Public Document Pack

Scottish Borders
Health and Social Care
PARTNERSHIP

A meeting of the **Health & Social Care Integration Joint Board** will be held on **Wednesday, 19th July, 2023** at **10.00 am** at Scottish Borders Council and via Microsoft Teams

AGENDA

Time	No		Lead	Paper
10:00	**1**	**ANNOUNCEMENTS & APOLOGIES**	Chair	Verbal
10:02	**2**	**DECLARATIONS OF INTEREST** 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
10:05	**3**	**MINUTES OF PREVIOUS MEETINGS** 17.05.2023	Chair	Attached(Pages 3 - 8)
10:10	**4**	**MATTERS ARISING** Action Tracker	Chair	Attached (Pages 9 - 12)
		FOR DECISION		
10:15	5.1	Direction: Primary Care Improvement Plan Bundle Proposal	General Manager Primary & Community Services	Attached (Pages 13 - 48)
10:30	5.2	Direction: Surge Planning	Chief Officer	Attached (Pages 49 - 60)
10:40	5.3	Mental Health Improvement and Suicide Prevention Plan	Director of Public Health	Attached (Pages 61 - 164)
10:50	5.4	MSG Self Assessment	Chief Financial Officer	Attached (Pages 165

				- 176)
11:00	5.5	Annual Performance Report 2022/23 and Delivery Plan 2023/24	Chief Officer	Attached (Pages 177 - 238)
11:10	5.6	Financial Regulations	Chief Financial Officer	Attached (Pages 239 - 256)
11:20	5.7	Finance Report	Chief Financial Officer	Presentation
		FOR NOTING		
11:40	6.1	Quarterly Performance Report	Chief Officer	Attached (Pages 257 - 272)
11:50	6.2	Directions Tracker	Chief Financial Officer	Attached (Pages 273 - 280)
11:57	6.3	Audit Committee Minutes - 20.03.23	Board Secretary	Attached (Pages 281 - 290)
11:58	6.4	Strategic Planning Group Minutes: 03.05.23	Board Secretary	Attached (Pages 291 - 298)
11:59	**7**	**ANY OTHER BUSINESS**	Chair	
12:00	**8**	**DATE AND TIME OF NEXT MEETING** Wednesday 20 September 2023 10am to 12pm Scottish Borders Council and via Microsoft Teams	Chair	Verbal

Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 17 May 2023** at **9am** via Microsoft Teams

Present:

(v) Cllr D Parker
(v) Cllr R Tatler
(v) Cllr N Richards
(v) Cllr E Thornton-Nicol
(v) Cllr T Weatherston
(v) Mrs L O'Leary, Non Executive (Chair)
(v) Mrs K Hamilton, Non Executive
(v) Mr T Taylor, Non Executive
(v) Mrs F Sandford, Non Executive
Mr C Myers, Chief Officer
Mrs H Robertson, Chief Financial Officer
Mr N Istephan, Chief Executive Eildon Housing
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

In Attendance:

Miss I Bishop, Board Secretary
Mr D Robertson, Chief Executive, SBC
Mrs J Stacey, Chief Internal Auditor
Mr P Grieve, Associate Director of Nursing P&CS, NHS Borders
Ms W Henderson, Scottish Care
Mr A Bone, Director of Finance, NHS Borders
Ms S Bell, Communications, SBC
Ms C Oliver, Head of Communications & Engagement, NHS Borders
Ms J Holland, Director of Strategic Commissioning & Partnerships, SBC
Mr K Allan, Associate Director of Public Health, NHS Borders
Ms K Slater, Scottish Borders Council
Mr D Knox, BBC Scotland

1. APOLOGIES AND ANNOUNCEMENTS

1.1 Apologies had been received from Mr J McLaren, Non Executive, Ms L Jackson, LGBTQ+, Ms L Gallacher, Borders Carers Centre, Mr R Roberts, Chief Executive, NHS Borders, Mrs J Smyth, Director of Planning & Performance, NHS Borders, Mr D Bell,Staff Side, SBC, Mrs J Smith, Borders Care Voice, Mrs Y Smith, Partnership, NHS Borders, Dr S Bhatti, Director of Public Health, NHS Borders and Mrs L Jones, Director of Quality & Improvement, NHS Borders.

1.2 The Chair welcomed attendees and members of the public to the meeting including Ms Wendy Henderson, Scottish Care, Ms J Holland, Director of Strategic Commissioning & Partnerships, SBC and Mr David Knox, BBC Scotland.

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 Extra ordinary meeting of the Health & Social Care Integration Joint Board held on 19 April 2023 were approved.

4. MATTERS ARISING

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

5. DIRECTION: HAWICK CARE VILLAGE

5.1 Mr Chris Myers detailed the updates to the Direction and advised that the Strategic Planning Group were fully supportive of the revised direction.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the Direction for issue.

6. DIRECTION: TEVIOT & LIDDESDALE DAY SERVICE BUSINESS CASE

6.1 Mr Chris Myers provided an overview of the report and spoke about the engagement process undertaken. He highlighted several areas including: NDTi; unpaid carers; and options appraisal results.

6.2 Cllr Neil Richards enquired about the number of providers identified. Mr Myers advised that 6 providers had responded with expressions of interest however only 1 provider had completed the submission process. He suggested there were a range of difficulties for providers in terms of recruitment, provision of a day service only, economies of scale and geographical area that were barriers for providers.

6.3 Mr Tris Taylor enquired about financial evaluation and commented that carer burnout was mentioned in the Inequalities Impact Assessment. He suggested there should be more understanding of quantifying the wider benefits in financial terms in the future.

6.4 Mrs Hazel Robertson advised that the best practice model had been followed for the options appraisal with additional value considerations. The preferred option was considered to be a better value model as more would be supported by the service. She suggested she would give more thought on how to undertake value consideration in future cases.

6.5 Cllr Elaine Thornton-Nicol enquired about the number of days to be supported. Mr Myers confirmed that it would be a 5 day service for those with dementia and other needs who were older adults. If the demand increased due to population change there would be the option to consider commissioning more capacity.

6.6 Mr Myers commented that in terms of the Newcastleton area, level of demand was low and appropriate options would be considered for those residents to promote social interaction and respite support.

6.7 The Chair enquired about the modelling numbers. Mr Myers commented that the service would accommodate 14 people per session. There were already 20 people receiving replacement care in Hawick and he anticipated that the service would be highly occupied across all 5 days.

6.8 Dr Rachel Mollart suggested a comparison to other areas. Mr Myers commented that it had been agreed based on the legal decision from the Court of Session that the greatest need was for the Hawick area and then for the Eildon area. A review of the care provision in other localities would also be undertaken.

6.9 Cllr Thornton-Nicol enquired if the service was affordable and of the likelihood of there still being unmet need in 5 years time. Mr Myers commented that the approach had been reflected upon and in order to do it well and in line with the legal obligation it had to be undertaken locality by locality with impact assessments carried out at a locality level.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the selection of the preferred option based on the definition of the required service and the qualitative and financial options appraisal carried out.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the Business Case and the associated Direction.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the issue of the Direction to Scottish Borders Council.

7. DIRECTION: PROPOSAL TO IMPLEMENT A FURTHER NIGHT SUPPORT/RAPID RESPONSE PATHFINDER IN THE DUNS AREA

7.1 Mrs Jen Holland provided an in-depth narrative of the content of the report which summarised the process and findings of the consultation.

7.2 Discussion focused on: the current provision of an overnight service in Peebles; provision of the overnight service in Duns; overnight continence provision; feedback from service users in Peebles; rapid response team overnight provision; palliative and end of life care will not be affected; negative responses to the initial pathfinder; other overnight services include the District Nursing Twilight service and overnight BECs (Borders Emergency Care); and embedding of lessons learned in future consultations.

7.3 Mrs Karen Hamilton sought clarification on the “tech” used. Mrs Holland commented that it included systems such as bed sensors and door sensors.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** reviewed the findings of the consultation.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the approach to undertake a further test of change followed by consultation in the Duns area.

8. DIRECTION: STRATEGIC APPROACH TO RELAUNCH LOCALITY WORKING GROUPS (COMMUNITY INTEGRATION GROUPS)

8.1 Mr Chris Myers explained the background to and content of the direction.

8.2 Cllr Elaine Thornton-Nicol reminded the Board that Eildon was a large area made up of 3 wards and she enquired how those with lived experience and unheard voices would be included in the Locality Working Groups.

8.3 Mr Nile Istephan suggested the governance might be light as he was keen to understand how any tensions between the Locality Working Groups (LWG) and the Strategic Planning Group would be resolved.

8.4 Mrs Karen Hamilton echoed Mr Istephan’s comments and sought a strengthening of governance through a suggested tree of responsibility diagram. Whilst supportive of the proposal she suggested a smaller area as the first locality may have been preferable given the area of Eildon included 3 separate wards.

8.5 Mrs Hazel Robertson commented that in order to assist people to join their LWG and to support them to access it, an expenses policy would be formulated.

8.6 Mr Myers commented that Eildon was the largest and most complex area for a LWG and part of the reason for starting in Eildon was to understand the complexities and intricacies of a large locality before LWGs were rolled out elsewhere. In terms of lived experience and unheard voices, consideration was given to that through the Stage 1 IIA and is being further progressed through Stage 2 of the IIA to ensure a broad representation of society is engaged and involved in the LWG.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** approved the strategic approach to re-launch Community Integration Groups (Locality Working Groups) outlined in the paper.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** agreed to commission a pathfinder in the Eildon locality to inform the future development of the approach.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** agreed to review the initial findings from the pathfinder in the September 2023 meeting.

9. INTEGRATED WORKFORCE PLAN IMPLEMENTATION GROUP PERFORMANCE REPORT

9.1 Mrs Wendy Henderson provided an update on the actions taken since the last update provided to the Board in March 2023. She commented that the equality and mainstreaming actions had been adopted and incorporated into the action plan for the Implementation Board and outcomes were starting to influence and inform discussions.

9.2 The Chair enquired why medication management was a workforce item.

9.3 Dr Rachel Mollart commented that Dr Tim Young was no longer a practicing GP and sought the nomination of a GP from either GP Sub Committee or LMC to join the group.

9.4 Mrs Fiona Sandford welcomed the paper and cautioned that an over success in increasing the threshold for salaries for skilled workers could lead to gaps in the care sector.

Cllr Robin Tatler left the meeting.

9.5 Mrs Sarah Horan on the point of medication management commented that separate employers working in partnership had different regulations and rules. She enquired how the end user could be placed at the centre of provision.

9.6 Mrs Henderson commented that medication management was in regard to the prompting or administering of medication. It was one of the top 3 areas for improvement in the delivery of care and transition of care from hospital to home or to the care sector.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress made to date.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** agreed to accept update reports at the IJB meetings to be held in January, May and September of each year.

10. DIRECTIONS TRACKER

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

11. AUDIT COMMITTEE MINUTES: 19.12.2022

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

12. STRATEGIC PLANNING GROUP MINUTES: 01.02.23

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

13. ANY OTHER BUSINESS

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

14. DATE AND TIME OF NEXT MEETING

14.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 19 July 2023, from 10am to 12noon through MS Teams and in person in the Council Chamber, Scottish Borders Council.

SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD

ACTION TRACKER

Meeting held 16 November 2022

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

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2022	5	The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to amend the direction to read "To ask Scottish Borders Council to continue to work to develop a proposal to inform the re-commissioning of the Teviot and Liddesdale day service in line with the need in the locality and to return to the IJB in February 2023 with a plan for what might be delivered."	Chris Myers	~~February 2023~~ May 2023	**In Progress:** The update on the Teviot and Liddesdale outcome due to the IJB in February 2023 has been delayed as the process has not been fully completed. The outcome will be brought to the next IJB meeting in May 2023. **In Progress:** 15.03.23: Mr Chris Myers advised that the Carers workstream had been updated and a number of its members were part of the Teviot & Liddesdale working group. Public engagement had taken place across the locality and good feedback had been received on the day service and other services that supported carers the area. The feedback was being worked through with the working group and work was being undertaken in regard to a provider and commissioning. Stage 1 of the Inequalities Assessment had been completed and Stage 2 was being taken forward.	G

					Complete: IJB approved the options and agreed the direction for issue on 17.05.23.	

Meeting held 1 February 2023

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

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2023-1	5	The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** asked that a revised direction be brought to the next meeting to clearly direct both Scottish Borders Council and NHS Borders to work up a service model business case for the Care Villages.	Chris Myers	~~March 2023~~ May 2023	**In Progress:** The revised Direction will be brought to the May meeting of the IJB, so that the SPG can review it in advance. **In Progress:** 15.03.23: Mr Chris Myers advised that the revised direction would be submitted to the Strategic Planning Group for consideration and recommendation to the IJB in May. **Complete:** IJB agreed the direction for issue on 17.05.23.	G

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

This page is intentionally left blank

Scottish Borders Health and Social Care Partnership Integration Joint Board

19th July 2023

Primary Care Improvement Plan Bundle Proposal

Report submitted by Cathy Wilson, General Manager for Primary and Community Services

1. PURPOSE AND SUMMARY

1.1. **To seek approval for the Health Board's plan to deliver services outlined in PCIP 6 Scottish Government direction, including temporary redirection of Polypharmacy efficiency savings to meet the shortfall in funding for PCIP from the Scottish Government; and to escalate concern that funding from Scottish Government is insufficient to deliver their PCIP 6 direction.**

1.2. The purpose of this report is to brief the IJB on the significant shortfall in Primary Care Improvement Funding (PCIF), which has been compounded by the impact of the vaccination funding shortfall. The shortfall in funding has limited our ability to deliver Community Treatment and Care (CTAC) and Pharmacotherapy, as outlined in recent SG PCIP 6 direction. Despite developing a phased approach for CTAC which prioritises key areas, the current level of PCIF funding is not sufficient to even offer Phase 1 CTAC (Phlebotomy, Blood Pressure and Weight Checks) and meet the requirements of the 2018 GP contract.

1.3. A funding model and delivery plan have been composed to ensure that the needs of patients are met, and the health system can deliver primary care services and support efficiencies through realistic medicine that are sustainable and financially sound. This was devised in response to a Borders Executive Team's request for an outline of the steps required to move incrementally towards full implementation of PCIP services, which are essential for delivering high-quality healthcare services to the population.

1.4. The funding model and delivery plan have been reviewed and endorsed at the meeting of Health Board on the 29th June 2023 and as such the Health Board are ready to accept direction from the IJB to implement this plan if it is approved according to the recommendations.

2. RECOMMENDATIONS

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

- **a)** Direct NHS Borders to implement the Bundle Proposal plan to deliver services outlined in PCIP 6 Scottish Government's direction.
- b) Approve and endorse the financial model supporting the PCIP Bundle Proposal, including temporary redirection of Polypharmacy efficiency savings to deliver against PCIP 6; and
- c) Escalate funding concerns and gap for PCIP 6 delivery with the Scottish Government.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

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

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

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

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is required to NHS Borders (enclosed in Appendix X)

5. BACKGROUND

5.1. New GMS GP Contract - 2018

In 2018, a new GP contract was introduced. A new primary care model was to be rolled out to make it easier for people to access care from a wide range of healthcare professionals. The New GMS GP Contract refocused the role of GPs as Expert Medical Generalists (EMGs) working within a Multi-disciplinary Team (MDT). The aim of this is to reduce GP and GP Practice workload. New staff will be employed by Health Boards and will work with practices and clusters.

5.2. The Health Board would be required to shift GP workload and responsibilities to members of a wider primary care multi-disciplinary team when it is safe and appropriate to do so, while also demonstrating an improvement for patient care.

5.3. It is a requirement of the MoU that Integrated Authorities develop and review a local Primary Care Improvement Plan (PCIP). The aim of the plan is to identify and integrate key areas to be transformed to achieve the GP contract goals with the expectation that reconfigured services will continue to be provided in or near GP practices.

5.4. MoU2

SG issued an updated Memorandum of Understanding (MoU2) to Health Boards in July 2021. The revised MoU for the period 2021-2023 recognised what had been achieved on a national level but also reflected gaps in delivering the GP Contract Offer commitments as originally intended by April 2021.

5.5. This revised MoU2 acknowledges both the early lessons learned as well as the impact of the Covid-19 Pandemic and that the delivery of the GP Contract offer requires to be considered in the context of Scottish Government remobilisation and change plans.

5.6. SG advised that all 6 MoU service areas should remain in scope, however following the SG/SGPC letter of December 2020, they agreed that the following services should be reprioritised to the following three services:

- Vaccination Transformation Programme (VTP)
- Pharmacotherapy
- Community Treatment and Care Services (CTAC)

5.7. It is important to note that prior to the MoU2 announcement, other PCIP Borders workstreams were well underway and PCIF commitments attached.

5.8. November 2021

In recognition that nationally several HBs were struggling with the March 2022 deadline, a GP sustainability payment was offered to help cover costs- giving an additional year for implementation of both CTAC and Pharmacotherapy.

5.9. March 2022

By March 2022 the Health Board had delivered VTP in full, partially delivered Pharmacotherapy (level 1 Acute Prescriptions) and CTAC was a still to be delivered. Modelling and planning were complete and implementation was waiting for funding allocation before it could go ahead.

5.10. August 2022

Allocation from Scottish was released in August 2022 and was insufficient for fully implementing CTAC. This triggered a review of the strategic plan as a new model was required to fit within the financial envelope. This led to a reduced model, CTAC Phase 1, providing only phlebotomy services.

5.11. March 2023

As a direct result therefore and without any dialogue with the Board / Partnership regarding how the position on these reserves may have changed since they were brought forward on 01 April 2022 or any legal, contractual or strategic commitments that may have been entered into during the year, the SG has unilaterally deducted the full £1.523m from Scottish Borders 2022/23 PCIF allocation, resulting in no Tranche 2 payment being made.

5.12. April 2023 – Current Position

The Health Board received the PCIP 6 letter and tracker in XXXX. This provided guidance outlining direction to deliver:

- Full CTAC
- Pharmacotherapy (all 3 levels)
- Any available PCIF funding should go toward Transitionary payments if services are not delivered.
- Admin to be provided for PCIP Services.
- VTP should be complete and maintained.
- Other MoU Services should be maintained and not decommissioned to fund priority workstreams.

5.13. Funding position

Please see accompanying end of year finance report 'PCIP Executive Tranche 2 Funding Allocation'.

5.14. **Wider Landscape in Primary Care**

Scottish Borders GP Sustainability

Primary Care is essentially the 'front door' to the health service and provides patients with the first point of contact when they feel they have a medical need. Without robust and accessible general practice there is a risk that patients will seek support from other areas of the heath system who are already under increasing pressure.

5.15. NHS Borders has been relatively lucky over the past years, whilst challenges remain in the provision of GP service, practices have been able to continue delivering a high quality service to their registered patients. Recently however we have locally been faced with sustainability concerns which are and will impact on the ability to deliver services e.g. Health Board 2C practice Duns Medical Group, closure of Chirnside Branch surgery.

5.16. Delivery of GP services has always been challenging – recruitment of all staffing groups, continued high patient demand, additional demand placed by the changing population demographics, and the local geographical area which services are to be delivered.

5.17. This year for the first time NHS Borders has seen practices pull out of delivering enhanced services to enable them to focus resources on core GMS services. For the remaining enhanced services NHS Borders have had to negotiate a pay uplift ensure continues provision of these services.

5.18. Multiple practices have continual adverts out for a range of clinical staff, especially challenging to recruit are GP partners and salaried GPs. Recruitment is a national issue, but given the rurality of NHS Borders it appears to be particularly difficult to attract clinical staff to the local area.

5.19. Recruitment

Recruitment and retention is a national issue affecting the full range of clinical positions in general practice. A number of practices have continuous adverts out for GP Partner and Salaried position and have been unable to attract candidates. Practices have been seeking to replace GPs

with ANPs, however this staff group are also in high demand with a limited pool of trained staff. In the past 10 years there has been an 11% reduction in performers, an increase of 136% in salaried GPs and nationally 31% of GPs are over the age of 50.

5.20. Patient Demand

Patient expectations are high and the changes to services being experienced in the delivery of the new GMS contract are not fully understood. Generally patients still wish to see their own named GP and expect to be seen quickly and locally. Anecdotally it is being reported that patient demand is higher than pre-pandemic levels with a smaller workforce.

5.21. Demographic Changes

There are several demographic changes which place additional pressure on the provision of primary care - the increasingly aging population placing additional demand on services, new housing developments, and the increasing diagnosis and management requirements of long-term conditions. List sizes have been increasing across the Board and whilst the general population is expected to increase by 1%, the number of over 75s expected to increase by 30%.

5.22. Shifting the Balance of Care

There is a drive to move more care into the community, however doing so places additional demand on primary care. If the balance of care is to shift from secondary to primary investment and resource also need to be moved. There is a need to ensure that primary care is sustainability and supported to enable this shift in provision – this is strategically aligned with the enhanced CTAC model.

5.23. Quality/ Patient Care

The majority of healthcare is provided within Primary Care, general practice is the 'front door' to the health services and is the first place a patient reaches out to if they have a need. Any reduction in primary care provision would lead patients to seek support by attending A&E.

5.24. Workforce

The ability to recruit and retain a workforce within general practice is one of the root causes of GP sustainability issues. The workforce within primary care is under increasing pressure to deliver more with less. There is a risk that the remaining workforce will no longer wish to work within primary care. There is a need to make general practice an attractive place to work, for all job roles.

5.25. Financial

The Health Board will be responsible for the provision of GMS to its local population, should a GP Partnership give notice on their contract it will be up to the Health Board to find a mechanism to continue service delivery. This may mean undertaking a Tender exercise to find another provider or it may mean the Health Board taking on responsibility for service provision and running the practice as a 2c model.

5.26. Risk Assessment/Management

There is a risk that primary care provision within general practice will be unsustainable and the local population will not have access to adequate primary care services. We will face increasing local issues which will require support from the Health Board, potentially having to take on further practices as 2c. This will require additional resource from the Health Board, and increasing time from P&CS Management Team.

5.27. The P&CS Team are working to fully understand the current and near future situation and will therefore be able to identify the risk and mitigating actions required.

5.28. GP premises

Implementation of PCIP has resulted in additional staff working within practices and requiring additional premises capacity. The Health Board has obligations to deliver appropriate accommodation for primary care. There are further issues in relation to future demand and capacity of existing estate to accommodate workforce.

5.29. GP IT

A GP Order Comms solution is required for the safe and efficient passage of requests for Phlebotomy. There are currently plans to replace EMIS PCS in practice with another solution in the next year to eighteen months. This will require full allocation of P&CS IM&T resource and so any smaller project need to be implemented before this time.

5.30. SG Policy commitments

A new enhanced service driven by Scottish Government direction is being implemented for GP practices. This requires GPs to provide anti overdose medication as part of the government's programme to reduce deaths from drug overdoses.

5.31. **NHSB Financial Challenges**

NHS Borders is projecting a financial challenge of £32.5 million in 23-24. It is recognised this financial pressure is driven by: unfunded acute beds; investment in digital infrastructure; and inflationary pressures on Service Level Agreements and prescribing expenditure. The Board is forecasting delivery of £10 million savings and other cost reduction measures to reduce this gap through its Financial Improvement Programme. This results in a net deficit currently assumed of £22.5 million for 2023-24. It remains the expectation of the Scottish Government that NHS Boards deliver a balanced financial outturn. Any financial assistance received by Boards to support achievement of a breakeven position will be provided on a repayable brokerage basis and should be minimised as far as possible. Scottish Government (SG) continues to expect delivery of the 3% recurring savings target, communicated as part of the Sustainability and Value programme, as a minimum requirement for the Board. For clarity, the 3% target is to be measured against the Board's full baseline funding. SG therefore expects the Board to continue to engage with the Sustainability & Value programme to support delivery of cost reduction and productivity related improvements that will help to reduce the financial gap.

5.32. Pharmacotherapy Services

Since the new Pharmacy staff allocations in July 2022, the subject of travel time and cost has regularly appeared on meeting agendas and prompted the re-allocation of clinical time to practices. This clinical time is being covered by the Pharmacy Technicians it is causing low morale and frustration amongst the team.

5.33. Recruitment of qualified Pharmacy Technicians is very difficult, due to a limited catchment area in the Borders and many already being employed by primary care.

5.34. With the progression of digital prescribing and the NHS Borders IT department currently working on solutions for remote prescription printing, it would suggest that a physical presence in practice will not be an on-going requirement.

5.35. This has led to suggestions that a Pharmacy Hub model may be a way to reduce travel time from BGH and allow the service to pool resource.

5.36. The Hub model of working is not an entirely new concept, it has been utilised in surrounding Health Boards for some time, with Greater Glasgow and Clyde, Lanarkshire and Dumfries and Galloway all having published findings of increased productivity and satisfaction amongst hub teams. The RPS/BMA have also released a joint statement that the model of staff allocation to

practices does not provide robust enough cover during sickness or holidays so the statement accepts that hubs are required to ensure continuity of Level 1 service.

5.37. Space for Pharmacotherapy staff is also unavailable in several practices. This impacts the times that pharmacy staff can provide support to practices. Pharmacists have to provide sessions when they can be accommodated, for instance when practices are quiet on a Friday afternoon, rather than when they could provide the greatest benefit to practices, such as a Monday morning.

5.38. Vaccination Transformation Programme
On 27th February 2023, NHS Borders/Scottish Borders Health and Social Care Partnership received notification from the Scottish Government with regard to its 2023/24 Vaccination Programme funding allocation.

5.39. The funding that has been allocated is considerably less than anticipated, based on previous submissions to the Scottish Government. As a result, this significant shortfall poses a strategic risk to the programme's ability to fully satisfy national requirements with regards to vaccination programmes.

5.40. NHS Borders has been delivering a singular consolidated vaccination service since late 2020. This team now also includes existing vaccination teams such as School Immunisation.

5.41. The programme has 5 main strands:

- Flu vaccination previously delivered across Primary Care at 2018 contract levels
- Non-Flu vaccination previously delivered across Primary Care at 2018 contract levels
- Expanded Flu vaccination beyond 2018 contract levels
- Covid-19 vaccination
- Established Board-directly provided vaccination e.g. School Immunisation

5.42. The parameters for vaccination are set by the Joint Committee for Vaccination and Immunisation (JCVI), Public Health Scotland (PHS) and Scottish Government, therefore locally there is very little control over timescales for delivery within certain programmes.

5.43. To date, NHS Borders are the highest performance mainland Scottish Health Board for flu and COVID-19 vaccination programmes.

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	How the proposal delivers improvements in this area?	How will we know it is delivering this improvement?
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Implementing a CTAC service will enable easier access for patients to independently access testing and treatment room care closer to home. The expansion to an enhanced CTAC model will further improve local accessibility of testing and monitoring activity by moving this into the community from secondary care.	This will be monitored using CTAC efficiency and productivity measures of the service over time.
		A fully implemented CTAC (includes Enhanced CTAC interfaced with Secondary Care) will support efficient management of long term conditions. This will release GP capacity and improve accessibility for patient GP appointments.	
		Polypharmacy will reduce the number of medications prescribed and reduce the risk of harm to patients from prescribing errors. This will in turn prevent unplanned admission and for complex elderly patients this should be considered as early intervention to prevent the deterioration that is well documented during inpatient stays in hospital.	Measured through the number of drugs prescribed per person and also by reduced admissions due to medication/prescribing harms
		Improving the efficiency of the Pharmacotherapy service to facilitate Band 3 and 5 Pharmacy staff taking on more level 1 prescribing activity will enable Pharmacists to work more frequently at the top of their remit - running specialist clinics for chronic pain and heart disease, and managing high risk medications - with obvious knock on impacts of patients being able to live in better health.	This will be measured using the newly developed template for capturing Pharmacotherapy activity and collated and reported using the new EMIS Enterprise tool. This will be monitored using CTAC efficiency and productivity measures of the service over time.
2	People, including those with disabilities or long term conditions, or who are frail, are able to	CTAC and Pharmacotherapy services continue to be practice based, and enhanced CTAC will move more activity into the community to be based in practices. This will facilitate easier access for patients as they can access more healthcare services locally. PCIP services can empower individuals to manage their health more effectively and promote self-care, which is vital for maintaining independence and living at	Measured using demand and capacity measures for the CTAC service.

	live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	home in a homely setting.	
		The further improvement of prescription management through regular reviews - to reduce harms from medication errors and improve the quality of life for patients living with long term conditions - means that complex and frail patients who are more likely to be prescribed more than 5 medications and who are therefore at higher risk of harms from medication, are safer and at less risk of their independence being impacted by unplanned spells in secondary care or having a poorer quality of life when the causes of this are preventable.	Measured through Datix reported medication incidents in the community, number of drugs prescribed per person and reduced admissions due to medication/prescribing harms.
		Accessibility: local access ensures that essential health care services are easily accessible to patients. This eliminates the need for long journeys to a central point (e.g. Borders General Hospital), which can be challenging for individuals with disabilities or frailty. Local access promotes a sense of familiarity and comfort for patients, allowing them to undergo treatments regularly while remaining in their preferred homely environment.	Measure through patient experience survey questions on accessibility and whether patients feel their care has been based around their need and promoting their overall wellbeing and independence.
		As an integral part of PCIP services, regular results taken from CTAC services can offer comprehensive care by collaborating with other healthcare professionals. This multidisciplinary approach addresses various aspects of patients' health and social needs, promoting overall wellbeing and independence.	

3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Having a local health centre with diverse facilities via a single point access (admin pathways) makes healthcare more accessible and convenient for individuals. They can easily access services like phlebotomy, treatment rooms for minor procedures and examinations, and pharmacy staff for medication-related support. The proximity of these services can save time, reduce travel costs, and ensure prompt care, leading to a positive experience for patients and their carers. This approach to health care can provide coordinated and integrated care. With access to various facilities under one convenient roof, people can receive comprehensive care and avoid the need for multiple appointments at different locations. The streamline approach enhances efficiency, reduces waiting times, and improves the overall experience for people seeking better control of their health. CTAC and Pharmacotherapy services enable the ability to have consistent follow-ups/reviews and assessments with healthcare professionals. This can strengthen the patient and care provider relationship and ensures that individuals receive continuous, personalised care. This regular engagement promotes a sense of trust, respect, and individualised attention, enhancing the overall positive experience. The combination of CTAC and Pharmacotherapy service will support the creation of personalised treatment plans. Whether it's conducting regular reviews, adjusting medications, or monitoring on going health conditions, individuals to receive comprehensive medication support and education. The pharmacy staff and other health practitioners can provide valuable information on medication usage, potential side effects, and interactions. This empowers individuals to make informed decisions about their health, enhances medication adherence, and promotes self-management, all while maintaining their dignity and autonomy. It is important to reflect that by not decommissioning other PCIP services, the additionality of both CTAC and Pharmacotherapy will offer a complete holistic approach to health. The availability of different services within a community-based health centre can support the goals and aspirations of Realistic Medicine. People will have access to allied health professionals, mental health workers and advance nursing teams. This multidisciplinary approach addresses various aspects of an individual's wellbeing, ensuring comprehensive care and demonstrating respect for the holistic health needs.	Impact will be measure using Survey data to assess patients' experience.

		Greater Pharmacotherapy capacity will enable pharmacists to engage more with patients. Specialist clinics will enable patients to have discussions with their pharmacists about their medication and how best to manage this, put patients at the centre of decisions. Polypharmacy is a focus of the board's programme to apply realistic medicine within the services we provide. At the core of this is a person-centred approach to care promoting safety and shared decision making. This approach is well evidenced as being core to patient's feeling they are being respected and treated with dignity.	
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As covered above, the improvements to CTAC and Pharmacotherapy are designed to facilitate more proactive healthcare provision, focussed on early interventions to prevent harm and improve the quality of life for patients on long term medication or many different medications. The increased accessibility of care meaning reduced time spent seeking healthcare and inconvenience for the patient in the way that healthcare is provided will also bring additional improvements to quality of life for people that need to use the services we provide. CTAC services are also designed to be responsive for urgent care – offering local care for minor injuries or treatments (e.g. wounds management, ear care, etc.)	The methods of demonstrating the benefits within this area are the same as those for previous outcomes through the collection of data on PROM/PREM surveys.
5	Health and social care services contribute to reducing health inequalities.	Health inequalities often arise due to disparities in access to healthcare services. By providing CTAC and Pharmacotherapy services within comprehensive facilities, people who may have limited access to healthcare due to geographical, financial, or other barriers will be able to access essential services more easily. Lack of timely and prompt care can contribute to adverse health outcomes and exacerbate health inequalities. With local health centres equipped with CTAC, individuals can receive necessary tests, examinations and treatments in a timely manner. Early detection and intervention for health conditions can help prevent complications, reduce health inequalities arising from delayed or inadequate care, and improve overall health outcomes. Health inequalities can arise when individuals do not	The impact of the programme on health inequalities will be measured through data (SPARRA) captured on prescribing and split by demographics such as age and deprivation.

		receive continuous and appropriate care. By having local CTACs and Pharmacotherapy that conduct regular reviews, individuals can receive consistent follow-ups for their health conditions. This ensures continuity of care, on-going monitoring, and necessary interventions, helping to address health inequalities related to medication adherence and management. CTAC and Pharmacotherapy services can provide health education and empower individuals to take charge of their health. This can include providing information on preventative measures, lifestyle modifications, and disease management strategies. By empowering individuals with knowledge and tools to make informed decisions about their health, health inequalities can be diminished. Education and empowerment enable individuals to actively participate in their own healthcare, leading to better health outcomes and reduced disparities. More specifically: There will be an improvement to health inequalities by an increased capacity where previously a practice had fewer phlebotomists per 1000 registered patients. In this way areas with less accessible access to care will have increased access. Patients requiring a Polypharmacy Review are those with the highest number of prescribed medication and these are often the most complex patients whose lives are most significantly impacted by poor health. NHSBSA analysis of prescribing data from 20/21 for England[1] shows that the most deprived 20% of the population, defined by the Index of Multiple Deprivation, peak in the number of medications prescribed 15 years earlier than the rest of the population, with all the associated impacts of being on a greater number of medicines that this brings. They also found that in the age group of 65-69 year olds, 17.4% of patients within the 20% most deprived group were prescribed more than 10 medications. Only 7.8% of patients across the rest of the population were prescribed this many medications at this age. These statistics are heavily correlated with the overall health of these populations however there are the additional risks of being on this many medications that are further increasing the health inequalities of being in the most deprived group – according to the NHSBSA patients on more than 10	

[1] healthcareInequalitiesScrollytellR (shinyapps.io)

		medications are 300% more likely to be admitted to hospital. A focus on improving the condition of these patients by reviewing the medication they are prescribed and addressing the impacts of this medication will improve the quality of their lives and reduce health inequalities.	
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.	It is expected that the implementation of CTAC, the improvements made to Pharmacotherapy Service and the reduction in overprescribing resulting from our Polypharmacy review programme will make accessing healthcare services easier for unpaid carers, both for themselves and those they care for, and also reduce the need to seek healthcare in the first place by improving health and reducing risks of medication harms. This will be through the improved health of any frail and complex patients that they care for with improved prescribing management as well as easier to access and more locally available care through the CTAC and enhanced CTAC services. A standardised way to book a CTAC appointment following the same process as vaccination will be implemented to make it straight forward and familiar for people to arrange their appointments and should reduce the negative impact of their caring role.	Impact to be assessed through data collected by the Carers Centre.
7	People who use health and social care services are safe from harm.	The implementation of a GP Order Comms IT system to handle bloods request from the CTAC service will standardise the process of bloods requests and making the results available. This will reduce the risk of harm from results not being available, requests for bloods being lost, or the wrong blood tests being run. Data collected from the Order Comms system and Datix to report against the impacts of this system on safety. - The Polypharmacy review programme will reduce the risk of harm from overprescribing, higher likelihood of admission to hospital and undetected contraindication of medication. Regular reviews from pharmacy staff and healthcare professionals can help identify potential health issues, monitor on going conditions, and detect any early signs of harm or complications. By identifying problems at an early stage, appropriate interventions can be implemented to prevent further harm or deterioration of health. Measures for this are already outline previously. Pharmacy staff will play a crutial role in ensuring safe and effective medication management. They can	Measures for this impact have already been outlined.

		review individuals' medication management – review medication regimens, assess for any drug interactions, allergies, or contraindications, and provide guidance on proper administration and potential side effects. This helps minimise the risk of medication-related harm and ensures that individuals receive the appropriate medications tailored to their specific needs. Increasing the capacity and efficiency of the Pharmacotherapy service will allow pharmacists to focus more of their workload on running specialist clinics for chronic pain and heart disease and managing high risk medications which will again reduce the risk of medication harms. CTAC services ensures that individuals receive appropriate and safe care in a timely manner. These dedicated spaces are equipped with the necessary equipment and resources to carry out procedures and treatments in a controlled and sterile environment. This helps reduce the risk of infections, complications, or errors during procedures, minimising harm to patients. Both CTAC and Pharmacotherapy services can provide patients with education and information on their health conditions, treatment options, and self-care practices. This empowers individuals to actively participate in their own healthcare decision-making, enabling them to make informed choices and take steps to reduce harm. By promoting health literacy and providing individuals with the knowledge to manage their health effectively, fully embedded PCIP services will contribute to reducing the risk of harm. Regular health monitoring reviews will allow for continuous monitoring of individuals' health status. This ensures that any changes or potential risks are promptly identified and addressed. By providing on going care and follow-up reviews, PCIP enabled Health Centres can reduce the likelihood of harm going unnoticed or untreated.	
8	People who work in health and social care services feel engaged with the work they do and are supported to	A well-equipped and complete PCIP service brings together different healthcare professionals with a multidisciplinary approach, creating an environment that fosters collaboration and teamwork. This collaborative approach encourages staff engagement as they work together towards a common goal of providing quality care and support to patients. Staff members within CTAC and Pharmacotherapy	This proposal will promote a culture of continuous improvement in healthcare delivery. Regular quality improvement (QI) by the management team will enable the identification of areas that require improvement, such as patient outcomes, adherence

	continuously improve the information, support, care and treatment they provide.	services are more likely to have access to training and professional development opportunities under a Health Board educational framework. Regular reviews provide a platform for learning and improvement, allowing staff to update their knowledge and skills. Continuous professional development contributes to staff feeling supported and valued in their role, enhancing their engagement with the work they do. A skills mix educational programme has already been identified for existing treatment room/GP staff should this proposal progress with their existing contracts transferring to CTAC. Most significant is the focus on redistributing the workload in the pharmacotherapy service to allow Pharmacists to take on more complex tasks. This is in response to feedback collected around satisfaction and the need to ensure development. It is thought this has an impact on our ability to retain staff. It is also worth highlighting the interface with public health. The data being generated through the PCIP Health Board services will be available to Public Health who can in turn access relevant information regarding disease prevalence, treatment outcomes, and patient demographics, which informs decision-making and resource allocation by the IJB. By working together, services can develop strategies, implement interventions, and monitor the impact of public health programmes more effectively.	to protocols, and overall quality of care. Staff involvement in quality improvement initiatives ensures that their expertise and suggestions are valued, fostering a sense of ownership and engagement. This will be measured through regular QI reporting. Regular reviews provide an opportunity for staff members to receive feedback on their performance, discuss challenges, and receive recognition for their contributions. We will continue to measure this through formal and informal collection of feedback as well as vacancy and turn over rates in out teams.
9	Resources are used effectively and efficiently in the provision of health and social care services.	In summary – having local health centres with an enabled PCIP service with CTAC and Pharmacotherapy will contribute to effective and efficient utilisation of resources in the provision of health services in the following ways: 1. Streamlined workflow: patients can receive comprehensive care in one location, minimising the need for referrals continuously initiated by a GP. This streamlining reduces unnecessary duplication of services and optimises resources allocation. 2. Timely and accurate diagnosis: the presence of phlebotomy services with GP order comms will allow a quick and accurate collection of blood samples. When paired with pharmacotherapy, this will enable timely diagnosis and treatment initiation. 3. Effective treatment management: health centre staff will be able to administer treatments efficiently on-site. This prevents the need for patients to visit multiple locations or travel to hospital for routine	We are very focussed on delivering extremely efficient services within an underfunded budget. We have identified sources of information for this and are developing an accurate and regularly updated system of reports to allow us to respond to issues as quickly as possible to target as efficient a service as possible - delivering the best positive impact within the proposed financial envelope.

		procedures. 4. Medication management and Realistic Medicine: Pharmacotherapy staff will focus on routine reviews of prescription and help monitor effects on patients at regular intervals. GPs will be able to focus on complex prescribing, leading to efficient resource utilisation – identifying safe medication changes, areas for improvement and promoting cost-effective prescribing practices. By continuously reviewing and monitoring resource utilisation, potential wastage can be identified and addressed promptly. 5. Integrated care and coordination: an integrated multidisciplinary team will promote collaboration, coordination and reduce fragmentation to patient care. 6. Data driven decision-making: regular reviews will lead to improved patient health outcomes, and treatment effectiveness. The data gathered can inform evidence-based decision-making and resource allocation – resources can be allocated where they are most needed, maximising their impact and efficiency.	

Financial impacts

6.2. The financial model presented below outlines the available resources, expected costs and potential savings derived from the proposed approach. Expenditure is phased on a two year basis from September 2023 in order to achieve 'steady state' by September 2025. Costs are described for the period April to March in each year.

6.3. The model assumes that the Polypharmacy review programme enhanced service will run for the two year period, with savings delivered recurrently over that period rising from £292k in year 1 to full year effect of £1m in year 3.

SUMMARY	**2023-24 £000s**	**2024-25 £000s**	**2025-26 £000s**
AVAILABLE RESOURCES			
PCIF	287	287	287
Enhanced Services DMARD	161	277	277
TOTAL AVAILABLE RESOURCES	**448**	**564**	**564**
EXPENDITURE			
Projected Expenditure	1,011	1,587	1,402
Offsets	(175)	(192)	(192)
TOTAL EXPENDITURE	**836**	**1,395**	**1,209**
SURPLUS/-DEFICIT BEFORE SAVINGS	**(388)**	**(830)**	**(645)**
Anticipated Savings	292	792	1,000

NET SURPLUS/-DEFICIT	**(96)**	**(38)**	**355**

Polypharmacy

6.4. The Polypharmacy enhanced service has been modelled on the basis of an assumed 8,000 patient reviews undertaken per year. GP LNC has provisionally advised to a rate of £39.60 per review, contingent upon delivery of the agreed PCIP investment. The position outlined by GP LNC is as follows:

> "Polypharmacy review rate is £70 per review but as long as CTAC delivery progresses as agreed the GP's will discount rate to £39.60 to support PCIP delivery. This discounted rate will remain provided agreed timelines are met."

6.5. The potential savings are described in the table below. This includes modelling of minimum, maximum and mid-range savings estimates based on the Polypharmacy guidance.

Polypharmacy	Per Unit	Per Year
Patient Population (target)	16,000	8,000
GP LES Payment		
GP LNC Rate - unabated	£70.00	£560,000
GP LNC Rate - abatement	-£30.40	-£243,200
GP LNC Rate (net)	**£39.60**	**£316,800**
Net Reduction in Drug Costs		
Minimum	£50.00	£400,000
Maximum	£200.00	£1,600,000
Mid-range	**£125.00**	**£1,000,000**
Potential Net Savings		
Minimum		£83,200
Maximum		£1,283,200
Mid-range		**£683,200**

6.6. The risk of non-delivery is highlighted within the risk section below.

Equality, Human Rights and Fairer Scotland Duty

Required – Stage 2 & 3 to be completed should proposal be approved

6.7. Stage 1 – Proportionality and Relevance of the Equality, Human Rights and Fairer Scotland Duty Impact Assessment is attached. Completed and endorsed by PCIP Executive Committee on 6th July 2023. Unable to complete Stage 2 & 3 due to current contract sensitivities. Pending IJB's decision to proceed with the proposal, we will proceed to complete Stage 2&3.

6.8. Once complete this is to be submitted to the IJB Equalities, Human Rights and Diversity Lead and then published publicly on the IJB website.

Legislative considerations

6.9. The primary legislative consideration is the delivery of the 2018 GMS contract through the PCIP contract. Implementing CTAC is a core element of this proposal. Delivery of this service will mean we will meet the stipulations in the contract by delivering the services outlined in the Primary Care Improvement Plan.

Climate Change and Sustainability

6.10. Reduced travel in provision of Pharmacotherapy and continued provision of CTAC locally in the community and making this sustainable long terms will mean reduced travel to for associated staff and patients respectively. This will have Carbon reduction impacts and will also decrease impacts of transport on air quality.

6.11. Overprescribing and pharmaceutical production are areas of growing environmental concern. A recent article on BJGP Life[2] drawing on research published in a number of academic journals reference the following statistics:

6.12.

> 'the environmental impact of medicines… contribute 25% to NHS emissions... 20% of medicines-related emissions are due to the pharmaceuticals and chemicals supply chain… Process and manufacturing improvements to the supply chain will be able to contribute to this reduction, but tackling overprescribing has the potential to vastly reduce emissions… A national review on overprescribing estimated that 10% of all medicines prescribed in primary care are overprescribed.'

6.13. Additionally to carbon counting, there are other environmental impacts of overprescribing that need to be considered and are particularly relevant within the Borders. NHS Highlands and Islands have been involved in an innovative programme of research (One Health Breakthrough Partnership) assessing the impacts of health centres on water courses. 'Pharmaceuticals in the water environment: baseline assessment and recommendations'[3] found significant impacts of pharmaceuticals to be present in water sources across Scotland. The research was as follows:

6.14.

> 'Mean concentrations for each monitored location were assessed against threshold values for environmental (ecotoxicological) risk and, for antibiotics, against threshold values above which the substance might act a driver for antimicrobial resistance (AMR). About half of all surface water data pertained to samples targeting high-risk settings, such as immediately downstream from a wastewater treatment works rather than 'typical' environmental concentrations in the water body. This enabled a worst case baseline position to be established.'

6.15. They found the following:

- Eight substances - ibuprofen, clarithromycin, erythromycin, diclofenac, EE2, metformin, ranitidine, and propranolol - were identified as posing a higher ecotoxicological risk in inland surface waters.

- Three substances - clarithromycin, erythromycin, and ciprofloxacin - were identified as posing a higher risk in terms of AMR. Two of these - clarithromycin, erythromycin – also posed a higher ecotoxicological risk'.

6.16. Although there are gaps in monitoring data it is very likely the same findings would be represented in Borders specific monitoring with the subsequent Public health and Environmental considerations that this would bring. A programme to reduce overprescribing in the Borders would help to reduce the carbon impact of prescribing and also the environmental impact on local water courses.

[2] Tackling overprescribing: a must for climate action – BJGP Life
[3] CREW Phase 1 Report Summary_FINAL_0+link.pdf

Risk and Mitigations

6.17. Failure to deliver PCIP presents a number of strategic and operation risks to the IJB and Health Board:

Risk	Description
Access to Primary Care Services	Providing a CTAC service is essential to providing a safe, equitable and accessible community-based healthcare. By failing to deliver this, it is likely that patient access to primary care will be limited by capacity and that this may vary by practice/location.
Access to Secondary Care Services	The delivery of a primary care CTAC service provides the foundation for an enhanced CTAC model (Secondary Care access to CTAC services), moving workload away from hospital services. Without primary care CTAC this is unlikely to be deliverable.
GP engagement	GP Practices may choose to implement a work to rule approach to various pharmacotherapy and CTAC services – following BMA guidance[5]. This would push activity back to secondary and acute care services increasing pressure at Hospital front door.
GP Sustainability	There is a risk that primary care provision within general practice will be unsustainable and the local population will not have access to adequate primary care services. The Health Board is responsible for the provision of GMS to its local population. Should a GP Partnership give notice on their contract it will be up to the Health Board to find a mechanism to continue service delivery. This may mean undertaking a tender exercise to find another provider or it may mean the Health Board taking on responsibility for service provision and running the practice as a 2c model. There is evidence that 2c practices are more expensive than independent GP practices.
Contract Failure/-Penalties	The Health Board is responsible for delivery of the 2018 GMS Contract. Failure to implement PCIP will result in failure to deliver the contract. Should PCIF funds not be fully utilised, additional 'transitionary' payments will be incurred. These additional payments will represent additional expenditure at no added value.
Management Capacity	The capacity of the existing P&CS management team is insufficient to undertake the potential increased activity that arises from failure to meet the contract and the consequent impact on GP sustainability within Scottish Borders.
Polypharmacy Enhanced Service	Delivery of Polypharmacy savings is predicated on GP engagement. There is a risk that GPs do not have sufficient capacity, or otherwise do not wish to engage with the delivery of the polypharmacy programme.
Polypharmacy Fees	GPs have indicated a rate of £39.60 per review is contingent upon delivery of the proposed investment in PCIP. Should this fail to be delivered the proposed rate would revert to £70.00 per review at an additional cost of up to £243k.
Polypharmacy Savings	There is a risk that the level of savings achieved through polypharmacy reviews is

	insufficient to support the additional investments identified. Savings are modelled on information provided within the national polypharmacy guidance which indicates a range of between £50-£200 per review (net prescribing cost reduction). Should savings delivery be at minimum levels this would result in net benefit (after GP fees) of £83k. This is insufficient to deliver the required investment and it is likely that the GP fees abatement would therefore be removed and a further liability of £243k incurred in addition to failure to deliver the proposed model. This would result in a net deficit on the polypharmacy service of £160k, although recurring savings of £400,000 would be realised after year 2.

7. CONSULTATION

Communities Consulted

7.1. HIIAs currently exist in draft mode for previous CTAC and Pharmacotherapy models.

7.2. To engage with affected groups, and understand the impact of this proposal on relevant communities, a new engagement exercise will be carried out on this new proposal. The approval of this proposal is necessary to provide us with the resources and financial support to undertake this piece of work. If this proposal is approved, it will enable final modelling work to begin and an HIIA will be conducted to fully assess the impact of any changes.

Integration Joint Board Officers Consulted

7.3. 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.

Health Board – 29th June 2023

7.4. The Health Boards endorsement of the plan came with a number of conditions that the PCIP Executive team will implement to mitigate against some of the inherent risks in this proposal:

1. Negotiations at the Local Negotiation Committee must be finalised as the agreement over the rate of payment to GPs per Polypharmacy review is currently only in principle.
2. A clearly defined and robust methodology must be designed for monitoring the savings made as a result of the Polypharmacy Review Programme.
3. An explicitly defined ceiling of investment for the exact amount of savings taken from the Polypharmacy Review Programme for the delivery of CTAC phases 1-3 must be agreed. Any additional savings must contribute to NHS Border's Bottom line position.
4. Any reserves identified from the IJB must be used to replace this investment of savings from Polypharmacy Review Programme so that these prescribing savings can be put back into NHS Borders bottom line position.
5. A clear and obvious cut-off and exit strategy must be outlined at 6 monthly intervals from the plan if the Polypharmacy Review Programme is not delivering the expected level of savings.

Approved by:

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

Author(s)

Cathy Wilson, NHS Borders General Manager Primary and Community Services
Owain Simpson, NHS Borders PCIP Senior Project Manager

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-170523-5
Direction title	PCIP Bundle
Direction to	NHS Borders
IJB Approval date	19 July 2023
Does this Direction supersede, revise or revoke a previous Direction?	Yes (SBIJB-020922-1 Direction PCIP) (Insert cross as appropriate to select) Supersedes: x; Revises: ; Revokes:
Services/functions covered by this Direction	This Direction covers a range of services provided as part of the bundled Primary Care Improvement Plan – specifically Scottish Government's most recent March 2023 direction highlighting the need to deliver the following services: • Community Treatment and Care (CTAC); • Pharmacotherapy (all levels); and • PCIP related administrative functions (appointment booking functions)
Full text of the Direction	NHS Borders is directed to: 1. Continue to escalate funding concerns and gap for PCIP 6 delivery with the Scottish Government. **2.** Implement the Bundle Proposal plan to deliver services outlined in PCIP 6 Scottish Government's direction. 3. Approve and endorse the financial model supporting the PCIP Bundle Proposal, including temporary redirection of Polypharmacy efficiency savings to deliver against PCIP 6, subject to the following actions being completed: a. Finalise negotiations at the Local Negotiation Committee must as the agreement over the rate of payment to GPs per Polypharmacy review is currently only in principle. b. A clearly defined and robust methodology must be designed for monitoring the savings made as a result of the Polypharmacy Review Programme. c. An explicitly defined ceiling of investment for the exact amount of savings taken from the Polypharmacy Review Programme for the delivery of CTAC phases 1-3 must be agreed. Any additional savings must contribute to NHS Border's and the IJB bottom line position. d. Any reserves identified from the IJB must be used to replace this investment of savings from Polypharmacy Review Programme so that these prescribing savings can be put back into NHS Borders and the IJB bottom line position. e. A clear and obvious cut-off and exit strategy must be outlined at 6 monthly intervals from the plan if the Polypharmacy Review Programme is not delivering the expected level of savings.
Timeframes	To start by: As soon as possible within this financial year To conclude by: April 2026 (based on 2 year modelling) Consider and note the deadlines by when the Direction is expected to be commence and conclude carried out at the latest
Links to relevant SBIJB report(s)	To be added

<table>
<tr><td>Budget / finances allocated to carry out the detail</td><td>To be provided within PCIP funding including anticipated allocation, carry forward, and the temporary redirection of Polypharmacy efficiency savings. The IJB Chief Finance Officer continues to escalate funding concerns and to support PCIP delivery with the Scottish Government Primary Care Division. Financial model below.

