaid carers expressed the desire to build relationships with carers involved in their family's situation, to get to know them better, to increase confidence and to manage changes (for example holiday periods) more smoothly.

Unpaid carers expressed that they were not experiencing continuity; at times the care available was not able to fit around their lives in terms of scheduling, it was described by some as 'scattergun' and that a more planned approach with better relationships would improve their experience. 'Shared Lives' programme was highlighted to the group as an area of good practice that had positive principles currently being adopted for people with learning disabilities.

Workforce related challenges

The participants at the event began to discuss solutions to some of the workforce challenges that are evident in the care sector. Participants expressed the challenges that the lack of available carers and specialist carers as considerable and a high dependency on reliance on family to support.

In addition, unpaid carers discussed the fact that devolving funding to families was not always their preference and that Self Directed Support (SDS) was not designed to replace statutory care but as an alternative. Devolving the budgets to families does not remove the sector wide issue of a lack of skilled staff and therefore at times it is devolving the burden of securing support. In this example, unpaid carers reported the lack of carers and activities that are available locally via SDS. There was significant concern from the group surrounding the increasing demand and lack of current capacity and that when families are in crisis, there is no support. This increases the risk of unpaid carer burnout and knock on effects on health services.

Identified risk and associated impacts.

The group identified potential solutions in this regard as listed below:

- Improve the profile of the caring role, we need to make it more attractive
- Improve remuneration
- Improved training and skill levels to help people feel proud of their caring role and could improve job retention
- Skills pipeline is varied and so an understanding of what is needed at different levels of care
 - this needs to be clearer and investment made into training where needed
- Promote college opportunities to re-skill / up-skill
- Provider specifically commissioned to provide respite services
- Services for lower needs that specifically say personal care is not needed but where people can come and sit and provide company and conversation

for the loved one."

"A day service gives that social atmosphere for cared for people and gives the carers a break knowing their cared for person is supported and looked after. Day services make such a difference to both."

Housing Association -

Date	Format	Number of People in attendance by category*	Protected Characteristics Represented
22.03.23	Online survey with paper copies available	Group response, protected characteristics not recorded.	Age 55+

*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
<p>The things important in a Day Service</p> <p>Social activities Personal Care Location Transport</p>	<p>All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider. The chosen Service Provider will undertake further engagement to determine the exact delivery model and ensure inclusivity is promoted.</p>
<p>Barriers to accessing a Day Service</p> <p>Transport</p>	
<p>Do you or the individual/group that you represent feel that a Day Service should cater for multiple different health needs in the same session?</p> <p>Not sure</p>	
<p>Duration</p> <p>5 hour session</p>	
<p>Days of operation</p> <p>Daily 7 days a week</p>	

TDSSG – Teviot Day Services Support Group

Date	Format	Number of People in attendance by category*	Protected Characteristics Represented
22.03.23	Online survey with paper copies available	Group response, protected characteristics not recorded.	55+ years

*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
<p>The things important in a Day Service Personal care Opportunities to socialise with people with similar needs to me Social activities Transport Length of session to allow carer respite Trained staff (Dementia, Physical Disabilities, Personal care, Moving and handling)</p>	<p>All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider. The chosen Service Provider will undertake further engagement to determine the exact delivery model and ensure inclusivity is promoted.</p>
<p>Barriers to accessing a Day Service Transport Lack of staff to provide personal care Lack of information</p>	
<p>Do you or the individual/group that you represent feel that a Day Service should cater for multiple different health needs in the same session? No</p>	
<p>Duration 5 hour session At minimum. Previous day service in Hawick operated 6-7 hours per day</p>	
<p>Days of operation Daily 7 days a week</p>	

Summary of online survey respondents by Protected Characteristic



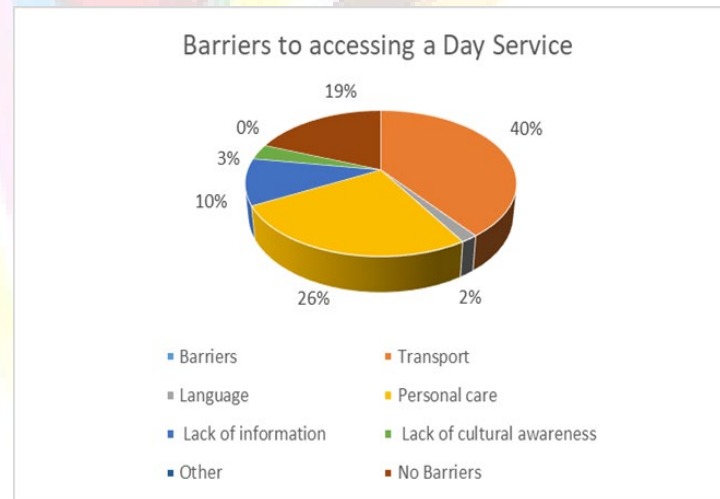
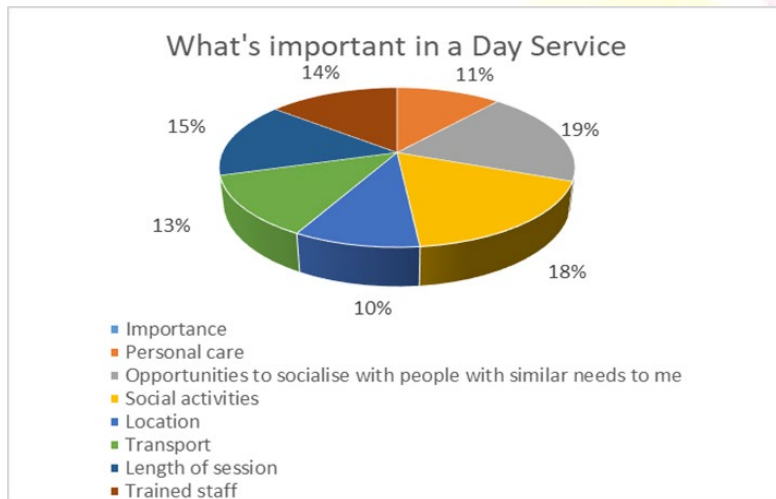
Day services survey results word 05.04.23

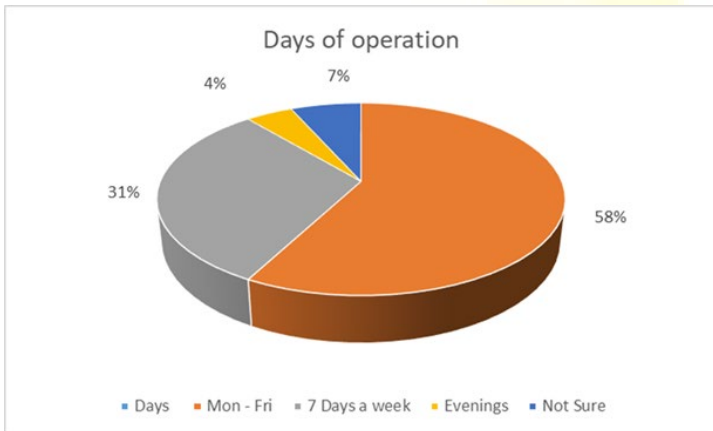
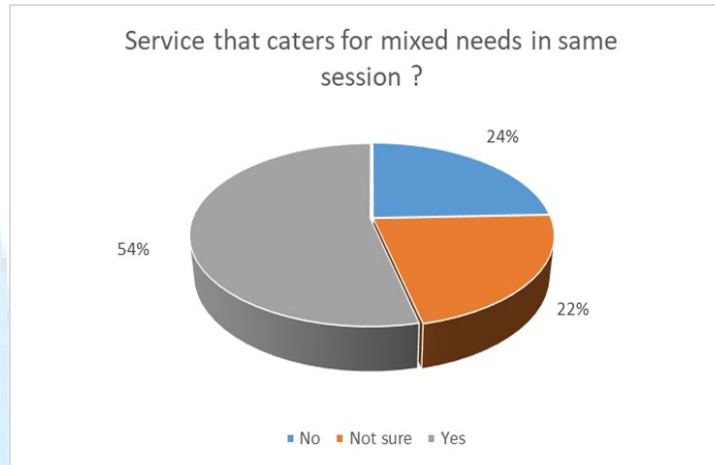
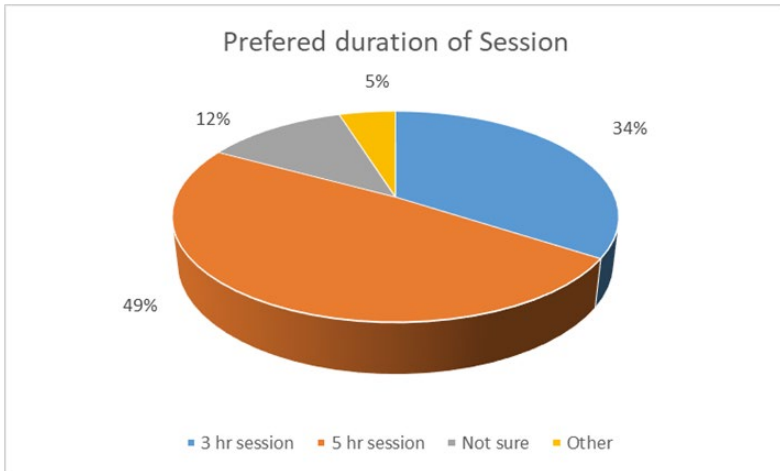
Summary of online survey results all areas



Teviot Day Services IIA survey results.pptx

Summary of online Survey Day Service question results – Hawick Residents only





Engagement events 2 – NDTI Engagement sessions across the locality

NDTi Session -Teviot

Date	Format	Number of People in attendance by category*	Protected Characteristics Represented
Monday 23 January 12- 2pm	Lunch time meeting in Hawick Town Hall	120 in total. Members of the Public 32 Interested in Dementia 3 Families/unpaid Carers 14 Current service users39 Social work/NHS 14 Volunteers3 Other 15	Protected Characteristics not recorded.
Wednesday 25 January – between 11 and 2pm	Heart Of Hawick Café/ Bar		
Wednesday 1 March, 7 - 8.30pm	Online MS Teams		
Thursday 26 January, 12.30 - 1.30 pm	Evergreen Lunch Club, Hawick		
13 February, 10.30 am - 1.30 pm	Social Centre, Hawick		

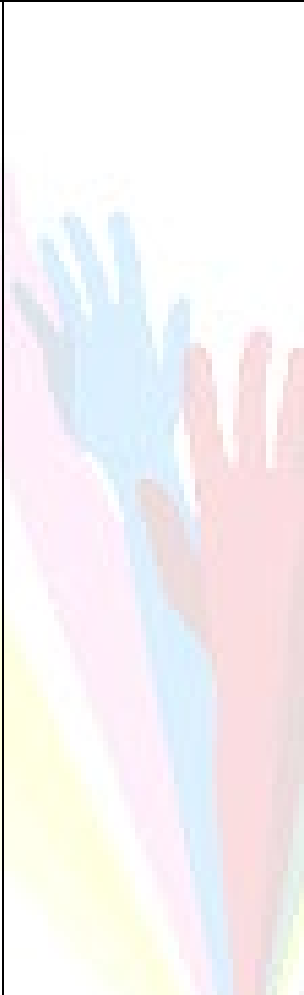
*Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)

Views Expressed	Officer Response
Bonchester Bridge – Transport is limited, people with poor mobility or dementia need support to get to activities or are	All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider.

isolated. Lack of home Carers, so caring responsibility falling to families. Lack of respite for unpaid/informal Carers. A day service for people with complex needs – including transport.	The chosen Service Provider will undertake further engagement to determine the exact delivery model and ensure inclusivity is promoted.
Denholm – Transport is limited, Shortage of home Carers and limited visit time, lack of respite for Carers, lack of volunteers. Day support with trained staff – including bathing, dementia support, company and stimulation, better day service usage if in Hawick but transport would need to be provided.	
Hawick – Home care – 15 min visits are not enough, shortage of volunteers, better coordination of volunteers, respite for carers, social opportunities for people with physical disabilities. Main need – day service for high level needs (dementia and frailty and physical disabilities)	
Newcastleton – Carers respite in their own homes, support with higher/complex needs and social interaction required, Provision must provide transport and support for transport, need building based day service for people with higher needs, need care home in the village with day centre.	A peripatetic Day service will be considered for Newcastleton once the full needs are assessed.

Needs assessment of unpaid Carers in the Scottish Borders 2022

Date	Format	Number of People responded	Protected Characteristics Represented
November 2022	Online Carers Survey via the NHSB webpage and Distributed to the following groups – <ul style="list-style-type: none"> • Carers Workstream Steering Group • BOPF (Borders Older People’s Forum) • All NHS & SBC employees Meeting of Minds • NHS & SBC social media pages (Facebook, Twitter) 	244 respondents. Respondents were aged 18-65+ years, with 70.2% aged 18-64 years.	Age <ul style="list-style-type: none"> • 17 years and under - 3 • 18 - 64 years - 171 • 65+ years - 70 Disability

	<ul style="list-style-type: none"> Galashiels Jobcentre Plus Ability Borders The Bridge AccessAble Borders NHS Borders Public Involvement Members Skills Development Scotland SBC Area Partnerships (via Shona Smith) Borders Additional Needs Group (BANG) Youth Borders Volunteer Centre Borders Veterans First Point Citizens Advice Bureau Live Borders Borders Carers Centre What Matters Hubs Encompass Borders Dementia Resource Centre Red Cross PAC Service Practice Managers Borders Care Voice District Nurses Berwickshire Association of Voluntary Service (BAVS) Dementia Café Hawick We Are With You Local Community Councils Alliance Scotland Local newspapers 		<table border="1"> <thead> <tr> <th>Diagnosis</th> <th>Number of responses</th> </tr> </thead> <tbody> <tr> <td>Physical Disability</td> <td>83</td> </tr> <tr> <td>Neurological</td> <td>76</td> </tr> <tr> <td>Dementia</td> <td>63</td> </tr> <tr> <td>Mental Health</td> <td>55</td> </tr> <tr> <td>Learning Disability</td> <td>48</td> </tr> <tr> <td>Frailty</td> <td>48</td> </tr> <tr> <td>Neuro-developmental</td> <td>40</td> </tr> <tr> <td>Life-limiting conditions</td> <td>30</td> </tr> <tr> <td>Other</td> <td>26</td> </tr> <tr> <td>End of Life Care</td> <td>7</td> </tr> <tr> <td>Addiction</td> <td>5</td> </tr> <tr> <td>Cancer</td> <td>5</td> </tr> <tr> <td>Prefer not to say</td> <td>2</td> </tr> </tbody> </table> <p>Gender</p> <ul style="list-style-type: none"> Female - 186 Male - 55 Non Binary - 1 Prefer not to say - 2 <p>Race</p> <ul style="list-style-type: none"> Mixed/multiple ethnicity - 2 Other Ethnic background - 1 Prefer not to say - 7 White - 234 <p>Religion (not recorded)</p> <p>Pregnancy & Maternity (not recorded)</p> <p>Sexual Orientation (not recorded)</p>	Diagnosis	Number of responses	Physical Disability	83	Neurological	76	Dementia	63	Mental Health	55	Learning Disability	48	Frailty	48	Neuro-developmental	40	Life-limiting conditions	30	Other	26	End of Life Care	7	Addiction	5	Cancer	5	Prefer not to say	2
Diagnosis	Number of responses																														
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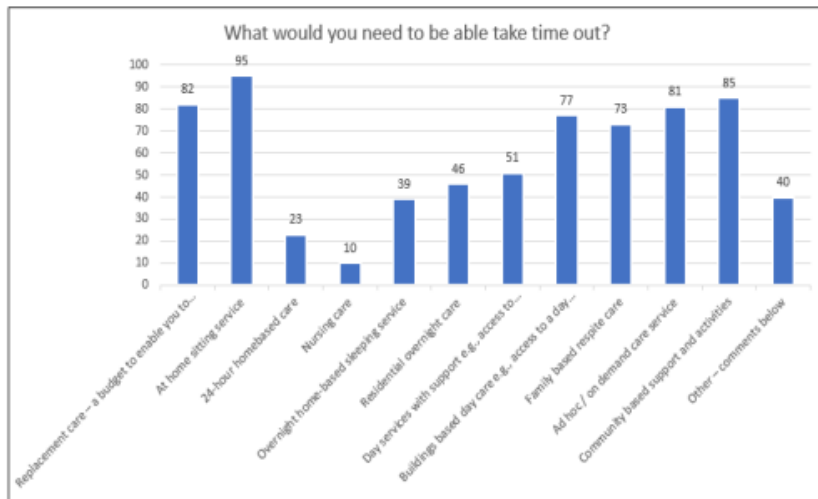
Views Expressed	Officer Response
The majority of respondents to the health and wellbeing section felt their own health was affected by their caring role, with 73% agreeing with this statement.	The views of Carers is being considered along with the other stakeholder groups to inform the model of provision

Others felt their wellbeing was affected, with 62% unable to undertake exercise or physical activity under their caring duties. Reasons given for this included anxiety, exhaustion, time and unable to leave those they care for alone.

When asked if able to leave the person they care for at home alone, 42% of respondents said they were not able to, with reasons including their age (school age), risk of injury or harm and confusion.

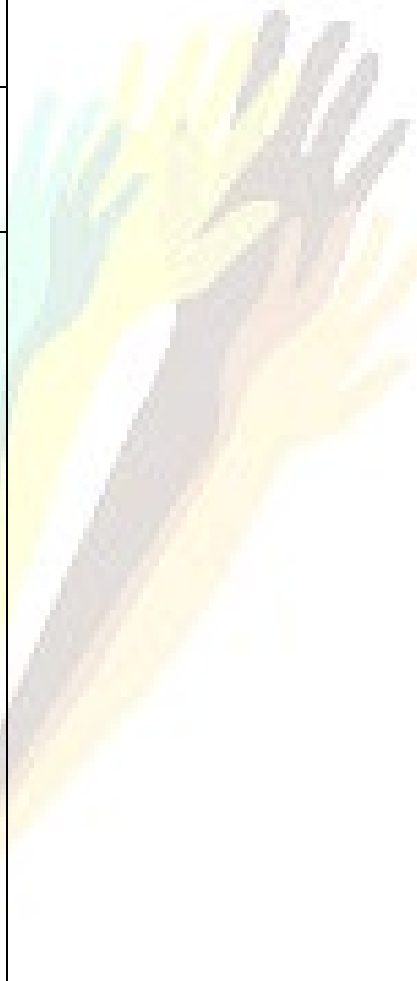
When asked if they are able to have time out from the demands of their caring role, whether be a few hours to themselves or a day away or holiday, 38% of respondents felt that they could somewhat, with an equal percentage of 30% answering both yes and no.