<table>
<tr><th>SUMMARY</th><th>2023-24
£000s</th><th>2024-25
£000s</th><th>2025-26
£000s</th></tr>
<tr><td>AVAILABLE RESOURCES</td><td></td><td></td><td></td></tr>
<tr><td>PCIF</td><td>287</td><td>287</td><td>287</td></tr>
<tr><td>Enhanced Services DMARD</td><td>161</td><td>277</td><td>277</td></tr>
<tr><td>TOTAL AVAILABLE RESOURCES</td><td>448</td><td>564</td><td>564</td></tr>
<tr><td>EXPENDITURE</td><td></td><td></td><td></td></tr>
<tr><td>Projected Expenditure</td><td>1,011</td><td>1,587</td><td>1,402</td></tr>
<tr><td>Offsets</td><td>(175)</td><td>(192)</td><td>(192)</td></tr>
<tr><td>TOTAL EXPENDITURE</td><td>836</td><td>1,395</td><td>1,209</td></tr>
<tr><td>SURPLUS/-DEFICIT BEFORE SAVINGS</td><td>(388)</td><td>(830)</td><td>(645)</td></tr>
<tr><td>Anticipated Savings</td><td>292</td><td>792</td><td>1,000</td></tr>
<tr><td>NET SURPLUS/-DEFICIT</td><td>(96)</td><td>(38)</td><td>355</td></tr>
</table>
</td></tr>
<tr><td>Outcomes / Performance Measures</td><td>See attached
Directions 2023\July 2023\PCIP Bundle Proposal - SBIJB paper.pdf</td></tr>
<tr><td>Date Direction will be reviewed</td><td>To be reviewed by Audit Committee in March 2024.</td></tr>
</table>

Scottish Borders Health and Social Care Partnership

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

.

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

Primary Care Improvement Plan (PCIP) Bundle Proposal

The PCIP Bundle Proposal (The Bundle) seeks to deliver the services outlined in PCIP 6 Scottish Government direction by addressing the significant shortfall in Scottish Government funding. The Bundle aims to deliver the GP General Medical Services 2018 contract through an innovative solution by creating a symbiotic relationship between three workstreams:

- CTAC
- Pharmacotherapy
- Polypharmacy

In essence – the IJB is asked to redirect Polypharmacy efficiency savings to meet the shortfall in funding for PCIP from the Scottish Government.

In completing this Impact Assessment, considerations will be applied to the following components of The Bundle:

1. Transfer of Disease-Modifying Anti-rheumatic Drugs (DMARDS) from GPs to the Pharmacotherapy Service;
2. The transfer treatment-room related services provided by GPs to the Health Board;
3. The review of Polypharmacy for older people.

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 Neurodiversity	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non-belief)	Sexual Orientation
x	x	x	x	x	x	x	x	x

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

Education	**Work**	**Living Standards**	**Health**	**Justice and Personal Security**	**Participation**
Higher education Lifelong learning	Employment Earnings	Poverty Social Care	Social Care Health outcomes Access to health care Mental health Reproductive and sexual health* Palliative and end of life care*		Access to services Social and community cohesion* Family Life*

*Supplementary indicators

1. Transfer of DMARDS from GPs to the Pharmacotherapy Service

This proposal would see a shift of existing DMARDs workload from GP practices to a new Pharmacy Hub

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
Age DMARDS are currently offered via a Local Enhanced Service – which is optional for GPs as a result some areas in the Scottish Borders may not offer local reviews of DMARDS. This approach would offer an equitable access of DMARDS for all applicable Scottish Borders patients. As GPs are independent contractors, there are local variations of DMARDS application across the Borders. By transferring these reviews to the Health Board, this would standardise DMARDS via a single Pharmacotherapy service. When paired with CTAC Phlebotomy service, improved accessibility for essential diagnosis tests – equitable service across Scottish Borders with enhanced convenience for people with a reliance on transport. More frequent monitoring of long-term conditions with ability to discuss issues in detail with Pharmacotherapy services remotely or in person via appointment in local setting.	Positive	Significant

Juvenile arthritis patients will have different pediatric pathways as assessed by their GP/Secondary Care consultant. However, this proposal would mimic current arrangement to allow local monitoring where possible. Younger patients with small veins may not be suitable for monitoring in local CTAC and may need to travel further to see a qualified practitioner. When accessing Pharmacotherapy Hub, patients may be first advised to contact by telephone which is an unfamiliar process and with different staff who may require additional time to understand their health needs. Confusion and upset because the service is now provided by a different healthcare professional than the one that patients knew and was familiar with. Perception that service provided by non-GPs is not as good as the service they received previously.	Negative	Insignificant
Disability Health Board run service would improve equitable access to services for all. Compatible with NHS Borders Values - recognising the need for person-centred approach, where required, monitoring of conditions could be offered via CTAC domiciliary visits.	Positive	Significant

Main service would be offered via telephone consultations, however, we are retaining some in-clinic capacity in all Health Centres on request and to accommodate those that may not be able to easily communicate via telephone due to a disability. There may be an increase in barriers to accessing Pharmacotherapy Hub as patients may be first advised to contact by telephone which is unfamiliar and with different staff who may need additional time to understand their individual health needs. Confusion and upset because the service is now provided by a different healthcare professional than the one that patients knew and was familiar with. Perception that service provided by non-GPs is not as good as the service they received previously.	Negative	Insignificant
All protected characteristics (Age, Disability, Gender, Gender Re-assignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief (including non-belief) & Sexual Orientation) The transfer of DMARDS to the Pharmacy team will ensure that individuals receive care from the appropriate a multi-disciplinary team (MDT) by	Positive	Significant

the 'right person, right place, right time', improving overall service delivery. By involving MDTs with the most suitable skills, individuals will receive enhanced continuity of care tailored to their specific needs – eliminating varied GP approach across the Scottish Borders. Additional capacity time will be released for better access to GPs and application of Realistic Medicine principles (e.g. Polypharmacy reviews). Staff will take more responsibility for the clinical care of patients they are treating – upholding NHS Borders' values of patient-centred care, ensuring that the diverse needs of all individuals are met in an inclusive manner. When people move within the Borders, this offer better continuity of care.		
Work/Education DMARDS monitoring to Pharmacy Hub presents an opportunity for the Pharmacy team to utilise their advanced skills and knowledge in a more focused and impactful manner: • Aim to provide staff with fulfilling roles that align with their training and enable them to contribute significantly to patient care. The shift in responsibility has the potential to enhance staff retention by offering the pharmacy team an avenue for professional growth and the opportunity to expand their expertise.	Positive	Significant

2. Transfer of treatment-room related services from GPs to the Health Board

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
Age Health Board treatment-room services are not currently available to 8 GP practices causing inequitable access to services across the Scottish Borders. This could be disproportionally affecting older people or adults unable to travel further distances for treatment or may experience longer waiting times for treatment via their GP. This proposal will enhance the delivery of an equitable access to treatment room service and safeguard locally accessible services for all adults. Peripatetic/Domiciliary Health Board Services available where needed.	Positive	Significant
We will not be able to offer complete CTAC (especially pediatric phlebotomy) service for children due to variable workforce skill set. Different pathways will need to be arranged for some pediatric treatment services. Children may need to travel further to access these services. Additional work will need to be made in developing these pathways.	Negative	SIgnificant

All protected characteristics (Age, Disability, Gender, Gender Re-assignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief (including non-belief) & Sexual Orientation) Improve access to healthcare services for people with protected characteristics by promoting consistency and standardisation of care across the Health Board. Equitable access to treatment room facilities may be better distributed and equipped to accommodate the needs of diverse populations, ensuring equitable access for individuals with protected characteristics. Under health board framework, access to training modules supporting the provision of culturally competent and inclusive care. Introduction and use of GP Order Comms - seamless electronic blood ordering form. Resulting in paperless system and reducing harm caused by errors. Staff will be enabled to adopt a patient-centres approach, placing the patient at the centre of their healthcare decisions – treatment plans/schedules can be tailored to their unique needs and preferences, empowering them to take an active role in managing their health.	Positive	Significant

By equipping patients with knowledge about their conditions, treatment options, and self-care strategies, they can become active participants in their own healthcare, fostering a sense of control and empowerment.		
Work / Living Standard People in Scottish Borders with variable work shift patterns or with employment/education further away from home will have the choice to access treatment such as phlebotomy in a health center of their choice and will no longer be restricted to their GP based practice. Increased opportunities for training, education, and professional development (especially for TUPE GP Staff) for treatment room staff. TUPE staff will be transferred onto NHS Scotland's agenda for change contracts – securing Living Wage. Most staff will gain better terms and conditions with national pay, annual/parental leave, etc. Improved workplace policies – could offer greater job security in a culture that promotes wellbeing and inclusive work environment. This supports GP Sustainability. Help provide greater workforce balance and financial stability for GP Practices.	Positive	Significant
Poverty Through embedded QI analysis , data collection	Positive	Significant

and monitoring will inform PCIP Executive and enable key decision making in placing staff resource to meet patient need. E.g. areas with increased morbidity, etc that may be disproportionally affecting areas with deprivation		

3. The review of polypharmacy for older people

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
Age Polypharmacy reviews can help identify and address potentially unnecessary medications, drug interactions, and duplications in older patients' medication regimen. This optimisation can lead to improved medication efficiency and reduced adverse drug reactions. GPs can minimise medication-related errors, such as wrong dosages or drug combinations. This can significantly improve patient safety, especially among older people who are more vulnerable to medication-related risks. Improved health outcomes for older people via better control of chronic conditions, reduced hospital admissions due to adverse drug events, and enhanced quality of life. Allows for improved communication and shared decision-making between GPs and older patients.	Positive	Significant

Patients can actively participate in medication-related discussions, making informed choices about their treatment options and potential modifications. Raise profile of serial prescribing. Can result in improved medication adherence among older patients. Simplified and reduced medication burden can contribute to better patient compliance and therapeutic effectiveness. GPs can develop long-term health plans for older patients, considering the appropriate use of medications and potential adjustments based on evolving conditions or changes in treatment guidelines.		
Health By minimising unnecessary or potentially harmful medications, polypharmacy reviews can contribute to cost savings for the health and social care services by: • Reducing the cost of overall medication • Reducing medication visits from care providers • Acute hospital admissions • Reduce risks of falls • Reduce prescription waste	Positive	Significant
Work / Living Standard Enhanced MDT collaboration – this will encourage collaboration between GPs, pharmacists, and other healthcare professionals.	Positive	Significant

This approach offers greater job satisfaction. Overall reduce burden for pharmacotherapy		

Is the proposal considered strategic under the Fairer Scotland Duty?	Yes
E&HRIA 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:** **Name of Officer: Cathy Wilson, P&CS General Manager/PCIP Executive Chair** **Date: 6th July 2023**

This page is intentionally left blank

Scottish Borders Health and Social Care Partnership
Integration Joint Board

19 July 2023

SURGE PLANNING

Report by Chris Myers

1. PURPOSE AND SUMMARY

The purpose of this report is:

1.1. To appraise IJB members on deteriorating local unscheduled care performance, and the increased associated risk.

1.2. To appraise IJB members on the work being undertaken on current acute hospital unscheduled care pressures, and the work being undertaken through the Urgent and Unscheduled Care Programme Board, and;

1.3. To seek the support of the Integration Joint Board to direct NHS Borders and the Scottish Borders Council to commence work imminently to develop a winter / surge plan, and to implement new policies to assist with the situation.

2. RECOMMENDATIONS

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

a) Note the position relating to acute hospital unscheduled care pressure outlined within the report
b) Note the position relating to the Urgent and Unscheduled Care Programme Board
c) Recommend that the Integration Joint Board issues a direction to NHS Borders and the Scottish Borders Council to commence the Surge / Winter planning process, and to develop and implement the following policies: single assessment and home to assess; and to work towards strengthened engagement with the third sector, and communications which promote community supports.

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	

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 (enclosed in Appendix 1) to both NHS Borders and the Scottish Borders Council

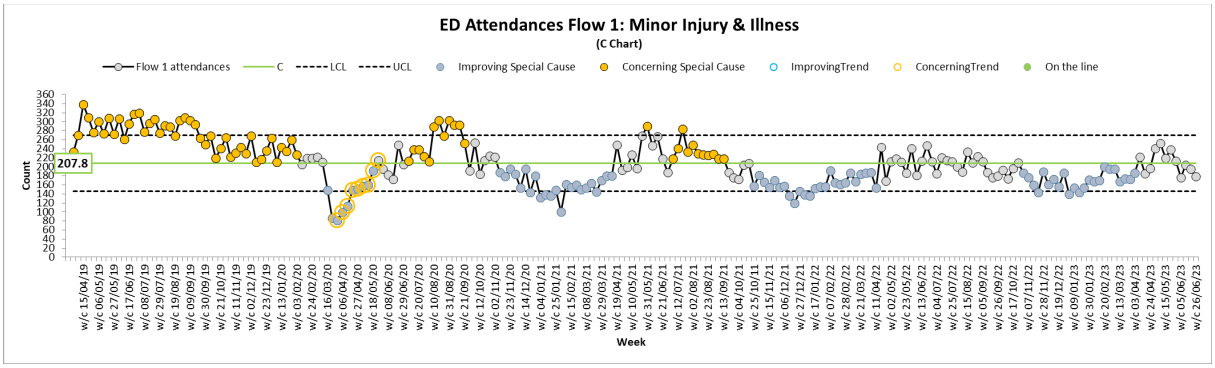
5. BACKGROUND

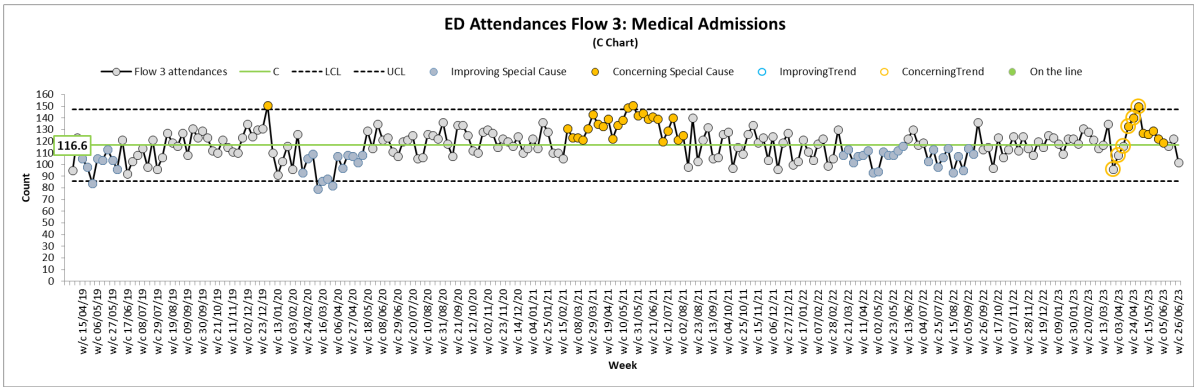
5.1. Over Winter each year, experience nationally shows an increase in length of stay associated to unscheduled care admissions to hospital. This is due to more admissions of people with respiratory diseases such as asthma and seasonal illnesses including flu, norovirus and covid, and the increased need of these individuals.

5.2. In line with areas across the UK, patients in the Scottish Borders accessing emergency care over Winter 2022/23 often faced long waits for care, as the HSCP and acute hospital worked to operate within challenging conditions.

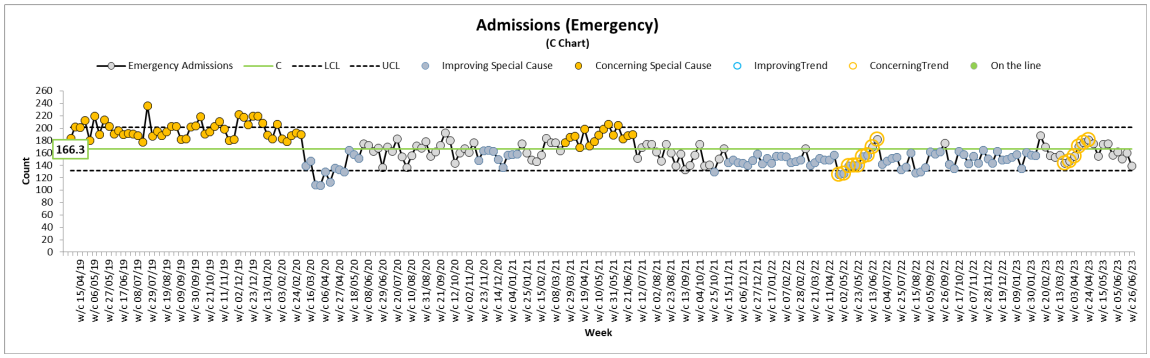
5.3. Unfortunately the pressures over Winter now appear to be common throughout the year, with both an increased length of stay in hospital, increased demand for care, and increased numbers of people waiting for care (delayed discharges).

5.4. As noted in IJB performance reports, Emergency Department attendances are now broadly in line with pre-pandemic levels. However there has been a reduction in minor injury / illnesses attendances (flow 1), and an increase in acute medical attendances (flow 3). This represents an increased level of need for people who are admitted to hospital.

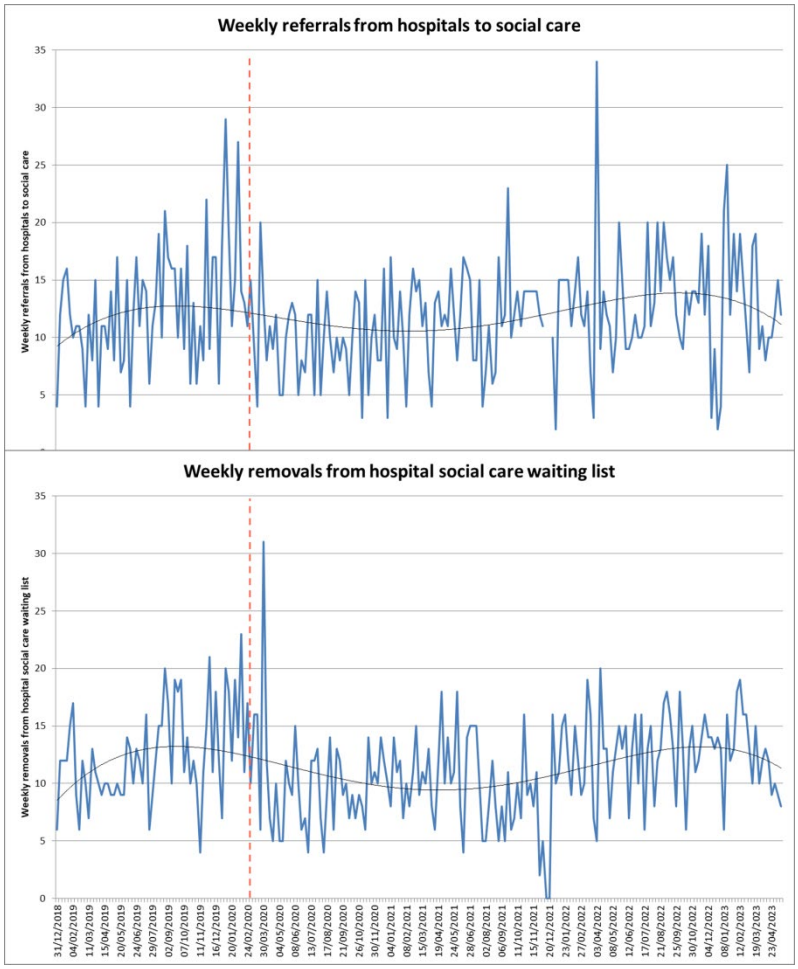




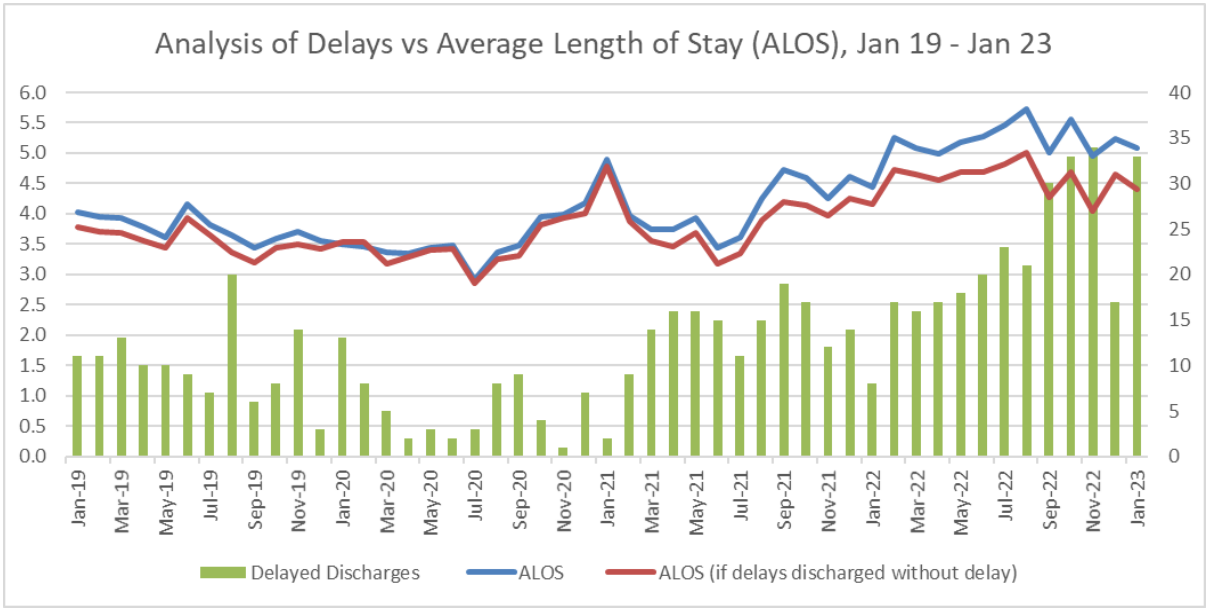
5.5. Despite an increase in attendances to pre-pandemic levels, emergency admissions are lower than pre-pandemic levels.



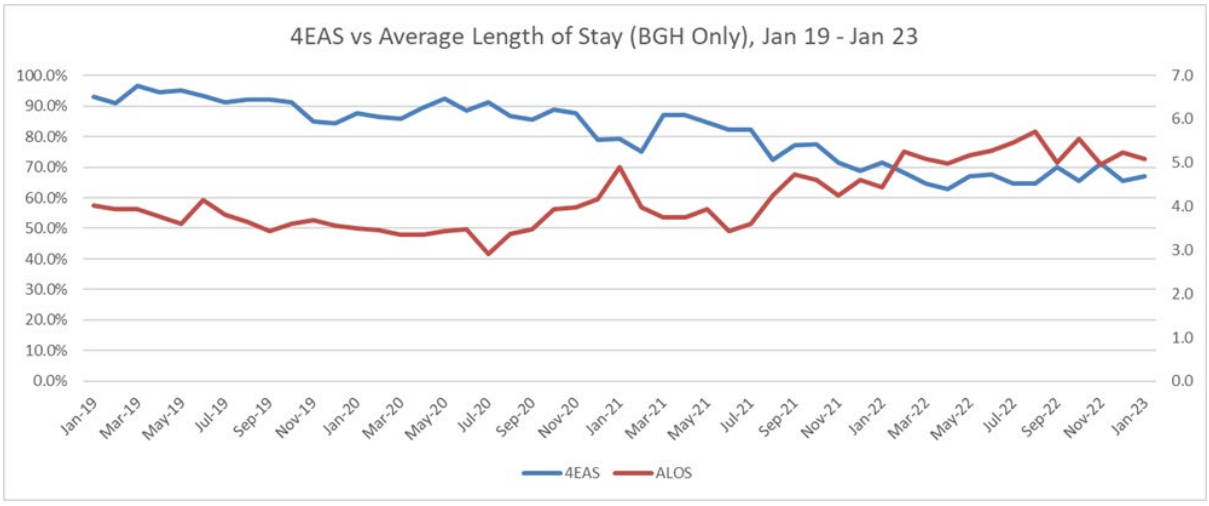
5.6. Those admitted to hospital tend to have a higher length of stay associated to treatment, and a corresponding increase in length of stay should they also be waiting for social care provision. Increased demand for social care has been met with increased removals from the social care waiting list, but removals have not kept up with increased demand, and have led to an increase in delayed discharges.



5.7. The figure below shows Occupied Bed Days (OBDs) for all patients who are in the Borders General Hospital and shows a corresponding increase in OBDs for both patients receiving treatment and delayed since pre-pandemic.



5.8. The Four-Hour Emergency Access Standard is an important safety indicator for the acute hospital, and an important indicator for the effectiveness of the wider system. Performance against the 4 hour Emergency Access Standard has reduced, which correlates inversely aligns to the increase in hospital occupancy.



5.9. Work is underway locally to reduce both length of stay and delayed discharges, both from a process and from a capacity perspective, with the additionality provided by the HSCP budget supporting this with extra social care capacity.

5.10. It is essential that the HSCP works to consider surge planning as part of its Business Continuity Planning to support forward planning based on identifying risks including potential surges in occupancy / demand throughout the year.

6. NATIONAL EXPECTATIONS

6.1. The Scottish Government have informed IJBs and NHS Boards that it is their expectation to deliver enhanced winter-readiness through surge planning and continuous improvement across services to ensure delivery of safe, high-quality and integrated care to people during periods of high demand.

6.2. It can be broadly expected that winter / surge plans achieve the following:

Increase	Decrease	Sustain
Capacity out with the acute hospital setting	Ambulatory turnaround time at A&E	Planned care through winter
Coordination of public communications	Crowding and waits at A&E	Services across Scotland through periods of surge
Care advice earlier, improve pathway flow	Delayed discharge	

7. LOCAL CONSIDERATIONS

7.1. In line with the expectations of the Scottish Government, the Scottish Borders Health and Social Care Critical Functions Framework outlines that the HSCP needs to:

- Protect individuals and areas at highest risk
- Prioritise measures to reduce risks and harm to individuals / hospital demand where possible
- Proactively identify actions to manage risk within our resource constraints

7.2. Within our local context, there are some key considerations that need to be considered:

<u>Workforce</u>

- Any bed-based model in a health setting will be a challenge to staff unless we quickly understand what we need from a non-registered perspective
- Based on workforce trajectories in the Borders, Registered General Nursing will see an increase in vacancies from October onwards, so further registered requirements for surge beds will only be achievable by reducing elective capacity and non-ward based registrants will not be achievable

<u>Bed based options</u>

- There is insufficient capacity for further surge wards across the NHS estate as these are all open

<u>Finance</u>

- Whilst not the primary constraint, it is important to note that financial resource is limited, and that the set aside unscheduled care budget is currently significantly overspent.

7.3. Work is required by the Health and Social Care Partnership to close surge capacity in advance of Winter, to allow for the potential to flex into this capacity over the Winter period.

7.4. The Winter plan will need to consider how we optimise pathways, get better value out of existing invested resource, reduce admissions and length of stay, increase community capacity, reduce acute hospital risk and provide better value.

8. URGENT AND UNSCHEDULED CARE PROGRAMME BOARD

8.1. There is extensive work being undertaken in the HSCP Urgent and Unscheduled Care Programme Board to improve processes and pathways for urgent and unscheduled care, and to build capacity in the right parts of our system. The workstreams are listed below:

- Pathways and community integration
  - Integrated Locality approach
  - Hospital at Home
  - Respiratory Virtual Ward
  - Acute hospital pathways
- Borders Emergency Care Service options appraisal (Out of Hours General Practice)
- Front door model – GP Expect pathways
- Grip and control over bed capacity
- Discharge and assessment redesign (aligned to Older People's Pathways and Discharge Without Delay)
  - Integrated reablement service
  - Discharge process kaizen
  - Discharge without Delay / Delayed Discharge process

8.2. To bolster this and build winter resilience, the HSCP Joint Executive held an away day session in May 2023 and agreed that there should be further focus in the following areas, which will be added to the Urgent and Unscheduled Care Programme Board:

- Single assessment – to move to a policy where relevant health and social care professionals are able to undertake a social work assessment that is accepted and not then repeated
- Home to assess – to move to a policy of discharging people home or to a homely setting to allow them to recover and support their re-enablement prior to assessing their needs
- Strengthened engagement with the third sector – to ensure that we are maximising the opportunities in close working with the third sector relating to urgent and unscheduled care
- Communications – promoting community supports (including but not exclusively local primary care services (Right Care, Right Time, Right Place), social prescribing, Self Care, What Matters Hubs, Self Directed Support, Carers Supports)

8.3. It is expected that winter preparedness is delivered through a winter / surge plan which sets out:

- An approach that is whole system
- Inclusion of early intervention and prevention along with managing surge
- Demand modelling and reporting
- Capacity Management including surge response across delegated and set aside services
- Delivering better value with available resources across the unscheduled care budget portfolio
- Preparedness checklist for local systems

- Assurance framework
- Urgent and unscheduled care service improvements
- Implementation of lessons learned from 22/23

9. IMPACTS

Community Health and Wellbeing Outcomes

9.1. The surge plan will reduce admissions to hospital, length of stay and deconditioning in hospital settings, and promote independence for those people who need care out with the hospital setting. In turn, it is also expected that this will reduce the need and demand for social care from the hospital system.

9.2. 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

9.3. There are no costs envisaged attached to any of the recommendations contained in this report, however there is a chance that investment may be required.

9.4. It is expected that in the first instance the Health and Social Care Partnership work to deliver better value from the existing resource that has been invested, including if there is potential for better value to be delivered through redeployment of existing resource.

Equality, Human Rights and Fairer Scotland Duty

9.5. In line with the process below, it is expected that an IIA stage 1 will be undertaken to assess proportionality and relevance for Winter / Surge planning, and then if required, that stages 2 and 3 are undertaken.

- Stage 1 "Proportionality and relevance" is always required from when a piece of work commences.
- Stage 2 "Gathering Views" evidences what data and consultation has taken place
- Stage 3 "Findings and Recommendations" delivers the statement against the legal duties and the recommendations developed in response to what was heard during stage 2.

Legislative considerations

9.6. The principles of integration set out in the Public Bodies (Joint Working) (Scotland) Act 2014 included ensuring that available facilities, people and other resources are used most effectively and efficiently, in a way that anticipates the needs (and prevents them arising) of a population with increased level of need.

9.7. Integration Authorities are responsible for strategic planning, in partnership with the hospital sector, of those hospital services most commonly associated with the emergency care pathway, alongside primary and community health care and social care. This is known as the "Set Aside" budget.

9.8. The objective is to create a coherent single cross-sector system for local joint strategic commissioning of health and social care services and a single process through which a shift in the balance of care can be achieved.

9.9. Legislation permits that where a planned change is delivered resource will be able to be transferred between the Delegated Budget and the Set Aside budget for directed hospital services, via a Direction from the Integration Authority to the delivery partners. In the case of an increase in consumption, the Integration Authority will need to consider how to fund the additional capacity through the Strategic Plan. Similarly, where resource is released, the Integration Authority will be able to consider how to use this resource through the Strategic Plan.

9.10. This IJB has in previous years been considered by Audit Scotland as not being compliant with the Set Aside guidance. This paper is considered to meet these requirements.

Climate Change and Sustainability

9.11. There are no known climate change or sustainability impacts.

Risk and Mitigations

9.12. Unscheduled care surge pressures impact on IJB Strategic Risk 002: "If we fail to ensure the effective delivery of outcomes/delegated services within the available budgets then it could lead to poorer outcomes and an inability to deliver the Strategic Commissioning Plan / Strategic Framework." Early and robust planning is expected to reduce this risk.

10. CONSULTATION

Communities consulted

10.1. The following groups have been consulted:

- IJB Strategic Planning Group – if supported by the Strategic Planning Group

Integration Joint Board / Health and Social Care Partnership Officers consulted

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

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

- HSCP Joint Executive

Approved by:
Chris Myers, Chief Officer

Author(s)
Chris Myers, Chief Officer
Hazel Robertson, Chief Finance Officer

Background Papers: Scottish Government. Financial planning for large hospital services and hosted services: guidance. Available from: https://www.gov.scot/publications/guidance-financial-planning-large-hospital-services-hosted-services/

Previous Minute Reference: n/a

For more information on this report, contact us at Chris Myers, Chief Officer, via email

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-190723-2
Direction title	Surge planning
Direction to	Scottish Borders Council and NHS Borders
IJB Approval date	TBC – direction to be considered at IJB on 19 July 2023
Does this Direction supersede, revise or revoke a previous Direction?	No
Services/functions covered by this Direction	Unscheduled care delegated and set aside services
Full text of the Direction	To commence the surge planning process for Winter, including pre-emptive closure of surge capacity to support winter surge, and to develop and implement the following policies: - Single assessment and Home to Assess; - Strengthened engagement with the third sector in unscheduled care, and - Communications which promote community supports It is expected that an Integrated Impact Assessment is developed and acted upon as part of the planning process, and that this is reported from the Urgent and Unscheduled Care Programme Board routinely to the HSCP Joint Executive, and to the IJB by escalation/exception.
Timeframes	To start by: With immediate effect To conclude by: December 2023
Links to relevant SBIJB report(s)	July IJB papers: https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&MId=6536&Ver=4
Budget / finances allocated to carry out the detail	It is expected that in the first instance the Health and Social Care Partnership work to deliver better value from the existing resource that has been invested, including if there is potential for better value to be delivered through redeployment of existing resource, including the transfer of resource between the Delegated Budget and the Set Aside budget for directed hospital services. There are no costs envisaged attached to this direction, however it is recognised that there is a chance that investment may be required. Any requirement for major investment will need to be escalated to the IJB for decision.
Outcomes / Performance Measures	It is expected that the proposal will impact positively on all nine National Health and Wellbeing Outcomes. In addition, the surge plan should help reduce admissions to hospital, length of stay and deconditioning in hospital settings, and promote independence for those people who need care out with the hospital setting. In turn, it is also expected that this will reduce the need and demand for social care from the hospital system, and the number of delayed discharges.
Date Direction will be reviewed	Progress to be reported to the Integration Joint Board in November 2023, and by exception / escalation by the HSCP Joint Executive

This page is intentionally left blank

Scottish Borders Health and Social Care Partnership
Strategic Planning Group

Scottish Borders Health and Social Care PARTNERSHIP

Mental Health Improvement & Suicide Prevention Plan

Report by Claire McElroy

1. PURPOSE AND SUMMARY

1.1. **To seek approval of; Creating Hope in the Scottish Border, Mental Health Improvement and Suicide Prevention Action Plan IIA prior to IJB and ministerial visit.**

2. RECOMMENDATIONS

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

a) Approve the IIA for Creating Hope in the Scottish Borders, prior to IJB

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

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

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

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	

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A direction is not required

5. BACKGROUND

5.1. Creating Hope in the Scottish Borders Action Plan 2022-2025 has been in development by the multi-agency Mental Health Improvement and Suicide Prevention Steering Group and published in Nov 2022. There has been a significant period of engagement involving stakeholders from different organisations and sectors, and a series of focus groups. The outcomes have been based on the development work we have undertaken locally and also draw from national suicide prevention and public mental health work. We are seeking approval for the IIA.

6. IMPACTS -

Community Health and Wellbeing Outcomes

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

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

Financial impacts

6.2. **NA**

Equality, Human Rights and Fairer Scotland Duty

6.3. Approval required for IIA

Legislative considerations

6.4. None

Climate Change and Sustainability

6.5. None

Risk and Mitigations

6.6. The IIA describes any risks and recommendations

7. CONSULTATION

Communities consulted

7.1. See IIA attached

Integration Joint Board Officers consulted

7.2. 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.

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

- HSCP Joint Executive
- IJB Future Strategy Group

Approved by:

Author(s) Claire McElroy

Scottish Borders Health and Social Care Partnership

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

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

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

Mental Health Impact & Suicide Prevention Action Plan

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

Age	Disability Learning Disability, Learning Difficulty, Mental Health, Physical Autism/Asperger's	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non-belief)	Sexual Orientation
Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes

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

Education	**Work**	**Living Standards**	**Health**	**Justice and Personal Security**	**Participation**
Higher Education Lifelong learning	Employment Earnings Occupational segregation	Poverty Housing Social care	Social Care Health outcomes Mental health Access to health care	n/a	Political and civic participation and representation Access to services

					Social and community cohesion*

*Supplementary indicators

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
The vision for the action plan is to increase the number of people in good mental health at every age and stage of life and to reduce the number of suicide deaths in the Scottish Borders, whilst working together with partners and communities to tackle the inequalities that contribute to poor mental health and suicide. Mental ill-health has a disproportionate impact and some groups are more at risk of developing mental health problems than others. Similar patterns are found with suicide, with some groups being statistically at a higher risk than others. The new Mental Health Improvement and Suicide prevention action plan aims to reduce mental health inequalities across all groups with protected characteristics.	Positive impact	significant

Is the proposal considered strategic under the Fairer Scotland Duty?	Yes – supports the delivery of the national strategies for mental health and suicide prevention.

E&HRIA to be undertaken and submitted with the report – Yes	**Proportionality & Relevance Assessment undertaken by:** **Name of Officer: Claire McElroy**

If no – please attach this form to the report being presented for sign off	Date: 21/06/23

Equality Human Rights and Fairer Scotland Duty Impact Assessment
Stage 2 Empowering People - Capturing their Views

Creating Hope in the Scottish Borders

Scottish Borders Mental Health Improvement and Suicide Prevention Action Plan 2022 – 2025

Equality Human Rights and Fairer Scotland Impact Assessment Team

Role	Name	Job title	Date of IA Training
E&HR Service Specialist	Fiona Doig	Head of Health Improvement/Strategic Lead ADP	
HSCP Senior Mgt Team Member	Kirsty Kiln	Acting Public Health Consultant	
Responsible Officer	Claire McElroy	Public Health Lead Mental Health/Wellbeing Service	
Main Stakeholder (NHS Borders)	Nic While	Health Improvement Specialist	
Mains Stakeholder (SBC)	Steph Mackenzie	Health Improvement Specialist	
Third/Independent Sector Rep		Note: engagement commissioned via Borders Care Voice	
Service User		Note:	

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	Picture of Mental Health report	General trends. Most data sets can be analysed by age, sex and SIMD / locality. Overall the data indicates that there is an increasing need for mental health support, especially within areas of the Borders with higher levels of deprivation.
Data on relevant protected characteristic	Picture of Mental Health report ScotPHO Final Engagement Report by BCV August 2022 Men's Mental Health Survey Report by LGBT Equality about Café Polari Desktop research – Mental Health of Communities of Colour	Borders Care Voice was commissioned to host consultation sessions to facilitate and record responses from those with lived experience from the specific identified target groups: • People experiencing and recovery from mental ill-health (Disability) • LGBT community (Sexual Orientation and Gender Reassignment) • Unpaid carers • People bereaved by suicide • Black and ethnic minorities (Race) <u>For Sex, the plan takes into account the following:</u> • For common mental health problems - variation across time period for both female and male populations in the Scottish Borders. Fewer common mental health problems in females in the Borders than the national average. Males closer to the natural average and lower than the female result. • High rates of prescription drugs for anxiety/depression/psychosis amongst women in peri-menopausal / menopausal age groups (Six-month pilot of Menopause Café with Borders College just completed and currently being evaluated) • Women are more likely than men to develop PTSD after a traumatic experience. • Some mental health disorders have been associated with experiences of violence and abuse. • Covid-19 pandemic has had an adverse mental health outcomes on women • Women with low levels of literacy are at five times more risk of depression • There is a strong link between experiencing violence or domestic abuse and mental health problems.

		For deaths of adults by suicide: • Men have a higher risk of suicide (A Men's Mental Health survey was carried with measures subsequently put in place for activities that targeted man e.g. support for Andy's Man Club, mental health and sports projects with the Rugby Clubs and ClubSports/ Live Borders) • Rates of suicide amongst women are higher in the Borders than the national average • The annual crude rate per 100,000 population is similar to Scotland for the same period. • However the annual crude rate for females is higher at 9.2, compared to 7.1 for Scotland, with the male rate being lower (15.8 and 20.7 respectively). This equates to 38.2% of completed suicides where the individuals were female and 61.8% male. • 16% of deaths were from individuals resident in the most deprived areas of the Borders, compared to 32% for Scotland. • 58.8% of suicides took place in the home, which is in line with the national figures, this did not differ for males or females • 53% of individuals were single • 57% of males and 42.3% females were an 'Employee, apprentice, armed forces - other rank, etc' with 34.65 females were 'other - student, unemployed, not available, etc'. 15% of all completed suicides were self- employed – without employees. • 8.8% completed suicides were aged 15-24 – none of these were female • 23% of all female completed suicides were aged 25-34 • 50% of all female suicides were aged 45-64, compared to 45% of all male suicides <u>For Disability, the plan takes into account the following:</u> • Having a physical disability can increase the risk of experiencing mental health problems and low wellbeing. There is consistent evidence of an association between physical disability and depression, though experiences of stigma and discrimination may significantly contribute to this relationship. • People with learning disabilities have an increased risk of developing a mental health problem due to social, economic, psychological and emotional factors, as well as some biomedical factors.

		• Individuals with sensory impairments have also been found to be at a much higher risk of having mental health problems across their lifetime. Many of the mental health problems among people with sensory impairment arise from the social isolation they experience due to inaccessible environments. • Those experiencing severe and enduring mental health problems die, on average, 15–20 years earlier than the general population, while those with depression die 7–10 years earlier • Situation for people with mental health problems has been exacerbated during covid-19 • 30% of Borders population had a long term health condition (2011 census) • People with long-term health conditions are two to three times more likely to experience mental health problems, with anxiety problems or mood disorders being particularly common • Co-morbid mental health problems have a number of serious implications for people with long-term conditions, including poorer clinical outcomes and lower quality of life. <u>For Sexual Orientation and Gender Reassignment, the plan takes into account the following:</u> • Experiences of bullying and violence place LGBT+ people at substantial risk of poor mental health outcomes – links to suicide, substance misuse and school attendance. • Covid-19 impacted LGBT+ who live rurally. They experienced more isolation and reported a lack of safe space for counselling support. • That transgender people are more likely to have negative mental health outcomes. Experiences of discrimination can place transgender people at substantial risk of poor mental health outcomes – links to suicide, substance misuse and school attendance. Short term funding provided to support and promote Café Polari as a safe space for the LGBT+ community. Report from LGBT Equality considered at the Mental Health Improvement Steering Group and incorporated into plan. The report highlighted the importance for this community of being able to connect and develop friend groups in safe spaces, and a previous survey in 2019 had highlighted the need for social events for LGBT adults (85%), better visibility in the local area (71%) and signposting of services available

		locally (60%). The LGBT Equality report in May 2022 identified the following challenges: • Over-reliance on a small group of volunteers who are at increased risk of mental ill-health themselves – funding for a paid LGBTQ development worker would mitigate the risk of representation burnout. There is difficulty in doing the development work needed for the travelling Café Polari funded by the Communities Mental Health and Wellbeing Fund because of the absence of a development worker and the reliance on volunteers; • No dedicated space for LGBTQ people in the Borders means that support is sporadic - a community hub for the community would improve provision. The monthly Café Polari is limited and has some accessibility issues at its current venue; • Pride event postponed due to volunteer availability; • A monthly café event does not solve all the issues of isolation experienced by the community and the need for a befriending / peer support scheme was highlighted; • Support need identified for parents of trans people. A specific focus group was commissioned for Borders Care Voice to carry out engagement but was unsuccessful due to lack of capacity in the Borders for this inequality group at that time. <u>For Pregnancy and Maternity</u>, the plan takes into account that more than 1 in 5 women will experience mental health problems in pregnancy or the first postnatal year. <u>For Race, the plan takes into account the following:</u> • Being a victim of racism has been associated with mental health problems. • The emotional and psychological effects of racism have been described as consistent with traumatic stress and the negative effects are cumulative. • Racism and a lack of cultural awareness may also contribute to the discrimination experienced by people from Black, Asian and Minority Ethnic communities

		• A desktop research exercise '**Mental Health of Communities of Colour and How We Respond'** was undertaken by Talat Yaqoob, an independent researcher. The aim was to provide some insight into the experiences of communities of colour in Scotland and where possible, in rural areas, in relation to mental health services access and exclusion. The term "communities of colour" was used which encompassed communities which are also called "visible ethnic minorities", these include (but not limited to) Black, South and East Asian, Arab, Hispanic and mixed-race individuals. • In summary, the paper (produced in April 2021) provided only a brief review of the current landscape in relation to communities of colour and their mental health in the Borders. However, what it did illustrate was the lack of literature and Scottish Border's specific data that is available. Whilst the population of people of colour in the Scottish Borders is lower than urban areas of Scotland, collection of robust data is still critical. The paper noted that the data required is both the simple numbers (who is using mental health services, what for and to what effectiveness) but also qualitative; lived experience input on what is needed to improve mental wellbeing. In particular, the paper noted the impact of isolation, already widely acknowledged within rural communities, however may be exacerbated by being in the minority, not feeling a sense of community and not having your needs met. It was recommended that the MHI&SP steering group considered what next steps need to be pursued to improve the level of information and knowledge known about communities of colour and their mental health, and also what current good practice within the Scottish Borders can be further harnessed. This led to the commissioning of a specific focus group for this key inequality group when the engagement on the action plan was carried out. • A specific focus group was commissioned with Borders Care Voice however we were unable to fulfil this due to routes to consult with this group. This remains a gap.
Data on service uptake/access	Health Inequalities Impact Assessment	The plan takes into account the following: • Lack of access or inadequate rural infrastructure can lead to isolation or barriers to accessing services • Digital connections can provide a supportive factor particularly for some communities that may experience minority stress

		• In some places the internet connection is not adequate to take advantage of these opportunities • Digital literacy - important to support people to stay connected as one way of supporting wellbeing
Data on socio economic disadvantage	Picture of Mental Health report Scottish Health Survey ScotPHO Anti-Poverty Strategy	The literature suggests that there are pockets of deprivation in the Borders which also have worse mental health. • Those living in most deprived areas reported lower average mental wellbeing (46.9) compared to those living in the least deprived areas (51.5). • Socioeconomically disadvantaged children and adolescents are two to three times more likely to develop mental health problems. • 12.6% of children in the Scottish Borders live in low-income families however there are 10 areas with more than 15% of children living in poverty • For adults with moderate or high severity symptoms of depression and anxiety, as measured by the percentage of population prescribed drugs for anxiety, depression or psychosis, there are significant differences between the localities. Teviot & Liddesdale, Cheviot and Eildon localities are all higher than the national average. • Berwickshire, Teviot and Liddesdale and Eildon have a slightly higher suicide rate than the overall Borders rate. The rate across all localities is lower than the rate for Scotland. Nationally the trend is for increased risk of suicidal thoughts and completed suicides from those in the most deprived areas. • Low and insecure income and problem debt are associated with increased risk of mental health problems • Cycle of deprivation between mental health problems and debt • COVID-19 followed by the Cost of Living crisis exacerbated many of these factors that can lead to money worries • Unemployment has consistently been associated with an increased risk of common mental health problems • Job loss has a traumatic and immediate negative impact on mental health and there is further damage when unemployment continues into the long term • Poor-quality housing is one example of the physical environment having a negative effect on mental health. Fuel poverty in particular is associated with poor mental health.

Research/literature evidence	Public Mental Health IMV model of suicidal behaviour	**The public health impact of mental disorder** - mental disorder accounts for at least 21% of the UK disease burden (as measured by years lived with disability), although even this underestimates the true burden by at least one third. This is accounted for by the high prevalence of mental disorder, the fact that the majority of lifetime mental disorder arises before adulthood, and the broad public health-relevant impacts across different sectors. The life expectancy of people with mental disorder is reduced by 7–25 years compared to those without, mainly due to increased rates of smoking, alcohol and drug misuse, self-harm, and physical illness. The majority of self-inflicted deaths are in people who have a mental disorder. Wider impacts of mental disorder include educational and employment outcomes, victimisation from and perpetration of violence, stigma and discrimination. **The Integrated Motivational-Volitional Model of Suicidal Behaviour (O'Connor 2011)** - suicidal behaviour results from a complex interplay of factors, the proximal predictor of which is one's intention to engage in suicidal behaviour. Intention, in turn, is determined by feelings of entrapment where suicidal behaviour is seen as the salient solution to life circumstances. These feelings of being trapped are triggered by defeat/humiliation appraisals, which are often associated with chronic or acute stressors. The transitions from the defeat/humiliation stage to entrapment, from entrapment to suicidal ideation/intent, and from ideation/intent to suicidal behaviour are determined by stage-specific moderators (i.e., factors that facilitate/obstruct movement between stages). In addition, background factors (e.g., deprivation, vulnerabilities) and life events (e.g., relationship crisis), which comprise the pre-motivational phase (i.e., before the commencement of ideation formation), provide the broader biosocial context for suicide.
Existing experiences of service information	Final Engagement Report by BCV August 2022 Men's Mental Health Survey	The results from the BCV focus groups are captured in more detail below but from the workshop responses, several of the same themes were raised across all the identified target groups, mainly: • Access to local groups – physical activities/social/creative/peer support. • Need for some form of directory of service/activities available within the Scottish Borders and local promotion. • Awareness raising of mental health in general, with more focus on prevention of self-harm and suicide.

		• Training on mental health and suicide prevention open to a wider audience. • Addressing low confidence and low self-esteem – perhaps through a buddy support system. • Education around mental health from an early age. Clear and consistent messages in schools • Peer support options, local groups, Scottish Borders wide – online and face to face options • Knowledge of what support and resources are available for a mental health crisis. • Funding to support services – longer term. Existing and new and creative approaches. The Men's Mental Health research was carried out between November 2020 and March 2021 and there were 170 survey responses. The ambition of this research was to understand the current needs of men in the Scottish Borders in relation to their mental health and to identify support, learning opportunities and resources which men feel would improve their mental health and wellbeing. **Key findings about mental health support:** • Men told us that accessing support should be easy, clear and accessible. • Men shared that knowing the threshold of when to ask for help can be difficult so clearly defined levels of support could be explored / tested. • Language and images used were found to be important for engaging men. For example, making promotional materials clear and inviting to men. • Men told us it was disheartening when they could not find information or when information was out of date. • 39% of men were unaware of the support that was available to them. • Men highlighted a number of ways they would like to find out about support and what's on offer e.g. using social media.
Evidence of unmet need	Online survey Final Engagement Report by BCV August 2022	The engagement work told us that there are numerous areas of unmet need. Some of the responses to the online survey were specific to people with protected characteristics:

		• *'For ethnic minorities and people of colour living in Scottish Borders, there are almost non-existent social and culturally related places or activities. Sometimes they have language barriers, hesitancy in mingling, lack of knowledge of local traditions and culture, different food preferences. These things once identified, addressed and incorporated can improve their mental health status'* Some of the responses were specific to reducing mental health inequalities: • *'Basic needs are important for most, particularly to those who are in low income and disadvantage. Worrying and anxiety cause poor mental wellbeing and they will escalate when worries keep on growing.'* • *'Having the ability to access all supporting organisations under one roof. Organisations would communicate better with one another and those who are at risk of poor mental health can have clear heads rather than trying to chase all organisations who may or perhaps will be able to support them with their mental health'* • *'Better mental health awareness training for employers, covering a large range of mental health issues, disabilities and conditions. Too often when I apply for work the application states that the employer is understanding and inclusive towards mental health and disabilities yet when I start the role it is quickly apparent that the employer only really has a very basic understanding of how mental health and disability impact my ability to carry out tasks and this then leads to issues for me and the employer.'* Some of the responses were specific to improving the lives of people experiencing and recovering from mental ill-health. The top three answers to this section were: 1. Better co-ordination between mental health support services, 2. having a single point of access for getting help and; 3. a better approach to long term / ongoing support within communities. • *'I'd like to see more support for employment... For many of us, getting a job isn't really an issue. We don't all need support for making a CV, or how to do an interview. I have often felt very patronised/belittled when I've attended sessions re "getting back to work" as I feel I know how to do those things. I feel the support for getting back into employment needs to be much more tailored to individual wants/needs/desires rather than assuming that all mentally ill people are incapable of sending off a job application (which is*

		sometimes how it can feel, even if it's not meant to). I'd also like to see much more emphasis on sustaining employment as opposed to how to get a job. Many people, myself included, have no real problem with applications or interviews but when we secure a job it's the sustaining it that becomes very problematic.' • *'access to counselling to help people recovering from mental health to understand themselves and build tools and techniques to prevent future episodes'* • *'More welcoming and open spaces and places for people to meet outwith traditional services'* • *'Volunteering could be a way for people to get back into the community, meet new people, learn new experience and gain self-confidence'* • *'A central access hub for support/information/courses where people can go and feel empowered that they are bringing about changes themselves, at their own pace, helping build confidence and self-esteem'.* • *'accessing community activities etc can offer a preventative role so that people do not reach this crisis stage'* • *'More community input after the community has the opportunity of training to learn about the different types of mental ill health'.*
Good practice guidelines	Public Mental Health – Public Health Scotland Priority 3 about having good mental wellbeing National suicide good practice Time Space Compassion Trauma Informed Practice	Mental wellbeing is recognised as a significant public health challenge in Scotland. Mental health and wellbeing are influenced by many factors including biological, social, economic, lifestyle, and genetic factors. Understanding the interacting and often co-existing risks and adverse outcomes is an essential part of building and sustaining mentally healthy societies and reducing the adverse impacts and inequalities that often result from poor mental health and wellbeing. Suicide prevention is being prioritised more as the Government and COSLA published a 10-year strategy to tackle the factors and inequalities that can lead to suicide. The strategy draws on levers across national and local government to address the underlying social issues that can cause people to feel suicidal, while making sure the right support is there for people and their families. The approach is to help people at the earliest possible opportunity and aim to reduce the number of suicides – ensuring efforts to tackle issues such as poverty, debt, and addiction include measures to address suicide.

		Time, Space and Compassion principles and approach - a relationship and person centred approach to improving suicidal crisis. It has been developed for use by people and services who regularly come into contact and support people experiencing suicidal crisis. This action plan is also firmly linked to the national trauma training programme and promotes trauma informed practice and responses.
Other – please specify	Health and Wellbeing Census for Children and Young People	This evidence informed our life course approach and the need to work closely with the Children and Young People's structures to ensure that the work is aligned and complementary.
Risks Identified	Consultation feedback	An ongoing risk of being able to engage - a lack of infrastructure for some of the protected characteristics makes it difficult to achieve the engagement even when it has been commissioned to happen and so it is even more difficult to try and sustain the engagement and ensure that the engagement is representative. The key infrastructure used to engage is the Mental Health and Wellbeing Forum and the After A Suicide Working Group so there is a risk that some of the protected characteristics are missed.
Additional evidence required	Consultation feedback	Local evidence regarding mental health and Black and ethnic minorities (Race) Link with unpaid carers struggling with mental health

Consultation/Engagement/Community Empowerment Events

Event 1

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
July 2022	Online Survey	35 individuals and four organisations responded	Age, Sex, Disability, Sexual Orientation, Race The majority of respondents were aged 35 – 64 with 20% aged 35 – 44, 28% aged 45 – 54 and 20% aged 55 – 64. The vast majority (72%) of respondents were female and did not identify as LGBTQI+ (85%). 38% of respondents had a disability or long-term physical health condition and

			41% said they had a mental health condition. The majority of respondents defined their ethnicity as White with 5% identifying as Asian or Asian British. In terms of household income there was a cross section with 18% earning under £15,000, 28% between £15,000 - £30,000 and 25% over £30,000.

***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
Top answers in response to '**What do you think would improve your mental health and wellbeing?**' • Being able to talk to a professional about the way I am feeling • Self-help resources about ways to improve your mental health and wellbeing • Having someone I trust to talk to about the way I am feeling (a friend, colleague or family member) • Getting help and support for the things that are worrying me (e.g. debt, finding a job, housing, money worries, loneliness, relationship difficulties, alcohol or drug use etc)	This is captured in Programme 1 of the Action Plan, Promoting mental health and wellbeing **Action:** 1.1 Mentally Healthy Communities
Top answers in response to '**In the Scottish Borders we have an ambition to develop mentally healthy communities – what would that look like for your community?**' • Friendly and welcoming social places and activities that are open to everyone and are free • Positive and safe physical environment including housing and neighbourhoods • Supportive employers and workplaces	This is captured in Programme 1 of the Action Plan, Promoting mental health and wellbeing **Action:** 1.1 Mentally Healthy Communities
Top answers in response to '**What are your three priorities for preventing mental ill-health for those most at risk?**' • Support for people when they experience adverse adulthood events (e.g job loss, relationship breakdown, bereavement) • Having a warm and safe place to live • Making sure that people have enough money to live off	This is captured in Programme 3 of the Action Plan, Reducing mental health inequalities **Areas of Action:** 3.2 Poverty and Mental Health 3.3 Hope and Compassion 3.4 Targeted Communities

Top answers in response to '**Please select three priorities about preventing suicide and self-harm'** • Promotion of support for people in crisis • Support for people caring for others with suicidal thoughts • Public suicide awareness training open to communities	This is captured in Programme 2 of the Action Plan, Preventing suicide and self-harm **Areas of Action:** 2.1 Suicide Safer Communities 2.2 Support for people affected by / bereaved by suicide
Top answers in response to '**What do you think would improve the lives of people experiencing and recovering from mental ill-health?'** • Better coordination between the mental health support services • Having a single point of access for getting help • Better approach to long-term/ongoing support within communities	This is captured in Programme 4 of the Action Plan, Improving the lives of people experiencing and recovering from mental ill health **Areas of Action:** 4.1 Mentally Healthy Communities (PLUS) These responses were also reported to the Mental health Partnership Board
Top answers in response to '**Do you think that mental health stigma has an impact and what could be done to reduce stigma?'** 79% of respondents said that yes, mental health stigma has an impact. 15% were unsure and only one person answered no. There was a wealth of suggestions for tackling stigma which are summarised here: • Interactive public mental health consultations • Media campaigns – it's ok to talk and it's ok to ask for help • Work in communities, events in communities, courses run in communities with real people, festival of mental health • Raise awareness of the reality of recovery • More open and challenging dialogue – there is a spectrum of experience which is relevant to professionals too • Careful use of language – don't label • Local peer groups to share experience • Normalise talking about suicide and self-harm • Communication, education, awareness • Role models and people telling their stories • Education / awareness about diagnosis and how to help someone who is struggling with mental ill health • More info in schools and libraries	This is captured throughout the Action Plan, including our work on communications, advocacy of a public mental health approach, training and capacity building which underpin the delivery of the plan.

• Challenge and change attitudes so there is more empathy and less blaming individuals	

Event 2

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
July 2022	Borders Care Voice venue	13	Age Sex Disability (Mental Health)

***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)**

Event 3

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
July 2022	Borders Care Voice venue	4	Age Sex Disability (Mental Health)

Event 4

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
July 2022	2 x Online	4	Age Sex Disability (Mental Health)

Views Expressed	Officer Response
From the workshop responses, several of the same themes were raised across all the identified target groups, mainly: • Access to local groups – physical activities/social/creative/peer support. • Need for some form of directory of service/activities available within the Scottish Borders and local promotion. • Awareness raising of mental health in general, with more focus on prevention of self-harm and suicide.	This is captured in Programme 1 of the Action Plan, Promoting mental health and wellbeing **Action:** 1.1 Mentally Healthy Communities

• Training on mental health and suicide prevention open to a wider audience. • Addressing low confidence and low self-esteem – perhaps through a buddy support system. • Education around mental health from an early age. Clear and consistent messages in schools • Peer support options, local groups, Scottish Borders wide – online and face to face options • Knowledge of what support and resources are available for a mental health crisis. • Funding to support services – longer term. Existing and new and creative approaches.	
For positive support in keeping mentally well, this included: **Participation -** Participating in local community groups – social, physical, creative, peer. Peer support was reported on many occasions, linking in to feeling understood, not being judged, being supported by others who understand and having that support system, sharing experiences and suggestions. **Keeping active -** Physical activities available in different local areas– ranging from walking, yoga, cycling to enjoying outdoors and gardening. **Feeling confident -** Being confident to join groups or having a buddy support to help with anxieties of attending somewhere new, attending appointments etc. Many people commented that they were aware that joining a group would be of benefit to them but lacked the confidence to attend on their own, that their anxieties increased around meeting new people, feeling excluded or different. Being in a safe and supportive environment was seen as a priority. **Informed -** Knowing what is available to be able to make informed choices – in local area and in wider area, including information on help lines and crisis support. A directory of service/activity was stated repeatedly. Much discussion was had across all groups for access to up-to-date information. This was seen as a priority. Further discussion arose from this to having	This is captured in Programme 4 of the Action Plan, Improving the lives of people experiencing and recovering from mental ill health **Areas of Action:** 4.1 Mentally Healthy Communities (PLUS)

more signposting in GPs, Department for Work and Pensions, Hospitals, and having access to Link Workers, Local Area Co-ordinators or similar. **Having access -** Accessibility – transport, cost and parking were all raised, as was accessing opportunities online as well as face to face. **Educated and aware -** Education on mental health from an early age was repeatedly raised as a priority, across a number of the workshop questions and across all groups. **Being employed or volunteering -** Employment/volunteering opportunities were viewed as having a contribution to overall good mental health. **Funding** available for the creation of new support services and to support existing projects and programmes that work – this was also raised in the questions about prevention.	
For prevention of self-harm and suicide and addressing stigma, this included: **Understood and Included** - Tackling attitude, Some people felt that in small communities, negative attitudes towards mental health and lack of understanding created more anxiety and lead to the individual becoming more isolated. A common topic also discussed was awareness raising on a large scale. **Educated** - More mental health education in schools. This was highlighted repeatedly. Many people felt that talking about mental health openly was needed to address stigma and that having this in schools from an early age would make it less of a taboo subject and lead to it being better understood. **Trained and supportive** - Informed mental health and suicide prevention training targeted to employers/employees, professionals, community groups, volunteers. Several of the participants were aware that mental health training is available in the Scottish Borders and has been for some time but felt that it was more limited to people working or volunteering in health and social care.	This is captured in Programme 2 of the Action Plan, Preventing suicide and self-harm **Areas of Action:** 2.1 Suicide Safer Communities

More **signposting** from GPs and referrals made from other professionals. **Social prescribing** was viewed as a positive measure and there was an interest from across the groups for this to be a more regular occurrence. Seeking alternative options to hospital admissions and medication was suggested.	
Themes specific to people experiencing and recovery from mental ill-health: • Feeling safe and included • Being able to access services and join groups and activities. • Overcoming barriers to access – lack of confidence, transport • Knowing what is available, where and when and having informed choices	This is captured in Programme 4 of the Action Plan, Improving the lives of people experiencing and recovering from mental ill health **Areas of Action:** 4.1 Mentally Healthy Communities (PLUS)
Themes specific to unpaid carers: • More opportunities and activities available in the evenings. • Services and activities having face to face and online options. • Respite opportunities and financial support. • Flexibility in services – recognition that no one size fits all.	This is captured in Programme 4 of the Action Plan, Improving the lives of people experiencing and recovering from mental ill health **Areas of Action:** 4.1 Mentally Healthy Communities (PLUS)
Themes specific to people bereaved by suicide • Timely access to therapies. • Having someone to talk to and who would actively listen. • Peer support and helpline options. • Support, tools and resources to help with shock, grief and feelings of guilt, and helplessness • Having support and understanding in the workplace.	This is captured in Programme 2 of the Action Plan, Preventing suicide and self-harm **Areas of Action:** 2.2 Support for people affected by / bereaved by suicide

Event 5

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
July	Borders Care Voice venue	6	Providers of services - Disability (Mental Health)

Views Expressed	Officer Response
Key themes arising included: • Access to truly person-centred services – the appropriate support available as and when needed and not hampered with restrictive time schedules that can create even more barriers • More flexibility needed within services – meeting the individual's needs. Focus given to immediate and longer-term support • Timely advice and guidance – welfare benefits, money and debt advice information on housing, foodbanks etc. • Single point of contact – also raised in other workshops. • Funding available for third sector to bridge the gaps – a recognition that existing funding can be short term, limited to strict criteria and can lead to exclusion. The top priorities for taking immediate action listed from mental health service providers were: • Addressing attitudes – tackling stigma in communities and across organisations. • Tackling financial inclusion – ensure basic needs are being met. • Support the development of new and innovative measures – flexibility recognised within funding criteria, in addition to length of funding providing time and opportunity for development and growth. There was also a suggestion made for the creation of a peer support group for people who work in health & social care, potentially facilitated alongside other similar groups.	This is captured in Programme 4 of the Action Plan, Improving the lives of people experiencing and recovering from mental ill health **Areas of Action:** 4.1 Mentally Healthy Communities (PLUS)

Equality, Human Rights and Fairer Scotland Duty Impact Assessment Stage 3

Analysis of findings and recommendations

Creating Hope in the Scottish Borders

Scottish Borders Mental Health Improvement and Suicide Prevention Action Plan 2022 – 2025

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

Creating Hope in the Scottish Borders

Scottish Borders Mental Health Improvement and Suicide Prevention Action Plan 2022 – 2025

The vision in the plan is to increase the number of people in good mental health at every age and stage of life and to reduce the number of suicide deaths in the Scottish Borders, whilst working together with partners and communities to tackle the inequalities that contribute to poor mental health and suicide.

Mental ill health has a disproportionate impact and some groups are more at risk of developing mental health problems than others. Similar patterns are found with suicide, with some groups being statistically at a higher risk than others. The new action plan aims to reduce mental health inequalities across all groups with protected characteristics. As part of the initial action planning process, a Health Inequalities Impact Assessment was carried out with the aim of identifying mitigating actions to ensure that nobody is negatively impacted. This document updates that assessment.

Overarching Principle 1: MENTAL HEALTH IN ALL POLICIES

Our action plan advocates for all plans and policies in the Scottish Borders to address the social, environmental and individual determinants of mental health. We will do this collectively by integrating mental health and wellbeing into Impact Assessments. Our action plan is trauma informed.

Overarching Principle 2: PARTNERSHIP ENGAGEMENT IN CREATION AND DELIVERY OF ACTION PLAN

Consultation and engagement is undertaken in developing our priorities and the action plan. Partners and organisations jointly take ownership for the delivery of the plan.

Programme 1: Promoting mental health and wellbeing

Areas of Action: 1.1 Mentally Healthy Communities

Outcome: The environment and communities we live in promote the conditions that protect against poor mental health and suicide risk and empower people to thrive.

Programme 2: Preventing suicide and self-harm
Areas of Action: 2.1 Suicide Safer Communities
2.2 Support for people affected by / bereaved by suicide
2.3 Targeted interventions
Outcome: Our communities have a clear understanding of suicide, risk & protective factors and prevention – people and organisations provide a compassionate, appropriate and timely response.
Programme 3: Reducing mental health inequalities
Areas of Action: 3.1 Transition Support for Young People
3.2 Poverty and Mental Health
3.3 Hope and Compassion
3.4 Targeted Communities
Outcome: Our work targets specific groups in the population known to be more at risk of mental ill health and suicide and advocates for a reduction in mental health inequalities.
Programme 4: Improving the lives of people experiencing and recovering from mental ill health
Areas of Action: 4.1 Mentally Healthy Communities (PLUS)
4.2 The physical health of people with mental health conditions
Outcome: People who experience mental ill health are supported to live well, access community based opportunities that promote wellbeing and recovery and have their physical health needs attended to in accordance with their human rights.

Equality Act 2010 – Relevant Protected Characteristics as identified in Stage 1 or during Stage 2 (include none identified at this stage)

Protected Characteristic	Equality Duty	What impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Age	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	The action plan will have a positive impact. It seeks to reduce these.	The action plan will be monitored using the population level data released nationally and local indicators are being developed to evaluate and measure the specific areas of action. Local surveys will be used to measure impact.

	Advancing equality of opportunity	The action plan will have a positive impact as it seeks to advance equality of opportunity.	See above
	Fostering good relations by reducing prejudice and promoting understanding	The action plan will have a positive impact, it seeks to achieve this.	See above
Disability	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	The action plan will have a positive impact. It seeks to reduce these.	See above
	Advancing equality of opportunity	The action plan will have a positive impact as it seeks to advance equality of opportunity.	See above
	Fostering good relations by reducing prejudice and promoting understanding	The action plan will have a positive impact, it seeks to achieve this.	See above
Gender Reassignment	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	The action plan will have a positive impact. It seeks to reduce these.	See above
	Advancing equality of opportunity	The action plan will have a positive impact as it seeks to advance equality of opportunity.	See above
	Fostering good relations by reducing prejudice and promoting understanding	The action plan will have a positive impact, it seeks to achieve this.	See above
Marriage and Civil Partnership	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	The action plan will have a positive impact. It seeks to reduce these. Positive impacts as part of universal, primary prevention approach.	See above
	Advancing equality of opportunity	The action plan will have a positive impact as it seeks to advance equality of opportunity.	See above
	Fostering good relations by reducing prejudice and promoting understanding	The action plan will have a positive impact, it seeks to achieve this.	See above
Pregnancy and Maternity	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	The action plan will have a positive impact. It seeks to reduce these.	See above

		Positive impacts as part of universal, primary prevention approach.	
	Advancing equality of opportunity	The action plan will have a positive impact as it seeks to advance equality of opportunity.	See above
	Fostering good relations by reducing prejudice and promoting understanding	The action plan will have a positive impact, it seeks to achieve this.	See above
Race	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	The action plan will have a positive impact. It seeks to reduce these. Positive impacts as part of universal, primary prevention approach.	See above
	Advancing equality of opportunity	The action plan will have a positive impact as it seeks to advance equality of opportunity.	See above
	Fostering good relations by reducing prejudice and promoting understanding	The action plan will have a positive impact, it seeks to achieve this.	See above
Religion & Belief including non-belief	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	The action plan will have a positive impact. It seeks to reduce these. Positive impacts as part of universal, primary prevention approach.	See above
	Advancing equality of opportunity	The action plan will have a positive impact as it seeks to advance equality of opportunity.	See above
	Fostering good relations by reducing prejudice and promoting understanding	The action plan will have a positive impact, it seeks to achieve this.	See above
Sex	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	The action plan will have a positive impact. It seeks to reduce these. Positive impacts as part of universal, primary prevention approach.	See above
	Advancing equality of opportunity	The action plan will have a positive impact as it seeks to advance equality of opportunity.	See above

	Fostering good relations by reducing prejudice and promoting understanding	The action plan will have a positive impact, it seeks to achieve this.	See above
Sexual Orientation	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	The action plan will have a positive impact. It seeks to reduce these. Positive impacts as part of universal, primary prevention approach.	See above
	Advancing equality of opportunity	The action plan will have a positive impact as it seeks to advance equality of opportunity.	See above
	Fostering good relations by reducing prejudice and promoting understanding	The action plan will have a positive impact, it seeks to achieve this.	See above

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

Article	Enhancing or Infringing	Impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Education	Higher education lifelong learning	Positive impact.	Actions will be developed to improve outcomes to those in higher education and lifelong learning to ensure those within education will not be negatively affected by ensuring mentally healthy communities within these areas.
Work	Employment Earnings Occupational segregation Forced Labour and trafficking*	Positive impact.	Actions will be developed to improve outcomes to those in higher education and lifelong learning to ensure those within education will not be negatively affected by ensuring mentally healthy communities within these areas. Working closely with workforce integrated plan.
Living Standards	Poverty Housing Social Care	Positive impact. Area of action 3.2 focuses on Poverty and mental health	Actions will be developed to improve outcomes on poverty and mental

			health, linking closely with the Community Planning Partnership.
Health	Health outcomes Mental health Access to health care Social Care	Positive impact. All programmes and areas of action seek to improve health outcomes and mental health.	The action plan will be monitored using the population level data released nationally and local indicators are being developed to evaluate and measure the specific areas of action. Local surveys will be used to measure impact.
Participation	Political and civic participation and representation Access to services Social and community cohesion*	Positive impact. The action plan has consultation and engagement as an overarching principle and is underpinned by insight from Lived Experience. The plan has a strong focus on communities and ongoing communication work promotes access to a range of support services.	Local indicators are being developed to evaluate and measure the specific areas of action. Local surveys will be used to measure impact.

Fairer Scotland Duty

Identify changes to the strategic programme/proposal/decision to be made to reduce negative impacts on equality of outcome and or improving health inequalities	Programme 3 'Reducing Mental Health Inequalities' seeks to reduce mental health inequalities and targets specific groups in the population known to be more at risk of mental ill health and suicide.
Identify the opportunities the strategic programme/proposal/decision provides to reduce or further reduce inequalities of outcome and or improving health inequalities	This action plan represents a key opportunity to reduce inequalities of outcome. The plan will be delivered through the multi-agency Mental Health Improvement and Suicide Prevention steering group and through stronger partnership working with the Community Planning Partnership.

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

There is a substantial work programme attached to the action plan and will only be achievable through collected efforts of the small team within Public Health and key partners within the Mental Health Improvement and Suicide Prevention Steering Group.

This could result in only the partial achievement of the intended outcomes as the shift to and impact of a more preventative approach is both difficult to realise and to evidence. Much of the delivery depends on the active engagement of partners which can vary depending on other service pressures at any time. The Action Plan will be monitored by the Mental Health Improvement and Suicide Prevention Steering Group and reviewed at the Mental Health board.

Equality, Human Rights & Fairer Scotland Duty Impact Assessment Recommendations

What recommendations were identified during the impact assessment process:

Recommendation	Recommendation owned by:	Date recommendation will be implemented by	Review Date
Analyse conditions and communities that are supportive to good mental health and ensure that those with protective characteristics are able to access these when exploring options.	Claire McElroy Public Health Lead – Mental Health and Suicide Prevention	March 2025	Annual
Embed Creating Hope, Time, Space and Compassion as key prevention approaches to across organisations, services and communities, working with integrated workforce plan.	Claire McElroy Public Health Lead – Mental Health and Suicide Prevention	March 2025	Annual
Explore the call for form of directory of service and recommendations and ensure that those with protective characteristics are linked in to this more directly Consideration of how to communicate about services and activities available to support mental health is a key recommendation that will be addressed in the delivery of the action plan, in partnership with the CPP and IJB.	Mental Health and Suicide Prevention Steering group	March 2025	Annual

It evident that there were some gaps in the engagement work carried out, namely with the Black and Minority Ethnic communities. Explore working with quality human rights subgroup to engage wider.	Claire McElroy Public Health Lead – Mental Health and Suicide Prevention	March 2025	Annual

Monitoring Impact – Internal Verification of Outcomes

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

The action plan will be monitored using the population level data released nationally about different groups. Local indicators are being developed to evaluate and measure the specific areas of action. Local surveys will be used to measure impact.

Procured, Tendered or Commissioned Services (SSPSED)

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

Where any projects are commissioned in the delivery of the action plan, they will align to the Equalities and Human Rights mainstreaming process and governance set out by the Health and Social Care Partnership.

Communication Plan (SSPSED)

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

A communications plan will be developed with the detail of how the information about key areas of action within the plan will be communicated. This will include an Easy Read version of the plan.

Signed Off By:
Name Strategic Lead: Fiona Doig
Date: 30.5.23

Creating Hope in the Scottish Borders

Mental Health Improvement and Suicide Prevention Action Plan 2022 – 2025

Vision – Good mental health and wellbeing for ALL

Our vision for this action plan is to increase the number of people in good mental health at every age and stage of life and to reduce the number of suicide deaths in the Scottish Borders, whilst working together with partners and communities to tackle the inequalities that contribute to poor mental health and suicide.

Principles, Programmes, Outcomes and Areas of Action

Overarching Principle 1: MENTAL HEALTH IN ALL POLICIES Our action plan advocates for all plans and policies in the Scottish Borders to address the social, environmental and individual determinants of mental health. We will do this collectively by integrating mental health and wellbeing into Impact Assessments. Our action plan is trauma informed.			
Overarching Principle 2: PARTNERSHIP ENGAGEMENT IN CREATION AND DELIVERY OF ACTION PLAN Consultation and engagement is undertaken in developing our priorities and the action plan. Partners and organisations jointly take ownership for the delivery of the plan.			
Programme 1: Promoting mental health and wellbeing	**Programme 2: Preventing suicide and self-harm**	**Programme 3: Reducing mental health inequalities**	**Programme 4: Improving the lives of people experiencing and recovering from mental ill health**
Outcome: The environment and communities we live in promote the conditions that protect against poor mental health and suicide risk and empower people to thrive	**Outcome:** Our communities have a clear understanding of suicide, risk & protective factors and prevention – people and organisations provide a compassionate, appropriate and timely response	**Outcome:** Our work targets specific groups in the population known to be more at risk of mental ill health and suicide and advocates for a reduction in mental health inequalities	**Outcome:** People who experience mental ill health are supported to live well, access community based opportunities that promote wellbeing and recovery and have their physical health needs attended to in accordance with their human rights
Areas of Action 1.1 Mentally Healthy Communities	**Areas of Action** 2.1 Suicide Safer Communities 2.2 Support for people affected by / bereaved by suicide 2.3 Targeted interventions	**Areas of Action** 3.1 Transition Support for Young People 3.2 Poverty and Mental Health 3.3 Hope and Compassion 3.4 Targeted Communities	**Areas of Action** 4.1 Mentally Healthy Communities (PLUS) 4.2 The physical health of people with mental health conditions

Ambitions

We have five ambitions for the course of this three year plan:

1. To build a 'Mental Health in all Policy approach' through advocacy over the course of the plan (recognising the move towards a Public Mental Health approach which broadly seeks to address the social, environmental and individual determinants of mental health);
2. To undertake Health Inequalities Impact Assessments on the Action Plan;
3. To ensure our action plan is Trauma Informed; starting with one test project;
4. To widen partnership work and engagement across the Borders and specifically to consult on the priorities in this plan;
5. To develop outcomes for tracking progress and success.

Underpinning work that supports the action plan

- Research, evidence and data including Lived Experience insight;
- Training and capacity building;
- Communications and advocacy of a Public Mental Health approach;
- Monitoring and evaluation.

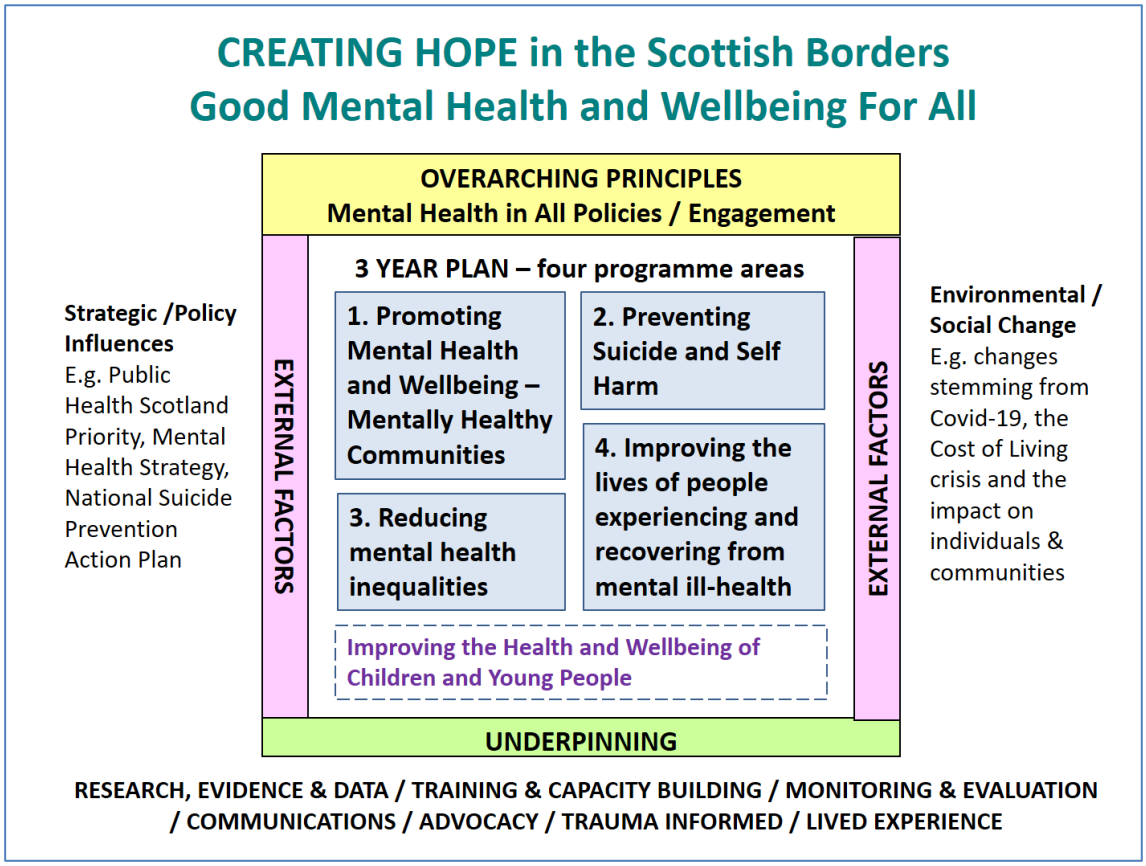
Introduction

- This action plan has been produced following a twelve month period of engagement with partners and stakeholders. We have listened to partners members of the Scottish Borders Mental Health Improvement and Suicide Prevention steering group and others who have contributed via themed meetings. We have reached out in different ways to engage communities; we put out an online survey, commissioned face to face focus groups and increased our use of social media. We know we have more to do and will continue to seek an ongoing dialogue throughout the course of this plan, particularly with groups who are at higher risk of mental ill health and suicide.
- Much of our work over the last few years has been in response to the Covid-19 pandemic, adapting our communications and training delivery to more online formats and raising awareness of the variety of support available for mental health. As we move to a longer-term action planning approach, we appreciate that current socio-economic issues and the cost of living crisis is exacerbating many of the risk factors that contribute to poor mental health and suicidal thoughts.
- We seek to have a strong evidence base to our work and in addition to recognising the wider social determinants that can lead to mental ill health and suicide. We are also taking the lead from the new national suicide prevention strategy and using the Integrated Motivational-Volitional (IMV) Model to guide our approach. This model identifies the factors that can motivate suicidal thoughts and although the pathway is complex, hopelessness is a common factor and for this reason we are adopting 'hope' as the overall theme for our action plan and the name 'Creating Hope in the Scottish Borders'.
- We have identified two overarching principles, four key programmes and outcomes for the action plan. We will build action around those four programmes which we will deliver alongside our partners. Some of the actions are very broad and out-with the scope of our own steering group and where that is the case we will seek to work in partnership and influence other parts of the system to take these actions into account. We will develop indicators to measure our progress in delivering the action plan.
- Local leadership and accountability for this action plan sits with the Mental Health Improvement and Suicide Prevention steering group, a

sub-group of the Mental Health Partnership Board, and chaired by Public Health. The local leadership and accountability for suicide prevention as stated within the new national action plan sits with Chief Officers in line with public protection guidance.

Our approach

The diagram below summarises our vision and four themed programme areas, examples of the external factors that shape our action plan and the underpinning activities that thread through the whole programme approach.



Focus on adults

This action plan is specifically focused on the adult population of the Scottish Borders. It is recognised in the diagram above that there is a separate programme area for Children and Young people, which sits within separate planning and delivery structures. We work closely with the Children and Young People's structures and as the programme areas are progressed it is important to ensure that the work is aligned and complementary.

Local and national strategic context

Scottish Borders Health and Social Care Strategic Framework

As we have been developing this action plan, the Scottish Borders Health and Social Care Partnership have also been developing a new Strategic Framework. We contributed data and intelligence to the strategic assessment and the engagement results were also fed in to the work carried out by the partnership. We have aligned the work on this action plan within the strategic objective 'Focusing on prevention and early intervention'.

Scottish Borders Community Plan

The vision statement is in part drawn from the outcome 'At every age and stage of life, more people in good mental health'. Greater acknowledgement is being made of the need for a whole system and society approach to improve mental health and prevent suicide and we look to our partners in the wider Community Planning Partnership to address key risk factors such as financial difficulties, debt, homelessness, poverty, trauma and social isolation with the impact on mental health in mind.

Suicide Prevention Strategy and Action Plan

As mentioned, this plan takes inspiration from the title of the Scottish Government's new national Suicide Prevention plan and aligns where appropriate with the outcomes, which are:

1. The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.
2. Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.
3. Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.
4. Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence. We improve our approach through regular monitoring, evaluation and review.

Mental Health and Wellbeing Strategy

As a multi-agency steering group we considered the consultation about a new national Mental Health and Wellbeing Strategy and submitted a response in September 2022. As a participant in the national Public Mental Health Special Interest Group we are aware of a likely move more towards a national strategy that focuses on prevention of mental ill health and the promotion of good mental health as well as the provision of support and services. The new national strategy was expected in Autumn 2022 but has been delayed.

We will keep our local action plan under regular review and adapt as necessary to respond to relevant emergent strategies at both a national and local level.

Our key local and national strategic drivers are presented below as the foundations for our vision:

Creating HOPE Action Plan

Vision – Good mental health and wellbeing for ALL

Increase the number of people in **good mental health at every age and stage of life and to reduce the number of suicide deaths in the Scottish Borders**, whilst working together with partners and communities to tackle the inequalities that contribute to poor mental health and suicide.

Health and Social Care Strategic Framework

ALL PEOPLE IN THE SCOTTISH BORDERS ARE ABLE TO LIVE THEIR LIVES TO THE FULL

Objective: Focusing on prevention and early intervention

Community Planning Partnership theme

ENJOYING GOOD HEALTH AND WELLBEING

Theme outcome: More people enjoying good mental health and wellbeing

National Suicide Prevention Strategy

CREATING HOPE TOGETHER

Vision: Reduce the number of suicide deaths whilst tackling the inequalities which contribute to suicide

Mental Health in ALL Policies

Overarching Principle 1

Our action plan advocates for all plans and policies in the Scottish Borders to address the social, environmental and individual determinants of mental health.

Context

Mental Health in all Policies is an approach to promote population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas. This recognises the impact of public policies on mental health determinants and strives to reduce mental health inequalities – as an overarching principle it is relevant to all of the actions in this plan. This is the basis for a 'Public Mental Health' approach.

We must work with the Health and Social Care Partnership and Community Planning Partnership to strengthen our approach to addressing the wider determinants that cause mental ill health and those that are specific to suicide prevention. We will do this by identifying opportunities to take a 'mental health in all policies' approach and include 'suicide prevention in all policies' within this.

The Scottish Borders Community Plan has a current work plan that contains four themes that are relevant to Public Mental Health:

1. Enough money to live on;
2. Access to work, learning and training;
3. Enjoying good health and wellbeing;
4. A good place to grow up, live in and enjoy a full life.

We will identify opportunities to take a 'Mental Health in all Policies' approach by linking in with other partners and areas of policy. This should include a 'Suicide Prevention in all Policies' approach (relevant to the national Suicide Prevention Outcome 1: the environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment).

We will do this collectively by integrating mental health and wellbeing into local Impact Assessments and develop our approach within the context of the Health Inequalities Impact Assessment, the Fairer Scotland Duty and the Community Plan.

What we will keep doing

- ✓ We will identify opportunities to work in partnership and advocate for a Public Mental Health approach that includes Mental Health in All Policies, starting with the Community Plan;
- ✓ We will continue to develop our local guidance for promoting good mental health and wellbeing.

Partnership Engagement in Creation and Delivery of Action Plan Overarching Principle 2

Consultation and engagement is undertaken in developing our priorities and the action plan. Partners and organisations jointly take ownership for the delivery of the plan.

Context

We have stated a specific ambition to widen our partnership work and engagement across the Borders in relation to the programme of work for Mental Health Improvement and Suicide Prevention. We have undertaken consultation and engagement on the priorities in this plan and the contributions of all participants has been greatly valued. We are particularly grateful to the support from Borders Care Voice and the Scottish Borders Mental Health and Wellbeing Forum and we recognise that more can always be done as we work towards a more meaningful co-production approach across all areas of action.

Some of the areas of action contained in this plan require many different partners to collaborate and work together on the delivery. There are also many things that individual organisations and groups can do within their own environments and contexts which require them to take action themselves, and where possible we will encourage them and support them to do so.

We recognise that many of the issues raised in the engagement work are beyond the scope of the Mental Health Improvement and Suicide Prevention Steering Group and that many are more related to the mental health services in the Borders. However, these issues are relevant to tertiary prevention and we will identify opportunities to work in partnership with our local mental health services and support and influence future action.

The issues raised included:

- Better collaboration and co-ordination. It was highlighted that action is needed to strengthen the connections and collaboration between services so that the whole system is more effective;
- Mapping and promoting what's available. It was highlighted that action is needed to make it easier for people to find information;
- Access to support and opportunities - It was highlighted that it would be beneficial to have a single point of access for getting help and also from a clinicians point of view, find ways to make it easier for them to socially prescribe.

What we will keep doing

- ✓ We will keep a regular dialogue going with the Mental Health and Wellbeing Forum as we plan and deliver the actions in each of the sections of this plan, involving people with lived experience as much as possible;
- ✓ We will continue to facilitate a multi-agency Mental Health Improvement and Suicide Prevention Steering group to enable partners to come together to discuss, shape and deliver the areas of action contained in this plan.

Promoting Mental Health and Wellbeing Outcome 1

The environment and communities we live in promote the conditions that protect against poor mental health and suicide risk and empower people to thrive.

Context

The scope of this programme area is to work to improve population approaches to improving mental health and wellbeing and will consider the evidence about protective and risk factors in relation to population mental health.

The focus of this work will be around prevention - the programme area will specifically consider actions related to Primary Prevention, before any condition occurs, following the principle of proportionate universalism.

In addition to the social and economic determinants, we recognise the relevance of 'place shaping' and that the built and natural environment has a strong impact on mental health and wellbeing. We support positive and safe physical environments including housing and neighbourhoods. We also recognise the design aspects of ensuring our communities are suicide safe places.

There is strong evidence that regular participation in certain types of activities can protect mental health and lead to an improvement in mental health and wellbeing. Belonging to a community, connecting with nature, spending time in quality greenspace, gardening, being physically active and taking part in exercise and sporting activities, being creative and participating in arts and musical activities, learning and having hobbies, volunteering and giving your time to others are all beneficial for mental health. While most people are able to thrive and maintain their own mental wellbeing by taking part in these independently, others need extra support to access these opportunities.

What we will keep doing

- ✓ We will continue to support a primary prevention approach through our communications and social media work, promoting information, resources and activities that are universally available.
- ✓ We will continue to work with existing stakeholders in the Mental Health Improvement and Suicide Prevention steering group to develop our partnership actions and support efforts to improve mental health across organisations and sectors.
- ✓ We will continue to collect data related to mental health in the Borders to monitor and identify trends, adjusting our actions accordingly.

Areas of action

ACTION 1.1
Mentally Healthy Communities

We will work proactively to develop 'mentally healthy communities'. We know that social connection is a key protective factor and all of our engagement work supported the development of a community based approach that enables and empowers people to access opportunities that support good mental health and wellbeing. The online survey highlighted 'friendly and welcoming social places and activities that are open to everyone and are free' as a priority and a strong theme in the focus groups was the participation in local community groups - social, physical, creative or peer groups.

We will build on the resources we already have in place to improve self-help and signposting, reflecting the feedback from our engagement work that there is a need for some form of directory of service/activities available within the Scottish Borders and local promotion.

For those who experience barriers in accessing these activities and opportunities we will work with partners across the system to improve the provision of social prescribing in the Borders and make the most of the natural and community assets that we have. This will have good and meaningful opportunities for people to be involved e.g. strong peer and volunteering basis (building on the emerging peer support worker collaborative), skilling up volunteers and robust pathways for participants to volunteer, develop their skills, obtain and maintain employment. Our engagement work has highlighted the need to have support available for people who need extra help to access community based opportunities and be accessible for people who may have sensory, physical or other disabilities.

There was overwhelming support in our online survey for challenging stigma and we will make this a key part of our work on developing mentally healthy communities.

This area of action links across to other relevant activities:

- ✓ The development of 'Suicide Safer Communities' in Outcome 2;
- ✓ The Wellbeing Service, Local Area Co-ordination link worker service and other local and national developments related to social prescribing and new mental health and wellbeing services in Primary Care;
- ✓ Existing appropriate community based activity such as that funded by the Communities Mental Health and Wellbeing Fund, for example the Clubsports 'Headstrong' approach in local sports clubs;
- ✓ A 'no wrong door' approach for first points of contact in communities e.g. job centres, housing associations and libraries.

Preventing Suicide and Self-Harm

Outcome 2

Our communities have a clear understanding of suicide, risk & protective factors and prevention – people and organisations provide a compassionate, appropriate and timely response.

Context

The focus of this work is around prevention, early intervention and postvention (support after a suicide or suicide attempt). There is a strong national context to the work which we will incorporate where appropriate into this action plan and prioritise locally in order to achieve our vision of reducing the number of suicide deaths.

Similarly to Outcome 1, we recognise that socio-economic issues, such as the cost of living crisis, have the potential to exacerbate many of the factors we know contribute to suicide. There is a need to work with Community Planning Partnership to address financial inequity, debt, homelessness and child poverty, among other factors.

Throughout our work we will consider targeted interventions to groups of the population more at risk of suicide and self-harm. At risk groups include men, people who have previously self-harmed, people with mental illness, those in touch with the criminal justice system, Veterans, particular age groups and people bereaved by suicide. As a rural area, our population that is more at risk includes those who live and work in more socially isolated situations such as the farming and agricultural community. Our programme will be based on evidence around actions most likely to prevent suicide and local knowledge, with lived experience insight valued as an important part of our evidence.

As set out in the introduction, we are using the Integrated Motivational-Volitional (IMV) Model to guide our approach. This model identifies the factors that can motivate suicidal thoughts and the pathway to suicidal behaviour. Defeat, humiliation and entrapment are common factors along the pathway and getting people the help they need and having a sense of hope are key tools in overcoming these factors. The Time, Space and Compassion principles and approach offer an effective way of achieving a sense of hope and we will build this into our work across settings and communities to make them 'Suicide Safer'.

What we will keep doing

- ✓ We will continue to develop our information and promote sources of support for people in crisis;
- ✓ We will continue to raise awareness of suicide prevention and offer learning opportunities and training to a wide audience, and implement the recommendations of our training support review;
- ✓ We will continue to work with the After A Suicide Working Group to ensure a strong voice of lived experience in our work;
- ✓ We will continue to monitor data and trends related to suicide and self-harm both nationally and locally and liaise with national, regional and local contacts;
- ✓ We will continue to develop our practice locally, such as our Sudden Death Reviews and strengthening our trauma informed approach to suicide prevention.

Areas of action

ACTION 2.1

Suicide Safer Communities

Having 'Suicide Safer Communities' was a high priority in our engagement work and we will work with people with lived experience in the Borders to determine how we define this locally. This action is related to Action 1.2 Mentally Healthy Communities but requires additional consideration of issues such as:

- Developing public awareness of actions to prevent suicide;
- Proactive engagement with local media around Samaritans guidelines, building on the work that has already been done;
- Public awareness training at the Informed Level; and
- Developing a network of suicide prevention champions.

This action is relevant to the national Suicide Prevention Action Plan Outcome 2: Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.

We will work proactively with partners and people with lived experience to take this action forward, within the context of the national strategy and incorporating hope as well as Time, Space and Compassion.

ACTION 2.2

Support for people affected by / bereaved by suicide

We will work to further develop informal support opportunities and resources for people who are affected by suicide in the Borders. This includes but is not limited to people bereaved by suicide. Feedback from people bereaved by suicide suggested that the following aspects of support and resources are important and we will continue to work with people with lived experience to develop our provision:

- Timely access to therapies and resources;
- Having someone to talk to and who would actively listen;
- Peer support and helpline options;
- Resources to help when someone is suicidal and when managing the first response;
- Support, tools and resources to help with shock, grief and feelings of guilt, and helplessness;
- Having support and understanding in the workplace;
- Suicide bereavement training.

This action is relevant to the national Suicide Prevention Action Plan Outcome 3: Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery – and we will work closely with national colleagues to deliver this action locally. This action applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways. Help and information - further develop the suicide prevention information hub with information for individuals and professionals. This could include support information for people experiencing suicidal thoughts and for their carers

ACTION 2.3

Targeted interventions

We will target our work at groups of the population more at risk of suicide and self-harm and will do this in a way that is designed with lived experience insight, practice, data, research and intelligence.

The groups at greater risk of suicide and self-harm in the Scottish Borders include those detailed in the context section above: men, people who have previously self-harmed, people with mental illness, those in touch with the criminal justice system, Veterans, particular age groups and people bereaved by suicide. The focus of this secondary type of prevention work will change as the action plan is progressed, in line with capacity.

An example of this type of targeting is the “Hearing the Voices of Men” mental health research project and the subsequent development of activities to support men in the Scottish Borders in line with findings.

Reducing Mental Health Inequalities

Outcome 3

Our work is targeted to specific groups in the population known to be more at risk of mental ill health and suicide and advocates for a reduction in mental health inequalities.

Context

Mental ill health is not equally distributed across the population – it is strongly linked to health and social inequalities and is affected by environmental and social factors. The link between social status and mental health problems is the level, frequency and duration of stressful experiences and the extent to which these are buffered by social and individual resources and sources of support. These stressful experiences (including poverty, family conflict, poor parenting, childhood adversity, unemployment, chronic health problems and poor housing) occur across the life course and contribute to a greater risk of mental ill health problems if they are multiple in nature and if there are no protective factors to mitigate against their negative impact.

Although everybody was affected by Covid-19, the impact was experienced very differently by different groups in society, exacerbating pre-existing inequalities and disproportionately affecting some groups of the population. The cost of living crisis is currently tipping more of our households into poverty. Living in poverty is difficult and stressful, and fuel-poor households face financial, time and resource restraints, which worsens mental health and impacts the ability to live healthily. Fuel poverty exacerbates health inequalities by impacting physical and mental health for adults and children alike (Institute of Health Equity, 2022). At the time of writing, as the crisis worsens, the mental health inequalities that exist in the Borders are likely to be worsening.

The focus of this work will be around prevention and early intervention. The programme area is distinct from population approaches to improving mental health and wellbeing as it considers what should be done differently for groups at risk, in order to close the gap between those with good and poor mental health. Where we have not adequately engaged with particular communities in accordance with our Health Inequalities Impact Assessment, we will continue to seek opportunities to strengthen approaches that work. Specific attention is given in Outcome 2 to groups more at risk of suicide and self-harm.

The Mental Health Foundation advocates taking action at three different levels to reduce mental health inequalities. This involves taking action around structural measures, strengthening community assets and increasing individual and group resilience. The Foundation also identifies principles for action to reduce mental health inequalities which include taking a whole community approach (see actions 1.2 and 2.1), prioritising poverty and income inequality, providing adequate housing and access to green/blue space, protecting people from discrimination, abuse and other adversity, reducing substance and alcohol misuse and, improving the educational attainment of young people.

What we will keep doing

- ✓ We will continue to monitor the mental health impact of Covid-19 and the cost of living crisis and provide information and resources relating to protective and risk factors and accessing support;
- ✓ We will continue to keep our Health Inequalities Impact Assessment of this action plan up to date as the plan is taken forward.

Areas of action

ACTION 3.1

Transition Support for Young People

Our steering group identified 'transition support for young people' as a top priority in reducing mental health inequalities. As stated in the introduction, the focus of this plan is on adults and there is a separate programme area for Children and Young people which sits within separate planning and delivery structures. However, the transition years are recognised as a key 'at risk' period and our local DBI Service, (Distress Brief Intervention, part of a national approach), includes a pathway for 16-17 years olds.

We work closely with the Children and Young People's structures to review the information and support available during 'transition' stage for young people to further mitigate potential risks around mental health. This should include preventing suicide and self-harm, taking into account our existing local work on 'What's the Harm?'

ACTION 3.2

Poverty and Mental Health

We will work proactively to develop work related to poverty and mental health. We know that poverty increases the risk of mental ill health and it is also a consequence of living with poor mental health. Our online survey identified that 'Having a warm and safe place to live' and 'Making sure that people have enough money to live off' are priorities in relation to having good mental health and our local mental health service providers also highlighted 'Tackling financial inclusion – ensure basic needs are being met' and 'Timely advice and guidance – welfare benefits, money and debt advice information on housing, foodbanks etc'.

We will further extend the reach of our activity to address poverty and income inequality and mitigate mental health impact through links to the Anti-Poverty Strategy and building on developments such as the Money Worries App. In accordance with the data we have gathered this will mean targeting some activities towards areas where there are higher levels of deprivation in the Borders. It is also important to make sure that people with mental ill health are able to access information, advice and support in maximising their entitled benefits.

ACTION 3.3

Hope and Compassion

Offering support for people when they experience adverse adulthood events (e.g job loss, debt, relationship breakdown, bereavement) was identified as a key priority in the online survey we carried out. These are also types of situation relevant to the motivational phase of Integrated Motivational-Volitional (IMV) Model of suicidal behaviour and interruptions to the pathway of 'defeat → entrapment → suicidal ideation → suicidal behaviour' can offer hope and support and save lives. This type of approach is in line with the Scottish Government investment in the 'Distress Brief Intervention' (DBI) service which offers connected and compassionate support to people experiencing distress.

We will work with partners to identify the touchpoints where presentations of adverse adult experiences are common and where there are opportunities to build and develop an approach based on hope, Time, Space and Compassion, learning from the work so far by the DBI team in the Borders.

ACTION 3.4

Targeted Communities

We will work to build on our approach with groups at higher risk of poor mental health, in order to close the gap between those with good and poor mental health. This will begin with (but not be limited to) the two groups where we had less success in our engagement work:

- Support for good mental health within the LGBTQ community – follow up the Café Polari report highlighting the importance for this community of being able to connect and develop friend groups in safe spaces;
- Engagement with Black, Asian, Mixed, Other communities in support of good mental health. In accordance with our Health Inequalities Impact Assessment, we will increase our efforts and continue to seek opportunities to strengthen our engagement with Black, Asian, Mixed, Other communities, to ensure that any mental health inequalities experienced by these communities are not further compounded by difficulties in engagement efforts.

Improving the Lives of People Experiencing and Recovering from Mental Ill Health

Outcome 4

People who experience mental ill health are supported to live well, access community based opportunities that promote wellbeing and recovery and have their physical health needs attended to in accordance with their human rights.

Context

A report by the Scottish Cross-Party Parliamentary Group on Mental Health in 2021 stated that people with mental ill health are at a higher risk of being denied their rights; including the rights to accessing adequate healthcare, work opportunities, a decent standard of living, and participation in communities. They continue to have the lowest employment rate of all people with disabilities in Scotland and can experience increased stigma and poorer treatment due to a lack of diversity in the mental health sector.

These difficulties have been exacerbated by the Covid-19 pandemic and contribute to differentials in life expectancy (healthy life expectancy is about 20% below the rest of the population), increased risk / prevalence of diabetes, obesity, cardiovascular disease and cancer. There is a strong socio-economic gradient in mental health, with people of lower socio-economic status having a higher likelihood of developing and experiencing mental ill health.

The scope of this theme has particular reference to the tertiary level of prevention of mental ill health and mental wellbeing promotion. This means the:

- prevention of relapse and impacts of mental ill health; and,
- promotion of mental wellbeing in people with longstanding poor mental wellbeing.

The evidence related to protective and risk factors in relation to mental health and wellbeing is of prime importance to people who experience severe and/or enduring mental illness. We return here to the necessity of creating hope, empowerment, and the key principles of Time, Space and Compassion that are relevant and important to recovery and wellbeing.

From our engagement work we know that participation and access to local groups – for physical, creative and social activities – is very important; along with having strong peer, buddy or linkworker support that helps with accessing activities, opportunities and appointments; feeling safe and included; having volunteering and employment opportunities and support to sustain involvement in these; overcoming barriers associated with cost, transport, parking, digital; and tackling attitudes and stigma. Education about mental health, access to good information and signposting, having a single point of access and contact for services and being able to access longer term support which is person centred, innovative, creative and based on 'what works' was all highlighted in terms of being important to the tertiary level of prevention.

What we will keep doing

- ✓ We will continue to build on the inclusion of the voice of people with lived experience in this work;
- ✓ We will continue to use our communications work to challenge and tackle stigma;
- ✓ We will continue to participate in national development work and respond to and update our local action planning as the new national Mental Health and Wellbeing Strategy is published;
- ✓ We will continue to promote a Public Mental Health approach across the wider mental health system so that tertiary prevention and the physical health needs of people with mental ill health are given a higher prominence.

Areas of action

ACTION 4.1

Mentally Healthy Communities (PLUS)

Action 1.2 is about developing mentally healthy communities at a primary prevention level and this inclusive and localised type of approach is also a key area of action in relation to tertiary prevention: a long-term integrated and supported community based approach to living with mental ill health is fundamental to empowering people to live well, support recovery and prevent relapse. Support for the development of new and innovative measures that are truly person-centred was identified as a top priority by mental health service providers.

It will be important to support and build on the positive developments that are already starting to happen, for example the recovery community network, peer support worker collaborative, the Staying Well Action Plan and the Recovery and Wellbeing courses. Helping people to stay mentally well, access information, advice and support when they experience difficulties, and supporting recovery and living well with mental health conditions are all part of a mentally healthy community.

This action is not different from Action 1.2 but will require us to develop and adapt what we have in the Borders to support people with more severe and / or enduring needs in local communities, for longer (or more flexibly when they need it), with supported access to employment, volunteering, nature/gardening, arts, music and occupational therapies – a 'therapeutic communities' type approach based in localities. Peer support, an enhanced social prescribing model, hope, empowerment, Time, Space and Compassion are all key elements.

ACTION 4.2

The physical health of people with mental health conditions

This action works to address a key inequality within this population. Research has shown differences in life expectancy which cannot solely be attributed to suicide figures. In treating the individual in a holistic manner, we look to acknowledge the circular nature of the relationship between physical and mental health. This action operates within the tertiary prevention level but it should be noted that these individuals will also benefit from improvements made within primary and secondary prevention. Improvement of physical health will be compiled of four pillars:

- Improved Communication
- Improved Infrastructure
- Access to Appropriate Training
- Sensitivity to Issues of Capacity

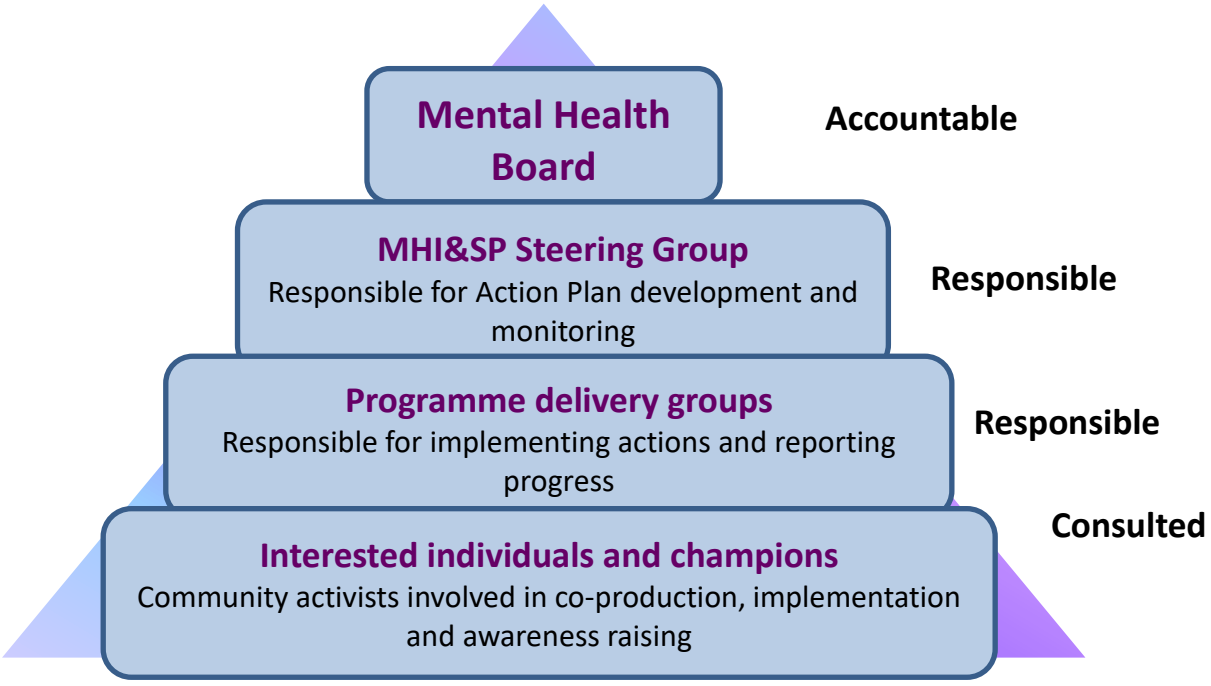
These pillars will aim to address barriers to access in mainstream and preventative healthcare, thereby providing a smoother journey and improved experience for the patient. The lead for this work sits with the NHS Borders Physical Health Steering Group and we will work in partnership to ensure that opportunities are maximised for addressing this inequality.