Respondents were able to select multiple options when asked what would be needed in order for them to take time out and what they felt the barriers were this. 13% of respondents felt that an at home sitting service would be of benefit to them, followed closely by replacement care, an ad hoc care service and community-based support and activities at 12%.



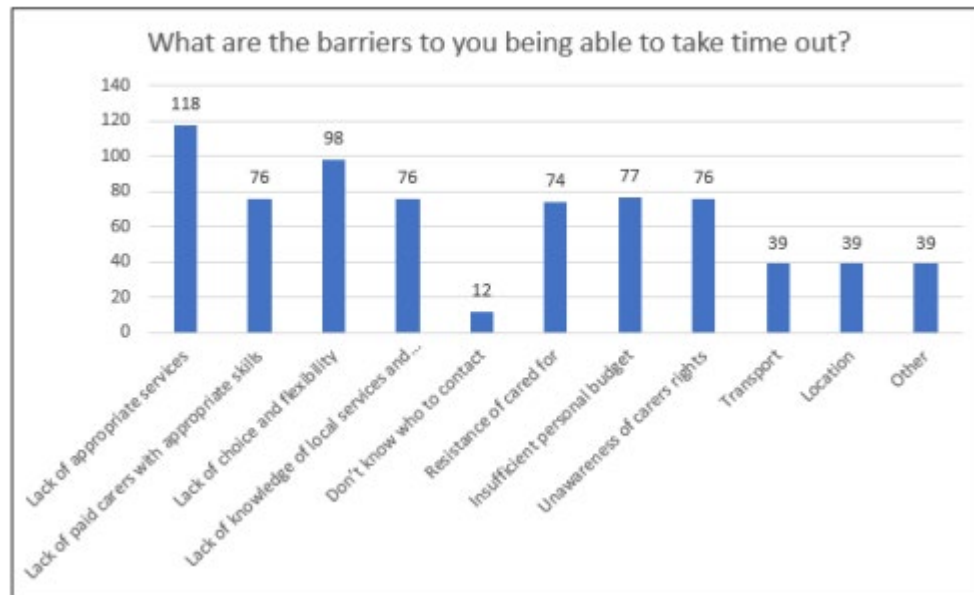
77 unpaid Carers indicated that buildings based day care would help them to take time out. When exploring which localities these 77 individuals raising concerns about day

provided.



service provision were based in, responses were particularly pronounced from the Teviot and Liddesdale locality, with 46% of comments on day service provision being required to get time out being from Carers in this locality, followed by 21% in Eildon, 12% in Tweeddale, 12% in Berwickshire, and 9% in Cheviot.

A lack of appropriate services was the most selected option amongst barriers against time out for carers. 16% of respondents selected this option with 14% agreeing that a lack of choice and flexibility was also an issue. A lack of paid carers with appropriate skills and an insufficient personal budget were also selected by 11% of respondents respectively.



Needs assessment of unpaid Carers in the Scottish Borders Report 2022



Unpaid Carers
survey results.pdf




NDTi We have listened Feedback report

Date	Format	Number of People in attendance by category*	Protected Characteristics Represented
October 2022	<p>An online survey • Face to face engagement sessions in locality venues • Online engagement sessions including evening sessions • Face to face and online meetings with key stakeholder groups • A limited number of one-to-one telephone conversations with those who were unable to access online sessions.</p> <p>Engagement with the following groups - Physical Disability Group • See/Hear Group • Mental Health Forum • Self-Directed Support (SDS) Group • People with Learning Disabilities (from Local Citizens Panels) • Dementia Working Group • Carers (through survey responses and noting the involvement of carers in a number of these stakeholder sessions) • Borders Older People's Partnership • People from Ethnic Minorities (employees at Farne Salmon) • People in the LGBT community • Homelessness workshop (part of Housing Strategy engagement</p>	<p>236 responses from people who identified as unpaid Carers. It is unclear how many of these people responded to both the Carers survey and the NDTi engagement. 90 of these responses were from the Teviot Locality.</p>	<p>Age</p> <ul style="list-style-type: none"> • 17 years and under • 18 - 64 years • 65+ years <p>Disability</p> <p>Gender</p> <ul style="list-style-type: none"> • Female • Male • Non Binary • Prefer not to say <p>Race</p> <ul style="list-style-type: none"> • Mixed/multiple ethnicity • Other Ethnic background • Prefer not to say • White <p>Religion</p> <p>Pregnancy & Maternity</p> <p>Sexual Orientation</p>

*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
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<p>In common with the carers survey, the “We Have Listened” consultation noted that the need expressed for buildings based day services was strongest in the Teviot and Liddesdale area, reinforcing the carer survey results that the greatest expressed need for adult buildings based adult day services provision from our communities is in the Teviot and Liddesdale area.</p>	<p>All responses will be taken into consideration and will inform an options appraisal to identify the most appropriate Service Provider. The chosen Service Provider will undertake further engagement to determine the exact delivery model to ensure inclusivity is promoted and respite opportunities for those in a caring role.</p> 
<p>What doesn't work so well in Teviot - Day support - some people said they “feel like prisoners in their own homes because [day] services don't exist”. This also impacts on carers for people who are considered to have lesser needs who want someone to provide intermediate support, signposting or assisting people with basic support while they are out and about</p>	
<p>One of the key priorities reported for Teviot was the need to focus on the growing demands around dementia, including treating people with dignity and respect, good quality day services, support for carers and training for staff</p>	
<p>Overall feedback from the Carers Group included – Improving support to carers especially unpaid carers such as spouses, partners, children, parents, etc... As this seems to be the prominent issue that often falls between the gaps</p>	
<p>Provision of day services for older adults in the community. It keeps them active which improves physical and mental health, it addresses loneliness and social isolation and it gives elderly spouses with their own health issues opportunities to rest (which supports them to continue caring) while cared for spouse gets positive effects noted above</p>	
<p>That unpaid carers, particularly those caring 24/7, have regular respite across a variety of options.</p>	
<p>What works less well and needs to be improved?</p> <ul style="list-style-type: none"> • Carers’ own health and wellbeing affected by their caring role due to increased anxiety, exhaustion, time and unable to leave those they care for alone. • Time out for carers – with a lack of appropriate services being 	

the biggest barriers to time out for carers.

[NDTi We Have Listened Full Report](#)



Hawick and Liddesdale area Day Care Opportunities

A report to Scottish Borders Council and the
Health and Social Care Partnership from an
engagement exercise in Teviot and Liddesdale

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1. Introduction

Background

The day service for older people in the Teviot Day Centre in Hawick closed in 2019 prior to the pandemic and alternative supports were put in place including a Social Centre for older people and a new Local Area Co-ordination (LAC) service to support people to access community activities and develop new activities for people to participate in.

A number of local residents in Hawick were concerned that the consultation process for this closure had not been robust and as a result, the Integration Joint Board Carers Workstream developed an Unpaid Carers Survey to understand the level of need in the area and across the Scottish Borders to inform the future approach for commissioning of the service. This survey identified that the greatest expressed need for day services was indeed from people in the Teviot and Liddesdale Locality.

In parallel with this process, a local group took their concerns to the Court of Session which ruled that the process around the closure of the Teviot Day Centre had not been enacted properly in line with legal requirements, as the Equality Impact Assessment was not properly undertaken and as there had been insufficient consultation.

In response to this and the findings of the Integration Joint Board Carers Survey, the Integration Joint Board (IJB) and Scottish Borders Council (SBC) / Health and Social Care Partnership (HSCP) set up the Teviot and Liddesdale Day Service Task and Finish Group involving key interested stakeholders to inform the best way to take this forward. The Task and Finish Group membership includes unpaid carers, service user representatives, public representatives, third sector organisations (Borders Carers Centre and Borders Care Voice), social care, social work, social care commissioning and health staff.

As part of this work the National Development Team for Inclusion (NDTi) – an independent organisation- was commissioned to engage local communities to hear their views to inform the scope of a future day support service. This exercise was to be undertaken in January and early February 2023 with a final report to be completed by the end of February to inform the decision making process on the next steps for the Integration Joint Board (IJB).

Purpose of engagement

National Development Team for Inclusion (NDTi) was commissioned by the Health and Social Care Partnership (HSCP) / Scottish Borders Council (SBC) to gather views on day services from a range of interested people and organisations in Hawick and the surrounding area. This is in line with the approach being taken by the HSCP and the Council to engage

openly with communities and key stakeholders to co-produce any future changes to services.

We aimed to engage with local communities to hear the views of older people, carers and aimed stakeholders about two key topics:

- To identify current activities and any gaps in support services
- To gather views about the development of new day care and support opportunities

We wanted to connect with a range of interested people and organisations to hear their thoughts about the how best to meet the needs of older people and the range of day support services required. We were particularly keen to hear the voices of people with lived experience and their carers about their views of what is needed to provide a range of support in the area and to inform the scoping of any future building based day service.

We were aware that there are many community activities and supports already taking place in the area, which we were keen to know more about to avoid any duplication. In addition we offered to talk to any key groups who were meeting locally to hear their views.

Following the engagement exercise, NDTi agreed to produce an independent report detailing the views of interested parties for the HSCP by the end of February to help to inform the model and approach moving forward.



2. Engagement

Who we engaged, how, where and when

At the start of the work, NDTi met with the Teviot and Liddesdale Day Service Task and Finish Group in December 2022 to seek members' views on the day services scoping exercise, which groups we should talk to and how best to do this.

Following this meeting a letter was sent jointly from SBC/HSCP and NDTi in early January 2023 explaining the purpose of the exercise and detailing the public engagement sessions that had already been arranged including a lunch time public meeting and four local drop-in sessions. Publicity for the sessions was put out through the Council's website, local press and social media as well as on posters in Hawick, Denholm, Newcastleton and Bonchester Bridge.

During the engagement, we received a request to add an evening online session for people who were working. We were also invited to the Evergreen Lunch Club and Social Centre to meet people taking part in these activities.

Overall, the engagement sessions comprised the following:

Public meeting

- Lunch time meeting in Hawick Town Hall - Monday 23 January 12-2pm

Locality Drop-ins

- Heart Of Hawick Café/ Bar - Wednesday 25 January – between 11 and 2pm.
- Buccleuch Centre, Newcastleton – Tuesday 31 January – between 11 and 2pm.
- Auld Cross Keys, Denholm – Thursday 26 January – between 10 and 12am
- William Laidlaw Memorial Hall – Bonchester Bridge – Tuesday 7 February - between 1.30 and 3.30pm

Online session

- Online MS Teams - Wednesday 1 March, 7 - 8.30pm

Other discussions with people attending other activities

- Evergreen Lunch Club, Hawick - Thursday 26 January, 12.30 - 1.30 pm
- Social Centre, Hawick - 13 February, 10.30 am - 1.30 pm

We also made contact with representatives from the Dementia Café as well as the Salvation Army, who run the Cuppa and Chat Group in Burnfoot. It was not possible to visit either group in the timescale available but both organisations publicised the lunch-time public meeting and the locality drop-ins to their members and networks.

We engaged approximately 120 people in our conversations about day services in Hawick and Liddesdale. The breakdown of people from the different sessions and by organisation/interest (where available) is appended.

Questions for our conversations

We structured our conversations around the following questions, which were agreed with the Task and Finish Group, although we customised these for the different engagement sessions:

- What local services or groups, if any, do you use in the Teviot and Liddesdale locality that support you?
- Do you feel that there are any gaps in support services in the area?
 - If so, what would be of most benefit to you?
 - Is there anything that is currently being offered that does not meet your needs? If so, what?
- Have you tried to access information and support in the area and how was that experience? How could it be improved?
- What would be most important to you in relation to a day care service?
- Do you think that this would change for you in the future?
- What support and/ or activities would you like to see in a building based day service?
- How would you like to see this service interact with (other services) in the community?



3. Current activities and gaps in local areas

The engagement exercise covered Teviot and Liddesdale and, not surprisingly in a rural area of this size, we found there were differences in what was available and where the gaps were between the different areas.

This section details what people told us about **local community activities and gaps in Bonchester Bridge, Denholm, Hawick and Newcastleton**. This information is mainly from the local drop-ins but also from the public meeting and other engagement sessions when activities and gaps in particular areas were discussed.

We asked people about local services and groups that support older people in Teviot and Liddesdale, which they use, have used in the past or know about. They include activities and facilities open to the whole community as well as those aimed at people with dementia or other disabilities. They also include services (e.g. information, transport) that help people access activities. We also asked people about gaps in activities and support in each of the four areas and how these could be rectified.

Bonchester Bridge

What is available now in Bonchester Bridge?

- We did not hear of any specific activities put on for older people in Bonchester Bridge, but there is a range of **community activities open to all that many retired people attend**
- The community very much help each other in the village – **good community focus**
- **The local pub is a focal point** where there is a monthly quiz, pool league and bake off (2 x month)
- In the **Community Hall** there is:
 - Yoga (including chair yoga)
 - Coffee and biscuits - each Tuesday 1.30 -4 pm
 - Weekly badminton
 - Weekly Indoor bowls
 - Kettlebells – each Monday
- **Transport** – there is a community bus which can run on a Tues, Weds, Thurs, Friday – leaves Bonchester at 11 am for Hawick – returns at 3pm. This is run by the council – need to ring Newtown St Boswells to book the day before 4 pm (free service)

Where are the gaps/what's needed?

- Range of activities in village but people need to be able to get themselves to these – so people with poor mobility or dementia struggle to use without help from families or other supports. So **people who can't get out of house are socially isolated**
- **Transport limited** – taxi cost to Hawick is approximately £ 20 each way
- Lack of **information about what is available** and how to get in contact (e.g. a few people attending were not aware of the community bus)
- **Lack of home carers** for people needing care – people can't get care packages and inconsistency of carers so families have to pick up and fill gaps
- Lack of **respite for unpaid/informal carers**
- **A day service for people with complex needs.** Transport would need to be provided wherever the day service was – the village is equidistant between Jedburgh and Hawick.

Denholm

What's happening now in Denholm?

- **Range of informal community activities** that are popular with older people. There is a strong view that these work better than formal services which have not been successful (e.g. RVS tried to set up a lunch club but didn't work, Men's Shed didn't work but some men meet regularly in Fox and Hounds pub). These include:
 - **Weekly coffee meetings** at Auld Cross Keys (Thursdays 10 - 12)
 - Cross Keys and Fox and Hound pubs have **pensioners lunch offers** and will deliver hot meal if requested
 - **SWI** – monthly meetings with speakers and activities
 - In Village Hall – **Knit and Natter group, whist, exercise** classes
- **Churches run a warm space** on a Monday – 1.30-3.30 in Church Hall – limited take up just now
- **Friends and Neighbours offer informal support** when needed – e.g. shopping, etc
- Some **new ideas** being planned – e.g. Pétanque using wind farm monies

Where are the gaps/what's needed?

- **Transport** – there is some fully accessible transport available through Teviot Wheels but is expensive. Bus timetables limited e.g. difficult to get to Hawick and back for an afternoon film
- **Home Carers** – shortage of staff and not enough time to spend with people needing support
- **Respite for carers**
- **Lack of volunteers** - current volunteers are getting older - and few younger people are coming forward
- **Day support with trained staff** – e.g. if bathing equipment was on offer people could get more support – would mean staff could support more people (compared to going to individuals' homes). Ideas about providing day support included:
 - People could pay or make donations to help with financing (maybe could use Attendance Allowance or other benefits)
 - Trained staff could support people with dementia and enable carers to have a break
 - Some people are isolated who can't get out of the house – company and stimulation are needed
 - View that a day service is more likely to work and be used if set up in Hawick but transport would be needed

Hawick

What is available now in Hawick?

- Hawick has a **wide range of community activities**, some of which are popular with and/or mainly used by older people e.g. Men's Shed; Women's Craft Group; Cuppa and Chat Group (run by Salvation Army), Burnfoot; Hawick walled garden (where people volunteer and visit); afternoon films at Heart of Hawick
- There are also **activities and facilities that are specifically aimed at older people**, including those with mild dementia/low level of support needs. These include:
 - Evergreen Lunch Club (30 - 4- people attend weekly)
 - Fitness class (25 – 35 people attend weekly) at Evergreen Hall
 - Carpet bowling on Tuesday and Friday afternoons at Evergreen Hall (20 members)
 - Tea dances, yoga, mindfulness at Evergreen Hall
- **Local Area Co-ordination (LAC) Service** – Community Link workers support individuals and helps them access organise activities – e.g. tea dance, afternoon films, lunch club
- **Sheltered housing**
- **What Matters Hub** – gives out information on 'what's available' and signposts people to activities that interest them/meet their needs
- **Social Centre** - run by RVS and caters for people with mild to moderate dementia and physical disabilities (helps arrange transport but does not provide personal care)
- **Dementia Café** - monthly lunch and entertainment for people with dementia and carers

Gaps and what's needed

- **Home care** – some available but 15 minutes per visit is not enough
- **Information about what activities are available**
- **Shortage of volunteers** (affects Social Centre and other activities)
- **Better co-ordination of volunteers**
- **Respite for carers** “it's essential to have respite for carers for their health and wellbeing”
- **Social opportunities for people with physical disabilities** who can't get out themselves
- **Main need – day service for high level needs** - could cater for both physical frailty and dementia (mixed views about whether a separate service is needed for people with advanced dementia to reduce stigma and communication problems for people with physical disabilities, maybe different times for different groups)
- **"Day care is just part of a bigger issue to support people with dementia"**

Newcastleton

What is available now in Newcastleton?