Delivery

The next steps are to put in place more detailed programmes of work and structures for each of the areas of action identified in the action plan.

The basic accountability for this plan is with the Mental Health Partnership Board and our current delivery structure is illustrated in the triangle below. The Mental Health Improvement and Suicide Prevention Steering Group has responsibility for overseeing the delivery of this plan and involves partners including from the local Third Sector, Housing Associations, Borders College, NHS Borders and Scottish Borders Council. There are other groups with overlapping responsibilities and we will put in place an implementation plan that will be more detailed where there are shared actions.

We are aware that the local leadership and accountability for suicide prevention as stated within the new national action plan sits with Chief Officers in line with public protection guidance and we will keep our accountability arrangements under close review. Since this plan was first published in Autumn 2022 we have been strengthening relationships and governance arrangements with the Health and Social Care Partnership, Community Planning Partnership and the local Public Protection Committee, with reporting arrangements agreed with the Health and Social Care Partnership.



Contact us:

This action Plan was developed by the multi-agency Mental Health Improvement and Suicide Prevention Steering Group and produced by the Scottish Borders Joint Health Improvement Team, Public Health.

If you'd like to join our mailing list or talk to us about this plan you can get in touch with us by emailing **health.improvement@borders.scot.nhs.uk**

VISIT NHS BORDERS WELLBEING POINT and SUICIDE PREVENTION HUB

- Find out more about improving your wellbeing at **www.nhsborders.scot.nhs.uk/wellbeingpoint**
- Find out more about suicide prevention resources at **www.nhsborders.scot.nhs.uk/suicideprevention**

For our updates on Facebook please follow **NHS Borders Small Changes, Big Difference**

Creating Hope in the Scottish Borders

Mental Health Improvement and Suicide Prevention Action Plan 2022 – 2025

Vision – Good mental health and wellbeing for ALL

Our vision for this action plan is to increase the number of people in good mental health at every age and stage of life and to reduce the number of suicide deaths in the Scottish Borders, whilst working together with partners and communities to tackle the inequalities that contribute to poor mental health and suicide.

Principles, Programmes, Outcomes and Areas of Action

Overarching Principle 1: MENTAL HEALTH IN ALL POLICIES Our action plan advocates for all plans and policies in the Scottish Borders to address the social, environmental and individual determinants of mental health. We will do this collectively by integrating mental health and wellbeing into Impact Assessments. Our action plan is trauma informed.			
Overarching Principle 2: PARTNERSHIP ENGAGEMENT IN CREATION AND DELIVERY OF ACTION PLAN Consultation and engagement is undertaken in developing our priorities and the action plan. Partners and organisations jointly take ownership for the delivery of the plan.			
Programme 1: Promoting mental health and wellbeing	**Programme 2: Preventing suicide and self-harm**	**Programme 3: Reducing mental health inequalities**	**Programme 4: Improving the lives of people experiencing and recovering from mental ill health**
Outcome: The environment and communities we live in promote the conditions that protect against poor mental health and suicide risk and empower people to thrive	**Outcome:** Our communities have a clear understanding of suicide, risk & protective factors and prevention – people and organisations provide a compassionate, appropriate and timely response	**Outcome:** Our work targets specific groups in the population known to be more at risk of mental ill health and suicide and advocates for a reduction in mental health inequalities	**Outcome:** People who experience mental ill health are supported to live well, access community based opportunities that promote wellbeing and recovery and have their physical health needs attended to in accordance with their human rights
Areas of Action 1.1 Mentally Healthy Communities	**Areas of Action** 2.1 Suicide Safer Communities 2.2 Support for people affected by / bereaved by suicide 2.3 Targeted interventions	**Areas of Action** 3.1 Transition Support for Young People 3.2 Poverty and Mental Health 3.3 Hope and Compassion 3.4 Targeted Communities	**Areas of Action** 4.1 Mentally Healthy Communities (PLUS) 4.2 The physical health of people with mental health conditions

Ambitions

We have five ambitions for the course of this three year plan:

1. To build a 'Mental Health in all Policy approach' through advocacy over the course of the plan (recognising the move towards a Public Mental Health approach which broadly seeks to address the social, environmental and individual determinants of mental health);
2. To undertake Health Inequalities Impact Assessments on the Action Plan;
3. To ensure our action plan is Trauma Informed; starting with one test project;
4. To widen partnership work and engagement across the Borders and specifically to consult on the priorities in this plan;
5. To develop outcomes for tracking progress and success.

Underpinning work that supports the action plan

- Research, evidence and data including Lived Experience insight;
- Training and capacity building;
- Communications and advocacy of a Public Mental Health approach;
- Monitoring and evaluation.

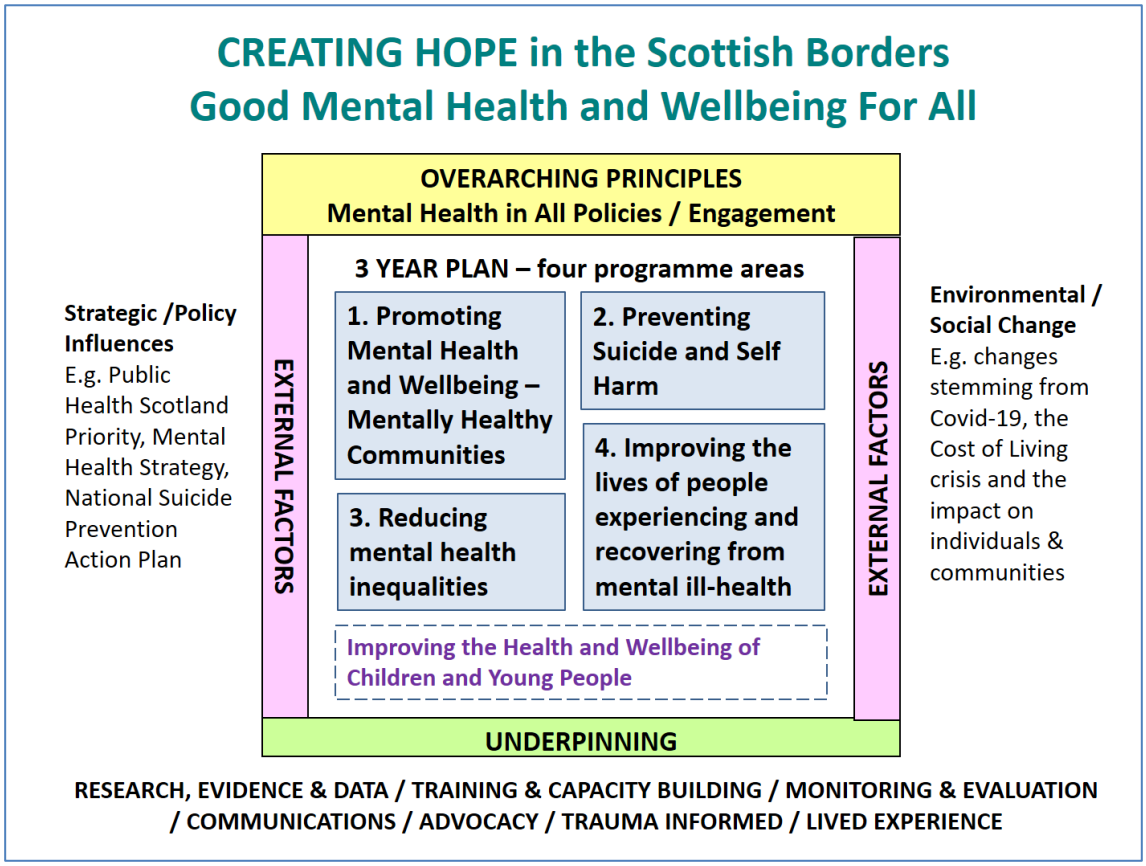
Introduction

- This action plan has been produced following a twelve month period of engagement with partners and stakeholders. We have listened to partners members of the Scottish Borders Mental Health Improvement and Suicide Prevention steering group and others who have contributed via themed meetings. We have reached out in different ways to engage communities; we put out an online survey, commissioned face to face focus groups and increased our use of social media. We know we have more to do and will continue to seek an ongoing dialogue throughout the course of this plan, particularly with groups who are at higher risk of mental ill health and suicide.
- Much of our work over the last few years has been in response to the Covid-19 pandemic, adapting our communications and training delivery to more online formats and raising awareness of the variety of support available for mental health. As we move to a longer-term action planning approach, we appreciate that current socio-economic issues and the cost of living crisis is exacerbating many of the risk factors that contribute to poor mental health and suicidal thoughts.
- We seek to have a strong evidence base to our work and in addition to recognising the wider social determinants that can lead to mental ill health and suicide. We are also taking the lead from the new national suicide prevention strategy and using the Integrated Motivational-Volitional (IMV) Model to guide our approach. This model identifies the factors that can motivate suicidal thoughts and although the pathway is complex, hopelessness is a common factor and for this reason we are adopting 'hope' as the overall theme for our action plan and the name 'Creating Hope in the Scottish Borders'.
- We have identified two overarching principles, four key programmes and outcomes for the action plan. We will build action around those four programmes which we will deliver alongside our partners. Some of the actions are very broad and out-with the scope of our own steering group and where that is the case we will seek to work in partnership and influence other parts of the system to take these actions into account. We will develop indicators to measure our progress in delivering the action plan.
- Local leadership and accountability for this action plan sits with the Mental Health Improvement and Suicide Prevention steering group, a

sub-group of the Mental Health Partnership Board, and chaired by Public Health. The local leadership and accountability for suicide prevention as stated within the new national action plan sits with Chief Officers in line with public protection guidance.

Our approach

The diagram below summarises our vision and four themed programme areas, examples of the external factors that shape our action plan and the underpinning activities that thread through the whole programme approach.



Focus on adults

This action plan is specifically focused on the adult population of the Scottish Borders. It is recognised in the diagram above that there is a separate programme area for Children and Young people, which sits within separate planning and delivery structures. We work closely with the Children and Young People's structures and as the programme areas are progressed it is important to ensure that the work is aligned and complementary.

Local and national strategic context

Scottish Borders Health and Social Care Strategic Framework

As we have been developing this action plan, the Scottish Borders Health and Social Care Partnership have also been developing a new Strategic Framework. We contributed data and intelligence to the strategic assessment and the engagement results were also fed in to the work carried out by the partnership. We have aligned the work on this action plan within the strategic objective 'Focusing on prevention and early intervention'.

Scottish Borders Community Plan

The vision statement is in part drawn from the outcome 'At every age and stage of life, more people in good mental health'. Greater acknowledgement is being made of the need for a whole system and society approach to improve mental health and prevent suicide and we look to our partners in the wider Community Planning Partnership to address key risk factors such as financial difficulties, debt, homelessness, poverty, trauma and social isolation with the impact on mental health in mind.

Suicide Prevention Strategy and Action Plan

As mentioned, this plan takes inspiration from the title of the Scottish Government's new national Suicide Prevention plan and aligns where appropriate with the outcomes, which are:

1. The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.
2. Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.
3. Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.
4. Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence. We improve our approach through regular monitoring, evaluation and review.

Mental Health and Wellbeing Strategy

As a multi-agency steering group we considered the consultation about a new national Mental Health and Wellbeing Strategy and submitted a response in September 2022. As a participant in the national Public Mental Health Special Interest Group we are aware of a likely move more towards a national strategy that focuses on prevention of mental ill health and the promotion of good mental health as well as the provision of support and services. The new national strategy was expected in Autumn 2022 but has been delayed.

We will keep our local action plan under regular review and adapt as necessary to respond to relevant emergent strategies at both a national and local level.

Our key local and national strategic drivers are presented below as the foundations for our vision:

Creating HOPE Action Plan

Vision – Good mental health and wellbeing for ALL

Increase the number of people in **good mental health at every age and stage of life and to reduce the number of suicide deaths in the Scottish Borders**, whilst working together with partners and communities to tackle the inequalities that contribute to poor mental health and suicide.

Health and Social Care Strategic Framework	Community Planning Partnership theme	National Suicide Prevention Strategy
ALL PEOPLE IN THE SCOTTISH BORDERS ARE ABLE TO LIVE THEIR LIVES TO THE FULL **Objective:** Focusing on prevention and early intervention	**ENJOYING GOOD HEALTH AND WELLBEING** **Theme outcome:** More people enjoying good mental health and wellbeing	**CREATING HOPE TOGETHER** **Vision:** Reduce the number of suicide deaths whilst tackling the inequalities which contribute to suicide

We all have a role to play in suicide prevention

Mental Health in ALL Policies

Overarching Principle 1

Our action plan advocates for all plans and policies in the Scottish Borders to address the social, environmental and individual determinants of mental health.

Context

Mental Health in all Policies is an approach to promote population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas. This recognises the impact of public policies on mental health determinants and strives to reduce mental health inequalities – as an overarching principle it is relevant to all of the actions in this plan. This is the basis for a 'Public Mental Health' approach.

We must work with the Health and Social Care Partnership and Community Planning Partnership to strengthen our approach to addressing the wider determinants that cause mental ill health and those that are specific to suicide prevention. We will do this by identifying opportunities to take a 'mental health in all policies' approach and include 'suicide prevention in all policies' within this.

The Scottish Borders Community Plan has a current work plan that contains four themes that are relevant to Public Mental Health:

1. Enough money to live on;
2. Access to work, learning and training;
3. Enjoying good health and wellbeing;
4. A good place to grow up, live in and enjoy a full life.

We will identify opportunities to take a 'Mental Health in all Policies' approach by linking in with other partners and areas of policy. This should include a 'Suicide Prevention in all Policies' approach (relevant to the national Suicide Prevention Outcome 1: the environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment).

We will do this collectively by integrating mental health and wellbeing into local Impact Assessments and develop our approach within the context of the Health Inequalities Impact Assessment, the Fairer Scotland Duty and the Community Plan.

What we will keep doing

- ✓ We will identify opportunities to work in partnership and advocate for a Public Mental Health approach that includes Mental Health in All Policies, starting with the Community Plan;
- ✓ We will continue to develop our local guidance for promoting good mental health and wellbeing.

Partnership Engagement in Creation and Delivery of Action Plan Overarching Principle 2

Consultation and engagement is undertaken in developing our priorities and the action plan. Partners and organisations jointly take ownership for the delivery of the plan.

Context

We have stated a specific ambition to widen our partnership work and engagement across the Borders in relation to the programme of work for Mental Health Improvement and Suicide Prevention. We have undertaken consultation and engagement on the priorities in this plan and the contributions of all participants has been greatly valued. We are particularly grateful to the support from Borders Care Voice and the Scottish Borders Mental Health and Wellbeing Forum and we recognise that more can always be done as we work towards a more meaningful co-production approach across all areas of action.

Some of the areas of action contained in this plan require many different partners to collaborate and work together on the delivery. There are also many things that individual organisations and groups can do within their own environments and contexts which require them to take action themselves, and where possible we will encourage them and support them to do so.

We recognise that many of the issues raised in the engagement work are beyond the scope of the Mental Health Improvement and Suicide Prevention Steering Group and that many are more related to the mental health services in the Borders. However, these issues are relevant to tertiary prevention and we will identify opportunities to work in partnership with our local mental health services and support and influence future action.

The issues raised included:

- Better collaboration and co-ordination. It was highlighted that action is needed to strengthen the connections and collaboration between services so that the whole system is more effective;
- Mapping and promoting what's available. It was highlighted that action is needed to make it easier for people to find information;
- Access to support and opportunities - It was highlighted that it would be beneficial to have a single point of access for getting help and also from a clinicians point of view, find ways to make it easier for them to socially prescribe.

What we will keep doing

- ✓ We will keep a regular dialogue going with the Mental Health and Wellbeing Forum as we plan and deliver the actions in each of the sections of this plan, involving people with lived experience as much as possible;
- ✓ We will continue to facilitate a multi-agency Mental Health Improvement and Suicide Prevention Steering group to enable partners to come together to discuss, shape and deliver the areas of action contained in this plan.

Promoting Mental Health and Wellbeing

Outcome 1

The environment and communities we live in promote the conditions that protect against poor mental health and suicide risk and empower people to thrive.

Context

The scope of this programme area is to work to improve population approaches to improving mental health and wellbeing and will consider the evidence about protective and risk factors in relation to population mental health.

The focus of this work will be around prevention - the programme area will specifically consider actions related to Primary Prevention, before any condition occurs, following the principle of proportionate universalism.

In addition to the social and economic determinants, we recognise the relevance of 'place shaping' and that the built and natural environment has a strong impact on mental health and wellbeing. We support positive and safe physical environments including housing and neighbourhoods. We also recognise the design aspects of ensuring our communities are suicide safe places.

There is strong evidence that regular participation in certain types of activities can protect mental health and lead to an improvement in mental health and wellbeing. Belonging to a community, connecting with nature, spending time in quality greenspace, gardening, being physically active and taking part in exercise and sporting activities, being creative and participating in arts and musical activities, learning and having hobbies, volunteering and giving your time to others are all beneficial for mental health. While most people are able to thrive and maintain their own mental wellbeing by taking part in these independently, others need extra support to access these opportunities.

What we will keep doing

- ✓ We will continue to support a primary prevention approach through our communications and social media work, promoting information, resources and activities that are universally available.
- ✓ We will continue to work with existing stakeholders in the Mental Health Improvement and Suicide Prevention steering group to develop our partnership actions and support efforts to improve mental health across organisations and sectors.
- ✓ We will continue to collect data related to mental health in the Borders to monitor and identify trends, adjusting our actions accordingly.

Areas of action

ACTION 1.1
Mentally Healthy Communities

We will work proactively to develop 'mentally healthy communities'. We know that social connection is a key protective factor and all of our engagement work supported the development of a community based approach that enables and empowers people to access opportunities that support good mental health and wellbeing. The online survey highlighted 'friendly and welcoming social places and activities that are open to everyone and are free' as a priority and a strong theme in the focus groups was the participation in local community groups - social, physical, creative or peer groups.

We will build on the resources we already have in place to improve self-help and signposting, reflecting the feedback from our engagement work that there is a need for some form of directory of service/activities available within the Scottish Borders and local promotion.

For those who experience barriers in accessing these activities and opportunities we will work with partners across the system to improve the provision of social prescribing in the Borders and make the most of the natural and community assets that we have. This will have good and meaningful opportunities for people to be involved e.g. strong peer and volunteering basis (building on the emerging peer support worker collaborative), skilling up volunteers and robust pathways for participants to volunteer, develop their skills, obtain and maintain employment. Our engagement work has highlighted the need to have support available for people who need extra help to access community based opportunities and be accessible for people who may have sensory, physical or other disabilities.

There was overwhelming support in our online survey for challenging stigma and we will make this a key part of our work on developing mentally healthy communities.

This area of action links across to other relevant activities:

- ✓ The development of 'Suicide Safer Communities' in Outcome 2;
- ✓ The Wellbeing Service, Local Area Co-ordination link worker service and other local and national developments related to social prescribing and new mental health and wellbeing services in Primary Care;
- ✓ Existing appropriate community based activity such as that funded by the Communities Mental Health and Wellbeing Fund, for example the Clubsports 'Headstrong' approach in local sports clubs;
- ✓ A 'no wrong door' approach for first points of contact in communities e.g. job centres, housing associations and libraries.

Preventing Suicide and Self-Harm

Outcome 2

Our communities have a clear understanding of suicide, risk & protective factors and prevention – people and organisations provide a compassionate, appropriate and timely response.

Context

The focus of this work is around prevention, early intervention and postvention (support after a suicide or suicide attempt). There is a strong national context to the work which we will incorporate where appropriate into this action plan and prioritise locally in order to achieve our vision of reducing the number of suicide deaths.

Similarly to Outcome 1, we recognise that socio-economic issues, such as the cost of living crisis, have the potential to exacerbate many of the factors we know contribute to suicide. There is a need to work with Community Planning Partnership to address financial inequity, debt, homelessness and child poverty, among other factors.

Throughout our work we will consider targeted interventions to groups of the population more at risk of suicide and self-harm. At risk groups include men, people who have previously self-harmed, people with mental illness, those in touch with the criminal justice system, Veterans, particular age groups and people bereaved by suicide. As a rural area, our population that is more at risk includes those who live and work in more socially isolated situations such as the farming and agricultural community. Our programme will be based on evidence around actions most likely to prevent suicide and local knowledge, with lived experience insight valued as an important part of our evidence.

As set out in the introduction, we are using the Integrated Motivational-Volitional (IMV) Model to guide our approach. This model identifies the factors that can motivate suicidal thoughts and the pathway to suicidal behaviour. Defeat, humiliation and entrapment are common factors along the pathway and getting people the help they need and having a sense of hope are key tools in overcoming these factors. The Time, Space and Compassion principles and approach offer an effective way of achieving a sense of hope and we will build this into our work across settings and communities to make them 'Suicide Safer'.

What we will keep doing

- ✓ We will continue to develop our information and promote sources of support for people in crisis;
- ✓ We will continue to raise awareness of suicide prevention and offer learning opportunities and training to a wide audience, and implement the recommendations of our training support review;
- ✓ We will continue to work with the After A Suicide Working Group to ensure a strong voice of lived experience in our work;
- ✓ We will continue to monitor data and trends related to suicide and self-harm both nationally and locally and liaise with national, regional and local contacts;
- ✓ We will continue to develop our practice locally, such as our Sudden Death Reviews and strengthening our trauma informed approach to suicide prevention.

Areas of action

ACTION 2.1

Suicide Safer Communities

Having 'Suicide Safer Communities' was a high priority in our engagement work and we will work with people with lived experience in the Borders to determine how we define this locally. This action is related to Action 1.2 Mentally Healthy Communities but requires additional consideration of issues such as:

- Developing public awareness of actions to prevent suicide;
- Proactive engagement with local media around Samaritans guidelines, building on the work that has already been done;
- Public awareness training at the Informed Level; and
- Developing a network of suicide prevention champions.

This action is relevant to the national Suicide Prevention Action Plan Outcome 2: Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.

We will work proactively with partners and people with lived experience to take this action forward, within the context of the national strategy and incorporating hope as well as Time, Space and Compassion.

ACTION 2.2

Support for people affected by / bereaved by suicide

We will work to further develop informal support opportunities and resources for people who are affected by suicide in the Borders. This includes but is not limited to people bereaved by suicide. Feedback from people bereaved by suicide suggested that the following aspects of support and resources are important and we will continue to work with people with lived experience to develop our provision:

- Timely access to therapies and resources;
- Having someone to talk to and who would actively listen;
- Peer support and helpline options;
- Resources to help when someone is suicidal and when managing the first response;
- Support, tools and resources to help with shock, grief and feelings of guilt, and helplessness;
- Having support and understanding in the workplace;
- Suicide bereavement training.

This action is relevant to the national Suicide Prevention Action Plan Outcome 3: Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery – and we will work closely with national colleagues to deliver this action locally. This action applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways. Help and information - further develop the suicide prevention information hub with information for individuals and professionals. This could include support information for people experiencing suicidal thoughts and for their carers

ACTION 2.3

Targeted interventions

We will target our work at groups of the population more at risk of suicide and self-harm and will do this in a way that is designed with lived experience insight, practice, data, research and intelligence.

The groups at greater risk of suicide and self-harm in the Scottish Borders include those detailed in the context section above: men, people who have previously self-harmed, people with mental illness, those in touch with the criminal justice system, Veterans, particular age groups and people bereaved by suicide. The focus of this secondary type of prevention work will change as the action plan is progressed, in line with capacity.

An example of this type of targeting is the “Hearing the Voices of Men” mental health research project and the subsequent development of activities to support men in the Scottish Borders in line with findings.

Reducing Mental Health Inequalities

Outcome 3

Our work is targeted to specific groups in the population known to be more at risk of mental ill health and suicide and advocates for a reduction in mental health inequalities.

Context

Mental ill health is not equally distributed across the population – it is strongly linked to health and social inequalities and is affected by environmental and social factors. The link between social status and mental health problems is the level, frequency and duration of stressful experiences and the extent to which these are buffered by social and individual resources and sources of support. These stressful experiences (including poverty, family conflict, poor parenting, childhood adversity, unemployment, chronic health problems and poor housing) occur across the life course and contribute to a greater risk of mental ill health problems if they are multiple in nature and if there are no protective factors to mitigate against their negative impact.

Although everybody was affected by Covid-19, the impact was experienced very differently by different groups in society, exacerbating pre-existing inequalities and disproportionately affecting some groups of the population. The cost of living crisis is currently tipping more of our households into poverty. Living in poverty is difficult and stressful, and fuel-poor households face financial, time and resource restraints, which worsens mental health and impacts the ability to live healthily. Fuel poverty exacerbates health inequalities by impacting physical and mental health for adults and children alike (Institute of Health Equity, 2022). At the time of writing, as the crisis worsens, the mental health inequalities that exist in the Borders are likely to be worsening.

The focus of this work will be around prevention and early intervention. The programme area is distinct from population approaches to improving mental health and wellbeing as it considers what should be done differently for groups at risk, in order to close the gap between those with good and poor mental health. Where we have not adequately engaged with particular communities in accordance with our Health Inequalities Impact Assessment, we will continue to seek opportunities to strengthen approaches that work. Specific attention is given in Outcome 2 to groups more at risk of suicide and self-harm.

The Mental Health Foundation advocates taking action at three different levels to reduce mental health inequalities. This involves taking action around structural measures, strengthening community assets and increasing individual and group resilience. The Foundation also identifies principles for action to reduce mental health inequalities which include taking a whole community approach (see actions 1.2 and 2.1), prioritising poverty and income inequality, providing adequate housing and access to green/blue space, protecting people from discrimination, abuse and other adversity, reducing substance and alcohol misuse and, improving the educational attainment of young people.

What we will keep doing

- ✓ We will continue to monitor the mental health impact of Covid-19 and the cost of living crisis and provide information and resources relating to protective and risk factors and accessing support;
- ✓ We will continue to keep our Health Inequalities Impact Assessment of this action plan up to date as the plan is taken forward.

Areas of action

ACTION 3.1

Transition Support for Young People

Our steering group identified 'transition support for young people' as a top priority in reducing mental health inequalities. As stated in the introduction, the focus of this plan is on adults and there is a separate programme area for Children and Young people which sits within separate planning and delivery structures. However, the transition years are recognised as a key 'at risk' period and our local DBI Service, (Distress Brief Intervention, part of a national approach), includes a pathway for 16-17 years olds.

We work closely with the Children and Young People's structures to review the information and support available during 'transition' stage for young people to further mitigate potential risks around mental health. This should include preventing suicide and self-harm, taking into account our existing local work on 'What's the Harm?'

ACTION 3.2

Poverty and Mental Health

We will work proactively to develop work related to poverty and mental health. We know that poverty increases the risk of mental ill health and it is also a consequence of living with poor mental health. Our online survey identified that 'Having a warm and safe place to live' and 'Making sure that people have enough money to live off' are priorities in relation to having good mental health and our local mental health service providers also highlighted 'Tackling financial inclusion – ensure basic needs are being met' and 'Timely advice and guidance – welfare benefits, money and debt advice information on housing, foodbanks etc'.

We will further extend the reach of our activity to address poverty and income inequality and mitigate mental health impact through links to the Anti-Poverty Strategy and building on developments such as the Money Worries App. In accordance with the data we have gathered this will mean targeting some activities towards areas where there are higher levels of deprivation in the Borders. It is also important to make sure that people with mental ill health are able to access information, advice and support in maximising their entitled benefits.

ACTION 3.3

Hope and Compassion

Offering support for people when they experience adverse adulthood events (e.g job loss, debt, relationship breakdown, bereavement) was identified as a key priority in the online survey we carried out. These are also types of situation relevant to the motivational phase of Integrated Motivational-Volitional (IMV) Model of suicidal behaviour and interruptions to the pathway of

‘defeat → entrapment → suicidal ideation → suicidal behaviour’ can offer hope and support and save lives. This type of approach is in line with the Scottish Government investment in the ‘Distress Brief Intervention’ (DBI) service which offers connected and compassionate support to people experiencing distress.

We will work with partners to identify the touchpoints where presentations of adverse adult experiences are common and where there are opportunities to build and develop an approach based on hope, Time, Space and Compassion, learning from the work so far by the DBI team in the Borders.

ACTION 3.4

Targeted Communities

We will work to build on our approach with groups at higher risk of poor mental health, in order to close the gap between those with good and poor mental health. This will begin with (but not be limited to) the two groups where we had less success in our engagement work:

- Support for good mental health within the LGBTQ community – follow up the Café Polari report highlighting the importance for this community of being able to connect and develop friend groups in safe spaces;
- Engagement with Black, Asian, Mixed, Other communities in support of good mental health. In accordance with our Health Inequalities Impact Assessment, we will increase our efforts and continue to seek opportunities to strengthen our engagement with Black, Asian, Mixed, Other communities, to ensure that any mental health inequalities experienced by these communities are not further compounded by difficulties in engagement efforts.

Improving the Lives of People Experiencing and Recovering from Mental Ill Health

Outcome 4

People who experience mental ill health are supported to live well, access community based opportunities that promote wellbeing and recovery and have their physical health needs attended to in accordance with their human rights.

Context

A report by the Scottish Cross-Party Parliamentary Group on Mental Health in 2021 stated that people with mental ill health are at a higher risk of being denied their rights; including the rights to accessing adequate healthcare, work opportunities, a decent standard of living, and participation in communities. They continue to have the lowest employment rate of all people with disabilities in Scotland and can experience increased stigma and poorer treatment due to a lack of diversity in the mental health sector.

These difficulties have been exacerbated by the Covid-19 pandemic and contribute to differentials in life expectancy (healthy life expectancy is about 20% below the rest of the population), increased risk / prevalence of diabetes, obesity, cardiovascular disease and cancer. There is a strong socio-economic gradient in mental health, with people of lower socio-economic status having a higher likelihood of developing and experiencing mental ill health.

The scope of this theme has particular reference to the tertiary level of prevention of mental ill health and mental wellbeing promotion. This means the:

- prevention of relapse and impacts of mental ill health; and,
- promotion of mental wellbeing in people with longstanding poor mental wellbeing.

The evidence related to protective and risk factors in relation to mental health and wellbeing is of prime importance to people who experience severe and/or enduring mental illness. We return here to the necessity of creating hope, empowerment, and the key principles of Time, Space and Compassion that are relevant and important to recovery and wellbeing.

From our engagement work we know that participation and access to local groups – for physical, creative and social activities – is very important; along with having strong peer, buddy or linkworker support that helps with accessing activities, opportunities and appointments; feeling safe and included; having volunteering and employment opportunities and support to sustain involvement in these; overcoming barriers associated with cost, transport, parking, digital; and tackling attitudes and stigma. Education about mental health, access to good information and signposting, having a single point of access and contact for services and being able to access longer term support which is person centred, innovative, creative and based on 'what works' was all highlighted in terms of being important to the tertiary level of prevention.

What we will keep doing

- ✓ We will continue to build on the inclusion of the voice of people with lived experience in this work;
- ✓ We will continue to use our communications work to challenge and tackle stigma;
- ✓ We will continue to participate in national development work and respond to and update our local action planning as the new national Mental Health and Wellbeing Strategy is published;
- ✓ We will continue to promote a Public Mental Health approach across the wider mental health system so that tertiary prevention and the physical health needs of people with mental ill health are given a higher prominence.

Areas of action

ACTION 4.1

Mentally Healthy Communities (PLUS)

Action 1.2 is about developing mentally healthy communities at a primary prevention level and this inclusive and localised type of approach is also a key area of action in relation to tertiary prevention: a long-term integrated and supported community based approach to living with mental ill health is fundamental to empowering people to live well, support recovery and prevent relapse. Support for the development of new and innovative measures that are truly person-centred was identified as a top priority by mental health service providers.

It will be important to support and build on the positive developments that are already starting to happen, for example the recovery community network, peer support worker collaborative, the Staying Well Action Plan and the Recovery and Wellbeing courses. Helping people to stay mentally well, access information, advice and support when they experience difficulties, and supporting recovery and living well with mental health conditions are all part of a mentally healthy community.

This action is not different from Action 1.2 but will require us to develop and adapt what we have in the Borders to support people with more severe and / or enduring needs in local communities, for longer (or more flexibly when they need it), with supported access to employment, volunteering, nature/gardening, arts, music and occupational therapies – a 'therapeutic communities' type approach based in localities. Peer support, an enhanced social prescribing model, hope, empowerment, Time, Space and Compassion are all key elements.

ACTION 4.2

The physical health of people with mental health conditions

This action works to address a key inequality within this population. Research has shown differences in life expectancy which cannot solely be attributed to suicide figures. In treating the individual in a holistic manner, we look to acknowledge the circular nature of the relationship between physical and mental health. This action operates within the tertiary prevention level but it should be noted that these individuals will also benefit from improvements made within primary and secondary prevention. Improvement of physical health will be compiled of four pillars:

- Improved Communication
- Improved Infrastructure
- Access to Appropriate Training
- Sensitivity to Issues of Capacity

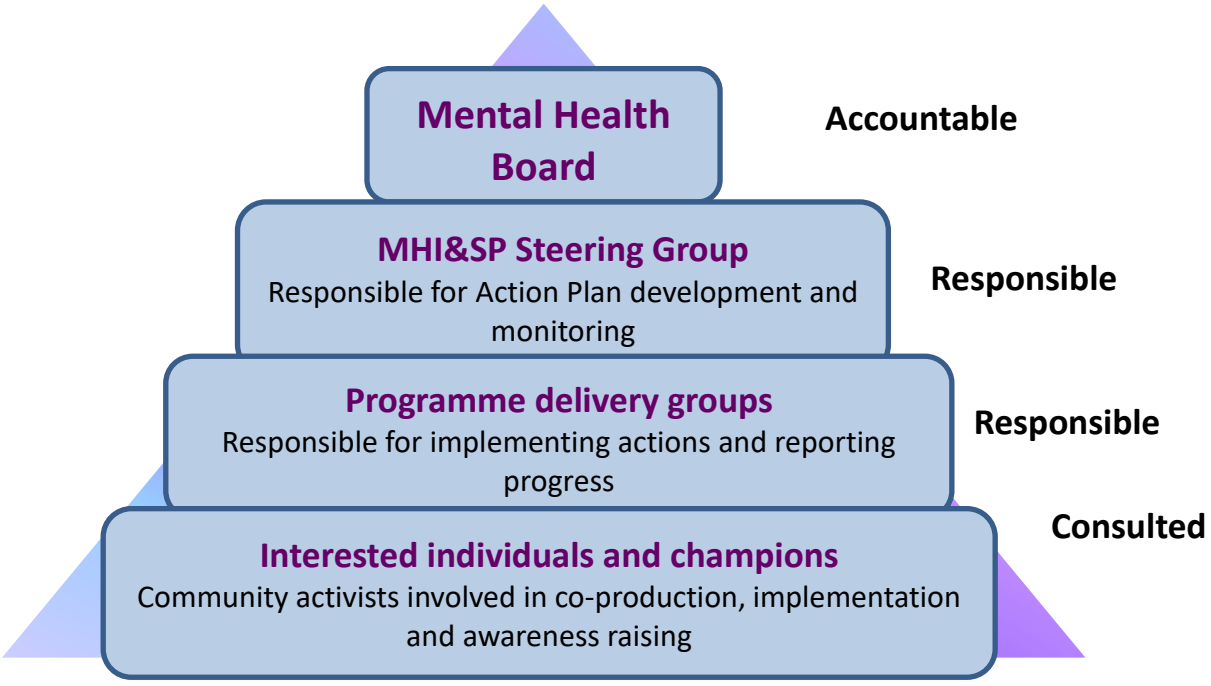
These pillars will aim to address barriers to access in mainstream and preventative healthcare, thereby providing a smoother journey and improved experience for the patient. The lead for this work sits with the NHS Borders Physical Health Steering Group and we will work in partnership to ensure that opportunities are maximised for addressing this inequality.

Delivery

The next steps are to put in place more detailed programmes of work and structures for each of the areas of action identified in the action plan.

The basic accountability for this plan is with the Mental Health Partnership Board and our current delivery structure is illustrated in the triangle below. The Mental Health Improvement and Suicide Prevention Steering Group has responsibility for overseeing the delivery of this plan and involves partners including from the local Third Sector, Housing Associations, Borders College, NHS Borders and Scottish Borders Council. There are other groups with overlapping responsibilities and we will put in place an implementation plan that will be more detailed where there are shared actions.

We are aware that the local leadership and accountability for suicide prevention as stated within the new national action plan sits with Chief Officers in line with public protection guidance and we will keep our accountability arrangements under close review. Since this plan was first published in Autumn 2022 we have been strengthening relationships and governance arrangements with the Health and Social Care Partnership, Community Planning Partnership and the local Public Protection Committee, with reporting arrangements agreed with the Health and Social Care Partnership.



Contact us:

This action Plan was developed by the multi-agency Mental Health Improvement and Suicide Prevention Steering Group and produced by the Scottish Borders Joint Health Improvement Team, Public Health.

If you'd like to join our mailing list or talk to us about this plan you can get in touch with us by emailing **health.improvement@borders.scot.nhs.uk**

VISIT NHS BORDERS WELLBEING POINT and SUICIDE PREVENTION HUB

- Find out more about improving your wellbeing at **www.nhsborders.scot.nhs.uk/wellbeingpoint**
- Find out more about suicide prevention resources at **www.nhsborders.scot.nhs.uk/suicideprevention**

For our updates on Facebook please follow **NHS Borders Small Changes, Big Difference**

Scottish Borders Health and Social Care Partnership

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

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

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

Mental Health Impact & Suicide Prevention Action Plan

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

Age	Disability Learning Disability, Learning Difficulty, Mental Health, Physical Autism/Asperger's	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non-belief)	Sexual Orientation
Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes

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

Education	Work	Living Standards	Health	Justice and Personal Security	Participation
Higher Education Lifelong learning	Employment Earnings	Poverty Housing	Social Care Health outcomes Mental health Access to health care	n/a	Political and civic participation and representation Access to services Social and community cohesion*

*Supplementary indicators

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
The vision for the action plan is to increase the number of people in good mental health at every age and stage of life and to reduce the number of suicide deaths in the Scottish Borders, whilst working together with partners and communities to tackle the inequalities that contribute to poor mental health and suicide. Mental ill-health has a disproportionate impact and some groups are more at risk of developing mental health problems than others. Similar patterns are found with suicide, with some groups being statistically at a higher risk than others. The new Mental Health Improvement and Suicide prevention action plan aims to reduce mental health inequalities for those with the relevant protected characteristics, lived experiences and those communities experiencing inequality.	Positive impact	significant

Is the proposal considered strategic under the Fairer Scotland Duty?	Yes – supports the delivery of the national strategies for mental health and suicide prevention.

E&HRIA to be undertaken and submitted with the report – Yes **If no – please attach this form to the report being presented for sign off**	**Proportionality & Relevance Assessment undertaken by:** **Name of Officer: Fiona Doig** **Date: 10/05/22**

Equality Human Rights and Fairer Scotland Duty Impact Assessment

Stage 2 Empowering People - Capturing their Views

Creating Hope in the Scottish Borders

Scottish Borders Mental Health Improvement and Suicide Prevention Action Plan 2022 – 2025

Equality Human Rights and Fairer Scotland Impact Assessment Team

Role	Name	Job title	Date of IA Training
E&HR Service Specialist			
HSCP Senior Mgt Team Member	Sohail Bhatti	Public Health Director	
Responsible Officer	Claire McElroy	Public Health Lead Mental Health/Wellbeing Service	
Main Stakeholder (NHS Borders)	Nic White	Health Improvement Specialist	
Mains Stakeholder (SBC)	Steph Mackenzie + Charlotte Jones	Health Improvement Specialist	
Third/Independent Sector Rep			
Service User			

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?
What equalities information is routinely collected from people currently using the service or affected by the policy?		Most data sets can be analysed by age, Gender and SIMD / locality.
Data on populations in need	Picture of Mental Health report in the Scottish Borders	Overall the data indicates that there is an increasing need for mental health support, especially within areas of the Borders with higher levels of deprivation. Those living in most deprived areas reported lower average mental wellbeing (46.9) compared to those living in the least deprived areas (51.5). Note this is Scotland-wide and may not reflect local picture Fewer common mental health problems in females in the Borders than the national average. Males closer to the natural average and lower than the female result. The annual crude rate for females within Scottish Borders is higher at 9.2, compared to 7.1 for Scotland, with the male rate being lower (15.8 and 20.7 respectively). This equates to 38.2% of completed suicides where the individuals were female and 61.8% male. Relationship between SIMD quintile and long-term illness (life-limiting)/ disability. Disability is known to affect mental health.
Data on relevant protected characteristic	Picture of Mental Health report The Scottish Public Health Observatory	<u>For Gender, the plan takes into account the following:</u> • For common mental health problems - variation across time period for both female and male populations in the Scottish Borders. Fewer common mental

	Men's Mental Health Survey Report by LGBT Equality about Café Polari Research – Mental Health of Communities of Colour Mental Welfare Commission for Scotland – Racial inequality and Mental Health In Scotland National Conversation on LGBT Mental Health	health problems in females in the Borders than the national average. Males closer to the natural average and lower than the female result. • High rates of prescription drugs for anxiety/depression/psychosis amongst women in peri-menopausal / menopausal age groups (Six-month pilot of Menopause Café with Borders College just completed and currently being evaluated) • Women are more likely than men to develop Post Traumatic Stress Disorder after a traumatic experience. • Some mental health disorders have been associated with experiences of violence and abuse. • Covid-19 pandemic has had an adverse mental health outcomes on women • Women with low levels of literacy are at five times more risk of depression • There is a strong link between experiencing violence or domestic abuse and mental health problems. For deaths of adults by suicide: • Men have a higher risk of suicide (A Men's Mental Health survey was carried with measures subsequently put in place for activities that targeted man e.g. support for Andy's Man Club, mental health and sports projects with the Rugby Clubs and ClubSports/ Live Borders) • Rates of suicide amongst women are higher in the Borders than the national average • The annual crude rate per 100,000 population is similar to Scotland for the same period. • However the annual crude rate for females is higher at 9.2, compared to 7.1 for Scotland, with the male rate being lower (15.8 and 20.7 respectively). This equates to 38.2% of completed suicides where the individuals were female and 61.8% male. • 16% of deaths were from individuals resident in the most deprived areas of the Borders, compared to 32% for Scotland. • 58.8% of suicides took place in the home, which is in line with the national figures, this did not differ for males or females • 53% of individuals were single

		• 57% of males and 42.3% females were an 'Employee, apprentice, armed forces - other rank, etc' with 34.65 females were 'other - student, unemployed, not available, etc'. 15% of all completed suicides were self-employed – without employees. • 8.8% completed suicides were aged 15-24 – none of these were female • 23% of all female completed suicides were aged 25-34 • 50% of all female suicides were aged 45-64, compared to 45% of all male suicides <u>For Disability, the plan takes into account the following:</u> • Having a physical disability can increase the risk of experiencing mental health problems and low wellbeing. There is consistent evidence of an association between physical disability and depression, though experiences of stigma and discrimination may significantly contribute to this relationship. • People with learning disabilities have an increased risk of developing a mental health problem due to social, economic, psychological and emotional factors, as well as some biomedical factors. • Individuals with sensory impairments have also been found to be at a much higher risk of having mental health problems across their lifetime. Many of the mental health problems among people with sensory impairment arise from the social isolation they experience due to inaccessible environments. • Those experiencing severe and enduring mental health problems die, on average, 15–20 years earlier than the general population, while those with depression die 7–10 years earlier • Situation for people with mental health problems has been exacerbated during covid-19 • 30% of Borders population had a long term health condition (2011 census) • People with long-term health conditions are two to three times more likely to experience mental health problems, with anxiety problems or mood disorders being particularly common • Co-morbid mental health problems have a number of serious implications for people with long-term conditions, including poorer clinical outcomes and lower quality of life.

		<u>For Sexual Orientation and Gender Reassignment, the plan takes into account the following:</u> • Experiences of bullying and violence place LGBT+ people at substantial risk of poor mental health outcomes – links to suicide, substance misuse and school attendance. • Covid-19 impacted LGBT+ who live rurally. They experienced more isolation and reported a lack of safe space for counselling support. • That transgender people are more likely to have negative mental health outcomes. Experiences of discrimination can place transgender people at substantial risk of poor mental health outcomes – links to suicide, substance misuse and school attendance. • Studies showing 88% have experienced symptoms of depression and 35% have attempted suicide at least once.1 Short term funding provided to support and promote Café Polari as a safe space for the LGBT+ community. Report from LGBT Equality considered at the Mental Health Improvement Steering Group and incorporated into plan. The report highlighted the importance for this community of being able to connect and develop friend groups in safe spaces, and a previous survey in 2019 had highlighted the need for social events for LGBT adults (85%), better visibility in the local area (71%) and signposting of services available locally (60%). The LGBT Equality report in May 2022 identified the following challenges: • Over-reliance on a small group of volunteers who are at increased risk of mental ill-health themselves – funding for a paid LGBTQ development worker would mitigate the risk of representation burnout. There is difficulty in doing the development work needed for the travelling Café Polari funded by the Communities Mental Health and Wellbeing Fund because of the absence of a development worker and the reliance on volunteers; • No dedicated space for LGBTQ people in the Borders means that support is sporadic - a community hub for the community would improve provision. The monthly Café Polari is limited and has some accessibility issues at its current venue; • Pride event postponed due to volunteer availability;

		• A monthly café event does not solve all the issues of isolation experienced by the community and the need for a befriending / peer support scheme was highlighted; • Support need identified for parents of trans people. A specific focus group was commissioned for Borders Care Voice to carry out engagement but was unsuccessful due to lack of capacity in the Borders for this inequality group at that time. <u>For Pregnancy and Maternity</u>, the plan takes into account that more than 1 in 5 women will experience mental health problems in pregnancy or the first postnatal year. <u>For Race, the plan takes into account the following:</u> • Being a victim of racism has been associated with mental health problems. • The emotional and psychological effects of racism have been described as consistent with traumatic stress and the negative effects are cumulative. • Racism and a lack of cultural awareness may also contribute to the discrimination experienced by people from Black, Asian and Minority Ethnic communities • A desktop research exercise '**Mental Health of Communities of Colour and How We Respond'** was undertaken by Talat Yaqoob, an independent researcher. The aim was to provide some insight into the experiences of communities of colour in Scotland and where possible, in rural areas, in relation to mental health services access and exclusion. The term "communities of colour" was used which encompassed communities which are also called "visible ethnic minorities", these include (but not limited to) Black, South and East Asian, Arab, Hispanic and mixed-race individuals. • In summary, the paper (produced in April 2021) provided only a brief review of the current landscape in relation to communities of colour and their mental health in the Borders. However, what it did illustrate was the lack of literature and Scottish Border's specific data that is available. Whilst the population of people of colour in the Scottish Borders is lower than urban areas of Scotland,

		collection of robust data is still critical. The paper noted that the data required is both the simple numbers (who is using mental health services, what for and to what effectiveness) but also qualitative; lived experience input on what is needed to improve mental wellbeing. In particular, the paper noted the impact of isolation, already widely acknowledged within rural communities, however may be exacerbated by being in the minority, not feeling a sense of community and not having your needs met. It was recommended that the MHI&SP steering group considered what next steps need to be pursued to improve the level of information and knowledge known about communities of colour and their mental health, and also what current good practice within the Scottish Borders can be further harnessed. This led to the commissioning of a specific focus group for this key inequality group when the engagement on the action plan was carried out. • Within the Mental health welfare commission report the evidence shows gradient in deprivation for detentions, with higher proportions in the more deprived SIMD categories. This gradient was more distinct in the Black group where 57.8% who were detained were from the most deprived parts of Scotland. People from Black, Mixed or Other ethnicities were deemed to be a higher risk to 'self and others', as compared to all three categories of White ethnicity • A specific focus group was commissioned with Borders Care Voice however we were unable to fulfil this due to routes to consult with this group. This remains a gap.
Data on service uptake/access		Action plan is not part of direct service delivery but will be seeking to inform services in relation to early intervention and prevention as well as postvention. Data sets are still to be developed in order to evaluate the effectiveness of this.
Data on socio economic disadvantage	Picture of Mental Health report Scottish Health Survey The Scottish Public Health Observatory Anti-Poverty Strategy	The literature suggests that there are pockets of deprivation in the Borders which also have worse mental health. • Those living in most deprived areas reported lower average mental wellbeing (46.9) compared to those living in the least deprived areas (51.5). • Socioeconomically disadvantaged children and adolescents are two to three times more likely to develop mental health problems.

		• 12.6% of children in the Scottish Borders live in low-income families however there are 10 areas with more than 15% of children living in poverty • For adults with moderate or high severity symptoms of depression and anxiety, as measured by the percentage of population prescribed drugs for anxiety, depression or psychosis, there are significant differences between the localities. Teviot & Liddesdale, Cheviot and Eildon localities are all higher than the national average. • Berwickshire, Teviot and Liddesdale and Eildon have a slightly higher suicide rate than the overall Borders rate. The rate across all localities is lower than the rate for Scotland. Nationally the trend is for increased risk of suicidal thoughts and completed suicides from those in the most deprived areas. • Low and insecure income and problem debt are associated with increased risk of mental health problems • Cycle of deprivation between mental health problems and debt • COVID-19 followed by the Cost of Living crisis exacerbated many of these factors that can lead to money worries • Unemployment has consistently been associated with an increased risk of common mental health problems • Job loss has a traumatic and immediate negative impact on mental health and there is further damage when unemployment continues into the long term • Poor-quality housing is one example of the physical environment having a negative effect on mental health. Fuel poverty in particular is associated with poor mental health.
Research/literature evidence	Public Mental Health IMV model of suicidal behaviour Mental Welfare Commission for Scotland – Racial inequality and Mental Health In Scotland	**The public health impact of mental disorder** - mental disorder accounts for at least 21% of the UK disease burden (as measured by years lived with disability), although even this underestimates the true burden by at least one third. This is accounted for by the high prevalence of mental disorder, the fact that the majority of lifetime mental disorder arises before adulthood, and the broad public health-relevant impacts across different sectors. The life expectancy of people with mental disorder is reduced by 7–25 years compared to those without, mainly due to increased rates of smoking, alcohol and drug misuse, self-harm, and physical illness. The majority of self-inflicted deaths are in people who have a mental disorder. Wider impacts of mental disorder include educational and

		employment outcomes, victimisation from and perpetration of violence, stigma and discrimination. Evidence on public mental health interventions according to five overlapping topic areas: 1. Interventions during pregnancy, childhood, and adolescence 2. Marginalised groups 5 3. Prevention of loss of healthy years and premature mortality including in people with mental disorder 4. Prevention of mental disorders 5. Other priority areas. **The Integrated Motivational-Volitional Model of Suicidal Behaviour (O'Connor 2011)** - suicidal behaviour results from a complex interplay of factors, the proximal predictor of which is one's intention to engage in suicidal behaviour. Intention, in turn, is determined by feelings of entrapment where suicidal behaviour is seen as the salient solution to life circumstances. These feelings of being trapped are triggered by defeat/humiliation appraisals, which are often associated with chronic or acute stressors which can include protected characteristics. The transitions from the defeat/humiliation stage to entrapment, from entrapment to suicidal ideation/intent, and from ideation/intent to suicidal behaviour are determined by stage-specific moderators (i.e., factors that facilitate/obstruct movement between stages). In addition, background factors (e.g., deprivation, vulnerabilities) and life events (e.g., relationship crisis), which comprise the pre-motivational phase (i.e., before the commencement of ideation formation), provide the broader biosocial context for suicide. • Within the Mental health welfare commission report the evidence shows gradient in deprivation for detentions, with higher proportions in the more deprived SIMD categories. This gradient was more distinct in the Black group where 57.8% who were detained were from the most deprived parts of Scotland. People from Black, Mixed or Other ethnicities were deemed to be a higher risk to 'self and others', as compared to all three categories of White ethnicity

Existing experiences from service information		Action plan is not part of direct service delivery but will be seeking to inform services in relation to early intervention and prevention as well as postvention.
Evidence of unmet need		Action plan is not part of direct service delivery but will be seeking to inform services in relation to early intervention and prevention as well as postvention.
Good practice guidelines	Public Mental Health – Public Health Scotland Priority 3 about having good mental wellbeing National suicide good practice Time Space Compassion Trauma Informed Practice	Mental wellbeing is recognised as a significant public health challenge in Scotland. Mental health and wellbeing are influenced by many factors including biological, social, economic, lifestyle, and genetic factors. Understanding the interacting and often co-existing risks and adverse outcomes is an essential part of building and sustaining mentally healthy societies and reducing the adverse impacts and inequalities that often result from poor mental health and wellbeing. Suicide prevention is being prioritised more as the Government and COSLA published the 10-year national suicide good practice strategy to tackle the factors and inequalities that can lead to suicide, this draws on levers across national and local government to address the underlying social issues that can cause people to feel suicidal, while making sure the right support is there for people and their families. The approach is to help people at the earliest possible opportunity and aim to reduce the number of suicides – ensuring efforts to tackle issues such as poverty, debt, and addiction include measures to address suicide. Time, Space and Compassion principles and approach - a relationship and person centred approach to improving suicidal crisis. It has been developed for use by people and services who regularly come into contact and support people experiencing suicidal crisis. Creating Hope in the Scottish Borders action plan will be firmly linked to the national trauma training programme and promotes trauma informed practice and responses. This links to the Scottish Borders Health and Social Care Partnership Equality outcomes and mainstreaming framework 2023-2025.
Other – please specify	Health and Wellbeing Census for Children and Young People	This evidence informed our life course approach and the need to work closely with the Children and Young People's structures to ensure that the work is aligned and complementary.

	Childrens and Young people partnership	
Risks Identified	Consultation feedback	An ongoing risk of being able to engage - a lack of infrastructure for some of the protected characteristics makes it difficult to achieve the engagement even when it has been commissioned to happen and so it is even more difficult to try and sustain the engagement and ensure that the engagement is representative. The key infrastructure used to engage is the Mental Health and Wellbeing Forum and the After A Suicide Working Group so there is a risk that some of the protected characteristics are missed. Local evidence regarding mental health and Black and ethnic minorities (Race)
Additional evidence required	Consultation feedback	Additional evidence for unpaid carers struggling with mental health

Consultation/Engagement/Community Empowerment Events

Event 1

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
27th June 2022	Online Survey – Survey on Scottish Borders Council Consultation portal, promoted widely through partnership networks and social media	35 individuals and four organisations responded (Volunteer centre borders, outside the box, Peebles and district men's shed, Equality and Diversity preventions officer – Police Scotland)	Race – Asian or Asian British – 5% White or Non specified – 95% Age – 35-44years old – 20% 45 – 54years old – 28% 55 – 64 years old – 20% Gender– Female – 72% Male – 28% Sexual Orientation – LGBTQI+ - 15% Disability – Mental Health Condition – 41% Disability / Long Term Condition – 38%

***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)**

Top answers in response to '**What do you think would improve your mental health and wellbeing?**' • Being able to talk to a professional about the way I am feeling • Self-help resources about ways to improve your mental health and wellbeing	Ensure Trauma informed places are within the Scottish Borders, and this is linked to and reported to support the delivery of the Scottish Borders Health and Social Care Partnership's Equality Outcomes and Mainstreaming Framework.

• Having someone I trust to talk to about the way I am feeling (a friend, colleague or family member) • Getting help and support for the things that are worrying me (e.g. debt, finding a job, housing, money worries, loneliness, relationship difficulties, alcohol or drug use etc)	Influence and inform the allocations of social prescribing money within the Scottish Borders. Influencing and inform Scottish Borders Council's Local Housing Strategy Influencing, informing and supporting employers and workplaces become mentally healthy starting with Scottish Borders Integrated Workforce Plan. Specifically linking to and reporting against the Partnership's Equality Outcome 6 We have a workplace where all staff feel valued and respected and have their needs met appropriately Influence and inform services to improve the lives of people experiencing and recovering from mental ill health as well as physical ill health and reduce health inequalities. For those who experience barriers in accessing activities and opportunities we will work with partners across the system to improve the provision of social prescribing in the Borders and make the most of the natural and community assets that we have.
Top answers in response to '**In the Scottish Borders we have an ambition to develop mentally healthy communities – what would that look like for your community?'** • Friendly and welcoming social places and activities that are open to everyone and are free • Positive and safe physical environment including housing and neighbourhoods • Supportive employers and workplaces	
Top answers in response to '**What are your three priorities for preventing mental ill-health for those most at risk?'** • Support for people when they experience adverse adulthood events (e.g job loss, relationship breakdown, bereavement) • Having a warm and safe place to live • Making sure that people have enough money to live off	
Top answers in response to '**Please select three priorities about preventing suicide and self-harm'** • Promotion of support for people in crisis • Support for people caring for others with suicidal thoughts • Public suicide awareness training open to communities	
Top answers in response to '**What do you think would improve the lives of people experiencing and recovering from mental ill-health?'** • Better coordination between the mental health support services • Having a single point of access for getting help • Better approach to long-term/ongoing support within communities	
Top answers in response to '**Do you think that mental health stigma has an impact and what could be done to reduce stigma?'** 79% of respondents said that yes, mental health stigma has an impact. 15% were unsure and only one person answered no.	

There was a wealth of suggestions for tackling stigma which are summarised here: • Interactive public mental health consultations • Media campaigns – it's ok to talk and it's ok to ask for help • Work in communities, events in communities, courses run in communities with real people, festival of mental health • Raise awareness of the reality of recovery • More open and challenging dialogue – there is a spectrum of experience which is relevant to professionals too • Careful use of language – don't label • Local peer groups to share experience • Normalise talking about suicide and self-harm • Communication, education, awareness • Role models and people telling their stories • Education / awareness about diagnosis and how to help someone who is struggling with mental ill health • More info in schools and libraries • Challenge and change attitudes so there is more empathy and less blaming individuals	

Event 2 – Borders Care Voice

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
7th July 2022	Triest House Galashiels	17	Age Gender Disability (Mental Health)

***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)**

Event 3 – Borders Care Voice

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
13th July 2022	Teams meeting	4	Age Gender Disability (Mental Health)

Views Expressed during event 2 and 3	Officer Response
From the workshop responses, several of the same themes were raised across all the identified target groups, mainly: • Access to local groups – physical activities/social/creative/peer support. • Need for some form of directory of service/activities available within the Scottish Borders and local promotion. • Awareness raising of mental health in general, with more focus on prevention of self-harm and suicide. • Training on mental health and suicide prevention open to a wider audience. • Addressing low confidence and low self-esteem – perhaps through a buddy support system. • Education around mental health from an early age. Clear and consistent messages in schools • Peer support options, local groups, Scottish Borders wide – online and face to face options • Knowledge of what support and resources are available for a mental health crisis. • Funding to support services – longer term. Existing and new and creative approaches.	Young people transitioning within education and into employment will be a key focus within the action plan to inform and support training within employment and education settings. Ensure Trauma informed places are within the Scottish Borders, and this is linked to and reported to support the delivery of the Scottish Borders Health and Social Care Partnership's Equality Outcomes and Mainstreaming Framework. Co produce our information and promotional materials with those experiencing inequality as a way of ensuring people in crisis area able to access and have confidence in using services Continue to raise awareness of Mental Health and suicide prevention and offer learning opportunities and training with those experiencing inequality, and implement the recommendations from the review of current training. Review membership of the After A Suicide Working Group to ensure that people with the relevant protected characteristics are represented. This to ensure that the work of the group
For positive support in keeping mentally well, this included: **Participation -** Participating in local community groups – social, physical, creative, peer. Peer support was reported on many occasions, linking in to feeling	

understood, not being judged, being supported by others who understand and having that support system, sharing experiences and suggestions. **Keeping active -** Physical activities available in different local areas– ranging from walking, yoga, cycling to enjoying outdoors and gardening. **Feeling confident -** Being confident to join groups or having a buddy support to help with anxieties of attending somewhere new, attending appointments etc. Many people commented that they were aware that joining a group would be of benefit to them but lacked the confidence to attend on their own, that their anxieties increased around meeting new people, feeling excluded or different. Being in a safe and supportive environment was seen as a priority. **Informed -** Knowing what is available to be able to make informed choices – in local area and in wider area, including information on help lines and crisis support. A directory of service/activity was stated repeatedly. Much discussion was had across all groups for access to up-to-date information. This was seen as a priority. Further discussion arose from this to having more signposting in GPs, Department for Work and Pensions, Hospitals, and having access to Link Workers, Local Area Co-ordinators or similar. **Having access -** Accessibility – transport, cost and parking were all raised, as was accessing opportunities online as well as face to face. **Educated and aware -** Education on mental health from an early age was repeatedly raised as a priority, across a number of the workshop questions and across all groups. **Being employed or volunteering -** Employment/volunteering opportunities were viewed as having a contribution to overall good mental health.	delivers the same equality of opportunity and fosters good relations between communities. Continue to monitor data and trends related to suicide and self-harm both nationally and locally and liaise with national, regional and local contacts as a way of identifying inequality and discriminatory practice. Continue to develop our practice locally, such as our Sudden Death Reviews and strengthening our trauma informed approach to suicide prevention with the communities identified as experience inequality. We will ensure that work carried out within these areas identified are inclusive of the relevant protected characteristics identified Those identified to date include: Males 15-64yrs old Females 25-64 yrs old LGBTQI+ and the rurality of the Scottish borders Race Religion Disability including physical and neurodiversity

Funding available for the creation of new support services and to support existing projects and programmes that work – this was also raised in the questions about prevention.	
For prevention of self-harm and suicide and addressing stigma, this included: **Understood and Included** - Tackling attitude, Some people felt that in small communities, negative attitudes towards mental health and lack of understanding created more anxiety and lead to the individual becoming more isolated. A common topic also discussed was awareness raising on a large scale. **Educated** - More mental health education in schools. This was highlighted repeatedly. Many people felt that talking about mental health openly was needed to address stigma and that having this in schools from an early age would make it less of a taboo subject and lead to it being better understood. **Trained and supportive** - Informed mental health and suicide prevention training targeted to employers/employees, professionals, community groups, volunteers. Several of the participants were aware that mental health training is available in the Scottish Borders and has been for some time but felt that it was more limited to people working or volunteering in health and social care. More **signposting** from GPs and referrals made from other professionals. **Social prescribing** was viewed as a positive measure and there was an interest from across the groups for this to be a more regular occurrence. Seeking alternative options to hospital admissions and medication was suggested.	
Themes specific to people experiencing and recovery from mental ill-health: • Feeling safe and included • Being able to access services and join groups and activities. • Overcoming barriers to access – lack of confidence, transport	

• Knowing what is available, where and when and having informed choices	
Themes specific to unpaid carers: • More opportunities and activities available in the evenings. • Services and activities having face to face and online options. • Respite opportunities and financial support. • Flexibility in services – recognition that no one size fits all.	
Themes specific to people bereaved by suicide • Timely access to therapies. • Having someone to talk to and who would actively listen. • Peer support and helpline options. • Support, tools and resources to help with shock, grief and feelings of guilt, and helplessness • Having support and understanding in the workplace.	

Event 5 – Borders Care Voice

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
14/07/2022	Triest House Galashiels	6	Providers of services - Disability (Mental Health)

Views Expressed	Officer Response
Key themes arising included: • Access to truly person-centred services – the appropriate support available as and when needed and not hampered with restrictive time schedules that can create even more barriers • More flexibility needed within services – meeting the individual's needs. Focus given to immediate and longer-term support	See above

• Timely advice and guidance – welfare benefits, money and debt advice information on housing, foodbanks etc. • Single point of contact – also raised in other workshops. • Funding available for third sector to bridge the gaps – a recognition that existing funding can be short term, limited to strict criteria and can lead to exclusion. The top priorities for taking immediate action listed from mental health service providers were: • Addressing attitudes – tackling stigma in communities and across organisations. • Tackling financial inclusion – ensure basic needs are being met. • Support the development of new and innovative measures – flexibility recognised within funding criteria, in addition to length of funding providing time and opportunity for development and growth. There was also a suggestion made for the creation of a peer support group for people who work in health & social care, potentially facilitated alongside other similar groups.	

Equality, Human Rights and Fairer Scotland Duty Impact Assessment

Stage 3

Analysis of findings and recommendations

Creating Hope in the Scottish Borders

Scottish Borders Mental Health Improvement and Suicide Prevention Action Plan 2022 – 2025

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

The vision in the plan is to increase the number of people in good mental health at every age and stage of life and to reduce the number of suicide deaths in the Scottish Borders, whilst working together with partners and communities to tackle the inequalities that contribute to poor mental health and suicide.

Mental ill health has a disproportionate impact and some groups are more at risk of developing mental health problems than others. Similar patterns are found with suicide, with some groups being statistically at a higher risk than others. The new action plan aims to reduce mental health inequalities across all groups with protected characteristics. As part of the initial action planning process, a Health Inequalities Impact Assessment was carried out with the aim of identifying mitigating actions to ensure that nobody is negatively impacted. This document updates that assessment.

Equality Act 2010 – Relevant Protected Characteristics as identified in Stage 1 or during Stage 2 (include none identified at this stage)

Protected Characteristic	Equality Duty	What impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Age	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Reduction of stigma associated with mental ill health and suicide in young males within education establishments, work place and health care settings.	Report on training delivered within these areas. See me in work Awards scheme
	Advancing equality of opportunity	Early intervention – building capacity within the communities, education establishments and employers to identify young men aged 15-64 who are at risk of mental ill health or suicide	Report performance against current base line figure to Mental Health Board, Community Planning Partnership and Integrated Joint Board.
	Fostering good relations by reducing prejudice and promoting understanding	Reduction of stigma associated with mental ill health and suicide in young males within education establishments, work place and health care settings.	Report on training delivered within these areas. See me in work Awards scheme
Disability	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Reduction of stigma associated with mental ill health and suicide in those with learning, physical or neurodiversity disability within education establishments, work place and health care settings.	Report on training delivered within these areas. See me in work Awards scheme
	Advancing equality of opportunity	Access to service and community assets. Building capacity up within communities, education and workplace establishments to identify and support those with learning, physical or neurodiversity disability who are at risk of mental ill health.	Report performance against base line figure to Mental Health Board, Community Planning Partnership and Integrated Joint Board.

	Fostering good relations by reducing prejudice and promoting understanding	Reduction of stigma associated with mental ill health and suicide in young males within education establishments, work place and health care settings.	Report on training delivered within these areas. See me in work Awards scheme
Gender Reassignment	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	To be explored further with LGBTQAI+ organisations to be linked with action plans programme of work	
	Advancing equality of opportunity	To be explored further with LGBTQAI+ organisations to be linked with action plans programme of work	
	Fostering good relations by reducing prejudice and promoting understanding	To be explored further with LGBTQAI+ organisations to be linked with action plans programme of work	
Marriage and Civil Partnership	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	None identified at this stage.	None identified at this stage.
	Advancing equality of opportunity	None identified at this stage.	None identified at this stage.
	Fostering good relations by reducing prejudice and promoting understanding	None identified at this stage.	None identified at this stage.
Pregnancy and Maternity	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Raising awareness with workplace establishments around postnatal depression.	Report on training delivered within these areas. See me in work Awards scheme
	Advancing equality of opportunity	Early intervention – building capacity within the communities, education establishments and employers.	Establish a base line with regards to maternity and post-natal depression. Nationally more than 1 in 5 women will experience mental health problems in pregnancy or the first postnatal year.
	Fostering good relations by reducing prejudice and promoting understanding	Work colleagues awareness and support around postnatal depression and returning	Report on training delivered within these areas. See me in work

		to work post maternity knowledge is increased	Awards scheme
Race	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Raise awareness of racial inequalities within mental health services.	Report on training delivered within these areas. See me in work Awards scheme
	Advancing equality of opportunity	Access to mental health services and early intervention.	Data set to be established using national and local base lines.
	Fostering good relations by reducing prejudice and promoting understanding	Reduction of stigma associated with mental health and suicide within education establishments and work place.	Report on training delivered within these areas. See me in work Awards scheme Further data sets to be established.
Religion & Belief including non-belief	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	To be explored further with religious leaders to be linked with action plans programme of work	
	Advancing equality of opportunity	To be explored further with religious leaders to be linked with action plans programme of work	
	Fostering good relations by reducing prejudice and promoting understanding	To be explored further with religious leaders to be linked with action plans programme of work	
Sex	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	Reduction of stigma associated with females experiencing mental ill health and suicidal thoughts.	Use national and local data regarding base line of suicide rates and mental ill health.
	Advancing equality of opportunity	Early intervention – support capacity to develop mentally health communities to support female victims and survivors of domestic abuse experiencing mental ill health.	Further engagement with organisations dealing with victims and survivors of domestic abuse to establish a base line of females affected by mental ill health and suicide.

		Early intervention to support woman experiencing mental ill health in peri menopause or menopause.	6 month pilot been carried out with Borders college currently being evaluated, this will form the basis of the work around this.
	Fostering good relations by reducing prejudice and promoting understanding	Reduction of stigma associated with mental ill health and suicide within community education establishments and work place.	Report on training delivered within these areas. See me in work Awards scheme Further data sets to be established.
Sexual Orientation	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	To be explored further with LGBTQAI+ organisations to be linked with action plans programme of work	Using national statistic and research to inform local support.
	Advancing equality of opportunity	To be explored further with LGBTQAI+ organisations to be linked with action plans programme of work	See above
	Fostering good relations by reducing prejudice and promoting understanding	To be explored further with LGBTQAI+ organisations to be linked with action plans programme of work	See above

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

Article	Enhancing or Infringing	Impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Education	Higher education lifelong learning	Support people continuing in education	Numbers of sessions delivered Entering into partnership with borders college to set a baseline around number of people leaving education due to mental ill health and suicide.
Work	Employment Earnings	Create Mentally Healthy work places	Number of organisations taking up training Number of organisations signing up to awards scheme.
Living Standards	Poverty Housing	Continuing in education and employment will contribute to people not living in poverty. This will also reduce the risk of becoming or being threatened with homelessness	Using the baseline from the public health inequalities strategy to assess poverty.
Health	Health outcomes Mental health Access to health care Social Care	In reducing the stigma associated with mental ill health and suicide it is anticipated that more people will access services appropriately.	Gather data around health inequalities from strategy as well as data of people accessing service to ensure early intervention.
Participation	Political and civic participation and representation Access to services Social and community cohesion*	The action plan has consultation and engagement as an overarching principle and is underpinned by insight from Lived Experience and will continue to do so.	Local indicators are being developed to evaluate and measure the specific areas of action. Local surveys will be used to measure impact.

		The plan will have a strong focus on communities and ongoing communication work promotes access to a range of support services. Reducing stigma of mental ill health and suicide, including working with those affected by suicide.	

Fairer Scotland Duty

Identify changes to the strategic programme/proposal/decision to be made to reduce negative impacts on equality of outcome and or improving health inequalities	The action plan will seeks to reduce mental health inequalities and targets specific groups in the population known to be more at risk of mental ill health and suicide. Targets groups include but not limited to: Males 15-64yrs old Females 25-64 yrs old LGBTQI+ and the rurality of the Scottish borders Race Religion Disability including learning disability, physical and neurodiversity
Identify the opportunities the strategic programme/proposal/decision provides to reduce or further reduce inequalities of outcome and or improving health inequalities	The action plan represents a key opportunity to reduce inequalities of outcome. The plan will be delivered through the multi-agency Mental Health Improvement and Suicide Prevention steering group and through stronger partnership working with the Community Planning Partnership. A progress against which will reported to Mental Health Board, Community Planning Partnership and Integrated Joint Board and the boards equality outcomes and mainstreaming framework.

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

N/A

Equality, Human Rights & Fairer Scotland Duty Impact Assessment Recommendations

What recommendations were identified during the impact assessment process:

Recommendation	Recommendation owned by:	Date recommendation will be implemented by	Review Date
Analyse conditions and communities that are supportive to good mental health and ensure that those with relevant protective characteristics are able to access these when exploring options.	Claire McElroy Public Health Lead – Mental Health and Suicide Prevention	March 2025	Annual
Embed Creating Hope, Time, Space and Compassion as key prevention approaches across organisations, services and communities.	Charlotte Jones Health Improvement Specialist	March 2025	Annual
Explore and coproduce the delivery of a mental health directory of service with the mental health steering group and the equality and human rights subgroup	Steph MacKenzie Health Improvement Specialist	March 2025	Annual
It evident that there were some gaps in the engagement work carried out, namely with the Black and Minority Ethnic communities.	Claire McElroy Public Health Lead – Mental Health and Suicide Prevention	March 2025	Annual

Explore working with equality and human rights subgroup to engage wider.			
Establish data sets for outcomes and outputs of plan in relation to the relevant protective characteristics to ensure impact is monitored effectively.	Claire McElroy, Public Health Lead – Mental Health and Suicide Prevention Charlotte Jones and Steph Mackenzie Health Improvement Specialist	March 2025	Annual
Ensure that localities impacted by higher suicide rates are focused on as a priority due to higher deprivation links.	Steph MacKenzie + Charlotte Jones Health Improvement Specialist	March 2025	Annual
Further links with religious leaders and the action plan to gather views within area.	Steph MacKenzie + Charlotte Jones Health Improvement Specialist	March 2025	Annual
Engage with organisations working with victims and survivors of domestic abuse.	Steph MacKenzie + Charlotte Jones Health Improvement Specialist	March 2025	Annual
Supporting the delivery of the Scottish Borders Health and Social Care Partnership integrated workforce plan associated Action plan.	Claire McElroy Public Health Lead – Mental Health and Suicide Prevention	March 2025	Annual

Monitoring Impact – Internal Verification of Outcomes

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

The action plan will be monitored using the population level data released nationally about different groups. Local indicators are being developed to evaluate and measure the specific areas of action. Local surveys will be used to measure impact.

Procured, Tendered or Commissioned Services (SSPSED)

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

If work is to be procured, tendered or commissioned an Equality and Human Rights Impact Assessment will be undertaken. The outcome of which will be used to influence and inform the procuring, tendering or commissioning process.

Communication Plan (SSPSED)

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

A communications plan will be developed with the detail of how the information about key areas of action within the plan will be communicated. This will include an Easy Read version of the plan.

Signed Off By:

Claire McElroy
Public Health Lead

Date: revised 12/07/2023

Scottish Borders Health and Social Care Partnership
Integration Joint Board

19 July 2023

MINISTERIAL STEERING GROUP SELF-EVALUATION

Report by Chris Myers

1. PURPOSE AND SUMMARY

1.1. **To seek the support of the IJB Audit Committee to endorse the process, findings and actions associated to the self-evaluation against the Ministerial Steering Group recommendations.**

2. RECOMMENDATIONS

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

a) Endorse the enclosed self-assessment process
b) Approve the associated action plan for delivering on the proposed improvement actions, prior to submission to the Scottish Government
c) Request an update to the IJB Audit Committee on progress against the delivery of the actions outlined in March 2024 from the Chief Officer.

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	

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

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required

5. BACKGROUND

5.1. The Ministerial Steering Group (MSG) was established in 2008 to provide a forum in which leaders from health and social care could meet to discuss matters of mutual interest and to provide leadership, direction and support in working across organisational and structural boundaries. It assumed overall responsibility for policy matters that crossed the local government / NHS Scotland interface and is a key forum for taking forward COSLA and the Scottish Government's joint political leadership of health and social care integration.

5.2. The group is chaired by the Cabinet Secretary for Health and Sport and has a membership that includes three COSLA elected members, Health Board Chairs, the Scottish Council of Voluntary Organisations (SCVO), Scottish Care, Scottish Social Services Council (SSSC), Healthcare Improvement Scotland, Integrated Joint Boards, Social Work Scotland, and more recently, the Care Inspectorate.

5.3. Since Health and Social Care Integration went live in April 2016, the MSG has played a key role in reviewing progress and in February 2019 they produced a report entitled "Review of Progress with Integration of Health and Social Care". In November 2018, Audit Scotland also produced a report providing an "Update of Progress" of Health and Social Care Integration. The "Review of Progress" defined 25 detailed proposals for improvement of IJBs/Partnership working.

5.4. Of these, 3 of the proposals were to be taken forward by the Scottish Government, with the remaining 22 to be taken forward by the individual Health and Social Care Partnerships. The MSG requested that each Partnership undertake a self-assessment against the 22 proposals, on an ongoing basis. The Scottish Borders HSCP self-evaluation against the 22 proposals was last submitted to Government in June 2020.

5.5. At the end of 2022, the Improvement Service was commissioned to undertake a new self-assessment process on behalf of the IJB. Following a planning process, the Improvement Service sent out a self-assessment to IJB members in March 2023, asking them to agree or disagree with statements outlining the potential effectiveness of the IJB against the 22 proposals. The results are summarised in the table below.

Theme	Agree/Strongly Agree	Disagree/Strongly Disagree	Don't Know
IJB Response to COVID-19	**73%**	17%	10%
Leadership and Relationships	**63%**	24%	13%
Governance and Accountability	50%	**39%**	11%
Community Engagement and Participation	**70%**	27%	3%
Outcomes and Impact	37%	**46%**	17%
Performance Management and Use of Evidence	51%	**38%**	11%

5.6. The highest rated statements are listed below:

- Statement 7 - IJB meetings take place within a positive spirit of transparency, openness and trust. (86% Agree)
- Statement 20 - Agreed priorities and outcomes in the Health and Social Care Strategic Plan reflect the key challenges of the area identified through any data analysis and community engagement activity. (86% Agree)
- Statement 5 - The IJB should look to permanently retain new ways of working developed during the response to COVID-19. (79% Agree)

5.7. The lowest rated statements were noted as:

- Statement 24 - The IJB realigns resources in order to better deliver early intervention and prevention approaches. (93% Disagree)
- Statement 16 - The IJB holds individual Board members to account for their performance and contribution to the outcomes in the Health and Social Care Strategic Plan. (57% Disagree)
- Statement 26 - The performance information considered by the IJB is timely, relevant and provides a good measure of progress towards the desired outcomes and key time specific targets. (57% Disagree)

5.8. The Improvement Service summarised the information from the self-assessment and then held a Consensus and Improvement Planning Workshop for IJB members on 19 April 2023. As part of this, the IJB reviewed the feedback from the self-assessment, reviewed the areas for improvement identified in the checklist, and then agreed priorities for further focus.

5.9. The three areas identified by IJB members were:

- Outcomes and impact: “Consider how the IJB can further align resources to facilitate the desired shift to early intervention and prevention.”
- Governance and accountability: “Clarify the roles and responsibilities of IJB members to ensure they are clear on what is expected of them”.
- Community engagement and participation “Reflect upon the IJB’s current mechanisms for engaging with service users and the wider public to more effectively seek their views.” Despite good progress in this area noted by IJB members, it was felt that this must continue to be an ongoing priority.

5.10. Action plans were developed for each of these three areas, and these are enclosed in Appendix 1.

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.	No impact
2	People, including those with disabilities or long term conditions, or who are frail,	No impact

	are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	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.	No impact
5	Health and social care services contribute to reducing health inequalities.	Increase
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	No impact
7	People who use health and social care services are safe from harm.	No impact
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 attached to any of the recommendations contained in this report.

Equality, Human Rights and Fairer Scotland Duty

6.3. The IJB has a statutory obligation to eliminate unlawful discrimination, harassment and victimisation; advance equality of opportunity between people who share a characteristic (age, disability, gender re-assignment, trans/transgender identity, marriage or civil partnership, pregnancy and maternity, race groups, religion or belief, sex-gender identity, and sexual orientation) and those who do not; and foster good relations between people who share a characteristic and those who do not. This involves tackling prejudice and building understanding.

6.4. Additionally, where proposals are “strategic”, the Fairer Scotland Duty requires us to show that we have actively considered how we can reduce socio-economic inequalities in the decisions that we make and to publish a short written assessment on how we have done this.

6.5. In this instance, an Integrated Impact Assessment is not required.

Legislative considerations

6.6. There are no known legislative considerations relating to this report.

Climate Change and Sustainability

6.7. There are no known climate change and sustainability impacts or considerations relating to this report.

Risk and Mitigations

6.8. No specific risks need to be raised or addressed.

7. CONSULTATION

Communities consulted

7.1. As this relates to a self-evaluation, only IJB members have been consulted to date.

Integration Joint Board Officers consulted

7.2. 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.

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

- HSCP Joint Executive

Approved by:

Chris Myers, Chief Officer

Author(s)

Chris Myers, Chief Officer

Background Papers:
Scottish Borders Health and Social Care Integration Joint Board MSG self-assessment Action Plan 2020. Available from: https://scottishborders.moderngov.co.uk/documents/s42389/Appendix-2020-AC3%20-%20Appendix%201%20Scottish%20Borders%20Health%20and%20Social%20Care%20Partnership%20Action%20Plan.pdf

Scottish Borders Health and Social Care Integration Joint Board MSG self-assessment approach 2019. Available from (Item 6e):
https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&MId=4792&Ver=4

Previous Minute Reference:
Minute of May 2019 IJB (Item 10) Available:
https://scottishborders.moderngov.co.uk/documents/s36944/IJB%20Minutes%2008.05.19.pdf

For more information on this report, contact us at Chris Myers, by email.

Scottish Borders IJB – PSIF Self-Assessment
PSIF Improvement Plan – April 2023

Improvement actions	Lead	Implications [Risk, Cost, Resource]	Target Date	Measure	Outcomes
1. Consider how the IJB can further align resources to facilitate the desired shift to early intervention and prevention.					
1. Map current expenditure on early intervention/ prevention and look to have discussion about increasing the proportion and ambition of IJB budget/resources/staff that can be allocated into prevention and early intervention, recognising the current financial context. - Seek views of Community Councils as part of mapping process.	Hazel Robertson	**Risks if Improvement Action not Implemented** • Costs will increase if we do not invest in prevention. **Risks** • May have to deprioritise/disinvest other areas to be able to target resources to do this. • Need to recognise balance needed between increasing focus on 'upstream' prevention with current operational responsibilities. • Will not progress this area if we do not get public buy in.	June 2023 (for mapping)	Finance section of the Annual Report. Utilise Programme Budgeting in Marginal Analysis (PBMA) toolkit to measure impact of shift of resources on the prevention agenda.	We want everyone in the Scottish Borders to live their lives to the full.
2. Look to work with partners in the Community Planning Partnership (CPP) to align and push early intervention and prevention initiatives. Link to CPP theme of *Enjoying Good Health and Wellbeing*.	Chris Myers and Sohail Bhatti		May 2023 (update to CPP on *Health and Wellbeing*)	CPP Community Plan/LOIP (CPP to consider how to appropriately measure activity)	
3. Develop a *Team Borders Approach* to engaging and commissioning with the Third Sector around early intervention and prevention. This should	Brian Davies, Jen Holland and Hazel Robertson		September 2023	Once mapping done, take this to the IJB to show what spending budget on and make proposal about how we look at early	

Improvement actions	Lead	Implications [Risk, Cost, Resource]	Target Date	Measure	Outcomes
include: - One path for commissioning to simplify process and funding streams; - Review one year funding for Third Sector to provide more security for the sector; - Look to join up IT systems where possible.		• Age profile of those using services and age profile of the staff in HSCP getting older.		intervention and prevention being more of a focus within current resource.	
4. Engage with Children and Young People's Planning Partnership (CYPPP) to raise awareness around early intervention and prevention, and to advocate for this in the children's delegated services (AHPs, Primary Care, School Nursing, Health Visiting, CAMHS and Young Carers).	Sarah Horan and Stuart Easingwood.		Ongoing	Link to the Promise and CYPPP measures from prevention perspective.	
5. Look to clarify outcomes for the five Locality Groups to improve and put in place tangible activity around areas such as early intervention and prevention (in particular for hard to reach groups). Adopt a designing with people approach, such as *'Nothing for me, without me'.*	Stephen Fotheringham		July 2023 (Mapping for one Locality Group, then look at other 4 Locality Groups)	Annual Reporting and Pathfinder output.	

Improvement actions	Lead	Implications [Risk, Cost, Resource]	Target Date	Measure	Outcomes
6. Ensure that a Community Led Support (CLS) agenda is pursued around early intervention and prevention, that is inclusive and avoids a 'one professional lens' approach (i.e. inclusion of health, social work and social care).	Gwyneth Lennox		September 2023 (To IJB)	CLS agenda metrics reporting to IJB.	
7. Review our effectiveness and efficiency as partners. Look at how we are using services, what are we commissioning (IJB, CPP and partners). Need to ensure services are evidence-based and consider if these are the best use of resources to achieve strategic objective and outcomes.	All partners contributing.		September 2023	- Output around existing commissioning to IJB in September. - Local service measures providing info on number of people turning up for appointments and are they using the services we have, productivity of services, etc. - Ensure evidence-based. - Bring granular performance information to the Audit Committee of the IJB.	
8. Consider what opportunities are available as a large employer to encourage better staff wellbeing around preventative agenda. - Wellbeing process begun	Sohail Bhatti		Ongoing through the Joint Staff Forum and Integrated Workforce	iMatter for the whole HSCP. Consider other measures to gather views of partners.	

Improvement actions	Lead	Implications [Risk, Cost, Resource]	Target Date	Measure	Outcomes
and will be rolled out in council and the college in summer. Staged roll out to other organisations later.			Planning Group.		
2. Clarify the roles and responsibilities of IJB members to ensure they are clear on what is expected of them.					
1. Develop an information resource which can be used by Board members, the wider workforce and the public that clearly defines: • the roles and responsibilities of the Board; • the roles and responsibilities of Board members; • Board structure and processes. Ensure this resource is co-produced with all Board members.	Led by Chris Myers with all partners contributing, with support from Iris Bishop.	**Risks if Improvement Action not Implemented** • IJB will continue to risk ineffective operation via lack of scrutiny. • Members not able to make the best contribution they can. • Risk of doing this badly perpetuates inequalities between constituencies. • Ongoing confusion for people on where roles and responsibilities sit in relation to the IJB. • National Care Service	September 2023	Information resource developed. Feedback from Board members, workforce and public.	Improved clarity and transparency of roles and responsibilities of IJB members.
2. Organise face to face development session with Board members to share the resource – what it contains, etc.	Iris Bishop		October 2023	Development session held.	

Improvement actions	Lead	Implications [Risk, Cost, Resource]	Target Date	Measure	Outcomes
3. As part of Communications Plan, ensure information resource is communicated to wider workforce and public. This will ensure transparency of what we are doing, who is in what role, what function they are executing in attendance at the IJB, etc.	Chris Myers and Clare Oliver	implementation may impact on this. **Costs** • No money or staff resource currently to undertake this work. • Staff resource costs for development of information resource but also member time costs to co-produce.	October 2023	Feedback from workforce and public.	
4. Review the way minutes of meetings are written to ensure member's roles for particular papers are clearly defined. Also, chair to ask members to clarify in which capacity they are presenting a paper if they have more than one role on the Board.	Chair and Iris Bishop		Next meeting – May 2023	Board meetings are minuted reflecting member's roles for particular papers.	

Improvement actions	Lead	Implications [Risk, Cost, Resource]	Target Date	Measure	Outcomes
3. Reflect upon the IJB's current mechanisms for engaging with service users and the wider public to more effectively seek their views.					
1. Ensure our Locality Working Groups (Community Integration Groups) facilitate diversity and inclusivity to ensure representation from the wider population and all stakeholder networks.	Stephen Fotheringham	**Risks** • If actions don't work then public will not be involved. • If there is a lack of oversight on activity, then could be uncoordinated approach. • If resources aren't available then we will be unable to undertake quality engagement. • If we don't use the equality and diversity lens then it will not be reflective of our population (Particularly action 1) **Costs** • There will be costs to undertake engagement.	September 2023	• Increased numbers engaging. • Equalities monitoring. • User satisfaction on community engagement. • Press take up and greater profile. • To check – community engagement tools. • Evidence of co-production through each IJB Paper.	Greater public engagement. Provision of the right service for the right people. Co-production of services. Longer term - Delivery of services is evident and less having to explain the detail.
2. Utilise our developed Locality Working Groups (Community Integration Groups) to design our approach to engagement to ensure wider population representation.	Stephen Fotheringham		December 2023		
3. Align engagement strategies and activities across partners to ensure partnership approach.	Clare Oliver/ Laura Jones		December 2023		
4. Consider how we engage through existing groups and activity e.g. staff and their wider family network.	Clare Oliver/ Sue Bell/ Lesley Horn/ Brian Davies		September 2023		

This page is intentionally left blank

Scottish Borders Health and Social Care Partnership Integration Joint Board

19 July 2023

ANNUAL PERFORMANCE REPORT 2022-23

Report by Chris Myers, Chief Officer IJB

Scottish Borders Health and Social Care PARTNERSHIP

1. PURPOSE AND SUMMARY

1.1. To seek approval for the Health and Social Care Partnership Annual Performance Report 2022-23

2. RECOMMENDATIONS

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

a) Propose any changes to the draft APR.
b) Approve the APR for publication, subject to the IJB directed changes being made.

3. INTEGRATION JOINT BOARD DIRECTION

3.1. A Direction is not required.

4. BACKGROUND

5.1 The legislatively required content of the Annual Performance Report (APR) is set out in the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. A further legislative requirement is that every Health & Social Care Partnership publishes their APR by 31st July each year.

5.2 The 2022-23 APR covers the period April 2022 to March 2023

5.3 As a legislative minimum, APRs must:

- Show performance in relation to the National Health & Wellbeing outcomes
- Include information on financial performance and best value
- Include information on localities
- Include information on inspection of services

5.4 Our APR is structured around the HSCP strategic objectives. It includes all of the legislative requirements and also:

- Looks back at the priorities we set and details what was delivered (i.e.) "What we said / What we did"
- Looks forward to our priorities for 2023-24.

5.6 The appended APR is the MS Word version of the document. A published PDF version will be developed by the SBC Communications and Graphics team. It is the intention to publish the final PDF document, incorporating IJB changes, to the IJB/HSCP webpages as soon as possible.

5. IMPACTS

Financial impacts

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

Equality, Human Rights and Fairer Scotland Duty

5.2. n/a

Legislative considerations

5.3. Production of the Annual Performance Report is a legislative requirement. APRs are required to be published by the end of July each year.

Climate Change and Sustainability

5.4. n/a

Risk and Mitigations

5.5. n/a

Approved by:

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

Author(s)

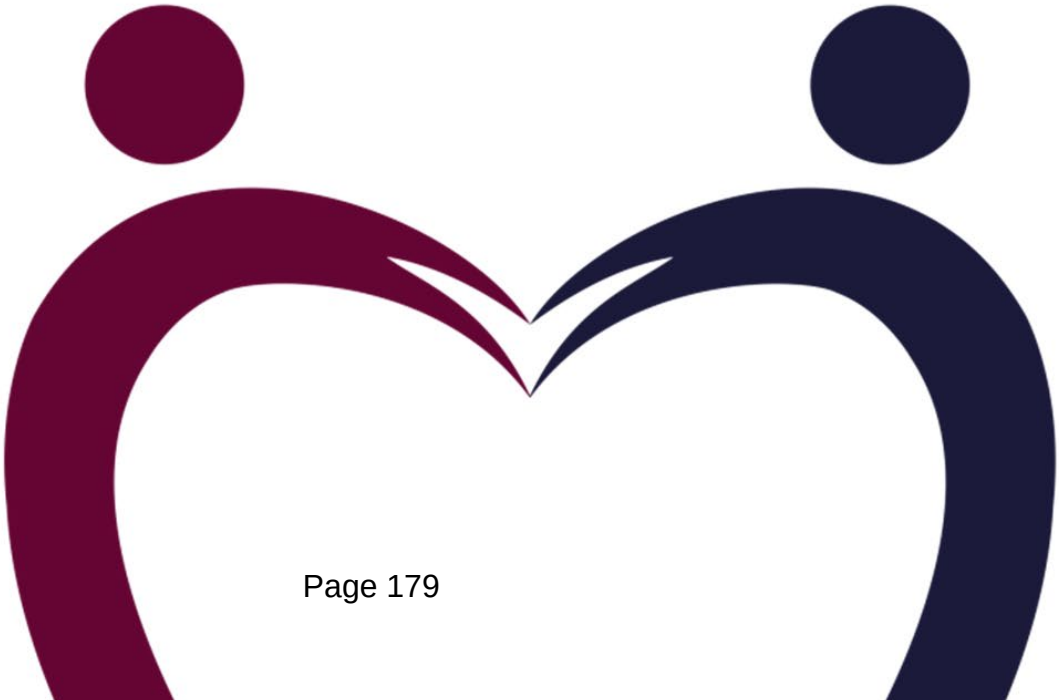
Hayley Jacks, Planning & Performance Officer, NHS Borders
Meriel Carter, Analytical BI Team Lead, NHS Borders

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

Scottish Borders
Health and Social Care
PARTNERSHIP

SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

2022-23 ANNUAL PERFORMANCE REPORT & 2023-24 DELIVERY PLAN



Message from Chief Officer

I would like to start by thanking everyone who uses our services, works in our services, our partners, unpaid carers and the wider public.

2022/23 has been a year where we have reset and renewed our focus as a Partnership. We started this with an open dialogue with our communities through the 'We have Listened' exercise. This provided us with a really rich understanding of what matters to Borderers.

We have used this information, along with a Public Health needs assessment, and a review of outcomes and an understanding of risks to form the Health and Social Care Strategic Framework which sets our path over 2023-26. I am pleased that we now have one strategy for Health and Social Care across the Integration Joint Board, Scottish Borders Council, NHS Borders and Community Planning Partnership. Ultimately these organisations are working to ensure that all people in the Scottish Borders are able to live their lives to the full, and will work collectively with each other, and with you to do this.

The Strategic Framework, along with our Integrated Workforce Plan, and new 2023-25 Equality Outcomes and Mainstreaming Framework help set us in the right direction for the coming years. Our Annual Delivery Plan sets out our approach in line with our Strategic Framework for the year ahead.

There have also been a number of major operational developments over the year including a significant level of work to review carer supports, the development of our re-ablement approach in adult social care, commencing work to integrate our adult social care home care and hospital to home services, development of primary care psychological therapy service (Renew), progress on the Primary Care Improvement Plan, expansion of the Community Equipment Stores, development of pharmacy services for social care service users and expansion of the Rapid Assessment and Discharge service. I am extremely grateful to everyone involved in these operational and strategic developments.

We do this within an environment with continued workforce, financial and economic pressures, along with increasing need for services. Against this challenging backdrop, there is a lot to do which we commit to continue to do in partnership with our communities.

Chris Myers
Chief Officer Scottish Borders Health and Social Care Integration Joint Board
July 2023

TABLE OF CONTENTS

1. About the Health and Social Care Integration Joint Board

1.1. Broad Aims

The Scottish Borders Health and Social Care Integration Joint Board is a Public Authority which is focused on delivering improvements against the nine National Outcomes for Health and Wellbeing, and to achieve the core aims of integration:

- To improve the quality and consistency of services for patients, carers, service users and their families;
- To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and
- To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of those functions through the directions issued by it. It does this by developing a needs-based and outcomes-focused Strategic Commissioning Plan, and by commissioning our partners in line with the Integration Planning and Delivery Principles. The Integration Joint Board then reviews progress against this plan and its impacts on outcomes, using this information to refine its approach to commissioning. This combined annual performance report and annual commissioning plan form one important part of this review process.

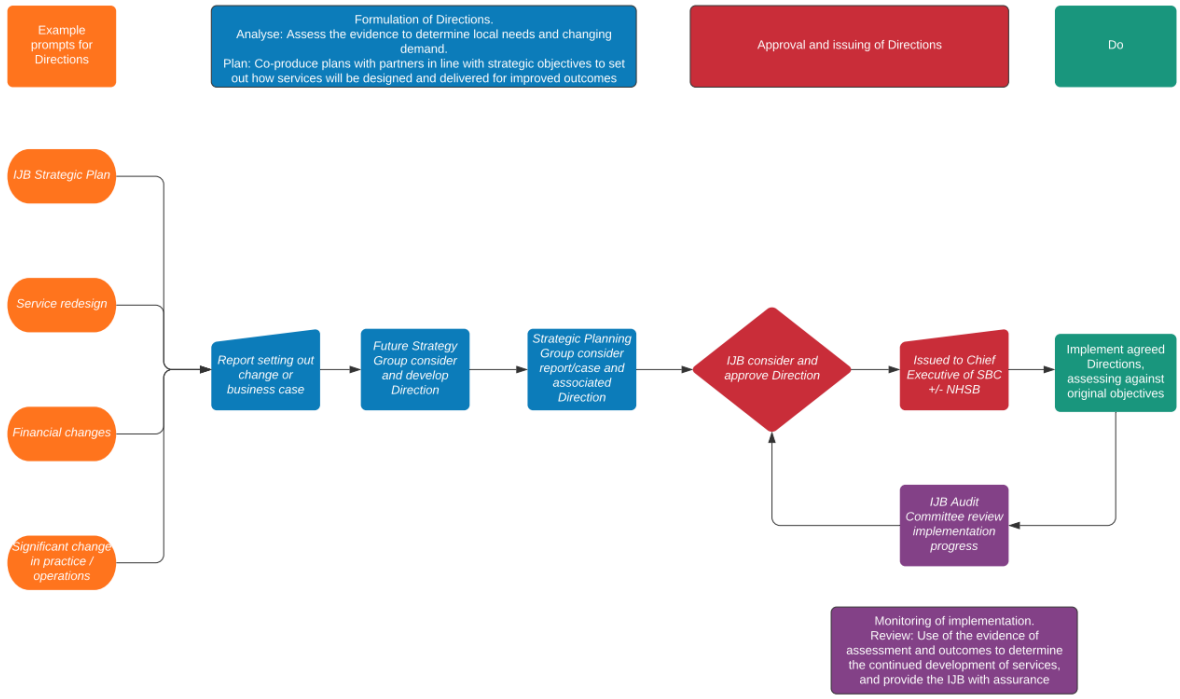
1.2. Delegated services

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

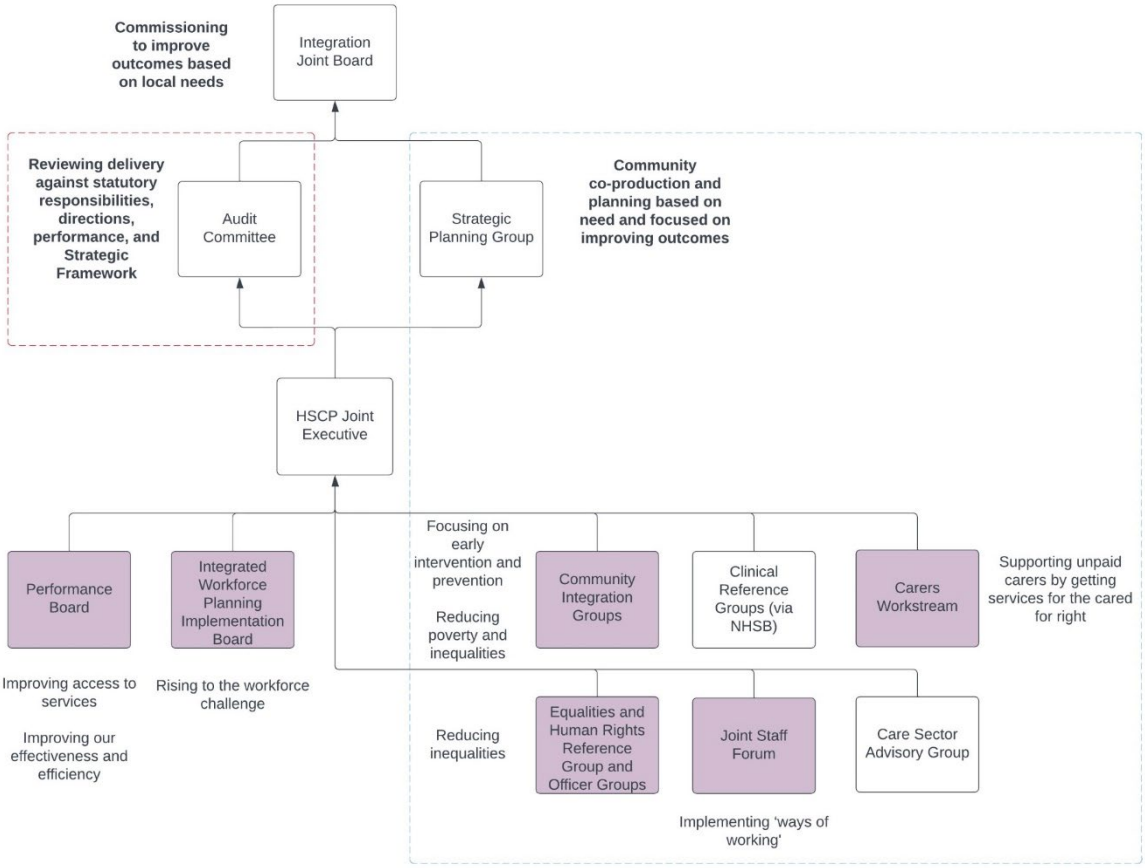
Adult Social Care Services	Community Health Services	Adult Hospital Health Services**
• Home care services* • Extra Care Housing* • Social Work Services for adults and older people* • Services and support for adults with physical disabilities and learning disabilities* • Mental Health Services* • Drug and Alcohol Services • Adult protection and domestic abuse* • Carers Support Services • Community Care Assessment Teams* • Care Home Services* • Adult Placement Services* • Health Improvement Services • Reablement Services, equipment and telecare • Aspects of housing support including aids and adaptations* • Day Services* • Local Area Co-ordination • Respite Provision* • Occupational therapy services*	• Primary Medical Services (GP practices)** • Out of Hours Primary Medical Services ** • Public Dental Services** • General Dental Services** • Ophthalmic Services** • Community Pharmacy Services** • Allied Health Professional Services • Community Midwifery • District Nursing • Mental Health Services • Community Geriatric Services • Community Learning Disability Services • Community Addiction Services • Public Health Services • Community Palliative Care • Pharmacy services • Continence Services • Kidney Dialysis out with the hospital	• Accident and Emergency • Inpatient hospital services in these specialties: – General Medicine – Geriatric Medicine – Mental Health – Rehabilitation Medicine – Respiratory Medicine – Psychiatry of Learning Disability – Palliative Care Services provided in a hospital • Inpatient hospital services provided by GPs • Services provided in a hospital in relation to an addiction or dependence on any substance • Pharmacy services • Cross boundary services outlined in the list above

1.3. Our Commissioning Process and Structure

The responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the Integration Joint Board sits wholly with the Integration Joint Board as a statutory public body. Commissioning in the Scottish Borders Health and Social Care Integration Joint Board is needs based and outcomes focused. It involves significant levels of engagement and consultation with our stakeholders. The diagram below summarises our high-level approach to commissioning (and de-commissioning).



The diagram below outlines the internal structure of the Integration Joint Board from 2023 onwards. The Audit Committee reviews the delivery of the Integration Joint Board and progress against its Directions. The Strategic Planning Group develops new plans and directions following consultation and engagement with relevant stakeholders, and its subgroups support meaningful co-production with our diverse communities. The Strategic Planning Group ensures a continued focus on outcomes and the delivery of the Integration Planning and Delivery Principles.



1.4. Membership of the Integration Joint Board

The Public Bodies (Joint Working) (Membership and Procedures of Integration Joint Boards) (Scotland) Order 2014 ("the Order") sets out requirements about the membership of an Integration Joint Board. This includes minimum required membership, and provision for additional members to be appointed.

The Integration Joint Board is a distinct legal entity that binds the Health Board and the Local Authority together in a joint arrangement. The membership of an Integration Joint Board reflects equal participation by the Health Board and Local Authority to ensure that there is joint decision making and accountability. The Order requires that the Local Authority and Health Board put forward a minimum of three nominees each.

The Integration Joint Board makes decisions about how health and social care services are planned and delivered for the communities within their areas. To do this effectively, they will require professional advice, for example, to ensure that the decisions reflect sound clinical practice. It is also essential that Integration Joint Boards include key stakeholders within the decision making processes to utilize their advice and experience.

To ensure this, the Order sets out a minimum further membership, but allows local flexibility to add additional nominations as Integration Joint Boards see fit. In addition to Health Board and Local Authority representatives, the Integration Joint Board membership must also include:

- The Chief Social Work Officer of the constituent Local Authority
- A General Practitioner representative, appointed by the Health Board
- A Secondary Medical Care Practitioner representative, employed by the Health Board
- A Nurse representative, employed by the Health Board
- A Staff-side representative
- A Third Sector representative
- A Carer representative
- A Service user representative
- The Chief Officer of the Integration Joint Board
- The Section 95 Officer of the Integration Joint Board

The Scottish Borders Health and Social Care Integration Joint Board goes beyond the minimum requirements outlined in the Order, and the membership in 2022/23 and in the current year are outlined in the sections below.