- **Bucleuch House** – wide range of opportunities open to all with many attended by people with dementia and physical disabilities. Activities include:
 - Community Drop in
 - Walk It, Singing for Wellbeing, Pilates, In Stitches/Art group
 - Tuesday lunches
- **Newcastleton and District Old People's Welfare Committee** ('Welfare Group' runs:
 - Art group (at Bucleuch House)
 - Village lunch at Copshaw Café – monthly run by Welfare Group (32 people attend, £10 pp plus £5 subsidy)
 - Exercise in the Village Hall
- **Bowling Club and golf club**
- **Swimming pool** at The Lodges – need transport as a 'not very nice mile long walk'
- **What Matters Hub** (at Bucleuch House - just restarted after Covid/lockdown)
- **SWI (The Rural)** – monthly meeting with speaker, baking stall, walks. 20 members – has to raise own funds
- **LLAGS** – raise money from coffee mornings and donations for Xmas lights, clock etc.
- Welfare Group can provide **transport** (volunteer drivers using own cars) for non-procedural appointments. Not fully restarted since Covid. (Shortage of volunteers as people got used to being at home during Covid/lack confidence to start going out again. Also, less face-to-face appointments although some dentists are restarting)

Gaps and what's needed

- Provision of **day services to allow carers/spouses respite in their own homes** (carers/spouses feel that they have to leave their home when replacement care is in place)
- **Service required for individuals with a higher level of complex needs.** Should include social interaction to promote wellbeing – so they are not confined to their own homes
- **Support and/or transport for people to get to activities that meet individual interests.** Difficult to source direct payments for this and shortage of home carers in rural areas. Teviot Wheels should be able to provide transport for people using wheelchairs but too expensive at £4.00 per mile (charged for driver's journey)
- Need **information** about 'what's on' - social media no good. Best method is posters in shops. Also on Welfare Benefits, Attendance Allowance, help with energy costs.
- Need **building based day centre for people with higher needs.** One suggestion was made about using a room in Newcastleton Health Centre (which has been closed since Covid) but other community facilities may also be suitable
- Need **care home** in Newcastleton. (Used to be at Woodside but nothing now). Best place for a day centre would be in a care home in the village



4. Opportunities and gaps in day support and day services across Teviot and Liddesdale

Current activities, facilities and services

The previous section detailed the community activities and gaps in the four areas of Bonchester Bridge, Denholm, Hawick and Newcastleton. This section combines this information (mainly from the drop-ins) with what we heard from people at the public meeting, online session and visits to specific groups. Charts summarising the findings from the public meeting and people's voices from the Evergreen Lunch Club and Social Centre are included in this section.

There are a **wide range of community activities that provide day support and opportunities across Teviot and Liddesdale**. These include:

- Community activities open to all and often popular with older people
- Activities targeted at older and/or disabled people
- Activities that provide additional support (but not personal care) to people with mild to moderate dementia or other disabilities
- Support to access some of these activities through information, signposting and transport.

Each of these types of activities and /or support is discussed below.

Community activities and informal support

As can be seen from the local information in the section above, we found there was a broad **range of community activities** available in all of the Teviot and Liddesdale key towns and villages – many set up locally by the community themselves.

In addition there is a **well-developed sense of community**, particularly in the smaller villages, where people know each other and offer informal support when this is needed, for example with shopping and gardening.

In Denholm and Bonchester Bridge, people meet informally in either local cafes or bars for coffee, lunch and a catch up. Other activities, such as craft groups, are run for all members of the community to get involved in and are popular with older people.

Other groups and activities, such as walking groups and exercise classes, are run by local organisations such as the Buccleuch House in Newcastleton and the Hawick Senior Citizens Association at the Evergreen Hall, Hawick.

Public meeting - summary of participants' views

What is available now in Teviot and Liddesdale?

- **Community activities - mainly in Hawick and all run by local community/voluntary sector**
- Include several **weekly lunch clubs (at churches, Evergreen Hall)**, garden groups, Heritage Hub, Knit and Natter, craft clubs, tea dances, Men's Shed, Stroke Club, Rugby Memories, Salvation Army etc.
- **Dementia Café** — once a month
- **RVS Social Centre** – Mon + Fri (and can be cancelled)
- **Family and friends'** support
- **BCC/BCV** – for carers' support
- Support from **Personal Assistants, MHOAT Team**
- **Local Area Co-ordination (LAC)**
- **What Matters Hubs**

Where are the gaps/what's needed?

- **Transport with support** – in and to/from Hawick
- **Complex needs care with qualified staff** to provide personal care/administer medicines
- Services for people with **mid/high level dementia**
- Social and mental stimulation for those with dementia (peer group contact)
- **No buildings based all-day care service**
- **Respite for unpaid carers** (day and residential)
- Insufficient numbers of **volunteers** - including volunteer drivers
- **Journey planning** (as dementia/disability progresses)
- Training for public in **dementia awareness**
- Availability of **information** on what's available
- **Lack of coordination** in existing services/ activities (e.g. mental health/ social work)

Targeted community activities

Some community activities are targeted at older people or people with a disability – for example the **Evergreen Lunch Club** in Hawick. This runs weekly in Evergreen Hall and costs £4 a year to join the club and £4 for each lunch. Usually 30 – 40 people attend. Community Link Workers from Local Area Co-ordination (LAC) are at the lunch and give people information/encouragement to attend and support while they are there. They can help arrange taxis for people but don't provide transport or any personal support themselves. Some local facilities, such as the cinema at Heart of Hawick, put on specific sessions that will attract and be more accessible to older people (e.g. afternoon films).

There are also customised activities for people who need more support to participate such as the 'Walk It' and 'Singing for Wellbeing' sessions at Buccleuch House, Newcastleton. Both of these are popular with people with mild dementia and/or mobility issues.

Voices from the Social Centre and Evergreen Lunch Club

What's good about the Social Centre?

"Socialising and meeting other people"
"Exercises"
"Arts and crafts". "Knitting for the hospital in March"
"Quizzes"
"The lunch, tea and biscuits"
"I enjoy the music and entertainment – the Golden Girls come once a month"

(Social Centre users)

"The gap is a day centre with trained staff (not volunteers) where there is socialising and mixing" (Evergreen Lunch Club user).

"Best place for a day centre would be the planned care village" (Evergreen lunch club user)

"What's available?"

Home care and frozen meals"

(Social Centre user)

"Sheltered housing where I live has some activities". "More could be provided in sheltered housing" (Social Centre discussion)

"People [who can't get out] don't necessarily have a hot meal in the day and have no-one looking in on them to check they're ok" (Evergreen Lunch Club user)

What else would I like to do? More trips out – the zoo, cafes (Social Centre user)

"Could make more use of the library [for support and activities for older people]" (Social Centre discussion)

"There are lots of activities at Evergreen Hall for people to socialise, prevent isolation and keep fit. The main gap is for people with higher level needs" (Evergreen Lunch Club volunteer)

"Not everyone has information about what's going on. People don't go online. LAC is good at advertising what's on and spreads info by word of mouth and also through GPs and relatives. I didn't know about Tuesday lunches at Milton Church Hall until told by LAC" (Evergreen Lunch Club user)

"Difficult to get volunteers. We'd like a more joined up approach – organisations doing their own thing and more partnership working" (Social centre staff)

"A day centre would be for people who can't manage carpet bowling, knit and natter etc."
"People on their own with home care could be taken out to lunch at a day centre – it would help people with dementia have social interaction/stimulation - much better than being on your own with a microwave." *"People with dementia need a day centre where people know how to talk to them. You have to 'go with them' and not correct or argue so you need trained staff and volunteers"* (Evergreen Lunch Club discussion)

Activities with additional support

A higher level of support is available at the **Social Centre, Hawick**. This is run by the RVS and caters for people with mild to moderate dementia and physical disabilities. There are two sessions a week which run from 10.00 – 2 pm on Monday and Friday and cost £10 per session. Sessions include quizzes, games (e.g. dominos), craft activities and lunch. The RVS helps to arrange transport but does not provide personal care. Around eight people attend each session which is run by one member of staff and a volunteer. The RVS are currently looking to run an additional service for a half day each week aimed at people with dementia and their carers. This will provide activities and support to carers but not personal care.

The **Dementia Café in Hawick** is the only other activity specifically for people with dementia and their carers. This provides lunch and entertainment once a month and is very popular.

Help with accessing services

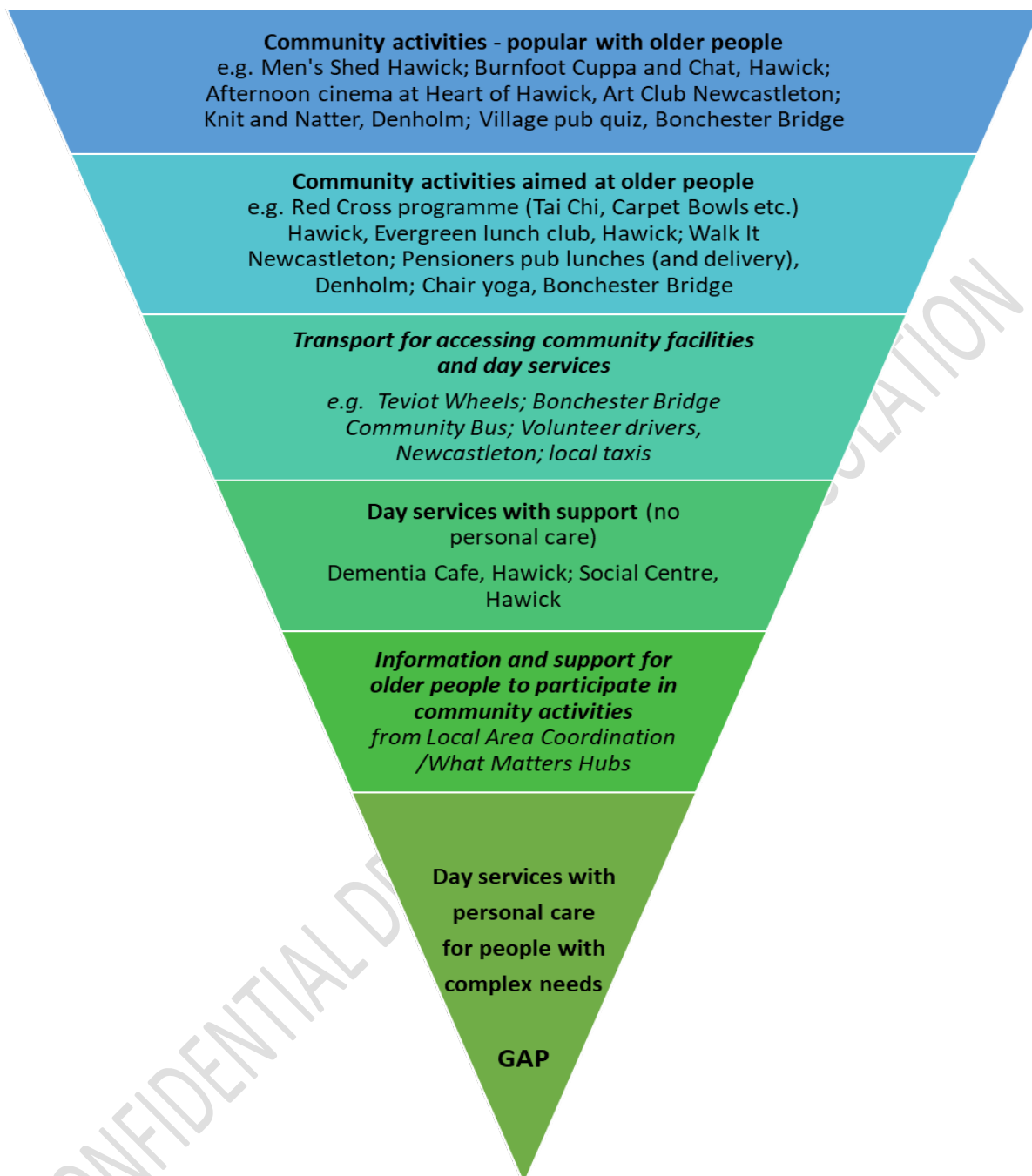
The Community Link Workers from the **Local Area Co-ordination Team (LAC)** provide information, encouragement and support to people who could benefit from attending activities such as the cinema in Heart of Hawick and the Evergreen Lunch Club. This includes helping people arrange transport for themselves – usually from local taxis. They are also one of the main sources of referral to the Social Centre (along with GPs and District Nurses).

The **What Matters Hub** that runs every Thursday from 10am – 2 pm at Heart of Hawick and is an important source of information and signposting to community activities. The Hub works closely with LAC if support is needed for people who they signpost to community activities, particularly for the first time.

Transport is vital for many activities particularly for people living in towns and village in Liddesdale to access activities in Hawick. There is a Community Bus from Bonchester Bridge to Hawick, and Teviot Wheels serves the whole area, although people commented that it is expensive and sometimes difficult to arrange. Local taxis seem to be the most used form of transport within Hawick.

The graphic below shows the range of provision for people with different levels of needs.

Day opportunities and support for people with different levels of needs



Gaps

There was a strong feeling from all the people we talked to that the **main gap is day services for people with complex needs and who require personal care from paid, qualified staff.**

We heard frequently how this should complement the current provision that is run by local communities and voluntary sector and relies heavily on volunteers.

Such a service should provide **social interaction and stimulation for users** as well as **respite for unpaid carers**. It would be relevant to people on a 'dementia journey' who typically require more support because of more complex needs as the dementia progresses.

Many carers highlighted that a day service provides a **good number of hours respite for carers**, which is important to enable them to have a decent break to provide time for rest and recuperation or to participate in their own interests or activities. This length of respite cannot be provided through short periods of home/respite care or if carers have to accompany their loved ones to community activities. We also heard comments that a day service would mean carers could have some time to themselves in their own homes, rather than feeling they have to go out to justify the respite care.

More details about key features of such a service are discussed in the next section.

The other main gaps that were mentioned across most of the engagement sessions were:

- **Home care** - currently insufficient hours to provide support that is required
- **Respite for unpaid carers** - during the day and through residential respite care
- **Convenient, affordable transport**, particularly in villages and rural areas so people can access activities and services in Hawick
- **Volunteers** - particularly as volunteer drivers and from younger age groups
- **Information about what's available** in a range of formats - recognising that not everyone is on/feels comfortable with social media
- **Co-ordination of services** between SBC, NHS and the Voluntary and Community Sector (VCS) to share premises, volunteers etc and provide a pathway for people with dementia

It was stressed that these gaps need addressing alongside the provision of day services for people with complex needs. As one person at the Hawick drop-in said:

"Day care is just part of a bigger issue to support people with dementia"



5. Key features of a day support service

We asked all people at all the engagement sessions what a day support service should look like should one be re-established in the future. The different groups had similar views although the most detailed responses came from the public meeting.

Who should it be for?

Given the gaps identified in the section above there was broad consensus from everyone that we spoke to that any future day service needed **to support people with complex needs** including people with significant dementia and people with physical health needs who need personal care.

Social isolation was often cited as a problem for people living on their own and whilst it was acknowledged that home care support is provided for people in their own homes, visits were often limited to 15 or 30 minutes. This places significant pressure on families and unpaid carers. It was highlighted by many carers that day support provided much needed respite and time for carers to relax and find time for themselves.

It was noted that **clear criteria** would need to be provided to ensure that everyone including professionals were aware of who should use the service. This would address the concerns that were raised about inconsistencies in referring people to the previous day service. There should also be clear information about how to access the service, for example, through the **social work assessment process**. There were many comments that any new service would need to be registered with the Care Inspectorate.

Where should it be?

There was a general consensus that **Hawick is the most central place** for a building based day service **but that transport would be needed** to enable people to access the service from other areas.

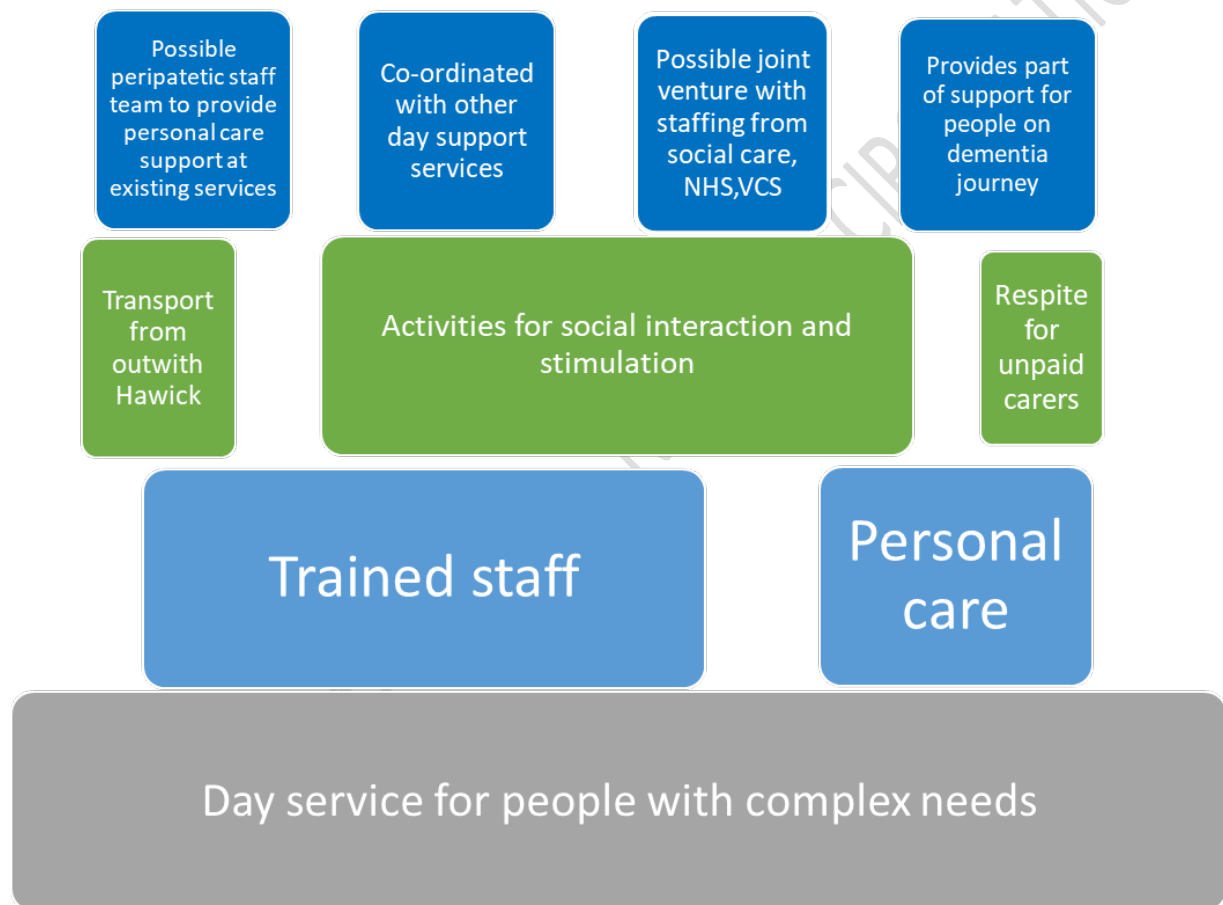
There was some discussion about whether this could **build on existing services**, for example, with trained staff working alongside staff and volunteers at the Social Centre in Hawick.

We were advised that the journey from Denholm to Hawick was short and not too far for people to travel. However, there was some concern that the journey from both Newcastleton and Bonchester Bridge may be too long and arduous for some frail people, particularly in a bus.