1.4.1. Integration Joint Board Members: 1 April 2022 to 31 March 2023

Name	Designation	Membership status
Ms. Lucy O'Leary	Non-Executive Director, NHS Borders (Chair)	Voting member
Ms. Harriet Campbell	Non-Executive Director, NHS Borders	Voting member
Cllr. Jane Cox	Elected Member, Scottish Borders Council	Voting member
Ms. Karen Hamilton	Non-Executive Director, NHS Borders	Voting member
Mr. John McLaren	Non-Executive Director, NHS Borders	Voting member
Cllr. David Parker	Elected Member, Scottish Borders Council	Voting member
Cllr. Robin Tatler	Elected Member, Scottish Borders Council	Voting member
Mr. Tris Taylor	Non-Executive Director, NHS Borders	Voting member
Cllr. Elaine Thornton-Nicol	Elected Member, Scottish Borders Council	Voting member
Cllr. Tom Weatherston	Elected Member, Scottish Borders Council	Voting member
Mr. Stuart Easingwood	Director of Social Work and Practice	Chief Social Work Officer
Dr. Kevin Buchan	Chair of GP Subcommittee	General Practitioner
Dr. Lynn McCallum	Executive Medical Director	Secondary Care Medical Practitioner
Ms. Sarah Horan	Director of Nursing, Midwifery and Allied Health Professionals	Nursing representative
Dr. Tim Patterson / Dr. Sohail Bhatti	Joint Director of Public Health	Public Health representative
Mr. David Bell	Unite	Staff-side
Ms. Vikki MacPherson	Unite	Staff-side
Ms. Juliana Amaral	Berwickshire Association of Voluntary Services and Borders Third Sector Interface	Third Sector representative
Ms. Jenny Smith	Borders Care Voice	Third Sector representative
Ms. Lynn Gallacher	Borders Carers Centre	Carer representative
Ms. Linda Jackson	LGBTQ+ representative	Service User representative
Mr. Nile Istephan	Chief Executive, Eildon Housing Association	Social Housing representative
Mr. Chris Myers	Chief Officer, and Joint Director of Health and Social Care	Integration Joint Board Chief Officer
Ms. Hazel Robertson	Chief Financial Officer	Section 95 Officer of the Integration Joint Board

1.4.2. Integration Joint Board Members: Current Membership (as of April 2023)

Name	Designation	Membership status
Ms. Lucy O'Leary	Non-Executive Director, NHS Borders	Voting member (Chair)
Mrs Fiona Sandford	Non-Executive Director, NHS Borders	Voting member
Ms. Karen Hamilton	Non-Executive Director, NHS Borders	Voting member
Mr. John McLaren	Non-Executive Director, NHS Borders	Voting member
Mr. Tris Taylor	Non-Executive Director, NHS Borders	Voting member
Cllr. David Parker	Elected Member, Scottish Borders Council	Voting member
Cllr. Neil Richards	Elected Member, Scottish Borders Council	Voting member
Cllr. Robin Tatler	Elected Member, Scottish Borders Council	Voting member
Cllr. Elaine Thornton-Nicol	Elected Member, Scottish Borders Council	Voting member
Cllr. Tom Weatherston	Elected Member, Scottish Borders Council	Voting member
Non voting members		
Mr. Stuart Easingwood	Director of Social Work and Practice	Chief Social Work Officer
Dr. Rachel Mollart	Chair of GP Subcommittee	General Practitioner
Dr. Lynn McCallum	Executive Medical Director	Secondary Care Medical Practitioner
Ms. Sarah Horan	Director of Nursing and Midwifery and Allied Health Professionals	Nursing representative
Mr. David Bell	Unite	Staff-side
Ms. Vikki MacPherson / Ms. Gail Russell	Partnership NHS	Staff-side
Ms. Jenny Smith	Borders Care Voice	Third Sector representative
Ms. Juliana Amaral	Berwickshire Association of Voluntary Services and Borders Third Sector Interface	Third Sector representative
Ms. Lynn Gallacher	Borders Carers Centre	Carer representative
Ms. Linda Jackson	LGBTQ+ representative	Service User representative
Mr. Nile Istephan	Chief Executive, Eildon Housing Association	Housing representative
Mr. Chris Myers	Chief Officer and Joint Director of Health and Social Care	Integration Joint Board Chief Officer
Ms. Hazel Robertson	Chief Financial Officer	Section 95 Officer of the Integration Joint Board
Attendees		
Miss Iris Bishop	Board Secretary	IJB/NHS Borders
Mr. Ralph Roberts	Chief Executive	NHS Borders
Mr. David Robertson	Chief Executive	Scottish Borders Council
Dr Sohail Bhatti	Director of Public Health	NHS Borders
Mrs. June Smyth	Director of Planning & Performance	NHS Borders
Mrs. Jen Holland	Director - Strategic Commissioning & Partnerships	SB Cares
Mrs. Susie Flower (until 30.04.23) Mr. Philip Grieve (from 17.05.23)	Chief Nurse Health & Social Care Partnership	NHS Borders
Mrs. Laura Jones	Director of Quality & Improvement	NHS Borders
Mrs. Wendy Henderson	Independent Sector Lead, Scottish Borders	Scottish Care
Mrs. Clare Oliver	Head of Communications & Engagement	NHS Borders

2. Core Suite of Indicators

2.1. Health and Wellbeing Outcomes

Public Health Scotland have indicated that there will be no updates to the Health and Care Experience (HACE) survey this year which forms the basis of this section. The next update is due in May 2024. As a result, in this performance report we continue to present on data as presented in last year's report, for 2021/22.

This section provides an overview at a glance of our 2022/23 local performance against the National Health and Wellbeing Outcomes, which is the most up to date available information. These are derived from national Health and Care Experience Survey feedback for people in the Scottish Borders.

It is important to note that in line with the pressures that we have faced, we have seen a significant reduction in our local Health and Wellbeing Outcomes in 2022/23. This reflects the feedback that we have received from our service users, staff, unpaid carers and partners about the significant pressures that they are under, about the challenges of being able to provide or access key services in a timely manner, and in the higher levels of risk being experienced across the whole health and social care system.

Scottish Borders performance	Health and Wellbeing Outcome indicator
Better than the national average	• People reporting that they are able to look after their • Premature mortality rate • Emergency admission rate • Spend on hospital stays where the person was admitted due to an emergency (2019/20 data) • Emergency readmissions to hospital within 28 days of discharge • Rate of falls in the Scottish Borders
Broadly in line with the national average	• Proportion of care services graded as good or better in Care Inspectorate inspections • Adults receiving care who rated the care they receive as excellent or good • People who had a positive experience of care at their GP practice • Carers who felt supported to continue in their caring role • Adults supported at home who agreed they felt safe • People in their last 6 months of life spent this at home or in a community setting in the Scottish Borders, compared to the national average
Below the national average	• Adults supported at home who agreed that they had a say in how their help, care or support was provided • Adults supported at home who agreed that their health and social care services seemed to be well co-ordinated • Adults supported at home who agreed that they were supported to live as independently as possible • Adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life • Adults with intensive care needs in the Scottish Borders receiving care at home, compared to the national average • Occupied bed days in hospital associated to emergency admissions

Figure 1: 2021/22 Health & Wellbeing Outcomes performance (2022/23 national data not yet available)

Over 2023/24, the Integration Joint Board Strategic Planning Group and its subgroups will focus on how the Integration Joint Board can promote improvements in all areas, with a focus on driving improvements in the areas where we performed worse in the Scottish Borders than the national benchmarks.

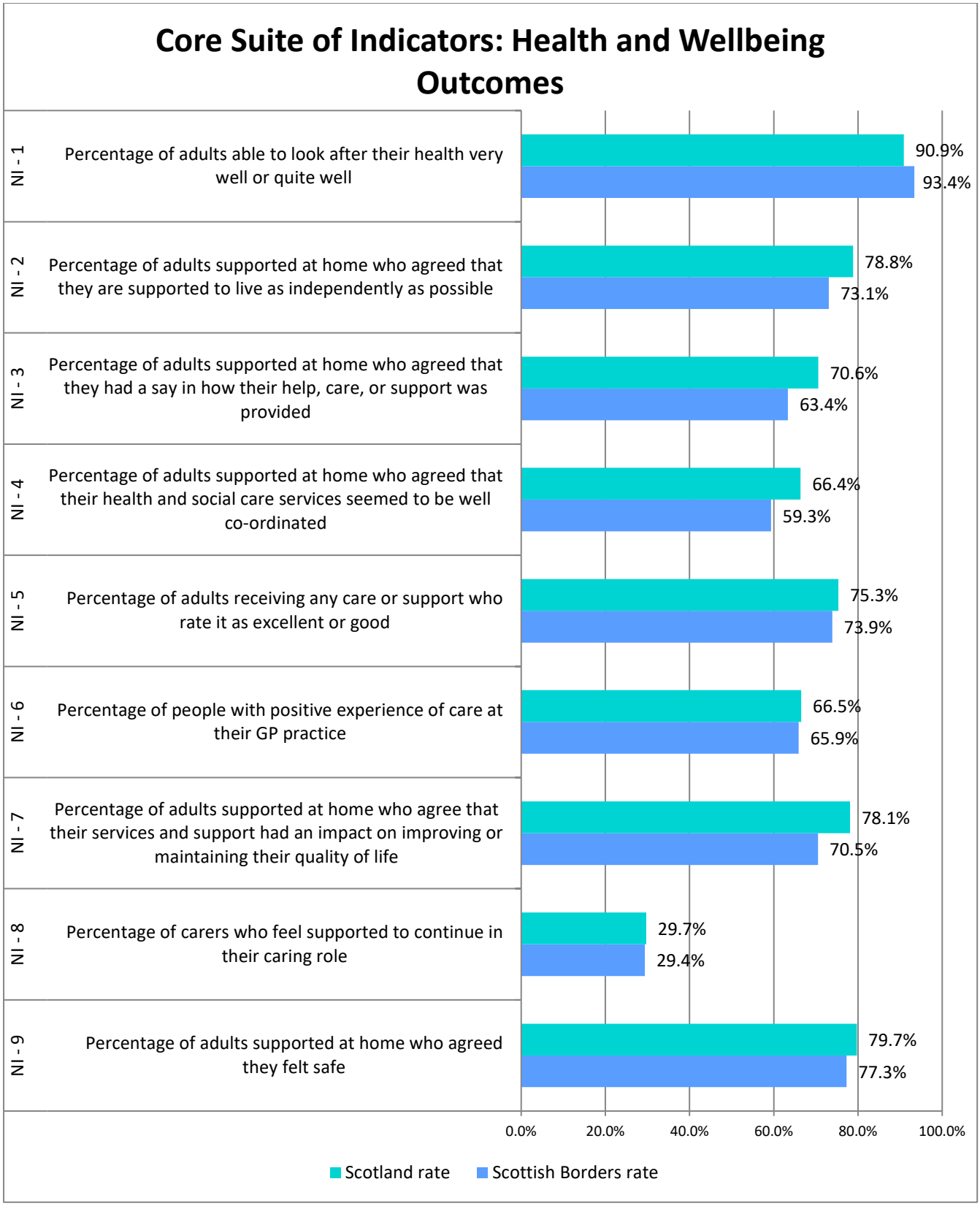


Figure 2: 2021/22 Health & Wellbeing Outcomes rates (2022/23 national data not yet available)

Further detailed information on the National Health and Wellbeing Outcomes is included in Annex A.

2.2. Quantitative Indicators

This section provides an overview at a glance of our local performance against the national integration data indicators. The latest data available for these indicators currently is the 2022 calendar year and, as a result, calendar year rather than financial year figures have been presented.

Emergency admission rate (per 100,000 population)	2018/19	2019/20	2020/21	2021/22	2022
Scottish Borders rate	12,425	12,181	10,248	10,230	9,633
Scotland rate	12,279	12,525	10,951	11,629	11,155

Emergency bed day rate (per 100,000 population)	2018/19	2019/20	2020/21	2021/22	2022
Scottish Borders rate	131,471	119,798	105,790	124,148	127,849
Scotland rate	119,986	118,552	100,710	112,637	113,134

Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	2018/19	2019/20	2020/21	2021/22	2022
Scottish Borders rate	109	107	120	97	114
Scotland rate	103	105	120	107	102

Proportion of last 6 months of life spent at home or in a community setting	2018/19	2019/20	2020/21	2021/22	2022
Scottish Borders rate	85.5%	86.0%	89.6%	88.2%	87.9%
Scotland rate	88.0%	88.3%	90.3%	89.8%	89.3%

Falls rate per 1,000 population aged 65+	2018/19	2019/20	2020/21	2021/22	2022
Scottish Borders rate	18.7	21.1	18.1	17.9	15.7
Scotland rate	22.5	22.8	21.7	22.6	22.2

Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	2018/19	2019/20	2020/21	2021/22	2022/23
Scottish Borders rate	78.5%	85.7%	90.1%	77.9%	81.1%
Scotland rate	82.2%	81.8%	82.5%	75.8%	75.2%

Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	2018/19	2019/20	2020/21	2021/22	2022/23
Scottish Borders rate	761	656	588	982	1,364
Scotland rate	793	774	484	748	919

Premature mortality rate per 100,000 persons	Rate	Year of latest data
Scottish Borders rate	348	2021
Scotland rate	466	

Percentage of adults with intensive care needs receiving care at home	Rate	Year of latest data
Scottish Borders rate	60.6%	2022
Scotland rate	63.5%	

Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	**Rate**	**Year of latest data**
Scottish Borders rate	20.2%	2019/20
Scotland rate	24.0%	

3. Financial Overview

Funds available to the Integration Joint Board includes:

- The budget for health and social care, delegated from NHS Borders and Scottish Borders Council.
- The set aside budget which comprises NHS Borders unscheduled care (large hospital services such as A&E, emergency medical wards and services for medicine for the elderly and long term conditions).

The figure below provides an overview of the IJB spend by service area (by £1,000s) in 2022/23 compared to 2021/22. This represents actual expenditure by portfolio, not at individual service area. The total IJB spend in 2022/23 was £244.6m.

Total Expenditure 2022/23 and 2021/22

	2022/23	2021/22
Joint Learning Disability Service	25,879	23,257
Joint Mental Health Service	22,841	21,280
Joint Alcohol and Drug Service	1,038	920
Older People Service	30,101	25,245
Physical Disability Service	2,586	2,573
Prescribing	25,263	23,552
Primary and Community Services	104,495	88,876
Total Delgated Services	**212,204**	**185,703**
Accident & Emergency, Out of Hours	4,999	4,233
Medicine of the Elderly	7,412	18,008
Medicine & Long-Term Conditions	19,946	6,076
Total Set Aside	**32,358**	**28,317**
Grand total	244,562	214,020

Meeting financial targets continues to be a significant challenge for the IJB with overspends across many of the services delegated and set aside:

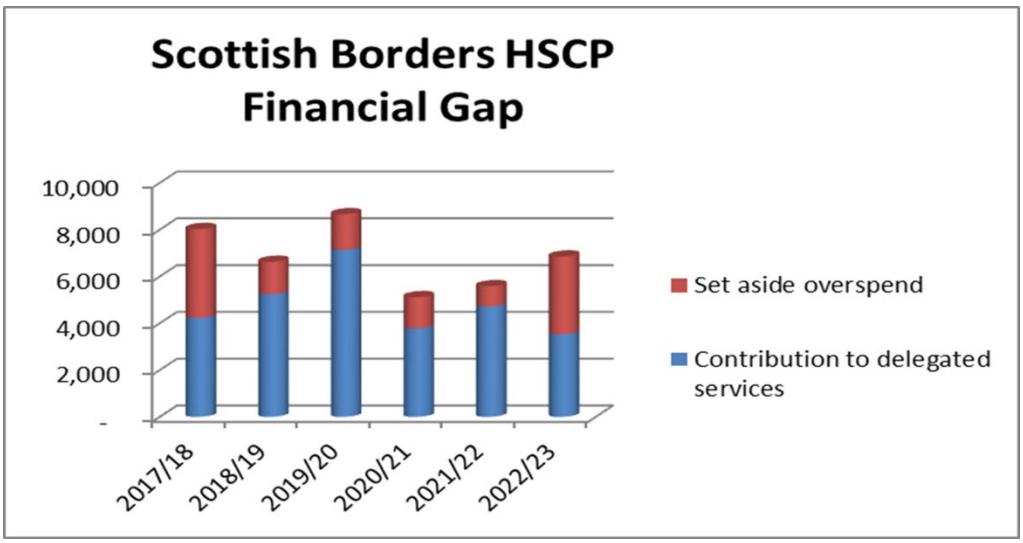
- Delegated services were overspent by £3.521m with three main contributory elements – Learning Disability £1.1m, Primary Care Prescribing £1.8m and Primary and Community Services £1m.
- Set aside service was overspent by £3.3m with all service areas contributing to this position, A&E being the largest element at £1.2m.

Under the Scheme of Integration, at the year end, the partner organisations make an additional contribution to the IJB in respect of the overspend in delegated services. This additional payment has been required for each year of the IJB's operation. The year end overspend on set aside is not subject to the same payment mechanism.

Since its inception the IJB has had difficulty in living within budget and challenges in meeting savings targets. The key factors in managing the financial position arises from demographic pressures of anticipated increase in the number of older people and their need for suitable services, increase in availability and price of medicines, and inflation on pay and supplies. This leads to pressure on capacity to plan, and deliver required levels of transformation and efficiency savings.

During the Covid pandemic response period, the Government made available significant additional funds to IJBs. That funding has been reducing in last year and has now stopped. This, on top of the significant cost pressures in relation to pay and inflation means that 2023/24 financial plan contains significant risk.

Previous financial performance of the IJB is summarized in the chart below.



An IJB Financial Recovery Plan is in development, which will set out the approach to be taken to financial risk and moving towards a breakeven position. This plan is complementary to the NHS Borders Recovery Plan.

Going forward, delivering financial balance will require the Integration Joint Board to increase its focus on identifying and delivering a greater level of savings in year and on a permanently recurring basis. Engagement with our staff, service users and the wider public will be key to helping us to consider options for change. The financial challenge facing the IJB is one of the six strategic priorities included in the Strategic Commissioning Framework.

4. Audit Committee

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

The IJB Audit Committee has met 5 times on a virtual basis during the financial year on 20 June, 31 August (extraordinary meeting), 28 November and 19 December 2022, and 20 March 2023 to consider reports pertinent to the audit cycle.

To fulfil this remit, it sought assurance through material it received from Internal Audit, External Audit, other external scrutiny and audit bodies, and from Management, and it placed reliance on the Partners' governance arrangements and assurance frameworks and considered relevant national reports that give rise to introducing best practice arrangements or lessons learned.

For all audit reports, the IJB Audit Committee considered whether it was satisfied that an adequate Management response was in place to ensure action would be taken to manage risk and address concerns on internal controls and governance arrangements.

The role of the IJB Audit Committee also includes the monitoring of the delivery of the IJB's Strategic Commissioning Plan and progress against its Directions, which reflects the development of the IJB's refreshed Approach to Commissioning and formal Directions Policy. In accordance with the timelines in the IJB Directions Tracker, the IJB Audit Committee during its meetings on 20 June and 19 December 2022, and 20 March 2023 monitored and reviewed progress with the implementation of IJB Directions made to partners to assess service and financial performance, and achievement of objectives.

The IJB has received the Minutes of the IJB Audit Committee meetings throughout the year, which outline the business conducted.

During their annual self-assessment Members of the IJB Audit Committee have reflected on the Committee's performance during the year in respect of its functions and effectiveness and have identified areas for further improvement.

5. Strategic Planning Group

The role of the Strategic Planning Group is to develop the Integration Joint Board's strategic commissioning approach in line with the National Health and Wellbeing outcomes, and to achieve the core aims of integration. The Strategic Planning Group includes a broad range of our key communities (including service users, public members, staff and staff-side and partners).

The Strategic Planning Group met 5 times over 2022/23.

As part of their core work, the Strategic Planning Group considered and steered compliance of all new plans, directions and proposals with the Integration Planning Principles.

Significant progress has been made by the Strategic Planning Group to oversee the development of the Equality, Human Rights and Fairer Scotland duties, and evidencing compliance with these duties. An Equality and Human Rights Foundation Group was established as a subgroup to the Strategic Planning Group with the support of our new Strategic Lead for Equalities.

From December 2022 onwards, the Strategic Planning Group also commenced the review of compliance with our Equality, Human Rights and Fairer Scotland duties prior to recommending new plans to the Integration Joint Board.

The substantive work of the Strategic Planning Group and the supporting officers Future Strategy Group over the past year has been to direct the development of the new Health and Social Care Strategic Framework, which started by speaking to our communities to understand what matters to them. We commissioned a process of independent community engagement via the National Development Team for Inclusion to start this process. In addition the group oversaw the development of the Joint Strategic Needs Assessment, reviewed national outcome measures and considered the strategic issues that were identified. These were used to form the strategic objectives, visions and outcome measures in the Strategic Framework, along with the associated priorities for the Annual Delivery Plan 2023/24.

Over 2023/24 in addition to the business as usual of the group, the Strategic Planning Group will continue to develop its approach to community engagement and integration by sponsoring work at a locality and more local level, and through the oversight of a Communications and Engagement Plan associated to the Strategic Framework. Significant transformation and redesign is required to ensure that our services are able to meet need sustainably within the context of increased need, workforce and financial constraints, and we are committed to doing this in partnership with our communities.

6. What we learnt from the last Strategic Commissioning Plan

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

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

7. Strategic Framework 2023-26

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

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

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

Based upon the National Health and Wellbeing Outcomes, the financial and workforce situations within the Scottish Borders, the focus on the Integration Joint Board in 2023/24 will explore how it can prioritise the strategic objectives from the Strategic Framework with a focus on the following areas:

- Improving access to services
- Rising to the workforce challenge
- Focusing on prevention and early intervention
- Supporting unpaid carers by getting services for the cared for right
- Improving our effectiveness and efficiency
- Reducing poverty and inequalities

8. Annual Delivery Plan 2023/24

An Annual Delivery Plan has been developed to outline the key actions to be undertaken by the Scottish Borders Health and Social Care Partnership over 2023/24 to enable it to deliver against the Strategic Framework and Scottish Government requirements. The plan has been broken down into the following groups:

1. Reducing Inequalities and Public Health
2. Children, young people and young adult services
3. Primary and Community Care
4. Mental Health and Learning Disability Services
5. Adult Social Work
6. Adult Social Care and Social Care Commissioning
7. Cancer and Palliative Care
8. Urgent and Unscheduled Care actions

These groups will deliver actions which achieve the Strategic Objectives and Ways of Working within the Strategic Framework. Their work will be supported by a number of wider partnership and supporting programmes in the areas below:

1. Finance
2. Workforce
3. Communications
4. Innovations and Digital
5. Climate
6. Housing
7. Community Planning Partnership

Relevant actions are also reflected in the NHS Borders Annual Delivery Plan and the Council Plan for the financial year 2023/24.

The full IJB Annual Delivery Plan 2023/24 is included in Annex B.

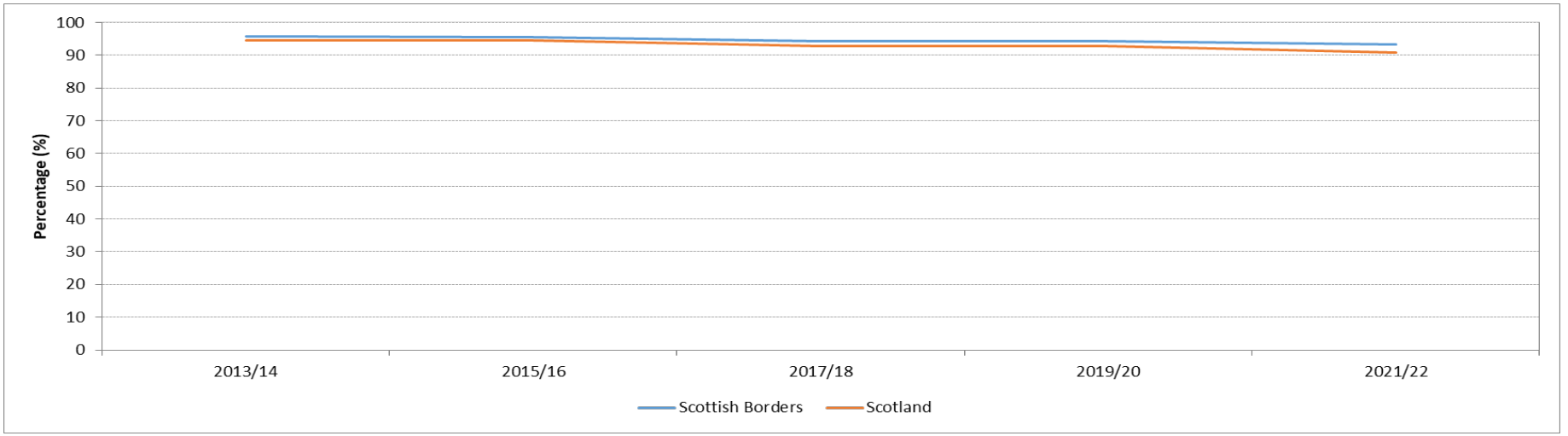
Annex A: National Health and Wellbeing Outcomes

Please Note: Public Health Scotland have indicated that there will be no updates to the Health and Care Experience (HACE) survey this year which forms the basis of this section. The next update is due in May 2024. As a result, in this performance report we continue to present on data as presented in last year's report, for 2021/22.

National Indicator 1 Percentage of adults able to look after their health very well or quite well

Time series for - **Scottish Borders**

	2013/14	2015/16	2017/18	2019/20	2021/22
Scottish Borders	95.7%	95.6%	94.3%	94.3%	93.4%
Scotland	94.5%	94.5%	92.9%	92.9%	90.9%

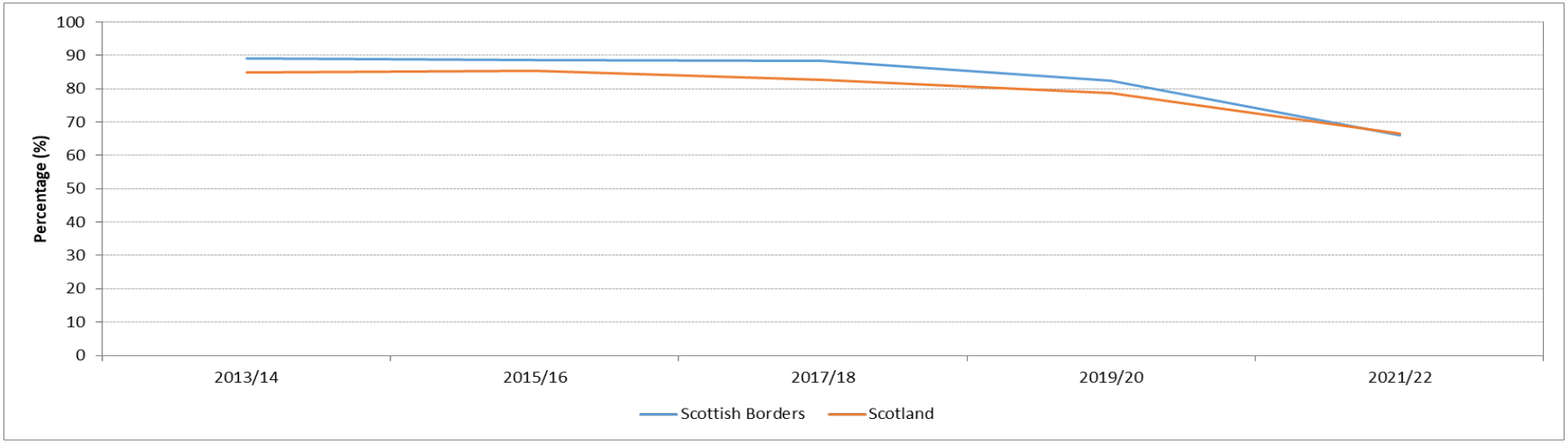


Source: Q52 - 2013/14 Health and Care Experience Survey, Q51 2015/16 Health and Care Experience Survey, Q40 2017/18 Health and Care Experience Survey, Q34 2019/20 Health and Care Experience Survey, Q39 2021/22 Health and Care Experience Survey

National Indicator 6 Percentage of people with positive experience of care at their GP practice

Time series for - **Scottish Borders**

	2013/14	2015/16	2017/18	2019/20	2021/22
Scottish Borders	89.0%	88.7%	88.5%	82.3%	65.9%
Scotland	84.8%	85.3%	82.7%	78.7%	66.5%

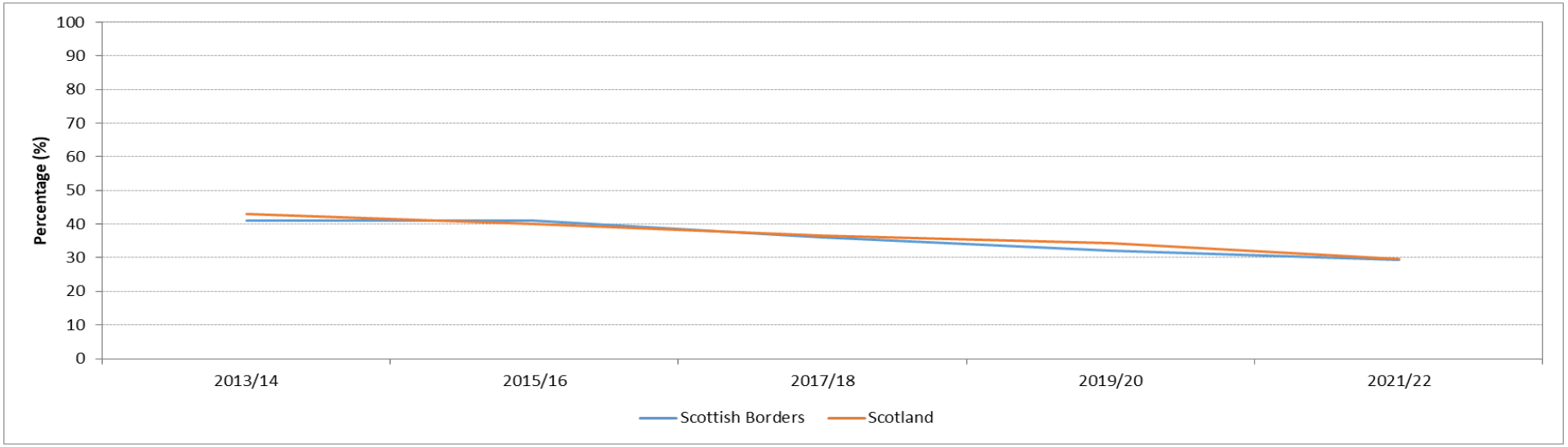


Source: Q27 - 2013/14 Health and Care Experience Survey, Q25 2015/16 Health and Care Experience Survey, Q8d 2017/18 Health and Care Experience Survey, Q10 2019/20 Health and Care Experience Survey, Q10 2021/22 Health and Care Experience Survey

National Indicator 8 Percentage of carers who feel supported to continue in their caring role

Time series for - **Scottish Borders**

	2013/14	2015/16	2017/18	2019/20	2021/22
Scottish Borders	41.0%	41.0%	36.1%	32.1%	29.4%
Scotland	43.0%	40.0%	36.6%	34.3%	29.7%



Source: Q45f - 2013/14 Health and Care Experience Survey, Q45e 2015/16 Health and Care Experience Survey, Q32e 2017/18 Health and Care Experience Survey, Q32e 2019/20 Health and Care Experience Survey, Q38e 2021/22 Health and Care Experience Survey

Notes for National Indicators 1, 6 and 8:

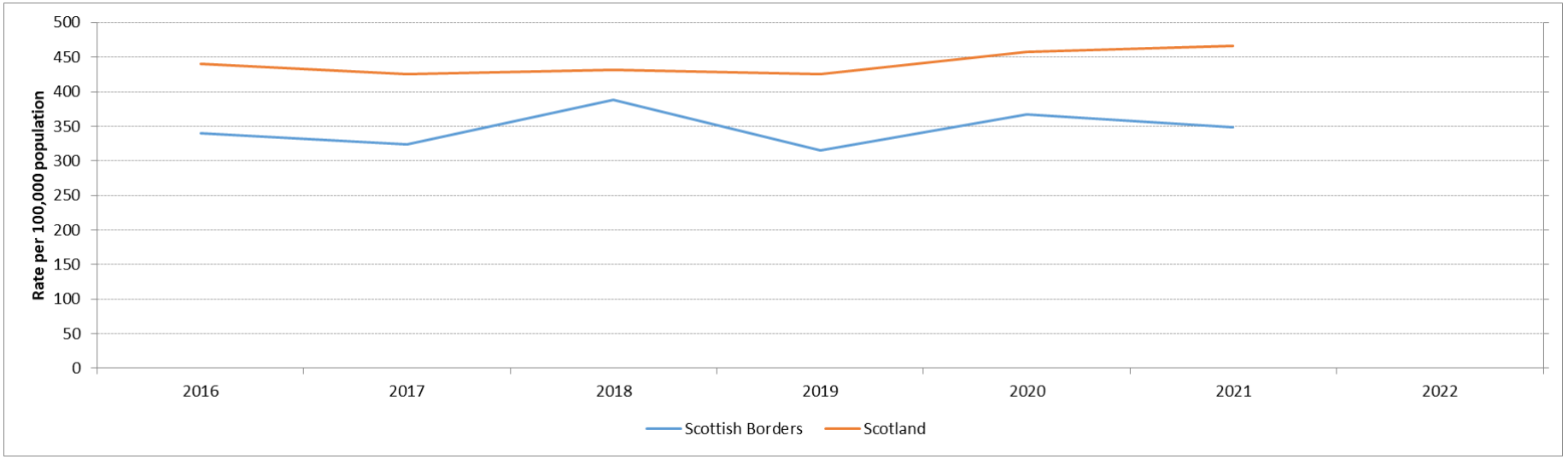
1. The Health and Care Experience Survey is a sample survey of people aged 17+ registered with a GP practice in Scotland. The results are therefore affected by sampling error. The effect of this sampling error is relatively small for the national estimates, however the sampling error will be greater when looking at small sub-sets of the population and the results are based on a smaller sample size. Care should be taken when comparing results, the effects of sampling error should be taken into account by the use of confidence intervals and tests for statistical significance.

2. Weighting - categories with no responses - Results are weighted to try and make them more representative of the overall population. To calculate weighted results, responses are grouped into categories by age, sex and service use, but responses may not have been received for some of these categories (especially at GP practice level, presented in the HACE publication but not here). Where this is the case, this category is not represented in the weighted result and this may impact on its representativeness.

National Indicator 11 Premature mortality rate per 100,000 persons; by calendar year

European age-standardised mortality rate per 100,000 for people aged under 75.
Death rates (per 100,000 population) for Local Authorities: age-standardised using the 2013 European Standard Population

	2015	2016	2017	2018	2019	2020	2021
Scottish Borders	391	340	324	388	315	367	348
Scotland	441	440	425	432	426	457	466



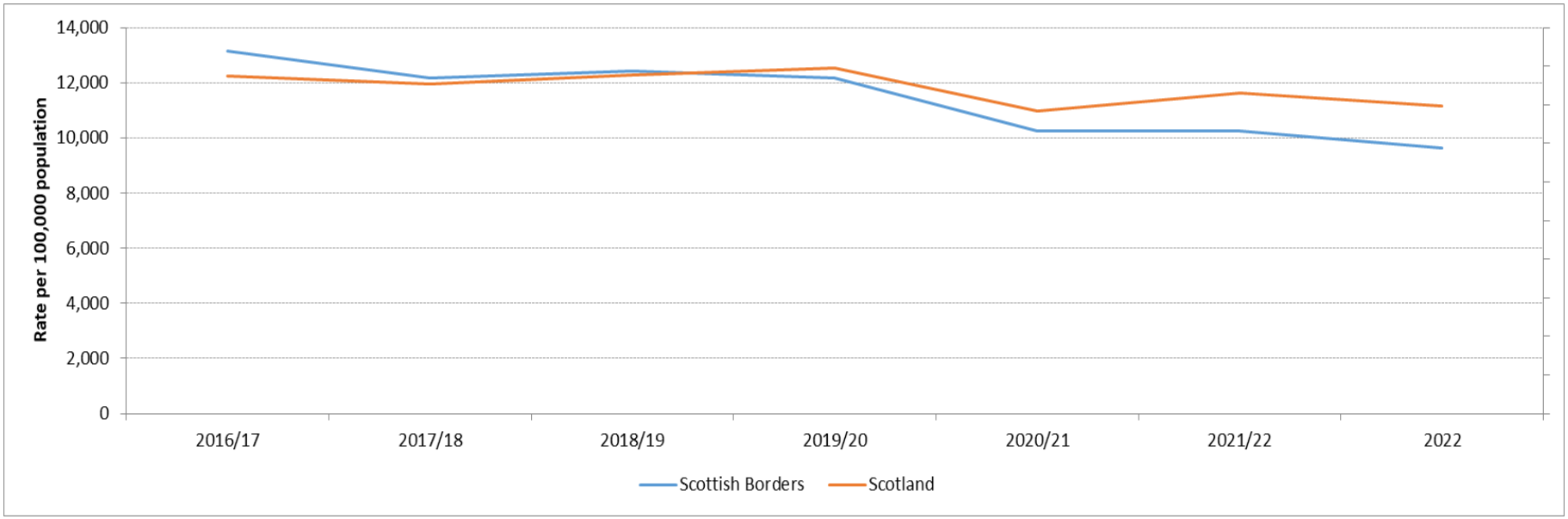
Source: National Records for Scotland (NRS)

1. Age-standardised using the 2013 European Standard Population

National Indicator 12 Emergency admission rate

Rate of emergency admissions per 100,000 population for adults (18+).

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Scottish Borders	13,135	12,187	12,430	12,179	10,250	10,232	9,633
Scotland	12,229	11,942	12,284	12,529	10,957	11,632	11,155



"Source: PHS - SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), including Geriatric Long Stay (GLS) discharges
SMR04 (mental health inpatient records from NHS hospitals in Scotland

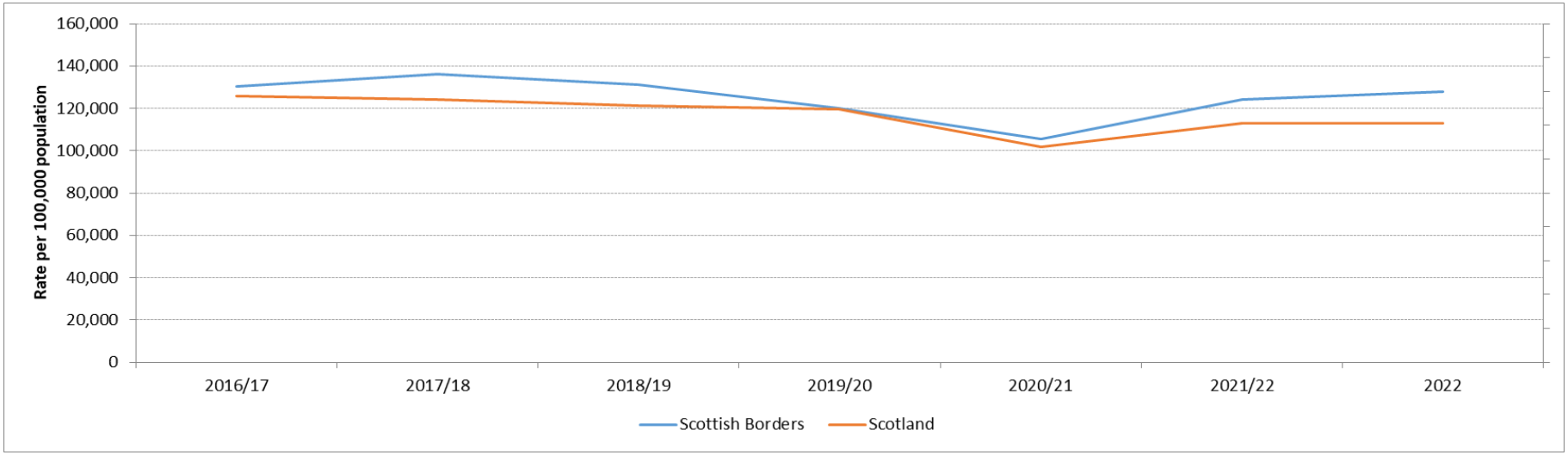
Notes:

1. Includes emergency admissions to all hospital specialties (acute, geriatric long stay and mental health) occurring within the selected year.
2. A hospital stay is selected if an emergency admission occurred in the first episode of the stay.
3. 2021 population estimates have been used to calculate rates from 2021 onwards. For data relating to years prior to this, population estimates for the corresponding year have been applied."

National Indicator 13 Emergency bed day rate

Rate of emergency bed day per 100,000 population for adults (18+).

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Scottish Borders	130,181	136,192	131,350	120,062	105,458	124,162	127,849
Scotland	125,979	124,118	121,174	119,753	101,967	112,939	113,134



"Source: PHS - SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), including Geriatric Long Stay (GLS) discharges
SMR04 (mental health inpatient records from NHS hospitals in Scotland

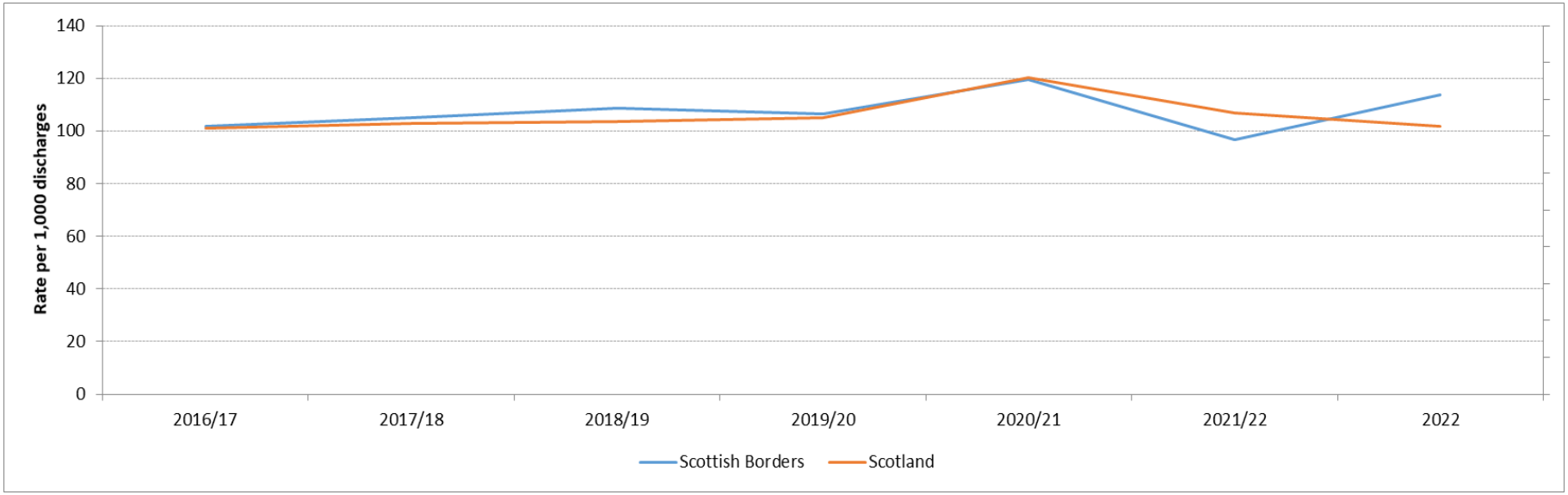
Notes:

1. Includes emergency bed days from all hospital specialties (acute, geriatric long stay and mental health) occurring within the selected year.
2. Bed days are counted if an emergency admission occurred in the first episode of the stay.
3. 2021 population estimates have been used to calculate rates from 2021 onwards. For data relating to years prior to this, population estimates for the corresponding year have been applied."

National Indicator 14 Readmission to hospital within 28 days

Emergency readmissions to hospital for adults (18+) within 28 days of discharge (rate per 1,000 discharges)

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Scottish Borders	102	105	109	107	120	97	114
Scotland	101	103	103	105	120	107	102



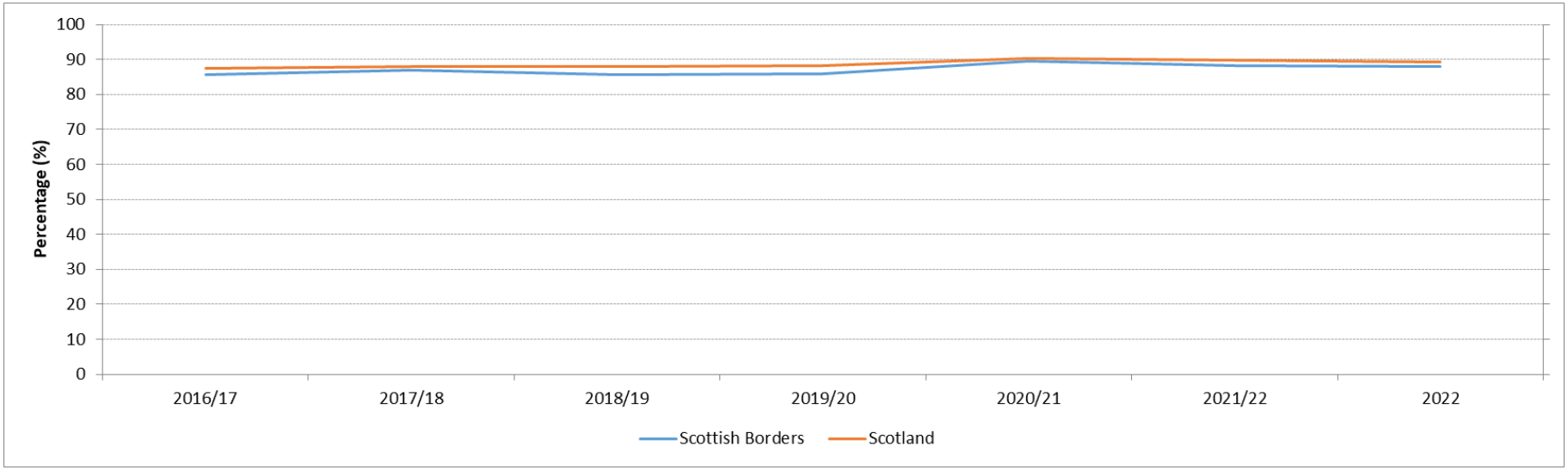
Source: PHS - SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), excluding Geriatric Long Stay (GLS) discharges

1. An emergency readmission is where the subsequent admission is an emergency and occurs up to and including 28 days from the initial admission. The initial admission can be of any type but must end within the time period of interest.

National Indicator 15 Proportion of last 6 months of life spent at home or in a community setting

This indicator measures the percentage of time spent by people (all ages) in the last 6 months of life at home or in a community setting.

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Scottish Borders	85.6%	86.9%	85.7%	86.0%	89.5%	88.2%	87.9%
Scotland	87.4%	88.0%	88.0%	88.2%	90.2%	89.7%	89.3%



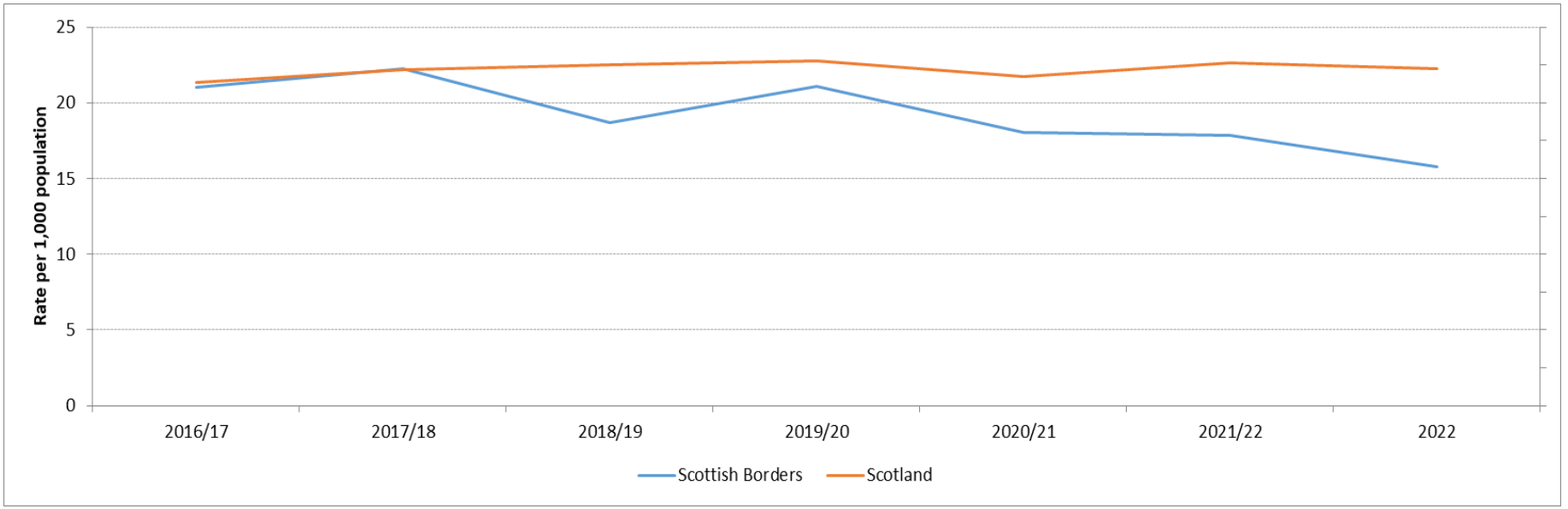
Source: PHS - SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), including Geriatric Long Stay (GLS) discharges
SMR04 (mental health inpatient records from NHS hospitals in Scotland
National Records for Scotland

Notes:
1. Patients who died where an external cause of death is coded (V01-Y84) on the death registration have been excluded from the analysis.
2. Patients who died where a fall is coded on the death registration are included within the cohort; W00-W19 Falls.
3. Based on the above criteria, any person that died within the time period of interest is selected. The possible number of bed days that these people could have spent in hospital in a six month period is calculated by multiplying the total number of deaths by 182.5. The actual bed days these people spent in hospital is then deducted from that total and the remainder calculated as a percentage of all possible bed days.

National Indicator 16 Falls rate per 1,000 population aged 65+

The focus of this indicator is the rate per 1,000 population of falls that occur in the population (aged 65 plus) who were admitted as an emergency to hospital.

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Scottish Borders	21.0	22.3	18.7	21.1	18.1	17.9	15.7
Scotland	21.4	22.2	22.5	22.8	21.7	22.6	22.2



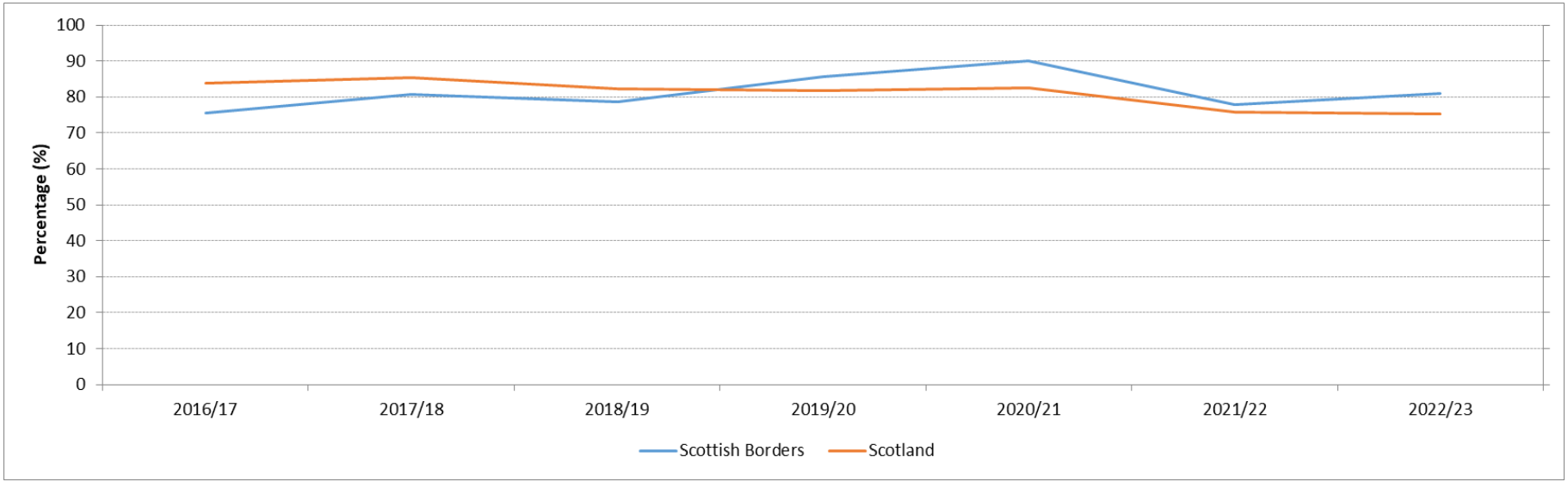
Source: PHS - SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), excluding Geriatric Long Stay (GLS) discharges

Notes:
1. Emergency admissions code 33-35 have been used and ICD10 codes W00 - W19.
2. 2021 population estimates have been used to calculate rates from 2021 onwards. For data relating to years prior to this, population estimates for the corresponding year have been applied.

National Indicator 17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

The Care Inspectorate have advised that this indicator is developmental.

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Scottish Borders	75.4%	80.7%	78.5%	85.7%	90.1%	77.9%	81.1%
Scotland	83.8%	85.4%	82.2%	81.8%	82.5%	75.8%	75.2%



Source: Care Inspectorate

Notes:
1. Data presented in 2021/22 - Due to the COVID-19 pandemic response the inspection focus, in 2021/22, continued to be on services where there were concerns or intelligence received that they may be higher risk. As such, inspections were mainly in services which are likely to have lower gradings following inspection.
2. Data presented in 2020/21 - Advice from directors of Public Health in Scotland was that inspection visits would present a real risk of introducing and spreading COVID-19 in Scotland's care homes. Therefore, to limit the spread of COVID-19, and with agreement from Scottish Government, the Care

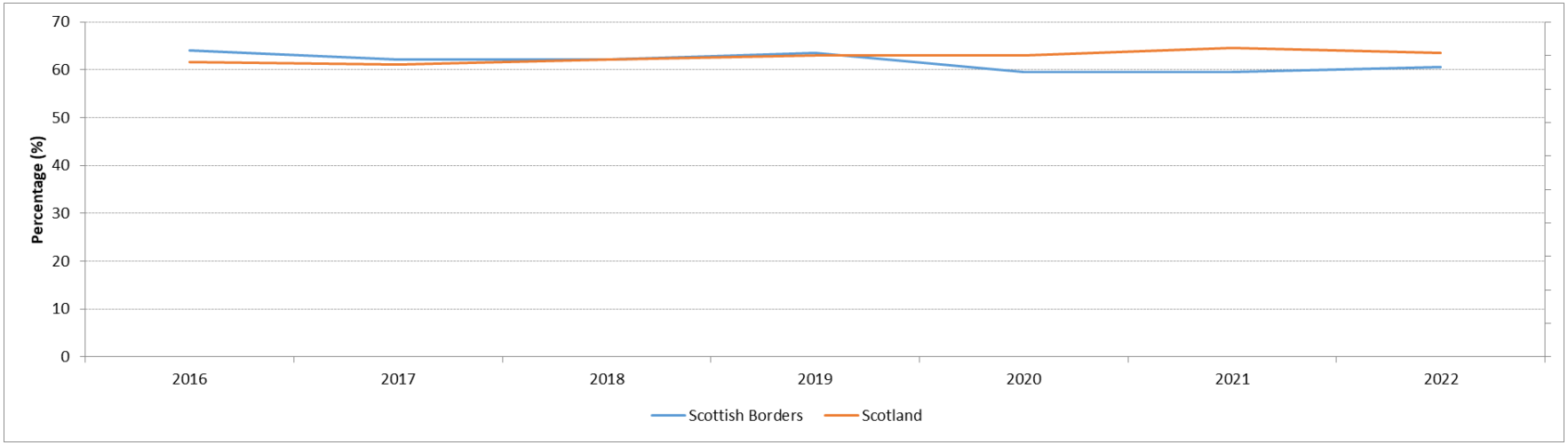
Inspectorate restricted their presence in services unless necessary. This approach resulted in the majority of services not being graded as normal and instead retaining the grades they had last received. Instead the Care Inspectorate intensified oversight using a range of remote and virtual approaches to ensure services were supported and operating well throughout the pandemic.

3. Data are provisional.
4. All data includes only registered services that had been inspected and grades published by 31 March in each year. Please note that the inspection may not have been carried out within the reporting year
5. The information about the Local Authority in which the service provides care has been taken from the Care Inspectorate Annual Returns, and relates to 31 December in each year.
6. Some services that are not premises based (Housing Support and Support Services - Care at Home) might provide a service in several Local Authorities.
7. For care services that provide a service in more than one Local Authority there are duplicate entries - one entry for each Local Authority. Therefore the total number of services does not match the overall number of services registered, as published by the Care Inspectorate in the Annual Report and other publications.
8. For services that did not submit an annual return or registered after 31 December 2021 only the Local Authority where the service is based is used to determine where the service is provided.
9. Combined housing support and support services - care at home only submit one annual return (usually under the housing support service). The information contained in the one annual return has been applied to the other part of the service and is displayed in the data.
10. For those services that did not mention the Local Authority that they are based in as a Local Authority that they provide a service in, this Local Authority was added as one where they provide a service.

National Indicator 18 Percentage of adults with intensive care needs receiving care at home

The number of adults (18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing long-term care. These figures represent the number of clients in the last week of March.

	2016	2017	2018	2019	2020	2021	2022
Scottish Borders	64.1%	62.2%	62.2%	63.6%	59.6%	59.6%	60.6%
Scotland	61.6%	61.1%	62.1%	63.0%	63.0%	64.6%	63.5%



Source: PHS Source Social Care Database, PHS Continuing Care Census, Scottish Government Hospital Based Complex Clinical Care Census, Scottish Government Quarterly Monitoring, Survey, Scottish Government Social Care Survey

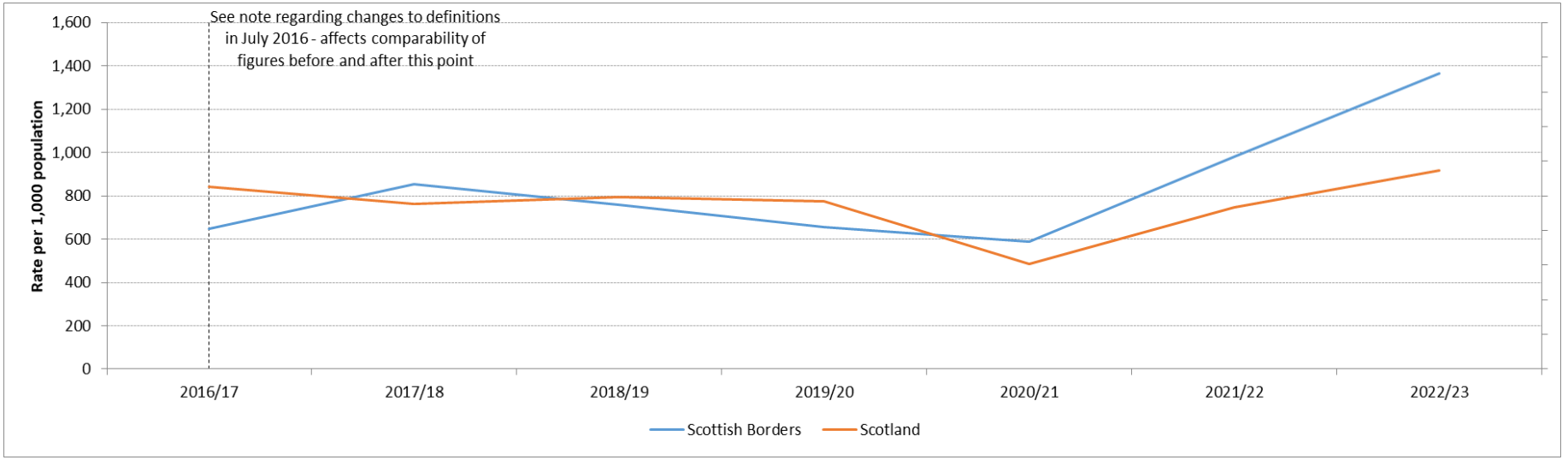
Notes:
1. The total number of adults needing long-term care includes those receiving personal care at home, long stay care home residents and those in receipt of Continuing Care/Hospital Based Complex Clinical Care (HBCCC). Please see the publication for more detailed information.
2. Previous guidance (CEL 6 (2008)) on NHS Continuing Care was replaced on the 1st June 2015 with DL (2015)11 - Hospital Based Complex Clinical Care. As a result, the previous NHS Continuing Care Census was ended in June 2015 and replaced by the Hospital Based Complex Clinical Care publication from 2016.
3. The definition of HBCCC changed between the 2016 and 2017 Census. The figures here from 2017 onwards use a similar methodology to 2016 for comparison purposes.
4. The HBCCC publication is returned by NHS Health Boards. Local Authorities have been mapped using the home post code of the patient returned by the NHS Health Board. In those cases where this was unavailable, the post code of the patient on the date of the census was used, where available. Not all patients can be mapped to Local Authority, therefore totals may be higher than summed Local Authority data.
5. Personal Care at home information includes those aged 18 years and over with personal care needs assessed through Self-directed Support Direct Payments. This was previously captured as part of the Scottish Government Social Care Survey. Figures from 2018 onwards are from PHS Source Social Care Database.
6. For 2019, as Aberdeenshire have not broken down services to personal and non-personal care, all clients under the age of 65 have been recorded as receiving non-personal care, except those with Multi-Staff Input who have been recorded as receiving personal care
7. Care Home information for the following was not returned - East Renfrewshire - 2015, 2016, 2017 and 2018; Orkney Islands - 2016, 2017 and 2019; East Ayrshire, North Ayrshire, South Lanarkshire - 2018; Comhairle nan Eilean Siar 2018, 2019, 2020 and 2021; Aberdeen City 2020 - previous years figures have been used as a proxy to maintain comparability.
8. SDS information for the following was not returned; South Ayrshire and Aberdeen City 2020; Aberdeen City, Aberdeenshire, East Lothian, Inverclyde, Comhairle nan Eilean Siar, South Ayrshire and Orkney Islands 2021 - previous years figures have been used as a proxy to maintain comparability.
9. Home Care information for the following was not returned - Aberdeen City 2019, 2020 and 2021; Orkney Islands 2019; Only aggregate Home Care data was provided by Glasgow City for 2018 - previous years figures have been used as a proxy to maintain comparability.
10. In line with the 'PHS Insights into Social Care in Scotland' publication, statistical disclosure control has been applied to protect patient confidentiality. Therefore, the figures presented here may not be additive and may differ from previous publications.
11. The HBCCC census was cancelled in 2020 due to the COVID-19 pandemic. 2019 figures have been used as a proxy in 2020 to maintain comparability.

Scottish Borders Health and Social Care PARTNERSHIP

National Indicator 19 Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population

The number of bed days due to delay discharge that have been recorded for people aged 75+ resident within the Local Authority area, per 1,000 population in the area.

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Scottish Borders	522	647	855	761	656	588	982	1,364
Scotland	915	841	762	793	774	484	748	919



Source: PHS Delayed Discharge data collection

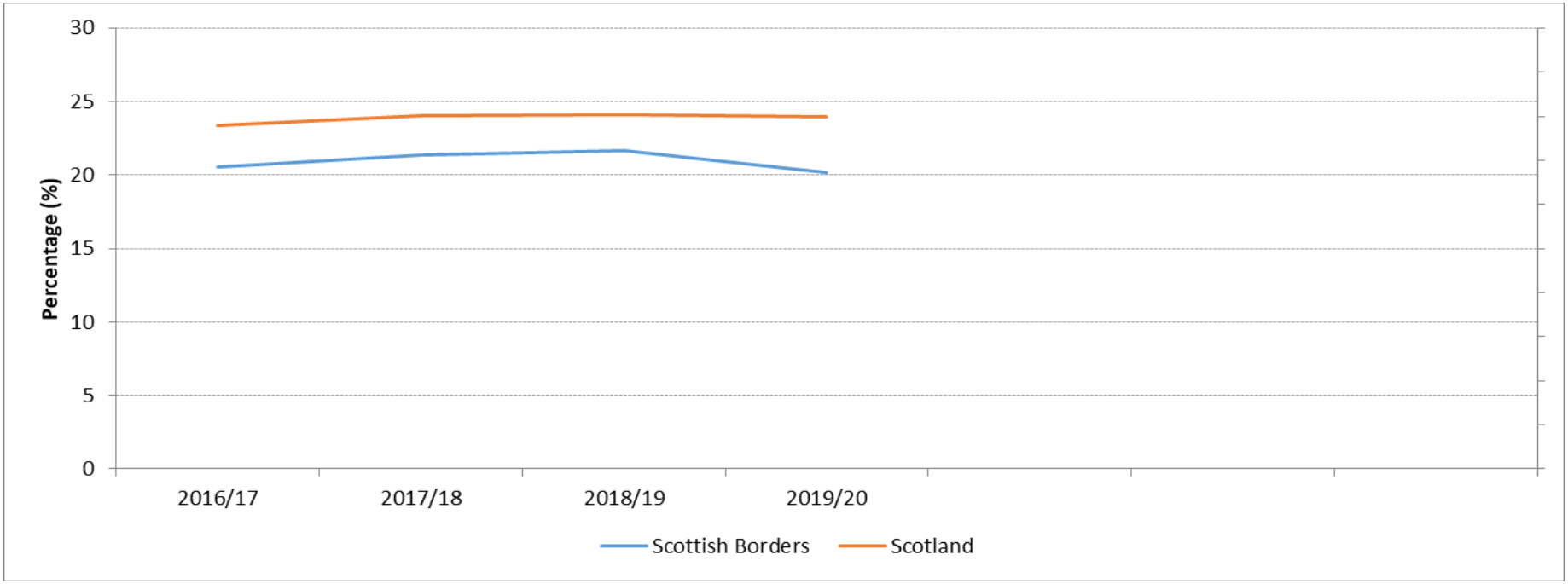
Notes:

1. Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non-hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account for the definitional changes during the year 2016/17. The changes affected reporting of figures in some areas more than others therefore comparisons before and after July 2016 may not be possible at partnership level. It is estimated that, at Scotland level, the definitional changes account for a reduction of around 4% of bed days across previous months up to June 2016, and a decrease of approximately 1% in the 2016/17 bed day rate for people aged 75+.
2. 2021 population estimates have been used to calculate rates from 2021/22 onwards. For data relating to years prior to this, population estimates for the corresponding year have been applied. Please note that rates presented for the latest year in the Delayed Discharge publication may use different population information and differ slightly from figures presented here.

National Indicator 20 Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency

Cost of emergency bed days for adults (18+).

	2016/17	2017/18	2018/19	2019/20
Scottish Borders	20.5%	21.4%	21.7%	20.2%
Scotland	23.3%	24.1%	24.1%	24.0%



Source: PHS - SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), including Geriatric Long Stay (GLS) discharges
SMR04 (mental health inpatient records from NHS hospitals in Scotland
Scottish Government Local Financial Return (LFR) 03

Notes:
1. The numerator includes emergency admissions to all hospital specialties (acute, geriatric long stay and mental health) occurring within the selected year.
2. Associated bed day costs are counted in the numerator if an emergency admission occurred in the first episode of the stay.
3. Cost information for the selected year has been used within both the numerator and denominator.
4. Total expenditure includes all health and social care activity and is published in the IRF publication by financial year (until 2017/18).
5. Cost information derived using the patient level costing (PLICS) methodology has been included in this indicator. Please see this link for more detail https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Health-and-Social-Care-Integration/Analytical-Outputs/Method-Sources.asp.
6. In recognition of the disruptive impact of COVID-19 on patient activity and costs in the last quarter of financial year 2019/20, the PLICS methodology used in 2019/20 is different from previous iterations. The Cost Book's 2020 inflationary uplift of 1.9% has been applied to 2018/19 PLICS costs to create 2019/20 costs which have then been applied to activity data in 2019/20. This approach was agreed between Public Health Scotland and the Scottish Government.
7. Please note that 2018 unit costs for C3 specialty (Anaesthetics) in NHS Ayrshire and Arran were extremely high and impacting the numerator within the rates presented. 2017 costs have therefore been used for this specialty instead.

Annex B: IJB Annual Delivery Plan 2023/24

Scottish Borders
Health and Social Care
PARTNERSHIP

Health and Social Care Partnership Annual Delivery Plan 2023-24

Version 5

Scottish Borders Health and Social Care Partnership

Introduction

This Annual Delivery Plan has been developed to outline the key actions to be undertaken by the Scottish Borders Health and Social Care Partnership over 2023/24 to enable it to deliver against the Strategic Framework and Scottish Government requirements.

Relevant actions are also reflected in the NHS Borders Annual Delivery Plan and the Council Plan for the financial year 2023-24.

The Health and Social Care Strategic Framework

The Scottish Borders Health and Social Care Strategic Framework outlines the key priorities for the IJB for the next 3 year reporting period.

The core 6 objectives have been considered against each action in the ADP. They are numbered as such:

1. Improving Access to Services
2. Rising to the Workforce Challenge
3. Focusing on Prevention and Early Intervention
4. Supporting unpaid carers by getting services for the cared for right
5. Improving our effectiveness and efficiency
6. Reducing poverty and inequalities

How the Annual Delivery Plan works (Governance and Reporting)

The plan has been broken down into the following groups:

9. Reducing Inequalities and Public Health
10. Children, young people and young adult services
11. Primary and Community Care
12. Mental Health and Learning Disability Services
13. Adult Social Work
14. Adult Social Care and Social Care Commissioning
15. Cancer and Palliative Care
16. Urgent and Unscheduled Care actions

These groups will deliver actions which achieve the Strategic Objectives and Ways of Working within the Strategic Framework. Their work will be supported by a number of wider partnership and supporting programmes in the areas below:

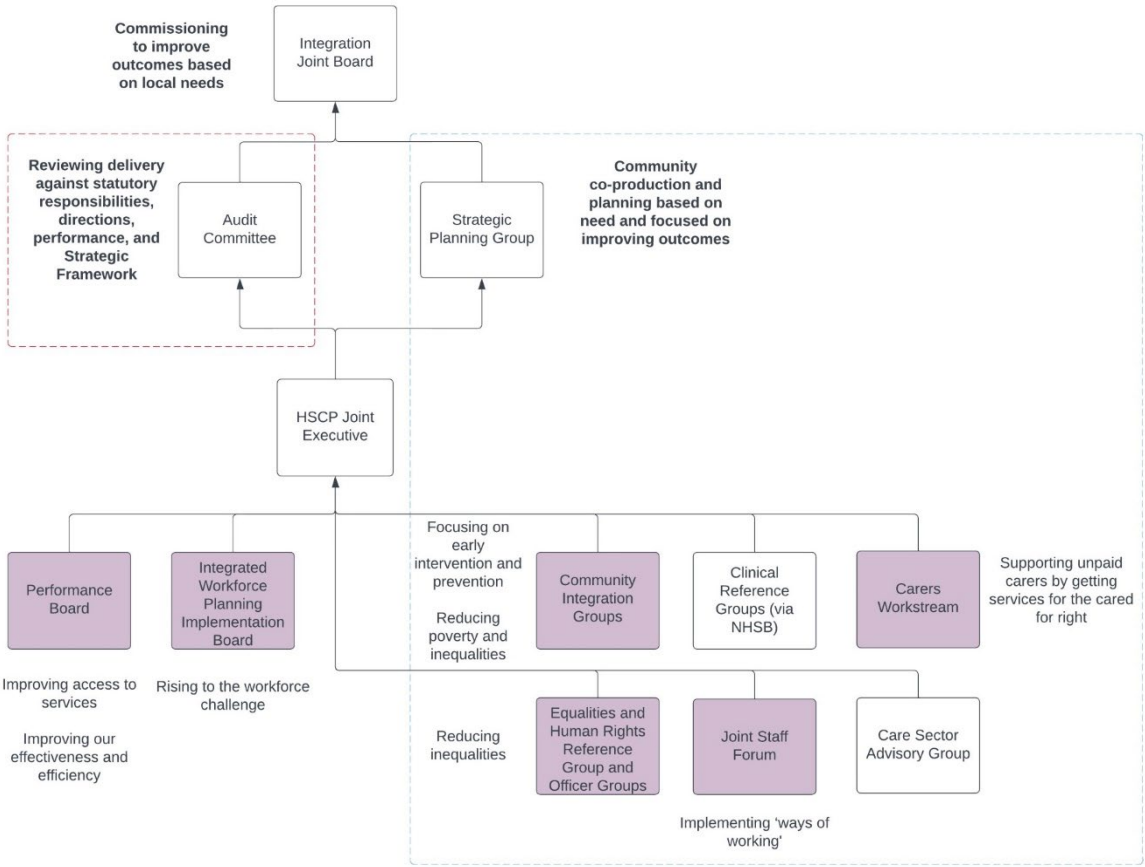
8. Finance

9. Workforce
10. Communications
11. Innovations and Digital
12. Climate
13. Housing
14. Community Planning Partnership

Actions shaded in bold, and items in sections B-G outline the areas where papers will be brought to the IJB for consideration over the course of 2023/24.

These can be brought to the IJB and IJB Audit Committee, if requested, through exception reporting. In addition, the HSCP Joint Executive may escalate items for IJB consideration.

The other actions listed will be overseen by the HSCP Joint Executive via the shaded groups below who will oversee the HSCP programmes and actions across all services. The Joint Staff Forum will support the delivery of the HSCP 'Ways of Working.' Updates will be embedded into IJB quarterly performance reports.



Section A: Programme Delivery Groups

1 Reducing Inequalities and Public Health

Enhance planning and delivery of the approach to tackling health inequalities, with a specific focus in 2023/24 on those in prison, those in custody and those who use drugs.

No.	Board Action	Owner		Strategic Obj.					
		NHS	SBC	1	2	3	4	5	6
1.1	Summarise local priorities for reducing health inequalities taking into account national strategies around Race, Women's Health Plan, Keys to Life and any related actions within most recent Equality Mainstreaming Report	Y							Y
1.2	Set out actions to strengthen the delivery of healthcare in police custody and prison	Y	Y						Y
1.3	Set out plan to deliver the National Mission on Drugs specifically the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation	Y							Y
1.4	Establish a Women's Health Lead in every Board to drive change, share best practice and innovation, and delivery of the actions in the Women's Health Plan	Y							Y
1.5	Implement the 2023-24 priority actions of the Mental Health Improvement and Suicide Prevention - Creating Hope in the Scottish Borders action plan	Y				Y			Y
1.6	Set out approach to developing an Anchors strategic plan by October 2023	Y							Y
1.7	Consideration of transport needs in the planning and delivery of services	Y	Y	Y					
1.8	Produce Health Inequalities Strategy & setup systems to ensure delivery	Y							Y
1.9	Promote the wellbeing of staff through a workplace wellbeing campaign	Y			Y				
1.10	Implement Equality and Human Rights mainstreaming framework 2023-25 (including new IIA process)	Y	Y	Y	Y	Y	Y	Y	Y
1.11	Continue to collaborate in the response to displaced persons from overseas including people seeking asylum, from Ukraine and the Afghan resettlement schemes	Y	Y	Y		Y	Y	Y	Y

1.12	Redevelopment of community integration groups (locality working groups), including mapping community services, with focus on integration, early intervention and prevention, and poverty and inequalities	Y	Y	Y	Y	Y	Y	Y	Y
1.13	Early detection and improved management of the key cardiovascular risk factor conditions: diabetes, high blood pressure and high cholesterol	Y				Y			

2 Children, young people and young adult services
Supporting the next generation to thrive and live their lives to the full

No.	Board Action	Owner		Strategic Obj.					
		NHS	SBC	1	2	3	4	5	6
2.1	Work to support the implementation of the Promise plan and the Children Young People's Planning Partnership		Y	Y	Y	Y	Y	Y	Y
2.2	Review local arrangements to ensure that the prominence of children, young people's and young adults services are better strategically supported	Y	Y	Y	Y	Y	Y	Y	Y
2.3	Build capacity in services to eliminate very long waits (over 52 weeks) for CAMHS and Psychological Therapies	Y		Y					
2.4	Review local interfaces between children, young people and young adult services to support more integrated holistic arrangements and improved transition	Y	Y	Y			Y	Y	
2.5	Work with third sector partners to improve the support of children, young people and young adults		Y	Y	Y	Y	Y	Y	Y
2.6	Launch and deliver the Oral Health Strategy	Y		Y	Y	Y		Y	Y
2.7	Increase provision for young adults through access to the Shared Lives scheme		Y	Y	Y	Y	Y	Y	Y

3 Primary & Community Healthcare
Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community

No.	Board Action	Owner		Strategic Obj.					
		NHS	SBC	1	2	3	4	5	6
3.1	Scaling up MDT Approach	Y				Y			
3.3	Build and optimise existing primary care capacity (GP sustainability work stream in East Cluster and GP Career Start)	Y			Y				
3.5	Frailty Programme	Y				Y			
3.6	Increase capacity for providing in-hours routine and urgent dental care for unregistered and deregistered dental patients	Y		Y					
3.7	Review the provision of infection prevention and control support available to Primary Care	Y						Y	
3.8	Review impacts of Hospital at Home	Y		Y		Y		Y	
3.9	Implementation of the Primary Care Improvement Plan	Y		Y	Y		Y	Y	
3.10	Launch and implement Dementia Plan	Y		Y		Y	Y		Y
3.11	Continued implementation of the polypharmacy review service for social care service users (via Audit Committee)	Y		Y		Y		Y	
3.12	Review services provided in Community Hospitals – day hospitals, minor injuries, modality and skill mix. As part of this, ensure that the Discharge to Assess bed based pathway is developed to ensure that Community Hospitals and Garden View are able to deliver Discharge to Assess	Y			Y	Y		Y	
3.13	Review District Nursing and Health Visiting services	Y			Y	Y		Y	Y

4 Mental Health and Learning Disabilities
Improve the delivery of mental health and learning disability support and services.

No.	Board Action	Owner		Strategic Obj.					
		NHS	SBC	1	2	3	4	5	6
4.1	Build capacity in services to eliminate very long waits (over 52 weeks) for Psychological Therapies	Y		Y					
4.2	Build capacity in services to deliver improved services underpinned by CAHMS and Neurodevelopmental Specifications	Y		Y					
4.3	Timetable to achieve full compliance with the Child, Adolescent and Psychological Therapies National Dataset	Y						Y	
4.4	Coming Home programme – to support the repatriation of people with learning disabilities from out of area, and those with complex support needs going through transition locally	Y	Y	Y					
4.5	Development of service for people with Emotionally Unstable Personality Disorder	Y		Y					
4.6	Implement health checks for people with Learning Disability	Y			Y		Y	Y	
4.7	Review mental health services	Y	Y	Y	Y	Y	Y	Y	Y
4.8	Review the Local Area Coordination / Community Link Worker service		Y	Y	Y	Y	Y	Y	Y

5 Adult Social Work
Building a resilient Social Work service able to meet growing needs.

No.	Board Action	Owner		Strategic Obj.					
		NHS	SBC	1	2	3	4	5	6
5.1	Implement a comprehensive Programme of Digital Transformation (Pathfinder Programme) across Social Work Services		Y						
5.2	Undertake extensive redesign of all business processes to put customers at their heart – First phase Social Work		Y				Y		
5.3	Deliver unpaid carers implementation plan and identify the needs of unpaid carers across the localities and develop / reconfigure services to better support unpaid carers		Y	Y			Y		
5.4	Continue to increase uptake for Self Directed Support		Y	Y	Y		Y	Y	
5.5	Publish a locality directory on health / wellbeing and social care services		Y	Y	Y		Y		
5.6	Develop community led support / what matters hubs	Y	Y	Y	Y	Y	Y	Y	

6 Adult Social Care and Social Care Commissioning
Increasing capacity for those in care and supporting both carers and those they care for.

No.	Board Action	Owner		Strategic Obj.					
		NHS	SBC	1	2	3	4	5	6
6.1	Establish collaborative for Care at Home and Care Home provision		Y			Y			
6.2	Develop proposals for Extra Care Housing and/or amenity housing in: - Eyemouth area - Kelso - Peebles Delivery plan for Extra Care Housing in Hawick		Y	Y					
6.3	Expand Re-ablement service and integrate with Home First to ensure a home based discharge to assess pathway	Y	Y	Y		Y	Y		
6.4	Continue to progress work on the Tweedbank and Hawick Care Villages	Y	Y	Y					
6.5	Develop health and care models that are integrated, sustainable and meet the needs of Borders' residents		Y				Y	Y	
6.6	Whole system care bed capacity review	Y	Y	Y	Y	Y		Y	
6.7	Improving Social Care Commissioning: - Revise the Commissioning Governance Structure for social care commissioning - Map the current commissioning arrangements across social care - Develop a Commissioning work plan for three years (from April 2023 onwards)		Y					Y	
6.8	Commission additional social care capacity to reduce community and hospital unmet need in line with increased social care budget		Y	Y		Y	Y		
6.9	Continue to develop use and functionality of Strata pathways	Y	Y	Y	Y			Y	
6.10	Develop our social prescribing function	Y	Y			Y		Y	

7 Cancer Care and Palliative Care

Delivering the National Cancer Action Plan (Spring 2023-2026) and reviewing how we deliver palliative care services.

No.	Board Action	Owner		Strategic Obj.					
		NHS	SBC	1	2	3	4	5	6
7.1	MacMillan Improving Cancer Journeys	Y	Y	Y			Y	Y	Y

8 Urgent & Unscheduled Care actions

Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need.

No.	Board Action	Owner		Strategic Obj.					
		NHS	SBC	1	2	3	4	5	6
8.1	Flow Navigation Centre (FNC) model plans	Y						Y	
8.2	Extend the ability to 'schedule' unscheduled care	Y		Y					
8.3	Outline plans for an integrated approach to all urgent care services including Primary Care OOH and community services to optimise assets	Y				Y			
8.4	Set out plans to implement and further develop OPAT, Respiratory and Hospital at Home pathways	Y						Y	
8.5	Set out plan to increase assessment capacity (and/or footprint) to support early decision making and streaming to short stay pathways	Y				Y			
8.6	Set out plans to deliver effective discharge planning seven days a week, through adopting the 'Discharge without Delay' approach	Y	Y					Y	
8.7	Implement Delayed Discharge and hospital occupancy plan	Y	Y	Y				Y	
8.8	Develop plan to close unscheduled care surge capacity	Y	Y	Y	Y			Y	
8.9	Commission Winter plan in Summer	Y	Y	Y		Y		Y	
8.10	Commission single assessment approach	Y	Y	Y		Y		Y	

8.11	Sustainable Out of Hours Service	Y		Y					

Section B: Finance and Sustainability

B Finance
Reducing our deficit and doing more with less.

Costs are increasing, and available funds from Scottish Government are reducing due to the impact of excessive inflation driven by fuel costs and the impact of inflation on staff costs.

Key actions:

- Develop an IJB Financial Framework
- Develop and deliver an IJB Financial Plan
- Develop and deliver an IJB Financial Recovery Plan

Budgets will be monitored and controlled through the quarterly performance reports.

The work delivered by this group is focusing on achieving Strategic Objective 5**: Increasing our Efficiency and Effectiveness**

Section C: Workforce

C Workforce
Implementation of the Workforce Strategy.

The National Workforce Strategy for Health & Social Care in Scotland aims to create a sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do by focusing on three objectives (Recovery, Growth and Transformation) as set out in the "Five Pillars of the workforce journey": Plan; Attract; Train; Employ; Nurture. These pillars form the basis of the actions outlined in the HSCP Integrated Workforce Plan.

This document forms the overall Health and Social Care Partnership workforce agenda and will be delivered by an Integrated Workforce Plan Implementation Group and an Equality and Human Rights Reference Group.

This work is focused on achieving Strategic Objective 5**: Rising to the Workforce Challenge**

Section D: Communications and Engagement

D Communications and Engagement
Informing and engaging our communities along the next steps of our journey.

To develop the Strategic Framework and better understand our health and social care needs, a comprehensive series of public engagement activities took place with communities. The findings from this exercise have been summarised in the 'We Have Listened' report. A phase 2 engagement report is also being finalised.

A key finding from the engagement was that there appears to be a gap between what is known by services and what is known by the community itself. There is sufficient evidence - albeit often anecdotal - that professionals who have worked in and with a community for a period of time, get a sense and knowledge of that community, both its needs and its assets. Equally, community facilities and activities are often available, but not known about by professionals or the public, creating missed opportunities to join up statutory services and community supports in a person-centred approach.

These issues have been summarised in the Strategic Framework as:

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

To ensure these issues are addressed, there are two actions which this delivery plan seeks to implement:

- A Communications and Engagement Framework to outline the approach for involving and communicating with communities. This work is led by the NHS Communications and Engagement Team.
- Locality Working Groups set up as a platform for communities to take part in health and social care strategy development and decision-making. This work is being led by SBC colleagues.

The Communications and Engagement Framework will also align with the Equalities Outcomes developed for 2023 to 2025, with a particular focus on Outcome 3: Community engagement and empowerment across the Scottish Borders is inclusive, co-productive and fair.

This work is focused on achieving Strategic Objective 5: **Increasing our Effectiveness and Efficiency** and Strategic Objective 6: **Reducing Poverty and Inequalities.**

Section E: Digital and Innovation in Care

E1 Digital
Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access

E2 Innovation Adoption
Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.

In February 2021, the Scottish Borders Council undertook a review of their Digital Strategy, to support their vision to become a smart rural region. A key focus of this is the Pathfinder Programme (see 7.1) which aims to measurably improve outcomes for service users and staff by embedding a data assurance culture.

NHS Borders similarly has been developing a Digital Strategy in line with local and national health and care priorities and national digital strategies. All NHS Boards have been asked to implement programmes of work across the following areas: CHI, Child Health, GP IT, eRostering, LIMS, HEPMA, M365, endoscopy reporting system, Diagnostics (PACs), Near Me, Connect Me, and Scottish Vaccination Immunisation Programme (SVIP).

The commissioned Health and Social Care Digital Transformation Programme Outline Business Case (OBC) seeks to align the Scottish Borders Council and NHS Borders digital strategies, along with the national Digital Health and Care Strategy (2021).

Over the course of this year, we will review the associated strategy that needs to follow associated to the Health and Social Care Digital Transformation Outline Business Case.

The projects delivered through this overall programme of work is most focused on achieving Strategic Objective 5: **Increasing our Efficiency and Effectiveness.**

Section F: Climate

F Climate
Climate Emergency & Environment

On 9 March 2023, Scottish Borders Community Planning Partners endorsed the Scottish Borders Climate Change Route Map (including Scottish Borders Council and NHS Borders), previously agreed by the Council in June 2021. This commits the Scottish Borders to delivering greenhouse gas emissions reductions which, at minimum, match national targets of a 75% reduction in emissions by 2030 (relative to 1990), 90% by 2040 and net zero by 2045.

Achieving these targets is an immense challenge that will require structural changes at all levels of society. There are many profound changes that need to happen including how we use our land to reduce carbon while producing food, and protecting and enhancing

biodiversity, amongst other benefits; how we decarbonise heat, transport and electricity while maintaining secure, reliable supplies at a fair and affordable cost; and how the transition to a low carbon economy can be positive for society, the economy and the environment.

As the two largest employers and public sector organisations in the Borders, the NHS and Council have a critical role to play in ensuring these targets are achieved. NHS Borders and the Council have two fundamental responsibilities:

a) The first responsibility is to deliver a comprehensive reduction of greenhouse gas emissions and climate adaptation across each organisation. Just as leading private sector organisations have found that there is a strong business case for sustainable development in enhancing profitability and shareholder value, so there is a corresponding benefit for public sector organisations from sustainable development, with climate action a core objective.
b) The second responsibility is to provide leadership and to influence climate action across the Scottish Borders region. This reflects the responsibility of the organisations to provide an example to others, while at the same time, seeking to leverage their involvement across a spectrum of activity which either directly or indirectly influences the actions of others. This includes planning, service delivery, transport and procurement. It also recognises that climate change is a public health emergency. Whether it is retrofit of homes, good quality and affordable food, or the ability to 'live well locally', NHS Borders and the Council have a vital influence, which they must bring to bear across the Scottish Borders. Action on climate and health must go hand in hand.

The Council has identified a 'Clean Green Future' as one of its top priorities in the Council Plan. The programme of work over the next year includes plans to reduce emissions across the Council but also actions to create more resilient communities, enable more sustainable energy solutions in the Borders and protect natural environments while promoting supporting behaviour change and wellbeing.

NHS Scotland require all Boards to deliver decarbonisation in line with national targets. NHS Borders will focus on general business reductions but also specific medical related actions such as reducing medical gas emissions and adopting the National Green Theatre Programme.

The initial focus of both NHS Borders and the Council is on organisational emissions reduction through:

- Transport and fleet decarbonisation
- Reducing emissions from buildings and estate
- Reducing waste

The contiguity of strategic objectives and service delivery across both organisations, particularly through the Health and Social and Care Partnership provides rich opportunities for co-operation and project alignment.

To deliver area-wide emissions reduction, NHS Borders and the Council are working with Scottish Borders Community Planning Partners working to:

- Agree boundaries, pathways and priorities for emissions reduction across council service areas, assets and operations.
- Understand the impact and influence they can have on area-wide emissions.
- Ensure the design and delivery of their emissions reduction programmes establishes a foundation to lead an area-wide strategy for a net zero region by 2045.

The work delivered in this category link to Strategic Objective 3: **Focusing on Prevention and Early Intervention.**

Section G: Key Partners

G1 Housing
Warm, affordable homes which meet the needs of the future

The Housing (Scotland) Act 2001 places a statutory requirement on local authorities to prepare a Local Housing Strategy every five years, setting out a vision for the supply, quality and availability of housing in their local area.

The Local Housing Strategy is the key planning document, providing a framework of action, investment and partnership-working to deliver local priorities. A new Local Housing Strategy is being developed to set out how housing and housing related opportunities and challenges will be addressed over the five year period 2023-28.

The following five Local Housing Strategy Outcomes have been defined:

- Strategic Outcome 1: More homes in well designed, sustainable communities that increase opportunity for all
- Strategic Outcome 2: People have access to homes which promote independence, health and Wellbeing
- Strategic Outcome 3: Improved energy efficiency of homes and a reduction in fuel poverty while supporting a Just Transition to Net Zero through decarbonising domestic heating and energy
- Strategic Outcome 4: Communities are regenerated through improving the quality and condition of housing and the built heritage.
- Strategic Outcome 5: Homelessness is prevented wherever possible and a range of housing options are provided so people can secure a suitable and sustainable housing outcome as quickly as possible

The new Local Housing Strategy will link into the Strategic Framework in the following ways:

Strategic objective	Role of Housing
Improving access to services	• Providing safe, secure, warmer and more comfortable homes of an appropriate size, in an appropriate location and that are affordable to live in will reduce existing health problems – heart attacks, strokes, hypothermia, raised blood pressure, asthma, mental health problems, respiratory disease and also help prevent health issues occurring. • Delivery of adaptations and handyman's service (including fall prevention measures such as grab rails) • Providing housing support, directly and with partners to help people remain in their own home and prevent homelessness. Reduces stress, anxiety – keeping people in their homes. Improving access to affordable energy efficient

	housing stock, adaptations and reducing homelessness all support an improvement in people's health outcomes.
Rising to the workforce challenge	• A lack of access to housing has been highlighted by our Integrated Workforce Plan and the Local Housing Strategy as a barrier to attracting and retaining health and social care key workers in the Scottish Borders
Focusing on prevention and early intervention	• Good housing and supports help to reduce health incidents (e.g. falls in the home, warm homes). In addition, the role of housing for people who are homeless or threatened with homelessness is key to supporting good health and wellbeing. • Preventing homelessness through the Housing Options approach • Borders Homelessness and Health Strategic Partnership • Investment in Adaptations with a strategic review of Scheme of Assistance to shift activity towards preventative investment • Expand on and develop new initiative housing with support models through the Rapid Re-housing Transition Plan. • Provision of welfare benefits advice and financial inclusion services • Unified, partnership working framework for assessing health and housing needs (Unified Health Assessment) • Development of Housing Information and Advice Affordable warmth actions outlined in LHS 2023-2028
Supporting unpaid carers by getting services for the cared for right	• Good quality housing with appropriate supports support service users and their unpaid carers
Improving our effectiveness and efficiency	• Develop the supply of appropriate, affordable and quality housing to meet changing needs • Good housing options are critical, giving people more freedom and choice; • Continue building capacity in communities to support older people at home and having housing in place to keep people independent • There is a strong link between access to good housing and the general Health of the population
Reducing poverty and inequalities	• Housing is the biggest cost to people each month – so providing affordable housing that is energy efficient plays a huge role in helping to reduce poverty and inequalities Significant levels of investment in improving the Energy Efficiency of homes across the Borders, as well as the provision of Home Energy Advice, helping to make homes warm and more comfortable. • Activities of Housing providers in terms of the provision of information and advice to tenants on a range of issues from financial advice, eating well and keeping warm. • Improving access to health and social care services for

	homeless people, particularly for those with complex needs by working with integration partners.

G2 Community Planning Partnership
Reducing Inequalities through partnership working across the Borders

Community planning is the process by which Integration Joint Boards and other public bodies work with local communities, businesses and community groups to plan and deliver better services and improve the lives of people who live in Scotland. The Scottish Borders Community Planning Partnership is tasked with taking this forward here in the Borders.

A new plan is currently in development and will be completed by August 2023. The Community Planning Strategic Board has agreed to adopt the IJB Strategic Framework objectives within the new plan. Below outlines how the Community Planning Partnership will support the Strategic Objectives:

Strategic objective	Role of Community Planning Partnership
Improving access to services	• There is a focus on 'Improving access to health & care services' under the Good Health and Wellbeing Theme. This will have a particular focus on equality groups i.e., care experienced young people, those with disabilities, those living with poverty, those who are refugees or asylum seekers or those with any other equality characteristics. • Under Theme 4 there is a focus on making services more accessible through improved travel options. This includes primarily improving public transport accessibility and availability but may also involve working with communities to deliver more cycle paths and promote active travel.
Rising to the workforce challenge	• Theme 2 of the plan is focused on improving employment opportunities in the Borders. This will involve collaboration with SBC and NHS colleagues to achieve better outcomes. • A new Theme 'Enough Money to Live On' is focused on challenges to do with current inflation as well as the gap between cost of living and having high enough wages to live a good life.
Focusing on prevention and early intervention	• This objective has been listed under the theme of 'Good Health and Wellbeing'.
Supporting unpaid carers by getting services for the cared for right	• There is a focus on 'Improving access to health & care services' under the 'Good Health and Wellbeing Theme'. A key group this will focus on supporting are those receiving care.
Improving our effectiveness and efficiency	• A recent addition to the new plan is a priority around improving 'Community Engagement'. The Community Integration Groups set up under the IJB will also report into the Community Planning Partnership to allow more

	streamlined engagement with members of the community.
Reducing poverty and inequalities	• This objective has been listed under the theme of 'Good Health and Wellbeing', with a focus on 'health' inequalities. • The theme of 'Enough Money to Live On' is focused on ensuring more people have enough money to support a good life.

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

19 July 2023

FINANCIAL REGULATIONS

Report by Hazel Robertson, Chief Finance Officer IJB

Scottish Borders Health and Social Care PARTNERSHIP

1. PURPOSE AND SUMMARY

1.1. This paper shares a revised set of IJB Financial Regulations for approval.

2. RECOMMENDATIONS

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

a) Note that the Regulations have been substantially reviewed by the IJB CFO and confirmed by SBC and NHSB. All outstanding matters have now been resolved.

b) Note that the IJB Audit Committees approved these for implementation, replacing the current regulations.

c) Request that the CFO implements these, making the required improvements in financial control, management and reporting, and communicating best practice to finance teams within the Partnership.

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	

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

A new direction is not required as this sits within the remit of the annual plan direction SBIJB-150622-4.

5. BACKGROUND

5.1. The existence of a sound system of internal financial control is an essential pre-requisite to high quality financial management. Financial regulations should be regularly reviewed and updated, and used as a tool to promote good practice. I would normally review these at least every 2nd year and require budget managers and finance staff to formally confirm that they understand, accept and undertake to comply with these. I have in another organisation created an easy read guide to help staff understand what good looks like.

5.2. The IJB Financial Regulations have not been reviewed and updated since 2017. They are not currently fully compliant with national guidance and they are not being fully followed. There are a range of other improvements that can be made to our financial arrangements and a programme has been developed to complete this work.

5.3. For the IJB it is even more crucial to have clear financial controls and processes because the financial controls and processes operate across three legal entities who have their own version of internal financial control.

6. ASSESSMENT

6.1. On commencing in post in August 2022 a high priority was to understand the financial control environment. Within a short time I discovered that:

- The Financial Regulations had not been updated since 2017
- There were areas where current financial practice was not compliant with the terms within our Regulations.
- Our Regulations do not fully comply with national guidance for IJB Financial Regulations.
- Our management accounting and reporting practices differ across the Partnership, and are not fully in line with the Regulations.
- There are gaps in the internal control environment eg a scheme of delegation and reservation of decision making processes.

6.2. This presents a risk to the quality and consistency of operational financial management practices and the ability of the IJB to fully rely on financial management information to strategically manage financial performance and planning.

6.3. I have identified further areas of improvement and have described these as being part of a Financial Framework.

6.4. Attached to this paper is the final version of updated Financial Regulations for approval.

7. IMPROVEMENTS

7.1. Main improvements in application of the Financial Regulations are noted below and relatively easy to address:

- Para 22 and 23 in relation to virement. Virement is happening within the partner bodies but not across partner bodies. There is currently no formal sign off process of virement by the IJB.
- Para 27. Remedial action to be taken to address overspends. This is particularly pertinent in respect of the actions being taken to address the NHSB financial recovery plan and the extent to which such matters are being managed corporately. There is a need to integrate the IJB CFO in the NHS Financial Improvement Programme and the Financial Recovery Plan. We are now considering taking a system wide approach to overview of savings plans.
- Para 35. Full compliance with Reserves Policy and reporting on release of Reserves. This mainly relates to formal release of NHSB earmarked reserves which are being appropriately used in year, however the reserves table is not always being updated quarterly. This is relatively easy to address.
- Para 39. Commissioned services. We are currently reviewing the provision of commissioned services across the Partnership and may determine that the most efficient treatment of these could involve joint commissioning led by the Council on behalf of the Partnership.
- Para 51 arrangements for cross committee assurance.

7.2. Further development of the Financial Framework includes:

- Creation of a scheme of delegation and decision making arrangements will be very beneficial for helping navigate staff to the right fora by setting out mechanisms for escalation of issues.
- Taking a longer term consideration of financial sustainability will complement the Financial Recovery Plan being prepared by NHS Borders and sits well with the HSCP Strategic Framework and Recovery Plan.

7.3. These changes and improvements address the s95 responsibilities of the IJB CFO, providing a sound basis for financial transactions and control, budgetary management and financial management and strategy.

7.4. These improvements will provide support for the IJB CFO through relevant staff from the virtual finance team operating consistent practice, and enable discussion on finance to become more strategically focussed and operationally aligned.

8. IMPACTS

Community Health and Wellbeing Outcomes

8.1. It is expected that these improvements will indirectly support improvement in all of the National Health and Wellbeing Outcomes below, and directly on outcome 9. In improving financial control and management, this should enable the movement of resources to support service changes.

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.	
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	
5	Health and social care services contribute to reducing health inequalities.	
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	
7	People who use health and social care services are safe from harm.	
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.	
9	Resources are used effectively and efficiently in the provision of health and social care services.	Direct increase

Financial impacts

8.2. There is no financial cost to implementation of this approach

8.3. The impact of these changes should improve budgetary control, monitoring, reporting and forecasting thus supporting delivery of the HSPC Strategic Framework.

8.4. The impact of these changes should improve financial grip and control, supporting delivery of financial savings targets, supporting virement across the partnership, enabling more financial planning, and contributing towards the adoption of a long term strategic financial approach. This will also provide assurance to government that the IJB and HSPC are supporting the delivery of the NHS Board Financial Recovery Plan.

Equality, Human Rights and Fairer Scotland Duty

Integrated Impact Assessment Stage 1 **Proportionality and Relevance**

8.5. The IJB has a statutory obligation to eliminate unlawful discrimination, harassment and victimisation; advance equality of opportunity between people who share a characteristic (age, disability, gender re-assignment, trans/transgender identity, marriage or civil partnership, pregnancy and maternity, race groups, religion or belief, sex-gender identity, and sexual orientation) and those who do not; and foster good relations between people who share a characteristic and those who do not. This involves tackling prejudice and building understanding.

8.6. Additionally, where proposals are “strategic”, the Fairer Scotland Duty requires us to show that we have actively considered how we can reduce socio-economic inequalities in the decisions that we make and to publish a short written assessment on how we have done this.

8.7. There are no service changes proposed. Implementing these Regulations supports delivery of the Financial Plan for which a Stage 1 IIA has already been prepared and approved. No further work is required on IIA at this juncture.

Legislative considerations

8.8. There is a legislative aspect to this report, in that implementation of the Regulations and the wider Financial Framework supports the s95 officer to fulfil their statutory role. This is achieved in partnership with SBC and NHSB.

Climate Change and Sustainability

8.9. There are no direct impacts for Climate Change and Sustainability.

Risk and Mitigations

8.10. The adoption of the Financial Regulations and wider Financial Framework reduces risks of errors, omissions, or misstatement of the financial position across the Partnership. The Regulations are key to cementing the required control environment, along with the Scheme of Delegation and Decision Making Processes. Dates are planned for finalisation of these documents.

8.11. There is a risk that the capacity of the virtual finance team is insufficient to meet requirements across the partner bodies and the partnership. The virtual team works well together and have to date always fulfilled any information requests from the IJB CFO. Further work is to be undertaken on setting out the financial reporting timescales and expectations, to help staff to manage their workload. These timetables will be developed in partnership with the virtual team.

9. CONSULTATION

Communities consulted

9.1. No consultation required following the Stage 1 Integrated Impact Assessment.

9.2. This report does not directly relate to service delivery so there no requirement to consider the Integration Planning and Delivery Principles.

9.3. The Director of Finance NHS Borders and the Director of Finance and Procuement for SBC have been fully involved in the update of the Financial Regulations and are in agreement to the programme of improvement work as set out in the Financial Framework. The operational timetable for information requirements will be co-produced with the virtual finance team. Information requirements to support financial reporting and planning will meet the standards required by these Regulations.

9.4. At this stage no consultation with other groups is required. The following groups will be involved as required in the Financial Framework development and implementation, particularly around financial management and financial planning:

- Unpaid Carers – Carers Workstream
- Staff – Joint Staff Forum
- Localities – Locality Working Groups
- Care Sector – Care Sector Advisory Group

- Clinical Groups – NHS Borders Clinical Reference Groups (GP Subcommittee, Area Clinical Forum, Area Dental Committee, Area Pharmacy Committee, Area Optometry Committee)
- IJB Strategic Planning Group

Integration Joint Board Officers consulted

9.5. The IJB Chief Officer has been consulted, and all comments received have been incorporated into the final report. The IJB Chief Internal Auditor has been consulted and provided feedback and suggested changes on the draft Financial Regulations before they were finalised for Audit Committee consideration.

9.6. The IJB Equalities, Human Rights and Diversity Lead was consulted regarding assurance on Equality, Human Rights and the Fairer Scotland Duty.

Approved by:

Hazel Robertson, IJB Chief Finance Officer

Author(s)

Hazel Robertson, IJB Chief Finance Officer

Background Papers:
IJB Financial Regulations

Previous Minute Reference: none

For more information on this report, contact us at
Hazel Robertson
Chief Finance Officer
07929 760333
hazel.robertson3@borders.scot.nhs.uk

SCOTTISH BORDERS INTEGRATION JOINT BOARD
FINANCIAL REGULATIONS

SCOPE

1. Scottish Borders Integration Joint Board (IJB) is a legal entity in its own right created following approval of The Joint Working Public Bodies (Scotland) Act 2014 Act and, subsequent Ministerial approval of the Scheme to establish the IJB between NHS Borders and Scottish Borders Council to integrate the planning and commissioning of health and social care services in the Borders. The IJB therefore requires its own set of Financial Regulations.

2. The IJB is accountable for the stewardship of public funds and operates under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a responsibility of members and officers of the IJB.

3. The Financial Regulations are a key component of the IJB's governance. They set out the responsibilities of the IJB and senior officers in relation to the proper administration of the IJBs finances, as well as the internal and external audit arrangements in place. These provide a framework to ensure proper administration of the IJBs finances

4. These regulations should be read in conjunction with the Code of Corporate Governance of NHS Borders and the Financial Regulations of Scottish Borders Council.

5. Voting members of the IJB, together with officers appointed or seconded to the IJB have a duty to abide by the highest standards of probity in dealing with financial issues. This is achieved by ensuring everybody is clear about the standards to which they are working and the controls in place to ensure these standards are met.

6. The primary controls and control objectives are:

    - promotion of the highest standards of financial planning and management by the IJB
    - an effective system that complies with these financial regulations
    - that financial reporting to the IJB should be fully aligned with management information presented to NHS Borders and Scottish Borders Council
    - effective reporting that compares the financial performance of the IJB to its financial plan and supports achievement of strategic objectives.

FINANCIAL MANAGEMENT AND PERFORMANCE REPORTING

Responsibility of the IJB

7. The Integration Scheme sets out the detail of the arrangements for the Scottish Borders. In relation to financial management of the IJB budget it specifies:

    - the functions which are delegated to the IJB by NHS Borders and Scottish Borders Council
    - the method of determining the resources to be delegated each year by NHS Borders and Scottish Borders Council
    - the reporting arrangements between the IJB, NHS Borders and Scottish Borders Council
    - the financial management arrangements to be followed including the treatment of budget variances.

8. The IJB will prepare its Strategic Commissioning Framework (SCF) in consultation with stakeholders. The SCF must include:

    - the resources delegated from Scottish Borders Council to the IJB for social care services
    - the resources delegated from NHS Borders to the IJB for delegated primary and community health care services
    - the amount set aside by NHS Borders for major hospital services for the population of the Borders.

Responsibility of the IJB Chief Officer

9. The Chief Officer is the Accountable Officer of the UB. The Chief Officer will discharge their duties in respect of delegated resources by:

    - ensuring that the SCF meets the requirement for economy, efficiency and effectiveness in the use of the UB resources; and
    - giving directions to NHS Borders, Scottish Borders Council and other delivery partners, which are designed to ensure resources are deployed and spent in accordance with the SCP.

10. It is the responsibility of the Chief Officer to ensure that the provisions of such directions enable delivery partners to discharge their responsibilities within available resources.

11. As the Chief Officer of the Health and Social Care Partnership, in their operational role, they are accountable to the Chief Executives of NHS Borders and Scottish Borders Council for functions whose delivery is delegated to each organization. This includes the financial management and performance of services aligned to these functions. For services relating to social care, the Chief Officer reports on financial management to the Chief Executive of Scottish Borders Council via the Council's Director of Finance and Procurement.

Responsibility of the Integration Joint Board Chief Finance Officer

12. The IJB will appoint an officer responsible for its financial administration.

13. In appointing the IJB Chief Finance Officer (IJB CFO) the IJB will comply with CIPFA guidance on the 'Role of the Chief Financial Officer in Local Government'.

14. The IJB CFO and Chief Officer will discharge their duties in respect of the delegated resources by:

    - establishing financial governance systems for the proper use of the delegated resources
    - ensuring that the SCF meets the requirement for best value in the use of the IJB's resource and
    - ensuring that the directions to NHS Borders and Scottish Borders Council provide for the finances being spent in line with the SCF.

Responsibility of NHS Borders Accountable Officer; NHS Borders Director of Finance and Scottish Borders Council Director of Finance and Procurement

15. The NHS Borders Accountable Officer and the Scottish Borders Council's Director of Finance and Procurement discharge their responsibility as it relates to the resources delegated to the IJB - by setting out in the Integration Scheme the purpose for which resources are used and the systems and monitoring arrangements for financial performance management. It is their responsibility to ensure that the provisions of the Integration Scheme enable them to discharge their responsibilities in this respect.

16. The NHS Borders Director of Finance and the s95 Officer of Scottish Borders Council will provide regular in-year reporting, forecast and specific advice and professional support to the Chief Officer and IJB CFO to ensure that adequate systems of internal control are established.