This led to other suggestions that a **peripatetic team may be worth considering**, for example, providing a day service in Hawick three days a week and using a community facility

in Bonchester Bridge and Newcastleton one day a week. Further work would be needed to identify the extent of need to justify this approach. This option could link with a suggestion from people in Bonchester Bridge that a day service could be provided locally one or two days a week in the existing care centre in the village in which the current residents could also be involved. A similar suggestion was made in Newcastleton where residents suggested that the health centre could provide a venue for a day service.

Key Features of any new Day Service



What should it offer?

A new building based day service would only fill the current gap in day services and opportunities if it provided **personal care from trained staff**. This is not currently available from any of the existing community activities or more targeted services such as the Social Centre. The personal care would need to include help with going to the toilet and eating as well as being able to give medication to users.

People at all the engagement sessions stressed how a day service for people with complex needs because of dementia and/or physical disabilities must provide **activities for social**

interaction and stimulation. This is **important for people's wellbeing and quality of life** (e.g. the idea of 'Living Well with Dementia') and enables the service to go beyond providing care in a safe environment, important though that is.

Any day service, through including personal care from trained staff, should be able to provide **respite for unpaid and family carers** of people with complex needs. We heard many times how important this is for carers' physical and mental health and their ability to continue caring for their loved ones in what are very challenging services. No other day activities in Teviot and Liddesdale enable this respite for carers (with the exception of the Social Centre, which is currently only open for two day sessions a week and sometimes these have to be cancelled due to difficulties with recruiting volunteers).

How should it work?

People felt strongly that any new building-based day service should **complement existing services and activities**. Specifically it should not replace any current provision, which is all well used but doesn't cater for people with complex needs and who require personal care.

It should, however, be **co-ordinated with other day support services** so there is a range of provision for people needing different types and levels of support. In this way, a day service for people with complex needs would be an important **part of support for people on dementia journey** - with the level of support increasing with the severity of the dementia but still offering as full a range of activities as possible.

As noted above, the provision of personal care requires **paid staff with training in dementia**, who could be employed by social care and/or NHS. We heard several people comment on how there is no longer an NHS day service for people with dementia (there was one for a time at the Community Hospital in Hawick). There could be scope for a joint venture between the Council, NHS and voluntary sector (e.g. RVS) which employed trained staff from social care and the NHS, supported by staff and volunteers from the voluntary sector and local community.



6. Conclusions and key messages

The engagement exercise to contribute to scoping for a building based day service has established the current provision and gaps in day support. It has also provided the opportunity to think about what sort of service should be provided to meet older people's needs for support in Teviot and Liddesdale.

Existing community activities, opportunities and support

We found that there is a **good range of community activities in all areas we went to in Teviot and Liddesdale**. Some of these are aimed specifically at older people but others, although generic, are popular with older people who enjoy and participate in them. These types of activities are often developed and run by the community themselves. We also heard about the importance of a **strong sense of community** where people help each other.

A **higher level of support** is available at the Social Centre, Hawick, run by the RVS for people with mild to moderate dementia and physical disabilities, and the Dementia Café. Neither of these provide personal care and therefore family carers or carers paid for by a direct payment need to attend the facilities to support people who need such assistance which is often difficult to arrange given the shortage of social care support staff.

The Community Link Workers from the **Local Area Co-ordination Team** (LAC) provide information, encouragement and support to people who could benefit from attending community activities. The **What Matters Hub** that runs in Hawick and Newcastleton is an important source of information and signposting to community activities.

Gaps in day services and support

The **main gap is day services for people with complex needs and who require personal care from paid, skilled and qualified staff**.

Such a service should provide **social interaction and stimulation for users** as well as **respite for unpaid carers**. It would be relevant to people on a 'dementia journey' who typically require more support because of more complex needs as the dementia progresses.

Other gaps include **convenient, affordable transport**, particularly in villages and rural areas so people can access activities and services in Hawick and **information about what's available** in a range of formats. **There is also a shortage of volunteers**, particularly as volunteer drivers and from younger age groups

Key messages for scoping building based day services

- Any new day service should provide **support for older people with complex needs** due to dementia and/or physical disabilities.
- The service should include **activities for social interaction and stimulation** for users and opportunities for decent periods of **respite for carers**.
- Any new service should **complement the current provision that is run by local communities** and voluntary sector and relies heavily on volunteers. It should not replace existing services but add to these to ensure increasing levels of support are available for people at different stages of a '**dementia journey**'.
- **Partnership working is important**. Consideration should be given to providing day services through health, social care and the third sector working together, rather than duplicating activities.
- A day service for people with complex needs requires **skilled trained staff**, who can work with people with moderate to severe dementia. These could be but supported by volunteers who can add value to the range of activities on offer.
- Hawick is the most central **location for a day service** although transport would be needed for people from other areas. Another option would be to employ a peripatetic team of staff who could run a service in Hawick (with transport from Denholm) for three days a week (possibly by enhancing an existing service like the Social Centre) and provision in Bonchester Bridge and Newcastleton at local community/health venues on the other two days.
- There should be **clear and transparent criteria** agreed for assessment for and access to the service.

Appendix: Who we engaged with

Engagement session	Local Residents				Professionals / staff /volunteers		Other groups	Total
	Members of public	Specific interest in dementia	Families/ unpaid carers	People using current services	Social work/NHS	VCS/ volunteers	Other interested/ community groups	
Public meeting	7	3	4		2 (1 social work, 1 LAC)	1 (RVS)	4 (TDDSG)	21
Hawick Drop-in	5		4		4 (2 social work, 2 LAC)			14
Denholm Drop-in	5						1 (Community Council)	6
Newcastleton Drop-in	3		1		2 (social work)	2 (Buccleuch House)	4 (3 Welfare Group, 1 SWI)	12
Bonchester Bridge Drop-in	12		4				3	19
Online evening session					3 (RVS)		1 (TDSSG)	4
Lunch Club				32	2 (LAC)	1 (organiser)		35
Social Centre				7	1 (RVS)	1 (volunteer)		9
Totals	32	3	14	39	14	3	15	120

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-17052023-01
Direction title	Teviot and Liddesdale Day Services
Direction to	Scottish Borders Council
IJB Approval date	17 May 2023
Services/functions covered by this Direction	Teviot and Liddesdale Day Services
Full text of the Direction	<p>The Scottish Borders Health and Social Care Integration Joint Board is directing the Scottish Borders Council:</p> <ol style="list-style-type: none">1. To implement the Teviot and Liddesdale Day Services Business Case, developing and establishing day services in keeping with the agreed service model set out in section 6 and meet the criteria set out in section 8.2, continuing to do so through a co-productive approach and building on the IIA.2. To live within the funding parameters identified in the financial evaluation and within overall budget availability for social care. Specific budget proposal to be signed off by July 2023.3. To further progress the consideration of Day Services across the region.
Timeframes	<p>To start by: 17 May 2023 To conclude by: 31 March 2024</p>
Links to relevant SBIJB report(s)	Teviot and Liddesdale Business Case
Budget / finances allocated to carry out the detail	Specific budget proposal to be confirmed as noted above.
Outcomes / Performance Measures	Service specification as set out in the business case is to be met.
Reporting to IJB/SPG or Audit	<p>Any required monitoring to the Integration Joint Board via the:</p> <ul style="list-style-type: none">• IJB Audit Committee (for performance against the Direction)• IJB Strategic Planning Group (for new plans and proposals associated with day services in other localities)
Date Direction will be reviewed by Audit Committee	Monitoring at September IJB Audit Committee

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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-170523-3
Direction title	Implementation of a night support pathfinder in the Duns area
Direction to	Scottish Borders Council
IJB Approval date	TBC – this paper will be considered at the IJB on 17 May 2023
Does this Direction supersede, revise or revoke a previous Direction?	No
Services/functions covered by this Direction	Adult Social Care
Full text of the Direction	<p>The Scottish Borders Council is directed to undertake a further pathfinder in the Duns area for the night support service. As part of this, it is expected that:</p> <ul style="list-style-type: none"> - The ‘Ways of working’ of the HSCP will be adopted - An enabling approach will be taken - Service users will be consulted and engaged with - Staff will be supported - Appropriate supports (e.g. Assistive Technology / Technology Enabled Care / on-call) and reassurance will be provided, - Appropriate continued mitigation to concerns is provided and; - The Integrated Impact Assessment will be updated in a dynamic way as part of the management of the project
Timeframes	To start by: As soon as possible
Links to relevant SBIJB report(s)	IJB papers 17 May 2023: https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&MIId=6535&Ver=4
Budget / finances allocated to carry out the detail	This will be covered by the budget and the financial plan.
Outcomes / Performance Measures	<p>Improve the experience for service users by:</p> <ul style="list-style-type: none"> - Minimising disruption overnight - Preventing confusion and disorientation - Promoting sleep - Giving increased choice and sense of control to service users - Improves service user safety by providing constant monitoring rather than a time-limited face to face visit - Allows for an immediate response in the event there is a serious concern with a service user in need of urgent assistance <p>This aligns to the following National Health and Wellbeing Outcomes:</p> <ul style="list-style-type: none"> - 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. - People who use health and social care services have positive experiences of those services, and have their dignity respected.

	<ul style="list-style-type: none"> - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. - People who use health and social care services are safe from harm. - Resources are used effectively and efficiently in the provision of health and social care services <p>It is expected that through redesign across the Borders, that the reinvestment opportunity to increase Care at Home capacity would be in the region of £450,000 per annum. This will need to be reviewed by the IJB prior to decision.</p>
Date Direction will be reviewed	January 2024 IJB Audit Committee

17 May 2023

PROPOSAL TO IMPLEMENT A FURTHER NIGHT SUPPORT/RAPID RESPONSE PATHFINDER IN THE DUNS AREA



Report by Director – Strategic Commissioning Partnerships

1. PURPOSE AND SUMMARY

- 1.1 This report summarises the results of the consultation on the re-provisioning of Night Support across the Scottish Borders and updated proposal for the service.
- 1.2 Following the successful Night Support pathfinder in Peebles, Council decided in December 2022 that a full consultation should take place to ascertain the impact of the re-provisioning of the Night Support Service across the Borders.
- 1.3 The consultation was open from 16th January 2023 through to 12th February 2023. It was shared directly, in paper format, with the current Night Support Service users and was widely advertised via social media, press release and subsequently via the local media. The consultation was open to all to respond.
- 1.4 A total of 240 responses were received. 10 of the 34 current Night Support Service users provided their views, along with 45 family or friends of current Night Support Service Users.
- 1.5 The review of the consultation responses to the survey was overall negative, however much of the narrative from respondents demonstrated that there may have been a lack of information provided around the proposal and the alternative provision that would be offered. It should be noted, a Frequently Asked Questions (FAQ) sheet was added to both the consultation and the social media posts. Unfortunately 68% of the responses were gained within the first three days, prior to the FAQ's being added and therefore, made little impact on the overall results.
- 1.6 It is noted that staff of the Health and social care partnership (HSCP) were a key group who expressed concerns with regards the consultation. HSCP staff encompasses all staff in health roles and internal and external social care. It is recognised that staff engagement for the pathfinder only involved those staff impacted, which had been positive at the point of the pathfinder. It is acknowledged that wider staff engagement is required during any pathfinder or proposal.
- 1.7 Had the consultation information been available, this may have provided responses and context to the concerns raised. The project team will ensure robust engagement and communication with service users and their families, and therefore recommends that the project proceeds by implementing a further pathfinder in the **Duns area**.

2. RECOMMENDATIONS

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

- (a) Review the findings of the consultation.
- (b) Approves the approach to undertake a further test of change followed by consultation in the Duns area.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

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

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

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

4. INTEGRATION JOINT BOARD DIRECTION

4.1 A direction is required, see **Appendix 1**.

5. BACKGROUND

- 5.1 The pressure on care services nationally, is already taking its toll and it is likely to increase. Continuing with current models of delivery is not going to be sustainable. New approaches and service delivery models need to be found that will deliver more efficient and effective care, whilst maintaining safe and good quality services.
- 5.2 Five SB Cares staff teams across each locality area, currently provide night support to only approx. 34 home care service users, at a cost to the Council of £594,295 pa, making this a very expensive service, costing approx. £17,479 per service user. Many Council areas such as Mid Lothian and East Lothian have replaced face to face night support with the use of Assistive Technology/Technology Enabled Care (TEC) solutions.
- 5.3 Assistive Technology/TEC has the ability to provide essential support using a person centred approach; it gives increased choice and sense of control to service users; improves service user safety by providing constant monitoring rather than a time-limited face to face visit and allows for an immediate response in the event there is a serious concern with a service user in need of urgent assistance.
- 5.4 After a successful pathfinder in Peebles, Council agreed in December 2022 to proceed with a full consultation to gather views on the re-provisioning of the Night Support Service across the Borders.
- 5.5 The consultation ran for a four week period from 16th January through to 12th February.

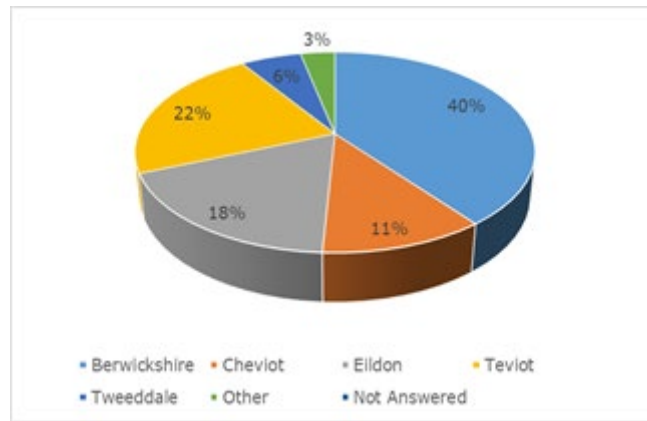
6. EVALUATION

- 6.1 The consultation exercise achieved 240 responses over the 4 week period. 164 of these responses (68%) were submitted within the first three days of the consultation opening.

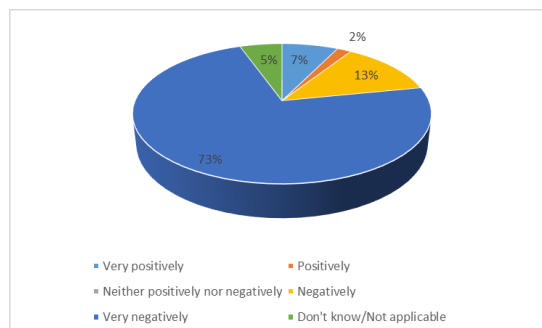
The breakdown of respondents is shown below.

Respondent type	Number of responses	Percentage of response by respondent type
Current Night Support Service user	10	4.17%
Family/friend of a current Night Support Service user	45	18.75%
Current Adult Social Care Service user (Day time support)	11	4.58%
Member of the public	75	31.25%
Member of Adult Social Care Staff	53	22.08%
Member of staff within the Borders Health and Social Care Partnership	24	10%
Organisation/external provider	2	0.83%
Other	20	8.33%

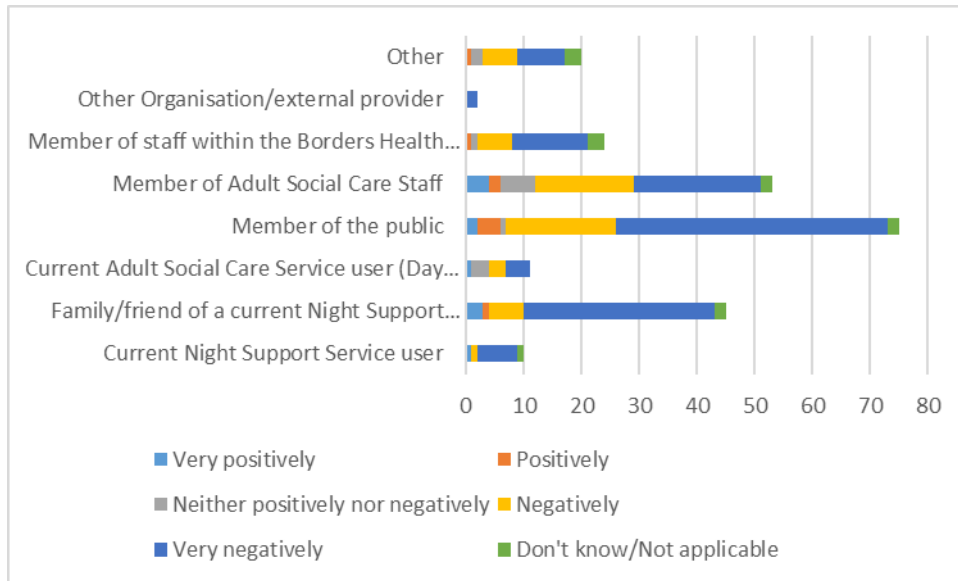
- 6.2 The responses were split across the 5 localities -



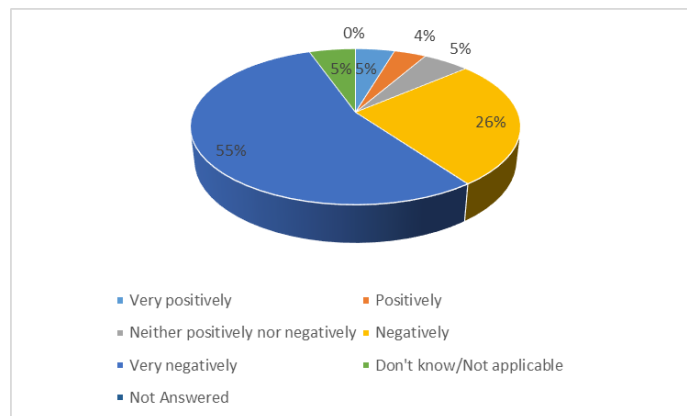
- 6.3 Of the 240 respondents, 16 (6.67%) were involved in the changes to the Night Support Service in Peebles. 11 stated that the changes had impacted the current Night Support Service user or their family directly.
- 6.4 Of the 11 respondents impacted directly by the changes in Peebles, 18% stated that they had been impacted very positively or positively. 9% neither positively nor negatively and 64% stated that they had been impacted negatively or very negatively, which is contrary to the initial feedback obtained following the pathfinder. 9% did not know or stated not applicable.
- 6.5 8 of the 11 respondents directly impacted in Peebles were members of Adult Social Care staff or members of Health and Social Care Partnership staff.
- 6.6 Of the current Night Support Service Users who were not involved in the pathfinder, 10% stated that they thought the change would impact themselves or their family very positively or positively. None stated the impact would be neither positive nor negative and 80% stated that they thought that they would be impacted negatively or very negatively. 10% did not know or stated not applicable.
- 6.7 Friends and family of current night service users also contributed to the consultation. The chart below shows the responses of current night service users and their friends and family. Which shows 86% stating that they thought that the change would be negative or very negative. We believe that this result may be due to the way that we have communicated the change in the consultation documents, with the alternative provision perhaps not being articulated clearly enough. It would appear that families were not aware that after reassessment, if required the Night Support would continue to be provided.



- 6.8 The perceived impact of the changes are broken down by all respondent types below.



6.9 The overall results demonstrated that 8.33% felt the proposal would have a positive impact on service users, 5.42% felt that it would impact neither positively nor negatively and 80.83% stated that they thought that the impact would be negative or very negative. 5.42% did not know or stated not applicable.



6.10 37.8% of those respondents that selected the response of negative or very negative did not provide any rationale for their response, albeit it is recognised that this was optional.

6.11 From the additional comments/feedback provided by respondents, it would appear that we could have perhaps communicated the change in the consultation documents clearly emphasising the detailed proposal, providing clarity of the alternative provision more articulately, and highlighting that the service would continue to provide care for those who do not meet the criteria for TEC, or who require palliative care.. A frequently answered question (FAQ) page was added to the consultation and shared via social media as soon as this became apparent, but the majority (68%) of the responses were returned within the first 3 days of the survey being live, prior to the FAQ's being added.

6.12 It is was noted that staff within the Health and social care partnership (HSCP) were a key group who expressed concerns with regards the consultation. HSCP staff encompasses all staff both in internal and external social care and also within health roles. It is recognised that staff engagement for the Peebles pathfinder only involved staff who had been directly impacted, feedback from which had been positive during the pathfinder. However, it is acknowledged that wider staff engagement is

required during any future pathfinder or proposal to ensure staff engagement, involvement and understanding of the proposal.

7. BREAKDOWN OF AREAS OF CONCERN

7.1 It proved difficult to define the number of respondents with concerns in particular categories due to the free text box, which resulted in respondents providing comments that covered multiple categories of concern. However, the key categories of concern emerging from the consultation are detailed below:

Category of concern:	Examples from responses:
Concern for staff	inability to cover Borders wide with only 2 staff, lone working, misunderstanding of proposed shift patterns, redundancy concerns, lack of staff, staff stress.
Concerns for service users	Continence/skin integrity, service user anxiety, increased isolation, palliative and end of life care needs, not person centred, Human Rights
Understanding of TEC capabilities and its function	Inability of TEC to carry out continence tasks, reduced social contact

The FAQ sheet was produced but not published until later in the consultation period, after 68% respondents had completed responses. This can be seen in **Appendix 2**.

7.2 In summary, many of the concerns which may have influenced the consultation responses were answered in the FAQ's (attached Appendix 2) and may have resulted in a different response - There were 3 key categories of concern that were noted.

Concern	Linked answers in FAQ's
<p>Examples of key concerns for service users:</p> <ul style="list-style-type: none"> • Continence/skin integrity • Service user and family anxiety • increased isolation • Palliative and end of life care needs • Not person centred • Human Rights 	<p>Many of the comments received, noted that service users and their families were reassured by a face to face night visit and that these visits reduced isolation. However, in reality, the majority of visits are safety checks, which disturb service users unnecessarily, and are less than 10 minutes long with minimal social interaction so as to minimise any disruption to service users through the night.</p> <p>For those who require continence support overnight, these service users will be offered continence reassessment to identify more suitable aids, and the offer of a twilight and dawn visit, reducing the window for any episodes of incontinence.</p> <p>Those service users with palliative and end of life care needs will continue to be provided with a face to face visit. This is not intended to be removed.</p> <p>Service users also noted that this change may cause anxiety, worry and stress. This would be mitigated by</p>

	<p>robust engagement, communication and re-assessment approach.</p> <p>Any service user who does not meet the criteria for TEC is not suitable, will continue to receive a physical face to face visit.</p> <p>Until the review of service users is undertaken we will not be able to assess the number of responder staff required in each area. This is something the project team will establish once we have certainty around the numbers of service users involved.</p> <p>It is possible that this would result in 1 per locality, however contingency will be built in to cover additional resource if required.</p>
<p>Examples of key concerns for staff:</p> <ul style="list-style-type: none"> • Inability to cover Borders wide with only 2 staff • Lone working • Misunderstanding of proposed shift patterns • Redundancy • Lack of staff • Staff stress. 	<p>Staff are provided with iPhone devices, with the PROTECT app and GPS activated, which has various functions to monitor staff whereabouts and with a function to request immediate assistance in an emergency situation.</p> <p>Staff will be supported by HR, Senior Management and Trade Union colleagues in identifying alternative posts, including night shift posts in care homes, twilight and dawn shifts, and for home care posts (days). This will also support with recruitment pressure in the Home Care service. There is no risk of staff redundancy.</p> <p>The introduction of twilight and dawn shifts is intended for those staff to work from 6 p.m. to midnight and from 6 a.m. to midday. There is a misperception within some of the consultation results that staff are being requested to work 12 hour shifts.</p>
<p>Understanding of TEC capabilities and its function</p> <ul style="list-style-type: none"> • Inability to carryout continence and skin integrity tasks • Social isolation 	<p>Many of the comments made regarding the introduction of TEC were regarding its inability to support with client needs such as continence and pressure care which were subsequently answered in the FAQ's</p>

8. UPDATED PROPOSAL

- 8.1 The proposal is to re-provision overnight care based on the principle to improve the experience for service users by:
- Minimising disruption overnight
 - Preventing confusion and disorientation

- Promoting sleep
- Giving increased choice and sense of control to service users
- Improves service user safety by providing constant monitoring rather than a time-limited face to face visit
- Allows for an immediate response in the event there is a serious concern with a service user in need of urgent assistance

8.2 In addition, with a potential re-provision of resource to improve accessibility to care provision across Care at Home and the current pressure seen across the social care system, it is felt that the right decision is to proceed.

8.3 It is proposed the right decision, taking into account the feedback from the consultation and further analysis of the feedback and lack of information and engagement at the point of consultation including wider staff groups, the Administration Policy Working Group is asked to consider and provide approval to a further pathfinder in the Duns area.

8.4 The project group reviewed service users currently in receipt of the night support service, taking into account some of the feedback received from the consultation. It was felt therefore that the Duns area was the most suitable area, given its rurality, whilst also identifying that this area has a high volume of service users with more complex need. These factors were a recurring theme throughout the consultation feedback, and so it was felt that by implementing a further pathfinder in this area, would provide a more balanced perspective on the potential to roll out this model across the Borders

8.5 We will work closely with service users/their families and Social Work colleagues to mirror the same approach taken with the Peebles pathfinder. Staff will be fully supported by senior management, HR and TU colleagues.

8.6 Service Users will be reviewed and reassessed to determine if –

- Those in receipt of overnight continence support could have a further continence assessment undertaken to identify more appropriate continence aids, thereby reducing the need for support overnight.
- Those in need of overnight safety checks (e.g. those with a diagnosis of Dementia and a known risk of exiting their home overnight) could potentially have these safety checks replaced by use of Assistive Technology/TEC solution (Alarms, bed sensors, door activation monitors etc.)
- Current shift patterns being reviewed to consider introduction of 8 p.m. to midnight and 6 a.m. to 10 a.m. shifts, would negate the need for overnight continence support visits.
- An essential face to face visit is required overnight.

8.7 Upon conclusion of the additional pathfinder, a further consultation including good information, communication and engagement involving staff and service users, will be undertaken and once the outcome is known, this will be shared with CMT, APWG and IJB to determine next steps.

9. Community Health and Wellbeing Outcomes

9.1 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.	No impact
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	Increase
7	People who use health and social care services are safe from harm.	Increase
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	No impact
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

IMPLICATIONS

10.1 Financial impacts

If the same efficiency seen in the Peebles pathfinder were duplicated across the Borders, the reinvestment opportunity to Care at Home would be in the region of £450,000.

10.2 Equality, Human Rights and Fairer Scotland Duty

The IIA has been updated with the consultation results and that of the current Night Support Service users and can be seen in **Appendix 3**. A revised IIA will be undertaken for the pathfinder. This will reduce risk to the Council. The current IIA is on the SBC template, but will be transferred to the IJB template during the course of the programme.

10.3 Legislative considerations

None.

10.4 Climate Change and Sustainability

There will be a positive impact on staff mileage and its associated environmental cost.

This project will positively impact on the following development goals –

- Ensure healthy lives and promote wellbeing for all at all ages

10.5 Risk and Mitigations

As mentioned in the body of this paper, no increased risks for service user were noted during the Peebles pathfinder.

By undertaking a further pathfinder, this will support with decision making in respect of the potential to implement these changes Borders wide, thereby reducing reputational risk to the Council.

11 CONSULTATION

Communities consulted

11.1 A public consultation has been completed. This included direct engagement with current night support service users. The results of this engagement have informed the IIA.

In addition, the following groups have been consulted:

- CMT
- IJB Strategic Planning Group
- APWG

Integration Joint Board Officers consulted

11.2 The IJB Board Secretary, the IJB Chief Financial Officer and the IJB Chief Officer and Corporate Communications have been consulted, and all comments received have been incorporated into the final report. SBC Equalities, Human Rights and Diversity Lead has also been consulted.

Approved by:

Jen Holland, Director of Strategic Commissioning Partnerships

Author(s)

Julie Glen, Operations Director Adult Social Care

Background Papers:

Previous Minute Reference:

For more information on this report, contact us at Julie Glen, Operations Director Adult Social Care Julie.Glen@scotborders.gov.uk

Appendix 1 – Direction



SBIJB-170523-1
Implementation of a n

Appendix 2 – FAQ's



Night Support FAQs
Jan '23.pdf

Appendix 3 – IIA



Integrated Impact
Assessment Form - N

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

17 May 2023

**Strategic Approach to Relaunch Locality Working
Groups (Community Integration Groups)**

Report by Stephen Fotheringham (Project Manager)



1. PURPOSE AND SUMMARY

- 1.1. **To seek approval for a strategic approach to the relaunch of Locality Working Groups which were previously established but which became dormant in late 2017.**
- 1.2. This document outlines the reasons the original Locality Working Groups became dormant, and lessons have been applied to learn from that understanding and to take actions to mitigate the causes of those groups not succeeding in the future approach proposed.

2. RECOMMENDATIONS

- 2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to:-**
 - a) Approve the strategic approach to re-launch Community Integration Groups (Locality Working Groups) outlined in this paper
 - b) Agree to commission a pathfinder in the Eildon locality to inform the future development of the approach
 - c) Review the initial findings from the pathfinder in the September 2023 meeting

3. INTEGRATION JOINT BOARD DIRECTION

- 3.1. A direction is required to the Scottish Borders Council and NHS Borders.

Please see the direction appended at the end of this document.

4. BACKGROUND

The Legislative Context

- 4.1. Section 29 (3) (a) of the Public Bodies (Joint Working) (Scotland) Act 2014 requires Health and Social Care Integration Joint Boards to establish two or more localities across their geographical area of responsibility. Locality Working Groups should be established in each locality to provide stakeholder input to the Integration Joint Board regarding the health and social care priorities for each specific locality. It is recognised that requirements for each locality will be unique and different from the requirements identified in other localities.

The Purpose of Locality Working Groups

- 4.2. Locality Working Groups are intended to provide a platform for stakeholder discussion and consultation. Membership should aim to include GPs, Social Workers, Nurses, and Allied Health Professionals, Pharmacists, Care Providers, Community Councils, Third Sector Health and Social Care providers/stakeholders, Community Representatives and Acute Clinicians.

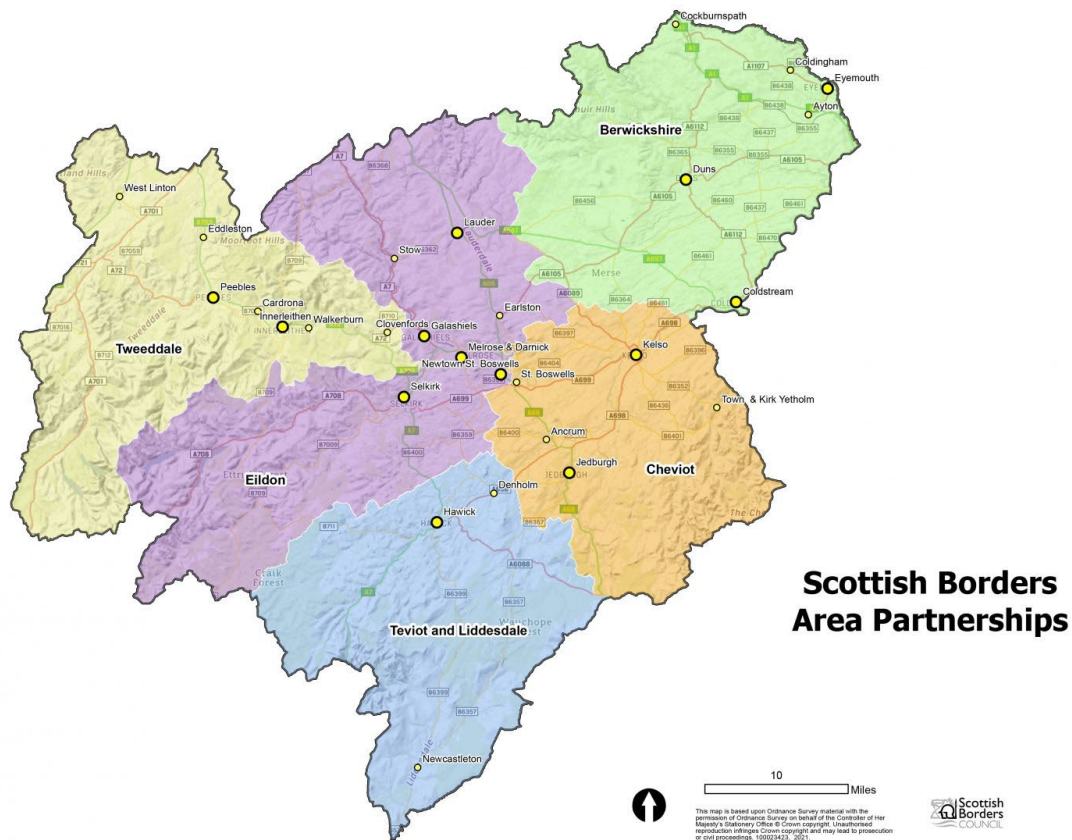
Historical Background to Locality Working Groups

- 4.3. As noted above the establishment of Locality Working Groups was enshrined in legislation passed in 2014. In the Scottish Borders an initial attempt to establish such groups was made in mid 2016. The groups were active and operational across five localities for approximately 18 months finally becoming dormant in late 2017/early 2018.
- 4.4. The IJB championed an attempt to relaunch the now dormant groups in early 2019 and by the middle of that year had a number of agreed approaches designed to allow the five working groups to be relaunched in a more robust manner making it more likely they would continue and be operational for the long term. The planned relaunch did not happen immediately and was overtaken by the emergency responses required with the onset of the Covid 19 Pandemic in the early part of 2020.
- 4.5. We are once again engaged in attempting to relaunch the groups and will ensure lessons learned from the past are incorporated in ensuring the new groups thrive.

5. PROPOSED RELAUNCH APPROACH

Locality areas

- 5.1. The relaunched groups will be based upon the same localities the original groups were based upon and previously agreed, which are the same geographical areas used by social care and mirror the Area Partnership areas. The localities are Tweeddale, Eildon. Berwickshire, Cheviot and Teviot and Liddesdale shown on the map below.



Learning Lessons from the Original Launch

- 5.2. Whilst members of the original Locality Working Groups report there was a great deal to be valued in the work undertaken by the original groups nevertheless it must be acknowledged that the groups did not thrive beyond the initial eighteen month period, and it is important that in approaching the relaunch of these groups that we address the reasons for the groups becoming dormant.
- 5.3. Former active members of the groups have indicated that the groups were well supported by professional and community bodies, and that the groups achieved their initial goals.
- 5.4. Initially the IJB had created three temporary Locality Coordinators. These temporary posts were originally funded by the IJB and the positions filled by existing staff members on a seconded basis. When, after eighteen months, the decision was taken not to extend funding (apart from one coordinator where the post was extended for just six months) the officers returned to their substantive posts.
- 5.5. One officer supported the largest locality, Eildon alone, another supported Tweeddale and Berwickshire and the third supported Cheviot and Teviot and Liddesdale. These officers supported the original Locality Working Groups throughout their existence. When in late 2017 these temporary posts came to an end and the officers moved to different roles the ambition was that individuals would naturally emerge from the membership of each Locality Working Group to assume leadership of the groups and to provide administrative support. In reality the members of each group felt they were unable to commit to these additional voluntary responsibilities and consequently the five original groups ceased to operate.
- 5.6. There have also been suggestions that the groups were unclear as to their remit and felt they required greater levels of support both operationally and strategically. It should be noted that

the passage of time since the original groups ceased to function makes it more difficult to obtain primary feedback from active participants and that subsequently the feedback obtained may be subjective and anecdotal. If we assume that there is some legitimacy to all comments received and seek to address each issue we should improve the likelihood of the groups being successfully relaunched and sustained.

Attempted relaunch in 2019

- 5.7. After significant investigation in early 2019 it was determined that, for the groups to thrive if they were relaunched, the following factors must be put in place.
- Each group must have a clear unambiguous remit to allow members to fully understand the purpose of the group and their role within it.
 - Each group must be supported strategically by a member of the IJB to ensure they have appropriate guidance and support to carry out their responsibilities.
 - Each group must identify a leader from amongst their membership (separately from the IJB member guidance) to ensure the group consistently meets its stated objectives.
 - Each group requires administrative support to organise meeting venues, required technological support, refreshments, distribution of agendas, taking and distributing minutes and relevant papers and reports for consideration.
- 5.8. These points remain relevant to our current planned re-launch of the five groups.

Name of the re-launched groups

- 5.9. It is proposed that the groups should be named Community Integration Groups with the Locality specified e.g. Eildon Community Integration Group.

Recommended model for the group relaunch.

- 5.10. To launch all five groups simultaneously presents a potential risk. If any aspect of the relaunch is significantly flawed all five groups will experience the same problems and this may impact the success of the group, the relaunch and the commitment from the group members.
- 5.11. The recommendation is to use a pathfinder approach where we pilot the relaunch with a group from one locality initially. We will work to make the conditions for relaunch as positive as possible but work closely with the group to enlist their support in identifying and addressing any weaknesses or flaws in the model for the structure, operation and support of the group.
- 5.12. After an appropriate opportunity to measure the efficacy of the relaunched pilot group we would take stock, learn and ensure there is overarching confidence in the pilot approach. Once comfortable that the model works we then replicate the base model and launch the remaining four groups.
- 5.13. There will of course be differences in each structure and operation predicated by the particular needs of each geographical area, and IIAs and appropriate consultation would be undertaken for each area.
- 5.14. Initial thoughts are that Eildon would be the ideal pilot locality since it has the largest population (30% of the total population of Scottish Borders). Eildon has large towns – Galashiels and Selkirk, middle sized villages – Melrose, smaller villages such as Ettrickbridge and isolated rural dwellings in areas such as the Ettrick and Yarrow Valley offering a representative cross section of communities within the Scottish Borders.

Timeline for re-launch

- 5.15. It is more important to re-launch well than to re-launch quickly. We do, however, hope to have the groups operational within a reasonable timescale. We estimate that it will take about two months to bring together the initial pilot group together with the strategic, leadership and administrative support detailed above. From the point of approval of this approach by IJB that would indicate the earliest point where a pilot or Pathfinder group could be up and running would be around mid to late July of this year.
- 5.16. Depending on the complexity of any issues encountered with the pilot the plan would be for the remaining groups to review progress of the pathfinder at the IJB in September prior to deciding on how and whether to launch the remaining four Community Integration Groups. After the pilot it should be possible to launch two Community Integration Groups simultaneously, and we would expect a 3 month lead in time. This will mean that all localities should be in place by March / April 2024.

Areas of focus

- 5.17. At the IJB development session in April, the IJB agreed to focus on early intervention and prevention. As a result, it is proposed that the Community Integration Groups will have the following high level focus:
- Map all health, social care, social work and well-being services in their area and develop local directories for the public, staff and partners on what is available
 - Explore how to work more collaboratively, and provide more seamless services to our communities, putting people at the heart of everything we do, and streamlining any duplication
 - Focus on developing measures, outcomes and initiatives to promote prevention and early intervention in the locality
 - Focus on developing measures, outcomes and initiatives to reduce poverty and inequalities in the locality
 - Support the IJB to appropriately engage with local communities on an ongoing basis
- 5.18. Discussions have been had with the Resilient Communities Team in the Scottish Borders Council about the interface between the Community Integration Groups and the Area Partnerships, with a view that there will be close alignment and a reduction of duplication. In the first instance, it is proposed that the pathfinder is launched to enable the teams to get a better view of how this synergy can be used to best effect with a view that we need to make these new groups easy for our communities to access, and that there should not be duplicate discussions in different fora.

Participatory Budget

- 5.19. There is a requirement for the Community Integration Groups to have responsibility for a participatory budget. When the Community Integration Groups previously existed they had not yet been given any responsibility to influence the allocation of Participatory Budgets.
- 5.20. We would propose that participatory budgeting is phased in over the course of 12-18 months after each Community Integration Groups is established. This is to ensure that the groups are able to develop and will allow the IJB and HSCP finance teams to pull together the necessary detail. The groups will initially be launched without responsibility for participatory budget but with a plan to clarify the details of how this should be introduced, levels of funding available and

oversight arrangements to be brought to IJB in a separate specific paper in 12 – 15 months when we have a clear understanding of how the groups are functioning in practice.

Governance

- 5.21. The Community Integration Groups will report into the Strategic Planning Group, and a lead member from each group will join the Strategic Planning Group to represent their locality's interests. In addition, one of these members will become a non-voting member of the Integration Joint Board to represent the views of our localities / communities at IJB level.
- 5.22. The Community Integration Groups will enable to Integration Joint Board to effectively contribute the views of local communities into the Community Planning Partnership in its role as a Community Planning Partner under the Community Empowerment (Scotland) Act 2015.
- 5.23. The Community Integration Groups will also support the progression of the 'Enjoying Health and Wellbeing' theme of the Community Planning Partnership and will interface closely with our 5 Area Partnerships.

6. IMPACTS

Community outcomes

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

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Increase
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	Expected to increase but unclear at this stage
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Increase
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Increase
5	Health and social care services contribute to reducing health inequalities.	Increase
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	Increase
7	People who use health and social care services are safe from harm.	Increase
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Increase
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

Financial impacts

- 6.2. There is an additional cost requirement:

- (a) Community Integration Groups will require a significant level of administrative/organisational support. It is expected that the capacity of 2 Whole Time

Equivalent Locality Coordinators and 1 Whole Time Equivalent Admin Support Officer could provide the organisational and administrative support for the five localities.

- (b) In the first instance, with a pathfinder, the resource requirement will be lower
- (c) The Chief Financial Officer has made appropriate provision of £150,000 in the IJB budget for 2023-24 to enable the development of the pathfinder and further groups, should they be supported by the Integration Joint Board.

Equality, Human Rights and Fairer Scotland Duty

- 6.3. Stage 1– Proportionality and relevance of the Equality, Human Rights and Fairer Scotland impact assessment has been undertaken. This is attached in Appendix 1.
- 6.4. Stages 2 and 3 will be completed during the pathfinder, with proactive effort expended to try to ensure appropriate levels of representation from the groups identified in the stage 1 assessment. In addition, recognising that each locality is different, stages 2 and 3 impact assessments will be carried out in each locality.
- 6.5. The IJB Equalities, Human Rights and Diversity Lead has been engaged in the planning discussions and will support this work.
- 6.6. It is our clear intention to expend every effort in trying to ensure we have the best possible levels of representation from across Borders communities and professional stakeholders. Particular importance will be given to seeking to ensure appropriate representation from the nine groups with legally protected characteristics – Age, Gender Reassignment, Being married or in a civil partnership, Being pregnant or on maternity leave, Disability, Race including colour, nationality, ethnic or national origin, Religion or belief, Sex, Sexual Orientation.

Legislative considerations

- 6.7. There is a legislative requirement to establish Community Integration Groups set out in Section 29 (3) (a) of the Public Bodies (Joint Working) (Scotland) Act 2014.
- 6.8. In addition, the establishment of Locality Working Groups supports the Integration Joint Board to appropriately work to meet its statutory responsibilities under the Community Empowerment (Scotland) Act 2015 in relation to work effectively and in line with as a Community Planning Partner with the wider Community Planning Partnership, in areas including:
 - Community participation and co-production
 - Tackling inequalities
 - Shared leadership
 - Governance and accountability
 - Understanding local communities’ needs, circumstances and opportunities
 - Focusing on key priorities
 - Focusing on prevention
 - Resourcing improvement
 - Effective performance management

Climate change and sustainability

- 6.9. Efforts will be made to reduce the impacts on climate change and promote sustainability around the administration of the Locality Working Groups. In addition, there may be further opportunities identified by the groups as these develop.

Risk and Mitigations

- 6.10. Should the Integration Joint Board not support the re-launch of the Community Integration Groups, then:
- It is expected that the improvements in outcomes noted will be more challenging to deliver
 - It is likely that the IJB will not be able to drive the change required locally to deliver against its strategic objectives
 - The IJB would need to consider appropriate mitigations to ensure that it complies with its legislative compliance
- 6.11. As the Community Integration Groups develop, the risk register will be developed further in partnership with the stakeholders on these new groups.

7. CONSULTATION

Communities consulted

7.1. Much of the detail which is required to be included in this section will emerge from the ongoing development of the Integrated impact Assessment, an understanding of the groups previously involved in the original Locality Working Groups and discussions with colleagues working with other consultative groups.

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

- Staff – Joint Staff Forum
- Care Sector – Care Sector Advisory Group
- HSCP Joint Executive
- IJB Strategic Planning Group

Integration Joint Board Officers consulted

7.3. The IJB Chief Financial Officer, the IJB Chief Officer, IJB Equalities, Human Rights and Diversity Lead and Corporate Communications for NHS Borders and SBC have been consulted, and all comments received have been incorporated into the final report.

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

- IJB Future Strategy Group
- HSCP Joint Executive

Approved by:

Chris Myers – IJB Chief Officer

Author

Stephen Fotheringham – Project Manager

Background Papers:

Health and Social Care Integration – localities: guidance. Available from:

<https://www.gov.scot/publications/localities-guidance/pages/6/>

Community Empowerment (Scotland) Act 2015: Part 2 Community Planning Guidance. Available from:

<https://www.gov.scot/publications/community-empowerment-scotland-act-2015-part-2-community-planning-guidance/documents/>

For more information on this report, contact us at –

Stephen Fotheringham

Project Manager

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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-170523-2
Direction title	Establishment of the Eildon Community Integration Group pathfinder
Direction to	Scottish Borders Council and NHS Borders
IJB Approval date	17 May 2023
Does this Direction supersede, revise or revoke a previous Direction?	No
Services/functions covered by this Direction	All delegated functions: The direction is not service specific but locality working groups could exercise influence across all delegated services
Full text of the Direction	<p>The IJB is directing NHS Borders and the Scottish Borders Council to provide leadership, admin support and appropriate membership to enable the establishment of the Eildon Community Integration Group pathfinder. This pathfinder will inform the approach to the development of further locality Community Integration Groups across the Scottish Borders. This is in line with the approach set out in the IJB paper (link enclosed below).</p> <p>It is expected that:</p> <ul style="list-style-type: none"> - The Integrated Impact Assessment will continue to be developed in stages 2 and 3 - Membership will be diverse from across the Health and Social Care Partnership, partners and our broader communities, including representation from groups identified as part of the Integrated Impact Assessment - Further exploration will occur to understand the opportunities for synergy with the Area Partnerships <p>The pathfinder Community Integration Group will work to:</p> <ul style="list-style-type: none"> - Map all health, social care, social work and well-being services in their area and develop local directories for the public, staff and partners on what is available - Explore how to work more collaboratively, and provide more seamless services to our communities, putting people at the heart of everything we do, and streamlining any duplication - Focus on developing measures, outcomes and initiatives to promote prevention and early intervention in the locality - Focus on developing measures, outcomes and initiatives to reduce poverty and inequalities in the locality - Support the IJB to appropriately engage with local communities on an ongoing basis <p>Once established, one representative from each Community Integration Groups will report in to the Strategic Planning Group, and one of</p>

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	the leads will be nominated to be a non-voting member of the IJB, representing the views of localities.
Timeframes	To start by: July 2023
Links to relevant SBIJB report(s)	IJB papers 17 May 2023: https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&MId=6535&Ver=4
Budget / finances allocated to carry out the detail	The Chief Financial Officer has made provision for Locality Coordinator and Project Officer support to support the pathfinder. It is expected that costs will be defined as part of the pathfinder.
Outcomes / Performance Measures	This working arrangement should be directly pointing towards improvements in services link to the Strategic Plan, the National Health and Wellbeing Outcomes and IJB Performance Measures
Date Direction will be reviewed	It is expected that an update will be brought back to the IJB in September 2023, to allow for decisions on the roll-out across the remaining four localities.

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Scottish Borders Health and Social Care Partnership



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

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

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

Strategic Approach to Relaunch Locality Working Groups

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

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

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

Living Standards	Health	Participation
Poverty Housing Social Care	Social Care Health outcomes Access to health care Mental health Reproductive and sexual health* Palliative and end of life care*	Political and civic participation and representation Access to services Privacy and surveillance Social and community cohesion* Family Life*

*Supplementary indicators

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?

Is the proposal considered strategic under the Fairer Scotland Duty?	
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IA to be undertaken and submitted with the report – Yes or No

If no – please attach this form to the report being presented for sign off

Proportionality & Relevance Assessment undertaken by:

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

17 May 2023

Integrated Workforce Plan Quarterly Update

Report by: Wendy Henderson, Partners for Integration & Claire Smith,
NHS Borders



1. PURPOSE AND SUMMARY

- 1.1. To appraise the Integration Joint Board of the progress made in relation to the implementation of the Scottish Borders Health and Social Care Partnership’s Integrated Workforce Plan.
- 1.2. To provide details of the actions taken since the report to the Integration Joint Board in March 2023 of the actions taken, and those planned for the next quarter, to deliver a vibrant and competent cross sector workforce. Actions which meet local projected short-term recovery and medium term workforce growth requirements.

2. RECOMMENDATIONS

- 2.1. The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to:-
 - a) Note the progress made to date
 - b) Agree to accept update reports at the IJB meetings to be held in January, May and September of each year

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

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

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

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

productive and fair					
x	x	x	x	x	x

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A direction is not required

5. BACKGROUND

- 5.1. In April 2022 the Scottish Government's Directorate of Health Workforce issued a letter to NHS Board Chief Executives, Integration Joint Board Chief Officers and Local Authority Chief Executives. The letter provided the Scottish guidance to the Scottish Border Health and Social Care Partnership and NHS Borders on the completion of their Three Year Workforce Plans.
- 5.2. The purpose of the Three Year Workforce Plans is to support the IJB maximise the integration of workforce across adult health and social care services in the Scottish Borders.
- 5.3. To do this effectively the Scottish Borders HSCP Integrated Workforce Plan, approved by the IJB in October 2022, was designed to consider and evidence the interdependencies across the whole system.
- 5.4. To meet the expectations of the Scottish Government, the Scottish Borders HSCP's Integrated Workforce Plan and associated action plan was developed using the Five Pillar as outlined in the National Workforce Strategy.
- 5.5. The action plan is now delivering the platform that ensures that no one part of the system's actions impinge on another part of the system.
- 5.6. This to support the delivery of the Integration Joint Board and Scottish Borders Health and Social Care Partnership's vision of an across the system approach, to current and future workforce pressures and one that address the current inefficiencies experienced by organisations providing care as staff move from one provider to another.

6. PROGRESS TO DATE

- 6.1. Implementation Board Membership
Recruitment to the Integration Board is now complete. Full details can be found in appendix 1
- 6.2. Equality Outcomes and Mainstreaming Actions
The Implementation Board coproduced Scottish Borders HSCP's Equality Outcomes 5 and 6 (see appendix 2) and have agreed to continually review and update the associated mainstreaming framework on the actions being taken. Progress against the Outcomes will be reported monthly to the Strategic Planning Group's Equality and Human Rights Subgroup.
- 6.3. A copy of the Integrated Workforce Plan Short Term Action Progress Report May 2023 is attached as appendix 3
- 6.4. The Implementation Board has coproduced a Programme Plan Action Tracker which will be used to monitor progress and identify areas for escalation to the Joint Executive Team for resolution.
- 6.5. Over the next 2 months a series of mapping exercises capturing what is currently being done across the sectors relating to recruitment, retention, training and wellbeing of staff will be undertaken.
- 6.6. It is anticipated that the outcomes of the above exercise will be used to formulate several efficiency saving proposals which will be reported on in September 2023.
- 6.7. A mapping exercise of existing roles will be undertaken as a way of identifying flexibility of roles, responsibilities and exploring new methods of working.
- 6.8. International Recruitment has been identified as a priority for the Recruitment and Attract Workstream. Progress on how the NHS Borders approach is being rolled out across the sectors will be reported on in September 2023.

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.	Increase
7	People who use health and social care services are safe from harm.	Increase
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Increase
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

Financial impacts

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

Equality, Human Rights and Fairer Scotland Duty

7.3. An Equality and Human Rights Impact Assessment was undertaken throughout the development of the Integrated Workforce Plan. The recommendations identified in Stage 3 of the Impact Assessment have been adopted by the Integrated Workforce Plan Implementation Board and will be reported against in future IJB reports.

7.4. The Integration Workforce Plan Implementation Board coproduced Equality Outcomes 5 and 6 which the IJB adopted in March 2023.

7.5. The Implementation Board has also coproduced a suite of mainstreaming activities which state what will be done and how this will be measured. Reports against both equality outcomes will be presented with future reports to the IJB.

Legislative considerations

7.6. The SBHSCP Integrated Workforce Plan supports the IJB evidence its compliance with:

- CEL 32(2011)
- Public Bodies (Joint Working) Scotland Act 2014
- Regulation 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011
- The Equality Act 2010
- Scottish Specific Public Sector Equality Duties 2012

Climate Change and Sustainability

7.7. It is anticipated that future actions will include trailing E-Bikes and promoting active travel.

Risk and Mitigations

7.8. The action plan and associated Programme Plan Action Tracker have been developed to capture and report the progress being made to address the risks identified during the plan development. This are listed below:

- Changing demographics affecting staff and people who use our services, including the consequences of the Covid-19 Pandemic.
- Population changes with a reduction in working age population living in the Scottish Borders
- A significant reduction in the availability of professionally trained clinical staff, including Allied Health Professionals, doctors, nurses and pharmacists.
- Changes in employment and immigration regulations linked to EU withdrawal
- Complex and protracted employment processes that do not respond to short term needs
- Inability to train key professionals at a sufficient rate to meet demand National competition attracting newly qualified professionals to settle where they trained - often in city areas

8. CONSULTATION

Communities consulted

8.1. The Integrated Workforce Plan's Implementation Board membership is representative of statutory, third sector, independent sector and primary care partners. As employers and representatives of the cross sector workforce, each member has been selected as a representative of wider networks. This to ensure maximum participation of staff delivering adult health and social care services in the Scottish Borders. Membership can be found in appendix 1.

8.2. The Integrated Workforce Plan Action Plan evidences not only consideration but alignment with the Integration Planning and Delivery Principles (listed at <https://www.gov.scot/publications/guidance-principles-planning-delivering-integrated-health-social-care/pages/1/>). This can be evidenced by Implementation Board membership, the associated Equality and Human Rights Impact Assessment and Equality Outcomes 5 and 6.

8.3. The following have been consulted with:

Care at Home Forum
Care Home Forum
Housing Provider Network
Learning Disability Forum
Mental Health Forum
NHS Borders – Adult Health and Social Care Services
Primary Care and Community Services
Scottish Borders Council – Adult Social Care and Adult Social Work Services

In addition, the following groups have been consulted:

- Staff – Joint Staff Forum
- Care Sector – Care Sector Strategic Advisory Group

- Clinical Groups – NHS Borders Clinical Reference Groups

Integration Joint Board Officers consulted

- 8.4. The IJB Board Secretary, the IJB Chief Financial Officer and the IJB Chief Officer, and all comments received have been incorporated into the final report.
- 8.5. IJB Equalities, Human Rights and Diversity Lead in relation to the development of Equality Outcomes 5 and 6.

Approved by:

Chris Myers, Chief Officer

Author(s)

Claire Smith NHS Borders

Wendy Henderson Partners for Integration, Scottish Borders

Background Papers: not applicable

Previous Minute Reference: not applicable

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Scottish Borders Health and Social Care Partnership Equality Outcomes 5 & 6

Outcome 5 - A workforce that is reflective and representative of the communities we care for	
Equality Duty: Advancing equality of opportunity, eliminating discrimination, fostering good relations	
Strategic Framework Objective	Rising to the workforce challenge
Ways of working	People at the heart of everything we do Dignity and Respect Openness, honesty and responsibility

What will success look like
5.1 Workforce data reflects SBHSCP service user data
5.2 Flexible and targeted recruitment drives to address current gaps identified in 5.1 above and the needs of current and future service users
5.3 Staff have a shared understanding of cultural diversity and difference






Outcome 6 - All staff feel valued, respected and have their needs met appropriately
Equality Duty: Advancing equality of opportunity, eliminating discrimination, fostering good relations

Appendix 2

Strategic Framework Objective	Reducing poverty and inequality
Ways of working	<p>People at the heart of everything we do</p> <p>Dignity and Respect</p> <p>Care and Compassion</p>

What will success look like
6.1 Managers have a shared understanding of their responsibilities in relation to reasonable workplace adjustments
6.2 Wellbeing initiatives to support an improvement in the mental health of women working across the health and social care sector will be coproduced and reviewed for effectiveness
6.3 Compliance with A Fair Work Action Plan: Becoming a Fair Work Nation by 2025
6.4 Embedding the requirements of the Scottish Government’s Fairer Scotland for All: An Anti-Racist Employment Strategy into and across all employment policies
6.5 FREDIE Principles embedded into Integrated Workforce Plan’s associated action plan

Scottish Borders HSCP Integrated Workforce Plan – Short Term Action Progress Report May 2023

 Plan	 Attract	 Train	 Employ	 Nurture
<p>Develop 3 year Workforce Trajectories highlighting projected gaps and identifying solutions across clinical services experiencing recruitment and retention challenges.</p> <p>Nursing trajectories updated – improved position shown for Nursing with success of International Recruitment and Newly qualified nurses. Work begun to develop trajectories within Acute Medical Services as part of risk assessment exercise.</p> <p>Support services and providers to run available Workload Planning Tools to review sustainability of services and meet duties of the Health & Care (Staffing) (Scotland) Act</p> <p>Real time staffing resources now fully embedded in critical care and mental health. Maternity & adult Inpatient tools currently being worked on. 3 nationally mandated tool runs</p>	<p>Develop a cross sector recruitment event to attract new applicants into Health and Social Care professions.</p> <p>Establish a cross sector approach to International Recruitment which builds upon NHS Borders recent success.</p> <p>40 IR Nurses recruited to date 25 in employment, 15 formally accepted offers and arriving over next 6 months. 5 AHP’s started – 4 Radiographers, 1 Physio</p> <p>Promote wider employment opportunities across Health and Social Care to family members of International Recruits where they have relevant skills/experience.</p> <p>5 spouses working for NHS Borders within ED, catering, and Radiography & Pharmacy banks. Arrangements with SBC to consider spouses for relevant roles.</p>	<p>Continue to work with Borders College, and NHS Education for Scotland to maximise opportunities to develop staff/advanced roles e.g., Band 3/4 HCSW, opportunities.</p> <p>CPD Continuing to support 8 Band 2’s to completed Level 7/8 programme to enable progression to Assistant Practitioner.</p> <p>Support increased numbers of HCSW entering registered nursing training by working jointly with Napier University to explore the development of a programme, where following a year studying at Borders College, HCSW can go into second year of training by October 2024.</p> <p>Discussions ongoing re-entry requirements - Open day also planned for undergrad Nursing to take place in the Borders Spring/Summer 2023 to promote opportunities.</p>	<p>Promote opportunities to retain staff using flexible working options</p> <p>Reach out to recent retirees in key difficult to recruit to positions, to promote opportunities to work within Partnership services over peak periods (e.g., winter planning, summer holidays) in recognition that this way of working may be more attractive amid the cost-of-living crisis.</p> <p>Review key infrastructure barriers to employing, retaining and mobilising current staff and overseas recruitment e.g.</p> <p>Housing for key workers and local letting initiatives.</p> <p>1 year Pilot has been set up to supply 5 properties for NHS and 5 properties for SBC at McQueen Gardens in Galashiels. This is an</p>	<p>Promote a cross sector staff wellbeing plan to implement interventions aimed at supporting the work, with a focus on building resilience to face future adversity/challenge.</p> <p>Monthly newsletter to be established, focussing on wellbeing. To be made available across all sectors.</p> <p>Partnership working groups to devise local approaches on Menopause, Miscarriage and Gender Based Violence while awaiting a Once for Scotland approach.</p> <p>Continue to deliver Stress and resilience training, Working Health Matters and Managing Mental Health for Managers courses to support managers understanding of reasonable workplace adjustments to improve staff health and wellbeing.</p>

<p>planned over next 6 months within community areas.</p> <p>Explore options to ensure sustainability of services at increased risk, including considering different roles, working across Health and Social Care boundaries or closer collaboration with regional/national services.</p> <p>Key priority to consider flexibility/portability of staff identified within HSCP Implementation plan. Also links to Medical Risk Assessment exercise to establish areas to focus workforce planning activity on.</p> <p>Continue to develop workforce systems to provide high-quality, user-friendly Workforce intelligence to support decision making</p> <p>Initial work to establish dashboards progressing as part of the service redesign work.</p>	<p>Continue to promote and provide employability programmes such as Apprentices, Project Search, Princes Trust, Job Creation Fund to maximise our recruitment pipeline within the local community</p> <p>Existing programmes continue to be supported and a new programme, Train for facilities running Spring 2023 for 14 students. Borders College provide employability skills with NHS Borders providing work placements across General Services, Laundry and Catering, students will then have opportunity to apply for bank positions.</p> <p>Expand work with Developing the Young Workforce, attend local school careers fairs, provide work experience, including virtual work experience to S4 pupils to promote opportunities and attract the younger workforce.</p> <p>Virtual Work experience week successfully delivered in December 2022 – evaluated well</p>	<p>Liaise with Borders College and Scottish Borders Council, to support the development of generic courses to prepare potential applicants for entry level positions across health and social care.</p> <p>Develop entry level Housekeeper roles to undertake tasks that don't require to be undertaken by HCSW (e.g., non-care activities) to free up clinical time.</p>	<p>arrangement with Eildon Housing to provide short term housing for Key Workers.</p> <p>Transport – linking train/bus times to key towns within the Borders.</p> <p>Work ongoing with SBC and key transport providers to consider how bus times can better link with shift patterns to support staff</p>	<p>Training, including bespoke courses to be rolled out across the sectors.</p> <p>Empower members of the Nurture Workstream to develop and deliver new initiatives to support staff wellbeing.</p> <p>Explore the provision and use of E Bikes across the sectors.</p> <p>Development and marketing of a cross sector Staff Wellbeing Week in June 2023. This will include information on a range of topics to support the 4 Pillars of Wellbeing (Physical, Emotional, Financial and Spiritual Health) This will include heart health, exercise, wellbeing, finances and healthy lifestyle options.</p> <p>Empower staff across the sectors to develop and implement action plans to influence team wellbeing at work</p> <p>Recognise that members of the Partnership's workforce may be unpaid carers and provide support in line with the Carers Act and flexible working conditions.</p>
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	<p>and plans to roll out nationally September 2023. Pilot generic work experience opportunity for 12 S3 pupils w/b 24th April 23 with 8 different professions included, showcasing the variety of careers available.</p> <p>Review attractiveness of roles as they become vacant</p>			
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Scottish Borders Health and Social Care Partnership



Integrated Workforce Plan – Implementation Board Membership

Third Sector		
Mental Health Forum	Borders Care Voice	Jenny Smith
Learning Disability Forum	Brothers of Charity	Gary Macmanus
Learning Disability Forum	Cornerstone	Andrew Will
Independent Sector		
Care at Home Forum	McSence	Alan Paterson
Care Home Forum	Mansfield Care Ltd	Lucy Duffin
Registered Social Landlords	Eildon Housing	Andries Fourie
Scottish Care	Partners for Integration	Wendy Henderson
Primary Care		
General Practice Forum	General Practice	Dr Tim Young
Pharmacy	Pharmacy	Malcolm Clubb
Dentistry	Dentistry	Martin McCormack
Scottish Borders Council		
SBC Council Management Team	Organisational Development	Erick Ullrich
Joint Trade Union Forum/SBC Senior Staff	Workforce Recruitment	Mark Williamson/ Haley Megson
SBC Social Work Service Managers	Adult Social Work	Gwyneth Lennox
SBC Care Service Managers	Adult Social Care	Susan Davidson
NHS Borders		
NHS Borders Workforce Planning Group	Workforce Planning and Development	Claire Smith
NHS Borders Executive Team	Nursing and Allied Health Professions	Sarah Horan

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



Scottish Borders
Health and Social Care
PARTNERSHIP

17 May 2023

Directions Tracker

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

1. PURPOSE AND SUMMARY

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

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

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

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

2. RECOMMENDATIONS

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

a) Note the contents of the Directions Tracker.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

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

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

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

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required.

5. BACKGROUND

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

6. IMPACTS

Community Health and Wellbeing Outcomes

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

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Increase
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	Increase
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Increase
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Increase
5	Health and social care services contribute to reducing health inequalities.	Increase
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	Increase
7	People who use health and social care services are safe from harm.	Increase
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Increase
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

Financial impacts

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

Equality, Human Rights and Fairer Scotland Duty

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

Legislative considerations

6.4. None

Climate Change and Sustainability

6.5. None.

Risk and Mitigations

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

7. CONSULTATION

Communities consulted

7.1. Not relevant.

Integration Joint Board Officers consulted

7.2. Not relevant.

Approved by:

Hazel Robertson, Chief Finance Officer

Author(s)

Hazel Robertson, Chief Finance Officer

Background Papers Directions Tracker

Previous Minute Reference: not applicable

For more information on this report, contact us at

Hazel Robertson

Chief Finance Officer

07929 760333

hazel.robertson3@borders.scot.nhs.uk

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

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

Ref	Date	Service	Purpose	Direction	Value £000s	Outcomes	Mar-23
SBIJB-020922-1	21/09/22	Primary Care Improvement Plan	Manage PCIP within existing funding	PCIP Exec to deliver outcomes from non recurrent spend, and reprioritise the use of available recurrent funding. PCIP Exec to escalate at a national level regarding inadequacy of funds and the risks associated with that.	£1.523 NR and £2.313 rec plus tranche 2 tbc	Implementation of GP contract	significant challenge
SBIJB-161122-1	21/12/23	Day services	Re-commissioning of the Teviot and Liddesdale Buildings Based Adult Day Service	Engage in partnership working, through an IIA, consider and evaluate options, including financial impact, outline scope of service, ensure full engagement	tbc		y
SBIJB-010223-1	01/02/23	Care home and extra care housing, LF	Scoping of the associated integrated service models of delivery	Scoping of the associated integrated service models of delivery and associated revenue costs for the Full Business Cases for the Hawick and Tweedbank Care Villages		Business case	y
SBIJB-190423-1	19/04/23	Annual Services and Budget Direction 2023	Delivery of financial targets.	Delivery of financial targets.	Delegated budget 2023/24.	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.	
SBIJB-190423-2	19/04/23	Mental Health – Day services	Close GRC, reinvest in EUPD.	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).	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.	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.	
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**Scottish Borders Health and Social Care Partnership
Integration Joint Board**



Scottish Borders
Health and Social Care
PARTNERSHIP

17 May 2023

**INTEGRATION JOINT BOARD AUDIT COMMITTEE
MINUTES**

Report by Iris Bishop, Board Secretary

1. PURPOSE AND SUMMARY

- 1.1. To provide the Integration Joint Board with the approved minutes of the Strategic Planning Group meeting, as an update on key actions and issues arising from the meeting held on 19 December 2022.
- 1.2. The meeting focused on 4 main areas: Monitoring of Directions issued; Reserves Policy; Best value; and update on internal audit annual plan 2022/23 and partners assurance reports.

2. RECOMMENDATIONS

- 2.1. The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to:-
 - a) Note the IJB Audit Committee minutes of 19 December 2022.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

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

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

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

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required.

5. BACKGROUND

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

6. IMPACTS

Community Health and Wellbeing Outcomes

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

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	N
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	N
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	N
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	N
5	Health and social care services contribute to reducing health inequalities.	N
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	N
7	People who use health and social care services are safe from harm.	N
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	N
9	Resources are used effectively and efficiently in the provision of health and social care services.	N

Financial impacts

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

Equality, Human Rights and Fairer Scotland Duty

- 6.3. An IIA is not required.

Legislative considerations

- 6.4. Not applicable.

Climate Change and Sustainability

- 6.5. Not applicable.

Risk and Mitigations

6.6. Not applicable.

7. CONSULTATION

Communities consulted

7.1. Not applicable.

Integration Joint Board Officers consulted

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

Approved by:

Chris Myers, Chief Officer Health & Social Care

Author(s)

Iris Bishop, Board Secretary

Background Papers: IJB Audit Committee Minutes 19.12.22

Previous Minute Reference: Not applicable

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



Minute of the meeting of **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** held on Monday 19 December 2022 at 12 noon via MS Teams

Present: Cllr T Weatherston, Elected Representative, SBC (Chair)
Mrs L O'Leary, Non Executive, NHS Borders
Mrs K Hamilton, Non Executive, NHS Borders
Mr K Harrod, Lay member

In Attendance: Mr C Myers, Chief Officer Health & Social Care
Mrs H Robertson, Chief Financial Officer
Miss I Bishop, Board Secretary
Mrs J Stacey, Chief Internal Auditor
Mr P Williams, Associate Director of AHPs

1. APOLOGIES AND ANNOUNCEMENTS

- 1.1 Apologies had been received from Cllr Jane Cox, Elected Representative, Scottish Borders Council and Mrs Sue Holmes, Principal Auditor, SBC.
- 1.2 The Chair welcomed Mr Kai Harrod, Lay Member to the Committee.
- 1.3 The Chair advised that Cllr Jane Cox would be standing down from the Integration Joint Board (IJB) and the IJB Audit Committee and a new elected representative from Scottish Borders Council (SBC) would be nominated as a replacement in the new year.
- 1.4 The Chair confirmed the meeting was quorate.
- 1.5 Mrs Hazel Robertson advised that a new external audit team from Audit Scotland had been appointed to the IJB, however their details were not yet known.

2. DECLARATIONS OF INTEREST

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

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted there were none.

3. MINUTE OF PREVIOUS MEETING

- 3.1 The minutes of the meeting of the Integration Joint Board Audit Committee held on 28 November 2022 were approved.

4. MATTERS ARISING

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted there were none.

5. IJB AUDIT COMMITTEE ANNUAL REPORT 2021/22

- 5.1 Mrs Karen Hamilton introduced the report. Mrs Jill Stacey highlighted the key messages including: improvements to be implemented using the skills and knowledge toolkit for Audit Committees: changes to the Chairs of the Audit Committees across all partners; and the intention for all partner Audit Committee chairs to meet to share information and good practice.
- 5.2 The Chair recorded his thanks to Mrs Stacey for her support to him in his role as Chair of the Audit Committee. Mrs Hamilton echoed the Chairs' comments.
- 5.3 Mr Kai Harrod enquired how the Committee would increase its maturity and synchronise with the partners Audit Committees. Mrs Stacey commented that the Committee needed to seek assurance from the partner organisations that they were fulfilling their roles and it did gain some assurance in that respect through the current mechanisms of sharing minutes. However if there were any particular elements that the Integration Joint Board Audit Committee had an interest in it could raise those very specific points and the starting point for that dialogue would be through the partners Audit Committee Chairs.
- 5.4 Mrs Stacey advised that in terms of development the focus would have been on areas of improvement as identified in the 2022 self evaluation. The 2023 self evaluation would take place in March 2023 and should lead to a fuller discussion on particular areas of interest that the Committee would wish to focus on.
- 5.5 Mrs Hazel Robertson commented that there were 8 action points outstanding from external audit and in order to progress those she needed to liaise with colleagues in the partner organisations. She suggested agreeing the sequencing with Scottish Borders Council and NHS Borders to get a tripartite discussion would be very helpful.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** approved the IJB Audit Committee Annual Report 2021/22 (Appendix 1) which incorporates its self-assessments (Appendices 2 and 3) using the CIPFA Audit Committees Guidance.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** agreed that the IJB Audit Committee Annual Report 2021/22 (Appendix 1) should be presented to the IJB.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** agreed a joint session with the Audit Committee Chairs of the partner bodies should be expedited as soon as possible.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** agreed to hold development sessions ahead of each formal IJB Audit Committee meeting.

6. IJB RESERVES POLICY

- 6.1 Mrs Hazel Robertson provided an overview of the content of the report. She advised that the IJB was holding over £10m in reserves which related to NHS funding ring fenced for specific purposes. Mrs Robertson commented that the revised reserves policy met all of the requirements of the 3 partner bodies for those shared resources attached to the IJB and would enable more flexibility in its use as a mechanism to carry funds forward.
- 6.2 Mr Kai Harrod enquired about the 4% and Mrs Robertson explained that it would be a general reserve that could be used to build up funds to address an anticipated issue in the future, such as a high cost out of area Learning Disability placement.
- 6.3 Mrs Karen Hamilton enquired if there was anything specific that Mrs Robertson would need to advise the IJB of in regard to the document. Mrs Robertson commented that all IJBs were required to have a reserves policy and the revised policy was a more usable document than the previous version and would be beneficial to all 3 partner bodies.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** approved the recommendation of the revised Reserves Policy to the IJB for formal approval.

7. UPDATE ON INTERNAL AUDIT ANNUAL PLAN 2022/23 AND PARTNERS ASSURANCE REPORTS

- 7.1 Mrs Jill Stacey provided an overview of the content of the report.
- 7.2 Mrs Lucy O'Leary commented that there appeared to be substantive assurance from SBC and partial assurance from NHS Borders and she enquired if that was as a consequence of a different culture in terms of the Audit Committee nature of reporting or evidence collecting or risk appetite.
- 7.3 Specifically Mrs O'Leary enquired about the audit plan for strategic commissioning and the addition of the integrated workforce plan. She recalled that the integrated workforce plan had been approved by the IJB with some caveats in regard to granularity and enquired if the line in the report in regard to the integrated workforce plan related to that discussion. Mrs Stacey confirmed that even in light of the comments made at the IJB in regard to the integrated workforce plan she was comfortable that there was sufficient work done to complete the internal audit recommendation.
- 7.4 In terms of the assurance levels, Mrs Stacey advised that the consequences of different terminology, different language and different internal auditors did lead to slight differences in assurance level ratings.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted the progress made in the first six months of the year to deliver the approved Scottish Borders Health and Social Care Integration Joint Board Internal Audit Annual Plan 2022/23 (Appendix 1).

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** considered the list of Internal Audit reports by partners' Internal Auditors presented to their respective Audit Committees that are relevant to SBIJB for assurance purposes (Appendix 2), consider the assurances contained therein, and provide any commentary thereon.

8. PROGRESS ON IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS FOR IJB

- 8.1 Mrs Jill Stacey provided an overview of the content of the report and highlighted the 4 recommendations.
- 8.2 Discussion took place on the timelines for the recommendations and it was suggested that the due date for recommendation 4 be extended to February 2023 to allow the Strategic Planning Group to focus on equalities and human rights; and the due date for recommendation 2 be extended to July 2023.
- 8.3 Mr Kai Harrod enquired of the timeline for concluding recommendations that were rated as High or Medium or if there was an escalation process if they were not concluded in a timely fashion. Mrs Stacey commented that the expectation was that all medium recommendations would be concluded within 6 months. The 2 recommendations in regard to the 2020/21 period had been inherited by the new Chief Officer and discussions had taken place with him in regard to looking at a different way to achieve the same outcomes.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted the current status of progress made by Management in implementing Internal Audit recommendations to improve internal controls and governance, and mitigate risks.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** agreed to the revised due dates of three of the Internal Audit recommendations requested by the IJB Chief Officer.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted that Internal Audit will continue to monitor for completion the open Internal Audit recommendations and will provide update reports to this Committee.

9. BEST VALUE

- 9.1 Mrs Hazel Robertson provided an overview of the content to the letter.
- 9.2 Mr Kai Harrod enquired if analysis was required in regard to the National Care Service (NCS) and the IJB strategic goals. Mr Chris Myers confirmed that a swot analysis had

been undertaken and the NCS was seen as both an opportunity and a threat. A joint letter from the partners had be written to the Minister to offer the Scottish Borders as a pathfinder given the Scottish Borders was in a co-terminous situation which was not reflected through the majority of Scotland.

- 9.3 Mrs Jill Stacey commented that it had been challenging in the past to evidence best value within the IJB given its strategic commissioning role.
- 9.4 Mrs Robertson commented that she had had a helpful conversation with Audit Scotland who were looking at best value of the NCS in terms of the additional money spent on the NCS providing best value for the local population.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted the letter.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** recommended that it informally engaged with the process with Audit Scotland to map out activities and determine value and impact.

10. IJB DIRECTIONS TRACKER

- 10.1 Mrs Hazel Robertson provided background to and an overview of the IJB Directions Tracker. She explained that it captured all of the directions that had been issued and remained live. She intended for the tracker to be presented to each meeting of the Committee for monitoring purposes.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted the status of outstanding Directions.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** sought assurance regarding timescales, costs and outcomes.

11. PROGRESS WITH DIRECTION: SBIJB-150622-5: HEALTH BOARD ORAL SERVICES – DEVELOPMENT OF PLAN

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** agreed to defer the item to the next meeting.

12. PROGRESS WITH DIRECTION: SBIJB-210922-2: INTEGRATED HOME BASED REABLEMENT SERVICE – BUSINESS CASE FOR INTEGRATED SB CARES AND HOME FIRST SERVICE

- 12.1 Mr Paul Williams provided an update on the progress being made in regard to integrating the Home Based Reablement service with the Home First Service. He highlighted that one of the significant difficulties with the integration of the services was the differences in pay and terms and conditions of the staff affected.
- 12.2 The Chair commented that he had raised the issue of pay differentials several times in the past and did now see how that could be avoided. Mr Williams commented that the

intention was to have different defined roles but he accepted pay differentials would be the most complicated piece of the process.

- 12.3 Further discussion focused on: consensus of workforce challenges; capturing the benefits of reablement against on-going costs of packages of care; impact on whole system flow; prevention of admissions and enablement of discharges; correlation with the integrated workforce plan; development of an internal business case template; and alignment of the workforce, commissioning and financial plans of the IJB.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted the update.

13. PROGRESS WITH DIRECTION: SBIJB-020922-1: PCIP – MANAGE PCIP WITHIN EXISTING FUNDING

- 13.1 Mrs Hazel Robertson drew the attention of the Committee to several key points within the report including: the PCIP was funded to help Board to implement the new GMS contract; the IJB were concerned that there was not enough clarity on how the funding was being used; the IJB recognised the funding provided was not enough to implement the full GMS contract; engagement took place with the Scottish Government in regard to funding; funding gap of £2.1m; the GPs had identified the phlebotomy service as their key priority and that was being progressed; and the phlebotomy service was part of the CTAC package of services.
- 13.2 Mr Kai Harrod enquired about the financials and the significant uplift in staffing. Mrs Robertson commented that the programme was fully staffed and the projects identified by the PCIP Executive and been agreed in conjunction with the Scottish Government and were those that provided the best benefit to the GPs to manage their workload. In terms of the CTAC programme, it would not be fully implemented however the local decision had been made to implement the phlebotomy service.
- 13.3 Further discussion focused on: risk; consequences of non delivery; consideration at the unscheduled care programme board; and potential for escalation to the IJB and then NHS Borders.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted the feedback on actions taken by the PCIP Executive Group.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** considered and agreed that the direction had been implemented appropriately.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** agreed that the Chair of the IJB Audit Committee should write to the Chair of the IJB to advise that although matters appeared to be progressing, no solution was emerging in regard to the funding issue and the impact that would have on delivery.

14. AUDIT SCOTLAND REPORT: DRUG & ALCOHOL SERVICES

- 14.1 Mr Kai Harrod enquired how much the Scottish Borders was aligned to the Audit Scotland recommendations and the Miller House direction answered any of those initiatives.
- 14.2 Mrs Jill Stacey commented that it was essential good practice to look at any learning from a national context.

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

15. ANY OTHER BUSINESS

- 15.1 The Chair advised that no further business had been identified.

16. DATE AND TIME OF NEXT MEETING

- 16.1 The Chair confirmed that the next meeting of the IJB Audit Committee would be held on Monday 20 March 2023 at 2.00pm in Committee Room 2, Scottish Borders Council and via Microsoft Teams.

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



Scottish Borders
Health and Social Care
PARTNERSHIP

17 May 2023

STRATEGIC PLANNING GROUP MINUTES

Report by Iris Bishop, Board Secretary

1. PURPOSE AND SUMMARY

- 1.1. To provide the Integration Joint Board with the approved minutes of the Strategic Planning Group meeting, as an update on key actions and issues arising from the meeting held on 1 February 2023.
- 1.2. The meeting focused on 3 main areas: Hawick Care Village; Draft Strategic Framework; and Teviot & Liddesdale Day Service.

2. RECOMMENDATIONS

- 2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to:-**
 - a) Note the SPG minutes of 1 February 2023.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

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

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

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

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required.

5. BACKGROUND

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

6. IMPACTS

Community Health and Wellbeing Outcomes

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

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	N
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	N
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	N
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	N
5	Health and social care services contribute to reducing health inequalities.	N
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	N
7	People who use health and social care services are safe from harm.	N
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	N
9	Resources are used effectively and efficiently in the provision of health and social care services.	N

Financial impacts

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

Equality, Human Rights and Fairer Scotland Duty

- 6.3. An IIA is not required.

Legislative considerations

- 6.4. Not applicable.

Climate Change and Sustainability

- 6.5. Not applicable.

Risk and Mitigations

6.6. Not applicable.

7. CONSULTATION

Communities consulted

7.1. Not applicable.

Integration Joint Board Officers consulted

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

Approved by:

Chris Myers, Chief Officer Health & Social Care

Author(s)

Iris Bishop, Board Secretary

Background Papers: SPG Minutes 01.02.23

Previous Minute Reference: Not applicable

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



Minutes of a meeting of the **Scottish Borders Health & Social Care Strategic Planning Group** held on **Wednesday 1 February 2023 at 10am – 12pm** via Microsoft Teams

Present: Cllr Tom Weatherston, Chair (deputising for Cllr David Parker)
Chris Myers, Chief Officer
Dr Sohail Bhatti, Director of Public Health
David Bell, Staff Side Representative, SBC
Jen Holland, Director of Strategic Commissioning and Partnerships
Lynn Gallacher, Borders Carers Centre
Caroline Green, Public Member
Susan Holmes, Principal Internal Audit Officer, IJB
Amanda Miller, Eildon Housing Association
Clare Oliver, Head of Communications and Engagement, NHS Borders
Hazel Robertson, IJB Chief Financial Officer
Jenny Smith, Co-ordinator, Borders Care Voice

In Attendance: Laura Prebble, Minute Taker
Elke Fabry, Project Manager
Philip Grieve, Mental Health
Hayley Jacks, Planning & Performance Officer
Lainey Thomas, Communications Officer
Pippa Walls, Programme and Communications Manager

1. APOLOGIES AND ANNOUNCEMENTS

Apologies received from Cllr David Parker (Chair), Keith Allan, Wendy Henderson and Colin McGrath.

2. MINUTES OF THE PREVIOUS MEETING

The Minute of the previous meeting held on 12 December 2022 was approved.

3. MATTERS ARISING/ACTION TRACKER

- Unpaid Carers – Work is progressing well in the carers workstream. Options are being explored relating to increasing respite provision for carers. In addition, as per previous updates being undertaken on a locality by locality basis to understand need at a locality level for day services and other supports, starting in the Teviot and Liddesdale locality.
- Membership – This will be required once the Locality Working Groups are re-established, as each locality working group should have a nominee on the SPG, and one on the IJB representing all localities.

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

4. HAWICK CARE VILLAGE OUTLINE BUSINESS CASE

Jen Holland presented the paper circulated in advance of the meeting. A non-financial appraisal has been carried out by the Care Village Programme Board on the options included; refurbishment of Deanfield and the two new build proposals. The future demand for beds in Hawick up to 2030 has been predicted to be an additional 59 beds required and so the plan is for an increase of 60 beds. The recommendation made is for a new building on the Stirches site with the closure of Deanfield and a Council workstream to develop the Deanfield site as part of the process. The IJB will be asked to approve the additional revenue spend associated to the reprovision and extra care capacity to meet the increasing need. The staff and residents of Deanfield will move into the new facility and have been consulted as part of this process.

Jenny Smith queried the number of respite beds proposed. Jen Holland confirmed that there is a key need for respite and this would be worked through the FBC process. It was hoped that beds would be commissioned by the IJB to accommodate need and so additional respite beds should be available. The scoping of beds required is still to be carried out and the configuration of beds will be part of the full business case. Interim beds and step/up down will be considered to help free up capacity in hospitals. Jenny agreed there is a need for the ability to step up/step down which should not be lost.

David Bell queried the care village model as staff and members of the public have expressed a concern and requested more information. Jen Holland noted that the care village model proposed was based on the NDTi feedback from Hawick about what should be in a care village, but at this stage the OBC is about establishing the outline case with the overall vision that would be worked through with the care model as part of the full business case.

Lynn Gallacher noted that there is an identified need for building based day care which would reduce the number of people needing residential care, and indicated that there was a need for a robust whole pathway approach. Jen Holland noted the vision is to have more people living at home longer and that this work dovetails with the on-going work on day care services. Chris Myers advised that this will be in the overall model in the full business case, together with the reference to keeping people at home longer, and will include all care services provided. The new commissioning team are planning to map care across the whole of the Borders. They will then use this information to support the partnership to commission the best model around the need.

Jenny Smith asked if the 113 attendees at the events could be shown by equalities in the Equalities Impact Assessment and queried the language used. Chris Myers noted that the project team are going back to NDTi to see if this information is available Jenny Smith asked if there were any plans to reach certain equalities groups that had not been reached to engage with them. Chris Myers confirmed that this would be part of the evolving stage 2 IIA that will be worked through as part of the FBC process.

The **STRATEGIC PLANNING GROUP** approved the care village outline business case for consideration by the Integration Joint Board on the basis that further work would be undertaken as part of stage 2 of the IIA.

5. **DRAFT STRATEGIC FRAMEWORK**

Elke Fabry shared an updated version of the draft framework on screen for discussion. The mission, vision, outcomes and 6 objectives are now ready to be share with the public for feedback. The next step of engagement is being planned to ask communities how they can help to deliver this change. It will be important to note that plan will be limited by finance and resources.

Dr Sohail Bhatti noted one of the priorities is to reduce health inequalities and advised that in his experience people at the bottom are less likely to complain. He noted that it was important to be more explicit in the wording of the framework on how to address social and economic inequalities. Chris Myers asked for Dr Sohail Bhatti's guidance on the working and noted this would be taken on board. Chris Myers advised that equalities and human rights are a key part of the framework and the evolving IJB/ HSCP mainstreaming approach that would be presented to the IJB shortly.

Chris Myers noted there is on-going discussion with NHSB and SBC to adopt the Strategic Framework as their strategy for health and social care. The draft Strategic Framework is also being taken to CPP for their consideration. The Community Led Support agenda aligns at a community level.

Lynn Gallacher quoted that 29.4% of carers feel unsupported and noted that this will be impacted on by the waiting time for care assessment and care packages. If the needs of the cared for are met then in most cases the needs of the carer will also be met. This should be reflected in the document.

The **STRATEGIC PLANNING GROUP** noted the framework and that a final revised version of the Strategic Framework will be brought back to the Integration Joint Board for consideration by the end of the financial year.

6. **STRATEGIC FRAMEWORK – NEXT STEPS COMMUNITY ENGAGEMENT**

Clare Oliver gave an update on the plans for engagement. The draft framework will be taken to the IJB next month before the second stage of engagement begins. Communications will keep the community informed, updating them on how their input has shaped the draft plan and the purpose of the plan. There will be work to continue nurturing the developing relationships with those previously involved and to encourage and seek further views, especially those with protected characteristics. Engagement is planned to take place at the end of February and beginning of March.

The **STRATEGIC PLANNING GROUP** noted the verbal update.

7. **TEVIOT & LIDDESDALE DAY SERVICE UPDATE**

Chris Myers gave a verbal update. The group have been meeting to scope the need in the locality. NDTi have run several engagement events across the locality. There has been liaison with the Care Inspectorate regarding the registration of a new day service. A concern was noted by the Care Inspectorate regarding the Katherine Elliot Centre building

and so alternative buildings are being explored. A market sounding exercise has been sent out and replies are expected by mid-February. To then explore options for the service. The group is working at pace and good progress is being made but the registration process means there are time constraints. Stage 2 of the Integrated Impact Assessment is part of the process. The IJB have now also formally apologised in person and in writing to the Teviot Day Services Support Group, and have had a good discussion with the group on the next steps.

The **STRATEGIC PLANNING GROUP** noted the verbal update.

8. NATIONAL CARE SERVICE (NCS) RESPONSE

The response from Kevin Stewart had been circulated. Chris Myers has had initial discussions with the Scottish Government and has shared the journey being made in the Borders. The Scottish Government were interested in the NDTi engagement work carried out to develop our draft Strategic Framework. They were also particularly interested in the rural nature of the Borders, our co-terminous IJB, Council, Health Board, Community Planning Partnership, and the age profile of our population. The Scottish Government are keen to continue discussions but have indicated that they currently are not clear on what a pathfinder would involve. Jenny Smith noted the Third sector forum would be happy to run a workshop on this.

David Bell noted COSLA's refusal to have any involvement with the NCS and asked if SBC is likely to have a different view. Cllr Tom Weatherston noted that Councillors attend COSLA meetings and would not have separate views. Chris Myers reassured David Bell that the letter sent to the Scottish Government suggested the Scottish Borders could achieve the aims and outcomes of the NCS without the structural change suggested nationally. We now already have an emerging vision and good progress being made towards working in a way in line with what is best for the people of the Borders through our draft Strategic Framework.

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

9. NEW MENTAL HEALTH IMPROVEMENT & SUICIDE PREVENTION ACTION PLAN 2020-25

Pippa Walls was welcomed to the meeting and presented the action plan. The purpose is to raise awareness and start conversations. The plan connects to the Strategic Framework and tackles 2 outcomes referenced. There are 4 ambitions and 4 programme areas. The aim is to have mentally healthy communities. Pippa advised the plan will come back to this group to start a more detailed conversation in the future.

Chris Myers thanked Pippa and noted that as the principles would need to be embedded across the Partnership, he asked if there is support from the Health Board, Council and other key partners. Jenny Smith added the need for the third sector to have an understanding and to have discussions. Lynn Gallacher offered to be more practically involved as she is working with unpaid carers who are struggling with their mental health. David Bell noted the link between physical and mental health and the need to prevent people from re-presenting to mental health services. Chris Myers noted that an Integrated Impact Assessment would need to be developed and inform the plan prior to this being considered by the IJB.

The **STRATEGIC PLANNING GROUP** noted the action plan and requested that public health returned with the updated IIA and any revisions to the plan in advance of this being considered by the IJB.

10. FINANCE UPDATE

Hazel Robertson gave an update on the financial position at the end of December 2022. There has been no further deterioration noted since the previous period and some improvement noted. The forecast for the year end remains an overspend of £6.25M. The Scottish Government are pulling back some Covid-19 funding from Month 8 onwards. Covid-19 reserves finish in March 2023 whilst the risk is on-going and funding for PPE and vaccination are still needed.

The format of the IJB Finance reporting will be improving. An evaluation process is starting. Directions of travel will be added and the healthcare information expanded. The financial reporting will be linked to the financial plan.

Lynn Gallacher requested that the Carers Act funding be shown clearly on the report. Hazel noted that she is working towards this and an anticipated underspend on the carers funding and offered to have a separate conversation with Lynn on this topic.

David Bell asked if long Covid will be an additional pressure in the future and asked what this cost might be. Hazel noted she will be having a conversation with Andrew Bone next week on this topic.

Chris Myers noted the financial environment will continue to be challenging and inflation is having an impact on communities and our service provision. Within this context there is a need to be transparent and honest with our communities on the scale of the challenges ahead and the impacts that this could have on changes to service provision.

The **STRATEGIC PLANNING GROUP** noted the Month 9 Finance report.

11. ANY OTHER BUSINESS

There was no other business noted.

12. DATE AND TIME OF NEXT MEETING

The Chair confirmed the next meeting of the Strategic Planning Group would be held on Wednesday 5 April 2023 at 10am to 12pm via Microsoft Teams.

Future Meeting Dates 2023 10am – 12pm:

7 June 2023

2 August 2023

4 October 2023

6 December 2023

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