FINANCIAL PLANNING

17. The IJB is responsible for production of a Strategic Commissioning Framework (SCF) – setting out the services for its population over the medium term (3 years). This should include a medium term financial plan for the resources within the scope of the SCF, incorporating:

    - the integrated budget – aggregate of payments to the IJB; plus
    - the set aside budget – the amount set aside by NHS Borders for large hospital services used by the IJB population.

18. NHS Borders and Scottish Borders Council will provide an annual allocation of funding, and indicative three year rolling funding allocations to the IJB, to support the SCF and medium term financial planning process. These allocations are subject to annual

approval by both organisations as part of their annual budgeting processes. The IJB CFO will prepare a medium term Financial Plan (for a minimum of three years) to support the SCF.

19. The IJB Chief Officer and CFO will develop an integrated budget for the forthcoming financial year based on the SCF. This will be in conjunction with the Scottish Borders Council Director of Finance and Procurement.and the Director of Finance NHS Borders. The IJB CFO will present this budget to NHS Borders and Scottish Borders Council for consideration and agreement as part of each organizations' annual financial planning process. The budget should reflect:

- **Activity Changes**. The impact on resources in respect of increased demand (eg demographic pressures and increased prevalence of long term conditions) and for other planned activity changes

- **Pay and Price inflation**

- **Legal requirements**. Legislation may entail expenditure commitments that should be reflected in an adjustment to the payment

- **Best Value**. All planned and anticipated cost reductions should be agreed between the IJB, Scottish Borders Council and NHS Borders including:
  increased income opportunities,
  efficiencies through service redesign, and
  service rationalisations/cessations.

- **Performance on outcomes**. The potential impact of the above factors on agreed outcomes must be clearly stated and open to scrutiny and challenge by Scottish Borders Council and NHS Borders.

- Transfers **to/from the set aside budget for hospital services** set out in the SCF.

20. The IJB will publish an Annual Financial Statement which will set out the amount that will be spent in each year of the SCF. Guidance on the content of the Annual Financial Statement is included in the Statutory Guidance for Strategic Planning.

21. The method for the determination of contributions to the integrated budget is stated in the Integration Scheme.

Virement

22. Virement is defined by CIPFA as *"the transfer of an underspend on one budget head to finance additional spending on another budget head, in accordance with the Financial Regulations".* Virement is a recurring or non-recurring transfer of budget from one budget heading (employee costs, supplies and services etc), to another, or a transfer of budget from one service to another. Any such proposed virement will be treated as a Direction with a clear explanation for the reason for the movement and the impact on the SCF.

Budgetary Control

23. It is the responsibility of the Chief Officer and IJB CFO to report regularly and timeously on all budgetary control matters, comparing projected outturn with the approved financial plan to the IJB and other bodies as designated by NHS Borders and Scottish Borders Council.

24. The Director of Finance (NHS Borders), the Scottish Borders Council Director of Finance and Procurement will ensure that there are appropriate systems in place to meet the financial performance monitoring and assurance requirements of the IJB.

25. The IJB CFO, in consultation with the Director of Finance (NHS Borders) and the Scottish Borders Council Director of Finance and Procurement.is responsible for agreeing a consistent basis and timetable for the preparation and reporting of management monitoring information to the IJB.

Budget Variances

26. The Integration Scheme specifies how in year over/under spends against approved budgets will be treated. Where it appears that any heading of income or expenditure may vary from that appearing in the Financial Plan, it is the duty of the Chief Officer and the IJB CFO, in consultation with the NHS Board Director of Finance and the Council's s95 Officer, to report in accordance with the appropriate method established for that purpose by the IJB, NHS Board and Scottish Borders Council, the details of the variance and any remedial action required.

27. If the remedial action is not successful and there are insufficient general fund reserves to fund the overspend, the partners have the option to:
    - Make additional payments to the IJB or
    - Provide additional resources to the IJB which are then recovered in future years, subject to scrutiny of the reasons for the overspend and assurance that there is a plan to address it.

28. In exceptional circumstances either party may amend their contribution to the IJB to offset an overspend. This provision should only be used in extreme circumstances. The Chief Officer will determine the actions required to make the savings to enable this transfer. This action must be approved by the IJB as advised by the IJB CFO.

Reports to Integration Joint Board

29. All reports to the IJB must specifically identify the extent of any financial implications. These must have been discussed and agreed with the IJB CFO prior to lodging of reports with the Board Secretary. If there are any additional financial consequences arising from reports for either NHS Borders or Scottish Borders Council the IJB CFO must be consulted and the author must ensure that these are agreed with those organisations' prior to approval being sought from the IJB.

LEGALITY OF EXPENDITURE

30. It is the duty of the Chief Officer to ensure that no expenditure is incurred, or included within the Financial Plan unless it is within the power of the IJB. Expenditure on new service developments, initial contributions to other organisations, must be clarified as to legality prior to being incurred. In cases of doubt the Chief Officer should consult the respective legal advisors of NHS Borders and Scottish Borders Council before incurring expenditure. Responses to emergency situations which require expenditure will be reported to the first available meeting of the IJB.

RESERVES

31. Legislation, under Section 106 of the Local Government (Scotland) Act 1973 empowers the IJB to hold reserves, which should be accounted for in the financial accounts and records of the IJB.

32. Any underspend will be held by the partner bodies on behalf of the IJB and can be drawn down with the approval of the IJB. No interest will be credited to the IJB for balances held.

33. A separate policy on reserves has been created in consultation with NHS Borders and Scottish Borders Council. This Reserves Policy was updated and approved in December 2022.

34. The IJB should, as part of financial planning, develop a strategic approach to reserves part of the development of long term finance strategy, which should indicate the level of reserves required and their purpose.

VAT

35. HM Revenues and Customs has confirmed that there is no requirement for a separate VAT registration for the IJB as it will not be delivering any services within the scope of VAT. This position will require to be kept under review by the IJB CFO should the operational activities of the UJB change and a need to register be established. HMRC guidance will apply to Scotland which will allow a VAT neutral outcome.

COMMISSIONING OF SERVICES

36. Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014/285 provides that the IJB may enter into a contract with any other party for the provision to the IJB of goods and services for the purpose of carrying out the functions conferred on it by the Act.

37. As a result of specific VAT and accounting issues associated with the IJB contracting directly for the provision of goods and services the Chief Officer is required to consult with the NHS Borders Director of Finance, and Scottish Borders Council Director of Finance and Procurement., prior to any direct procurement exercise being undertaken.

ACCOUNTING

Accounting Procedures and Records

38. All accounting procedures, records and systems of financial control of the IJB will be determined by the IJB CFO. These will also be subject to discussion with the Scottish Borders Council Director of Finance and Procurement, and the NHS Borders Director of Finance.

39. Legislation provides that the IJB is subject to the audit and accounts provision of a body under section 106 of the Local Government (Scotland) Act 1973. This requires audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations i.e. Section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the Local Government (Scotland) Act 1973. These will be proportionate to the limited number of transactions of the IJB whilst complying with the requirement for transparency and true and fair reporting in the public sector. The Accounts will be prepared on an accruals basis complying with the CIPFA UK Code of practice on Local Authority Accounting in force at the balance sheet date.

40. Scottish Borders Council and NHS Borders will include additional disclosures in their statutory accounts which reflect their formal relationship with the IJB.

Financial Statements of the Integration Joint Board

41. Financial reporting requirements for the IJB will be as specified in applicable legislation and regulation:
    - Following the Code of Practice on Local Authority Accounting in the UK.
    - Completed, published and signed to meet the audit and publication requirements as specified under section 105 of the Local Government (Scotland) Act 1973 or as amended by subsequent legislation.

42. It is the primary responsibility of the IJB CFO to meet these requirements and of the Chief Officer to provide any relevant information to ensure that NHS Borders and Scottish Borders Council meet their respective statutory and publication requirements for

the single entity and group accounts. The annual reporting timetable should be agreed in advance with the Director of Finance NHS Borders, Scottish Borders Council Director of Finance and Procurement, and the external auditors. The target deadlines are as noted below.

Milestone	Deadline
Agreement of in year transactions and year end balances with Local Authority and Health Board	30 April
Draft annual accounts produced and submitted for audit	30 June
Inspection of accounts and lodging of objections	29 July
Accounts Signed	30 September
Publication of audited annual accounts	30 October

43. The IJB CFO will develop a timetable and responsibilities for production of information, in liaison with nominated contacts within each organisation, to ensure that appropriate information is exchanged within the timescales required by the statutory audit processes of the IJB, Council and NHS. Arrangements should be established to review and agree balances and transactions on a regular basis, not just at the year end.

INTERNAL AUDIT

Responsibility for Internal Audit

44. The IJB will establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources.

45. The role of Chief Internal Auditor and associated Internal Audit services will be provided by the Chief Officer Audit and Risk and the Internal Audit team of Scottish Borders Council. The Council's Internal Audit Charter and Internal Audit Strategy are applicable for the provision of Internal Audit services to the IJB. The specific nature of operational audit support to the IJB will be agreed with the Chief Officer.

46. The Internal Audit Service will undertake its work in compliance with the Public Sector Internal Audit Standards.

47. On or before the start of each financial year the Chief Internal Auditor will prepare and submit a strategic risk based Internal Audit Annual Plan for the Integration Joint Board to the IJB Audit Committee for approval. The Annual Plan will include sufficient work to enable the Chief Internal Auditor to prepare the statutory independent and objective audit opinion on the adequacy of the IJB's arrangements for governance, risk management and internal control of the delegated resources.

48. The IJB will place reliance on the existing mechanisms and governance arrangements adopted by NHS Borders and Scottish Borders Council for the provision of Internal Audit assurances to their respective Audit Committees. The IJB Chief Internal Auditor will

provide biannually to the Chief Officer, IJB CFO, and the IJB Audit Committee the list of Internal Audit reports by Partners' Internal Auditors presented to their respective Audit Committees that are relevant to the IJB for assurance purposes with a summary of assurances contained therein.

49. The Chief Internal Auditor will submit an Internal Audit Annual Assurance Report for the Integration Joint Board to the Chief Officer, IJB CFO, and the IJB Audit Committee, providing an assurance opinion on the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and internal control, a summary of audit activity during the year that supports the opinion, and a statement on conformance with the PSIAS. The Internal Audit Annual Assurance Report for the IJB will be published in the public domain on modern.gov to ensure transparency to all partners and enable relevant assurance.

50. The Chief Internal Auditor will provide progress updates biannually to the Chief Officer, IJB CFO, and the IJB Audit Committee on the implementation by Management of relevant Audit recommendations relating to the IJB.

Authority of Internal Audit

51. The Chief Internal Auditor or their authorised representatives will have authority, on production of identification, (as defined in the Internal Audit Charter) to access any data held on any site by either SBC or NHS Borders that relates to the functions delegated to the IJB through the Integration Scheme.

RISK MANAGEMENT AND INSURANCE

Risk Management Policy and Strategy

52. The Risk Management Policy sets out the intent for managing the strategic risks of the IJB, and the roles and responsibilities of various stakeholders. The Chief Officer is responsible for ensuring all major decisions are subject to a risk assessment, fostering a supportive culture where all members of staff are openly able to discuss and escalate risks appropriately, and regularly reviewing the most significant risks threatening the IJB's strategic objectives. The Chief Officer will be supported by Scottish Borders Council's Corporate Risk Officer to review the IJB Strategic Risk Register. SBC Chief Officer Audit & Risk will lead on the development and review of the IJB's Risk Management Policy and Strategy. The Risk Management Policy and Strategy will be approved by the IJB.

53. The Risk Management Strategy includes the: governance structure; types of risks to be reported; risk management framework and process; roles and responsibilities; monitoring risk management activity and performance; and reporting of risks to the IJB.

54. Where appropriate, existing mechanisms embedded within both NHS Borders and Scottish Borders Council will be used to provide assurance to the IJB on managing

those risks associated with the operational delivery of services that have been commissioned by the IJB. It is the responsibility of the partner organisations to provide risk information as required by the IJB as part of monitoring arrangements and/or highlight any significant single risk arising that requires immediate notification to the IJB Chief Officer.

55. The IJB Audit Committee will scrutinise the adequacy and effectiveness of the IJB's risk management arrangements.

Responsibility for Insurance

56. The IJB will make appropriate insurance arrangements for all activities of the IJB in accordance with the risk management strategy. CNORIS arrangements apply for NHSB.

57. The Chief Officer will arrange, taking such specialist advice as may be necessary, that adequate insurance cover is obtained for all *normal insurable risks arising* from the activities of the IJB and for which it is the general custom to insure. This will include the provision of appropriate insurance in respect of members of the IJB acting in a decision making capacity.

Notification of Insurance Claims

58. The Chief Officer and the IJB CFO will put in place appropriate procedures for the notification and handling of any insurance and negligence claims made against the IJB.

ECONOMY, EFFICIENCY AND EFFECTIVENESS (BEST VALUE)

59. The Chief Officer will ensure that arrangements are in place to maintain control and clear public accountability over the public funds delegated to the IJB.

60. This will apply in respect of:

- the resources delegated to the IJB by the NHS Borders and Scottish Borders Council
- the resources paid to NHS Borders and Scottish Borders Council by the IJB for use as directed and set out in the SCP.

61. The IJB has a duty to put in place proper arrangements for securing Best Value in the use of resources and delivery of services. Best Value is about ensuring that there is good governance and effective management of resources, with a focus on improvement, to deliver the best possible outcomes for the public.

62. There will be a process of strategic planning which will have full member involvement, in order to establish the systematic identification of priorities and realization of Best Value in the delivery of services. It will be the responsibility of the Chief Officer to deliver the

arrangements to secure Best Value and to co-ordinate policy in regard to ensuring that the IJB secures Best Value.

63. The Chief Officer is responsible for ensuring implementation of the strategic planning process. Best Value should cover financial, human and physical resource management, commissioning of services, financial management and policy, performance and service delivery.

64. The IJB will comply with relevant guidance on best practice financial management, such information as may be available from Scottish Government, HFMA, and CIPFA. Advice on use of management consultancy should be observed:

    - The areas below should be considered before any management consultancy spend is procured. This is to minimise external consultancy spend and where procured, maximise economies of scale and benefits from any investment made by individual Boards. It is for the IJB to assure themselves they are getting value for money across the system for any spend incurred. Collaboration on any procurement processes is strongly suggested.

Problem definition - is there a clear understanding of outcomes, and are deliverables towards these outcomes clearly set out and agreed with the Chief Executive / Chief Officer (or DoF/ CFO)?
Need for consultancy - have other delivery models, including in-house expertise and other options including working with other Boards or partner organisations, been adequately considered?
National support - have you discussed with the relevant policy lead to determine whether support could be made available from Scottish Government and confirm whether this requirement is unique?
Sourcing to achieve Value For Money - has a proportionate level of market engagement taken place and is the procurement process robust and appropriate?
Knowledge and skills transfer to avoid over reliance - are the plans adequate for how results will be used and shared, skills will be passed on and how over-reliance on single providers will be avoided?

PARTNERSHIPS

65. The IJB will put in place appropriate governance arrangements to record all joint working arrangements entered into by the IJB.

OBSERVANCE OF FINANCIAL REGULATIONS

Responsibility of Chief Officer and the IJB Chief Finance Officer

66. It is the duty of the Chief Officer assisted by the IJB CFO to ensure that these Regulations are made known to the appropriate persons within the IJB and Health and Social Care Partnership and to ensure that they are adhered to.

Breach of Regulations

67. Any breach of these regulations should be reported immediately to the IJB CFO, who may then discuss the matter with the Chief Officer, NHS Borders Chief Executive, Scottish Borders Council Chief Executive or another nominated or authorised person as appropriate to decide what action to take.

68. Where a material breach of these regulations is identified the IJB may choose to refer this breach to its partners for further action under the appropriate disciplinary policies of those organisations.

Review of Financial Regulations

69. These Regulations will be reviewed every three years (or earlier if there have been significant changes) by the IJB CFO in consultation with the NHS Borders Director of Finance and the Scottish Borders Council Director of Finance and Procurement, and where necessary, subsequent adjustments will be submitted to the IJB Audit Committee for recommendation to the IJB for approval.

Date of Review: 12 July 2023

Scottish Borders Health and Social Care Partnership Integration Joint Board

Wednesday 19 July 2023

Scottish Borders
Health and Social Care
PARTNERSHIP

QUARTERLY PERFORMANCE REPORT, JULY 2023

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

1. PURPOSE AND SUMMARY

1.1. **To provide a high level summary of quarterly performance for Integration Joint Board (IJB) members, using latest available data.**

1.2. The report focuses on demonstrating progress towards the Health and Social Care Partnership's Strategic Objectives.

2. RECOMMENDATIONS

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

a) Note and approve any changes made to performance reporting and the key challenges highlighted

b) Direct actions to address the challenges and to mitigate risk

3. INTEGRATION JOINT BOARD DIRECTION

3.1 A Direction is not required.

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

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

Author(s)
Hayley Jacks, Planning & Performance Officer, NHS Borders
Meriel Carter, Analytical BI Team Lead, NHS Borders

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

Scottish Borders
Health and Social Care
PARTNERSHIP

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

SUMMARY OF PERFORMANCE:
Latest available Data at end March 2023

Structured Around the 3 Objectives in the Strategic Plan:

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

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

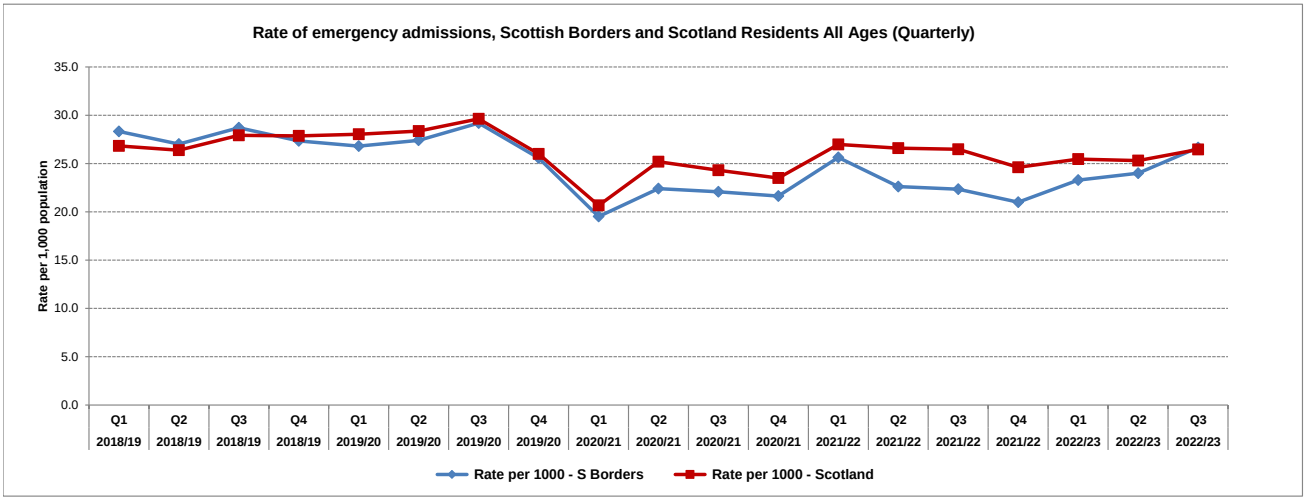
Objective 3: We will improve the capacity within the community for people who have been in receipt of health and social care services to manage their own conditions and support those who care for them

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

Emergency Admissions, Scottish Borders residents All Ages

Source: MSG Integration Performance Indicators workbook (SMR01 data)

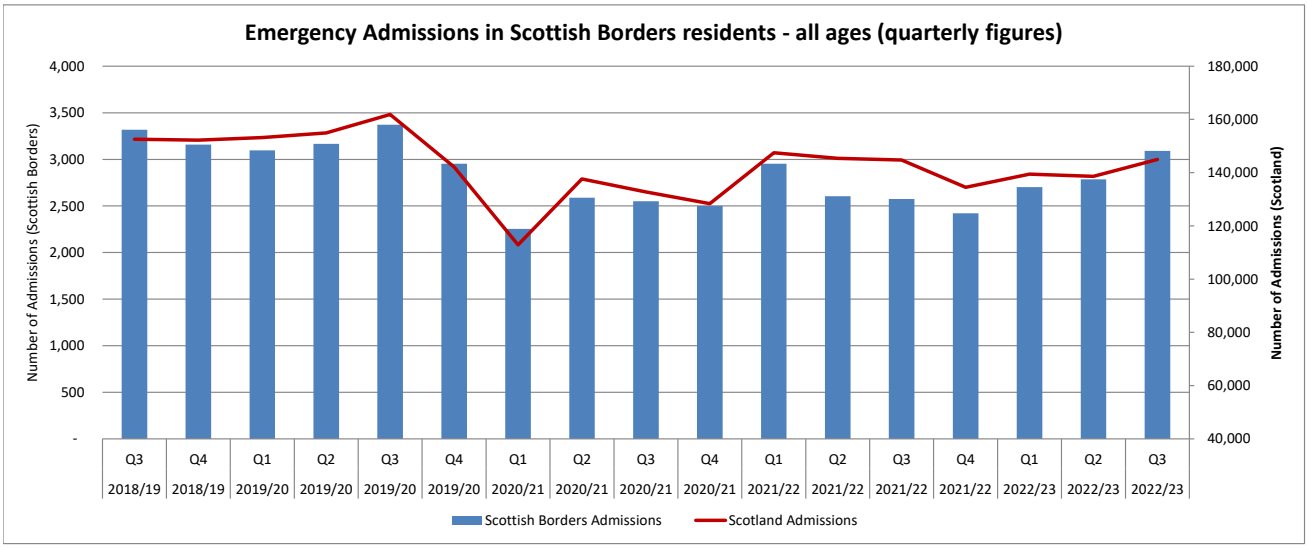
	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23
Scottish Borders - Rate of Emergency Admissions per 1,000 population All Ages	29.3	25.6	19.6	22.4	22.1	21.6	25.6	22.6	22.3	21.0	23.3	24.0	26.6
Scotland - Rate of Emergency Admissions per 1,000 population All Ages	29.8	26.1	20.6	24.6	24.3	23.5	27.0	26.6	26.5	24.6	25.5	25.3	26.5



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

Source: MSG Integration Performance Indicators workbook (SMR01 data)

	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23
Number Scottish Borders Emergency Admissions - All Ages	3,372	2,953	2,254	2,586	2,547	2,500	2,954	2,605	2,574	2,421	2,702	2,785	3,091
Number Scotland Emergency Admissions - All Ages	161,865	142,079	112,034	133,783	132,773	128,364	147,480	145,393	144,776	134,532	139,490	138,640	144,957



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

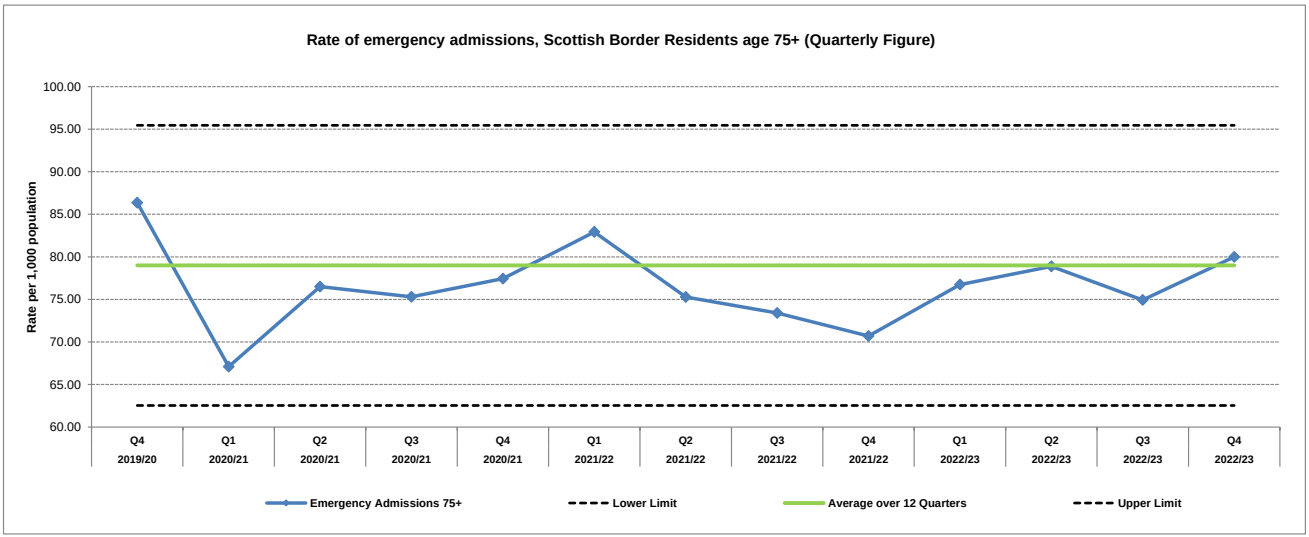
How are we performing?

The rate of emergency admissions continues to see minor fluctuations between quarters. Emergency Admission rates significantly reduced in both Q4 19/20 and Q1 20/21. This is reflective of the impact of the Covid-19 pandemic and the National measures introduced to reduce the spread of the virus. This rose again in Q2, following a similar trend to that of the rest of Scotland. There has been a dip subsequently in Q3 and Q4 2020/21 during the pandemic but emergency admissions have rose again in April - June 2021. A reduction was seen from that point each quarter, both locally and nationally until Q1 2022/23. During the financial year 2022/23 rates have risen in Borders to meet the national level.

Emergency Admissions, Scottish Borders residents age 75+

Source: NSS Discovery

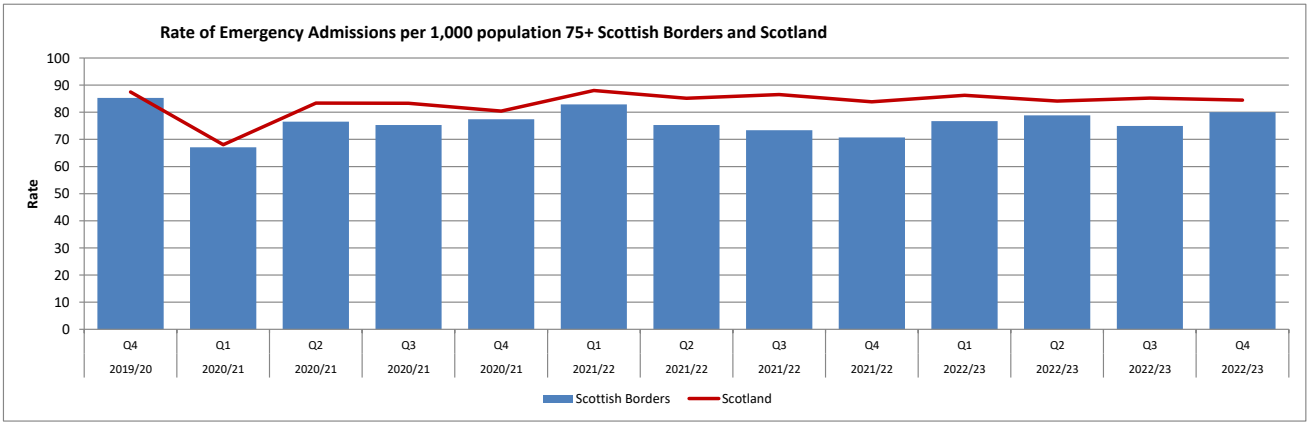
	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23
Number of Emergency Admissions, 75+	1,057	846	965	947	977	1,046	970	946	907	1,016	1044	992	1059
Rate of Emergency Admissions per 1,000 population 75+	86.4	67.1	76.5	75.3	77.5	82.9	75.3	73.4	70.7	76.8	78.9	74.9	80.0



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

Source: NSS Discovery

	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23
Rate of Emergency Admissions Scottish Borders	85.3	67.1	76.5	75.3	77.5	82.9	75.3	73.4	70.7	76.8	78.9	74.9	80.0
Rate of Emergency Admissions 75+ Scotland	87.5	68.0	83.4	83.3	80.5	88.0	85.2	86.5	83.9	86.3	84.1	85.2	84.5



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

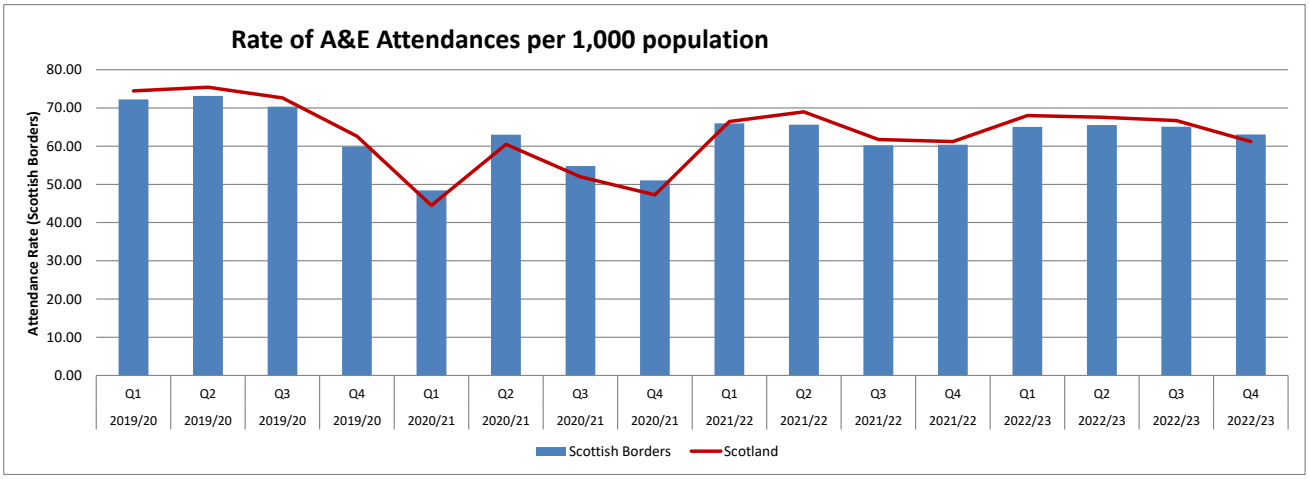
How are we performing?

The rate of 75+ emergency admissions was showing a negative trend over the last 3 years until Q4 2019/20. The graph shows Emergency Admission rates, for the 75+ age group, have dramatically decreased in Q4 2019/20 and Q1 2020/21. This change comes following the highest reported rate of admissions for this age group in the last 3 years - pushing the Borders rate ahead of the Scottish average. Again the onset of the Covid-19 pandemic during Q4 2019/20, and its ongoing effects, would explain the sudden decrease in Emergency Admissions over the Q4 19/20 and Q1 20/21. Q2 20/21 to Q1 21/22 saw this rate increase slightly, although the next 3 quarters reduced. The Borders' rates have remained below the average over 12 quarters, of the 13 reported and the gap has generally widened from Q2 2021/22 to Q3 2022/23, but reduced to a gap of 4.5, per 1,000 population in Q4 2022/23.

Rate of A&E Attendances per 1,000 population

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

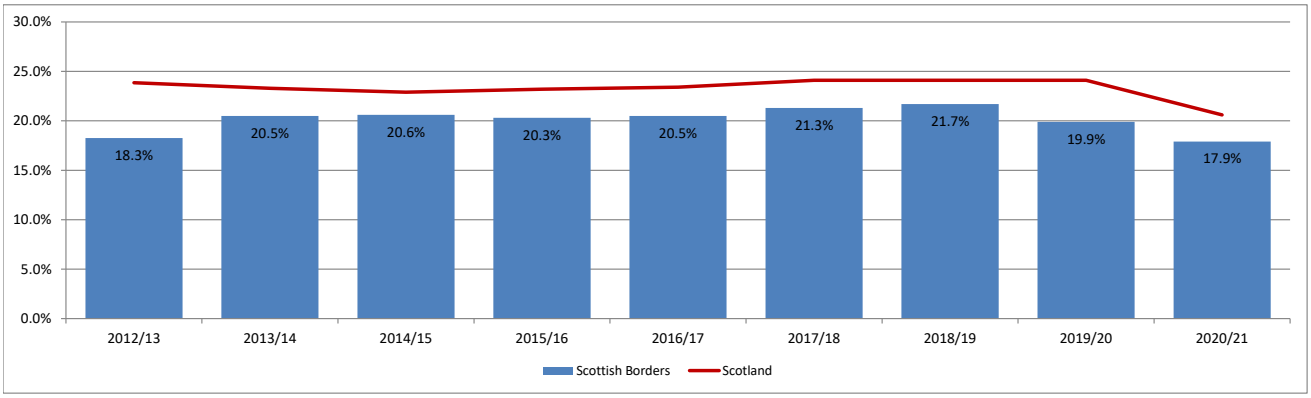
	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23
Rate of Attendances, Scottish Borders	60.0	48.5	63.0	54.7	51.0	65.9	65.6	60.2	60.4	65.5	65.7	65.1	63.0
Rate of Attendances, Scotland	62.9	44.6	60.5	52.3	47.3	66.4	69.0	61.7	61.2	68.2	68.3	66.7	61.2



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

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

Source: Core Suite Indicator workbooks



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

How are we performing?

The onset of the Covid-19 pandemic (Q4 19/20 onwards) saw the rate of A&E attendances drastically reduce, with Q1 20/21 showing the lowest rate over the last 3 years. However, Q2 20/21 (Jul-Sept 20) saw this rise to almost 'normal' levels at 62.4 admissions per 1,000 of the population. During 2022/23 rates had increased but were still under national levels, this position altered in Q4 2022/23 where Borders had a higher rate for the first time since Q4 2020/21.

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

Both these indicators are impacted by the effects of the Covid-19 pandemic.

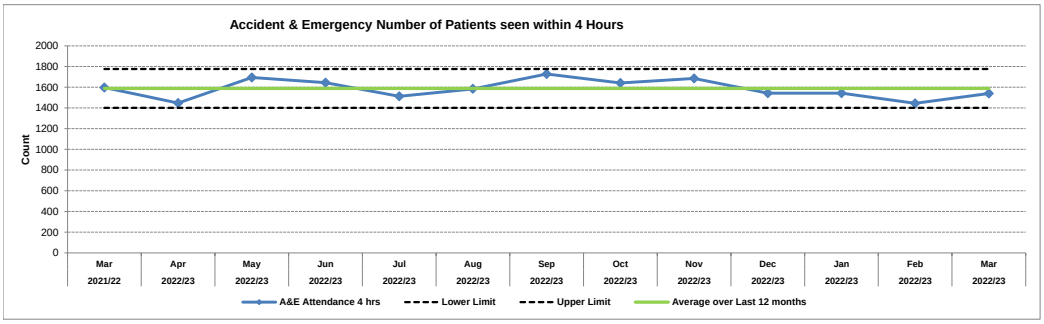
NB: December 2019, the denominator for this indicator now includes dental and ophthalmic costs. As a result, the % of spend has slightly decreased. The Table and Chart above have been updated to reflect the altered % as a result of this change.

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

Accident and Emergency attendances seen within 4 hours- Scottish Borders

Source: NHS Borders Trakcare system

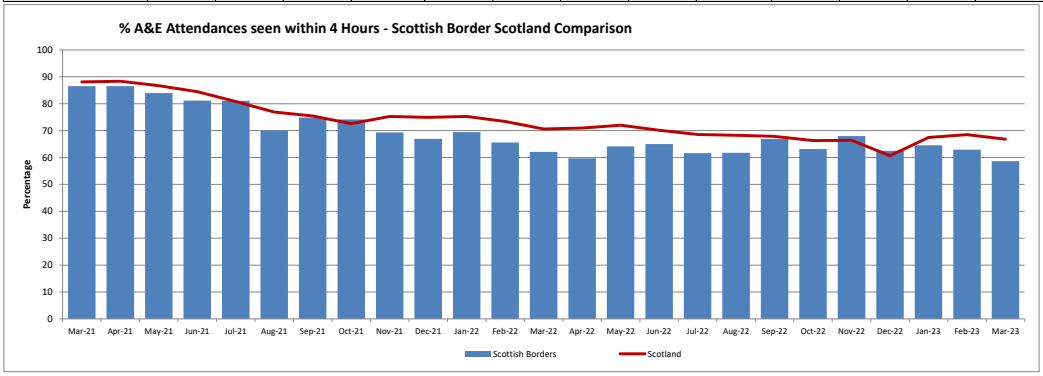
	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Number of A&E Attendances seen within 4 hours	1598	1447	1695	1644	1512	1584	1728	1642	1685	1543	1543	1445	1540



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

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

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
% A&E Attendances seen within 4 hour Scottish Borders	62.1	59.7	64.2	65.0	61.6	61.7	66.9	63.1	68.0	62.5	64.6	62.9	58.6
% A&E Attendances seen within 4 hour Scotland	70.6	71.0	72.0	70.1	68.6	68.3	67.9	66.3	66.4	60.7	67.5	68.5	66.8



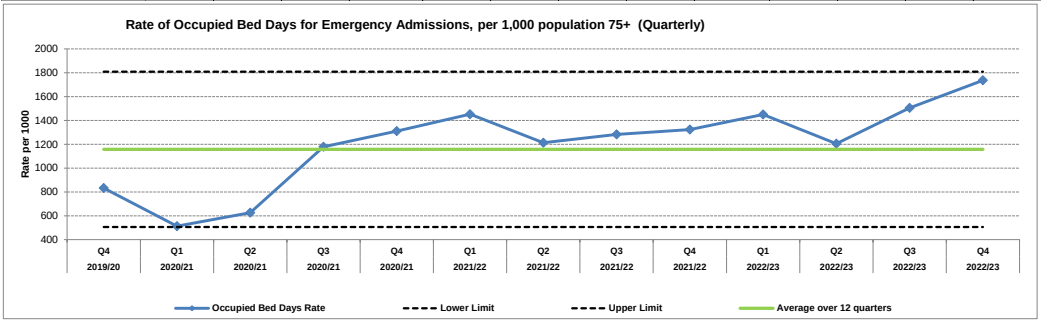
How are we performing?

Historically, NHS Borders consistently performed better than the Scottish comparator for A&E waiting times. Borders had fallen below the Scottish Average in all months reported since June 2020. The gap widened significantly since the onset of the Corona Virus pandemic in March 2020. The Scottish average is declining and the Borders position has mirrored this over the calendar year 2022. Borders performance improved during January 2023 to 65% but dipped in the subsequent 2 months whilst the national average improved in February and reduced in March 2023.

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

Source: NSS Discovery

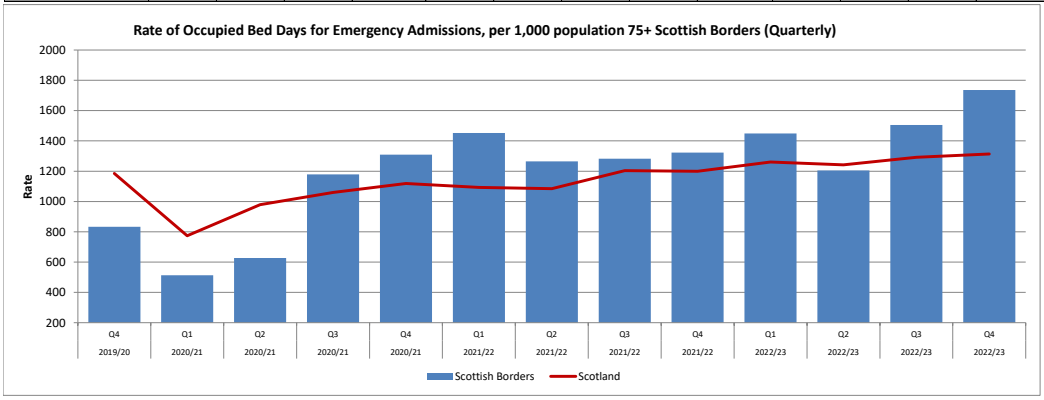
	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23
Number of Occupied Bed Days for emergency Admissions, 75+	10505	6471	7903	14861	16521	18378	15625	16465	16829	19182	15942	19922	22982
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+	833	513	627	1179	1310	1452	1212	1282	1323	1449	1204	1505	1736

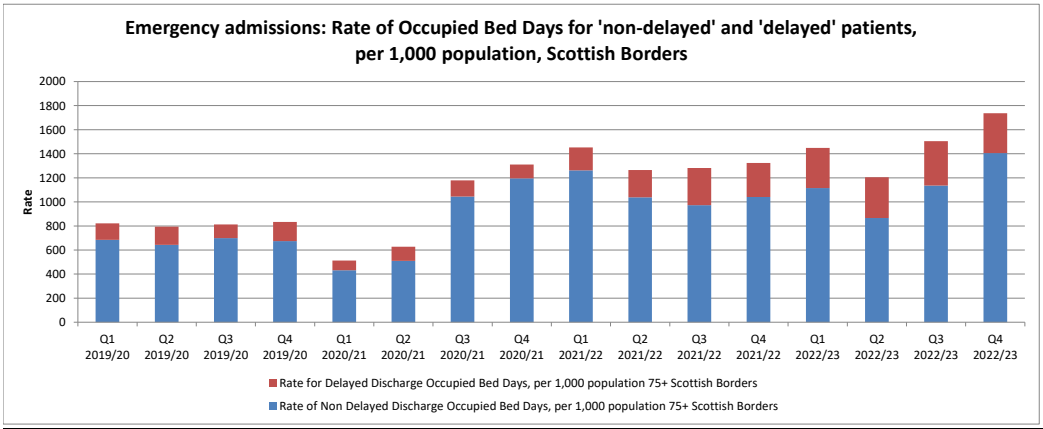


Occupied Bed Days for emergency admissions, Scottish Borders and Scotland Residents age 75+

Source: NSS Discovery

	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scottish Borders	833	513	627	1179	1310	1452	1212	1282	1323	1449	1204	1505	1736
Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scotland	1185	774	979	1060	1119	1093	1085	1203	1200	1261	1242	1292	1314





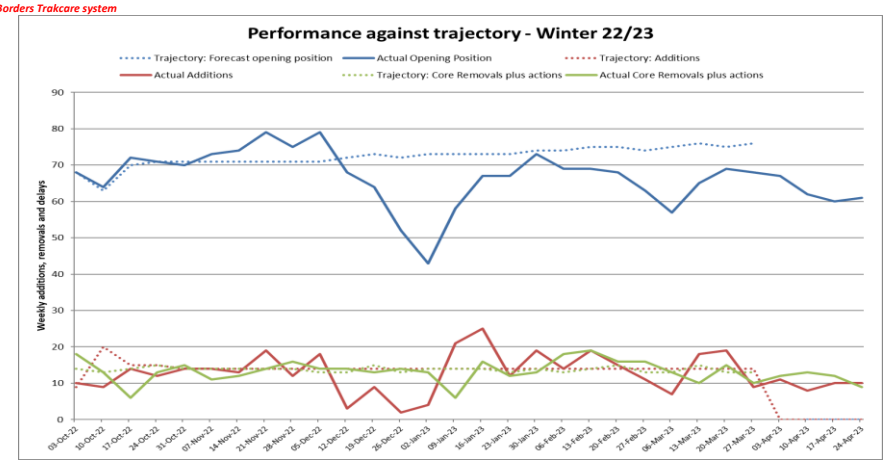
How are we performing?

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

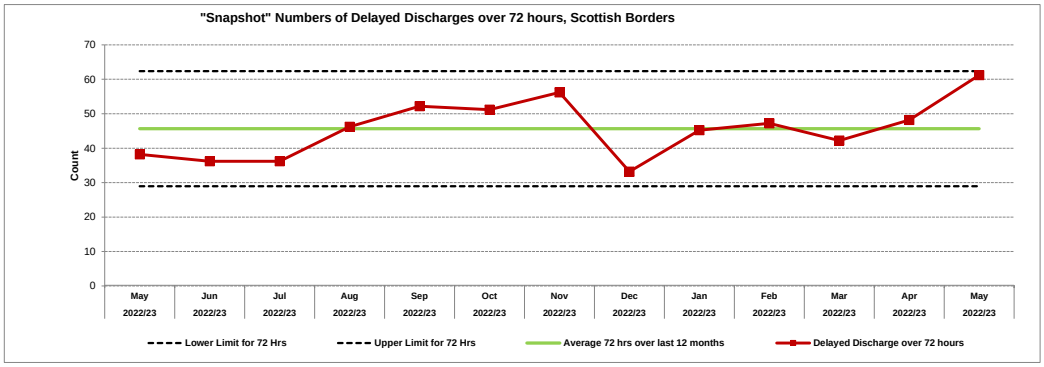
The quarterly occupied bed day rates for emergency admissions in Scottish Borders residents aged 75+ has fluctuated over time and had been lower than the Scottish Average until Q3 20/21 when Community Hospitals data are included. There was a reduction between Q1 2021/22 and Q2 2021/22 but rates have generally increased again from that point (Q2 2022/23 being the exception).

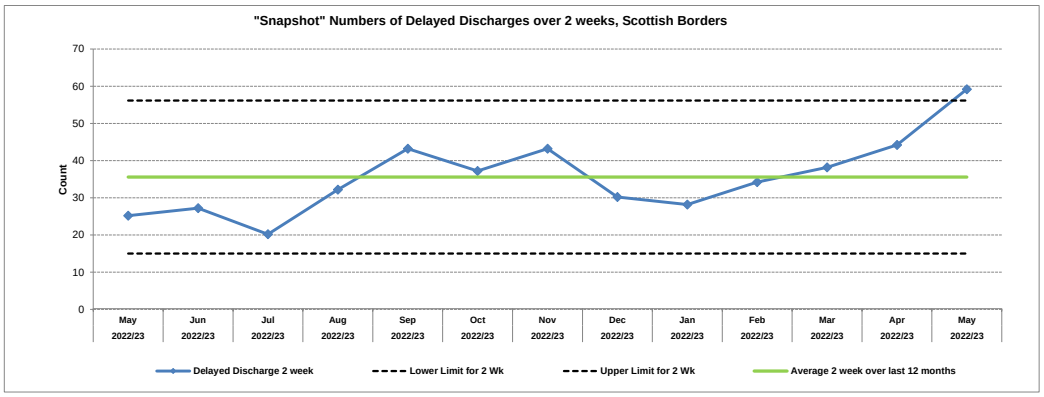
Delayed Discharges (DDs)

Source: NHS Borders Trakcare system



	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Number of DDs over 2 weeks	25	27	20	32	43	37	43	30	28	34	38	44	59
Number of DDs over 72 hours	38	36	36	46	52	51	56	33	45	47	42	48	61





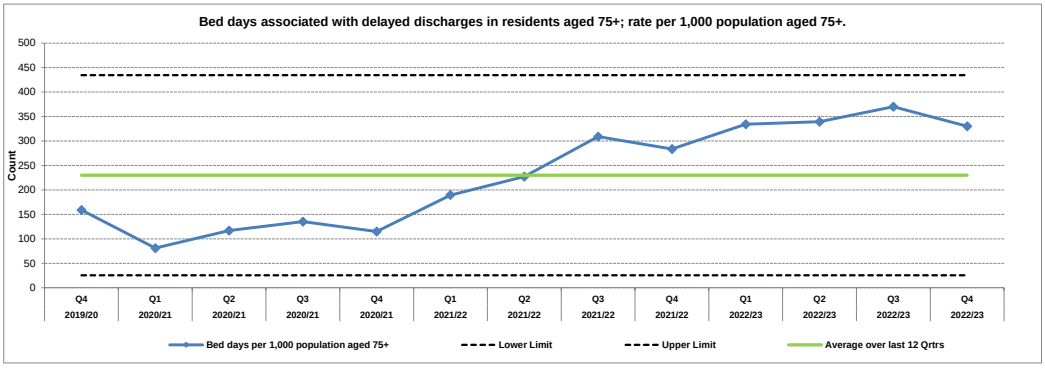
Please note the Delayed Discharge over 72 hours measurement has been implemented from April 2016.

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

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

Source: Core Suite Indicator workbooks

	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23
Bed days per 1,000 population aged 75+	158.6	80.9	116.8	135.0	114.7	189.3	227.0	308.8	283.5	334.0	339.3	369.9	330.0



How are we performing?

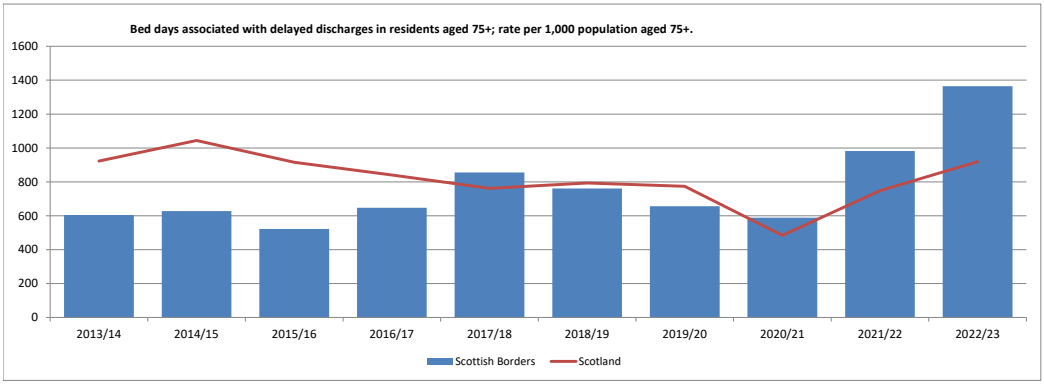
Although, at the onset of the Corona Virus pandemic there was a reduction in the number of delayed discharges, this was short -lived and these have again been on an increasing trend since May 20. December 2020 demonstrated a drop in delayed discharges; this is in -line with the previous year although the 2020 figure is higher than in 2019. In 2021 the rate of delayed discharges started to increase from February 2021 onwards. October 2021 was the first month to show a reduction in over 72 hour waits. Rates have been fluctuating from that point.

The rate of bed days associated with delayed discharges (75+) from Q4 2019/20 to Q4 2020/21 show fluctutations within control limits, there has been an increase since Q1 21/22 in the bed day rate. NHS Borders is facing significant challenges with Delayed Discharges, which continues to impact on patient flow within the Borders General Hospital and our four Community Hospitals. There was a drop in the delayed days rate in Q4 2022/23 as in Q4 2021/22 but the rate in Q4 2022/23 was higher than the previous year.

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

Source: Core Suite Indicator workbooks

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Scottish Borders	647	855	761	656	588	982	1364
Scotland	841	762	793	774	484	748	919



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

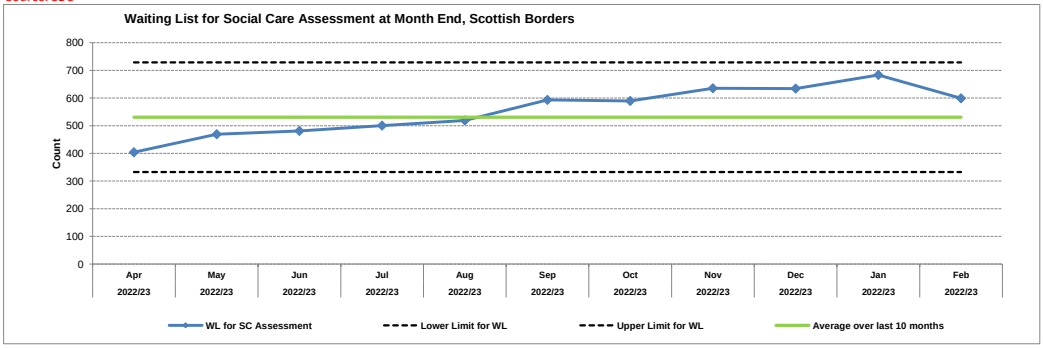
How are we performing?

Up to 2016/17, rates for the Scottish Borders were lower (better) than the Scottish average. However, in 2017/18 the Borders' rate was higher than Scotland's. This reduced in 2018/19 - when the Scottish average increased - and further reduced in 2019/20 and 2020/21. 2021/22 and 2022/23 have seen a marked increase however.

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

Social Care Assessment Waiting List

Source: SBC

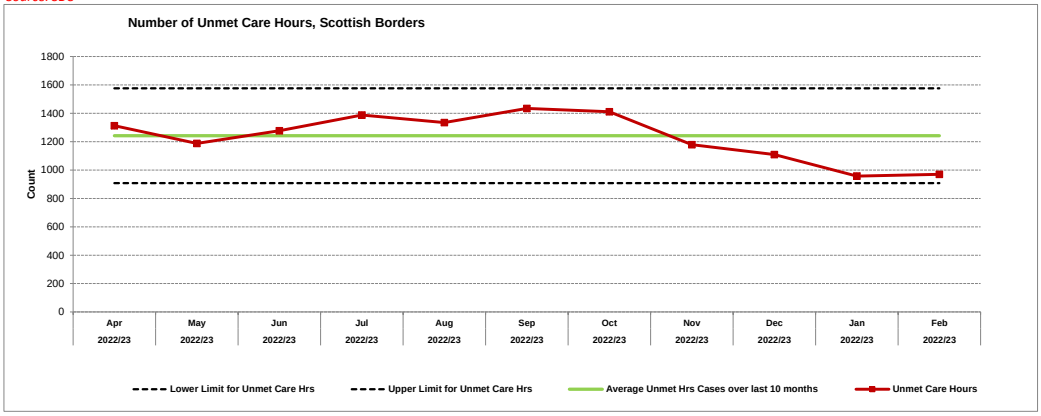


How are we performing?

Information is provided for the end of month position for the last 11 months to February 2023. This shows that patents waiting for Social Care Assessments have increased month on month from April 2022 to January 2023 but that a reduction was evident in February 2023 to 599 clients on the Waiting List.

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

Source: SBC



How are we performing?

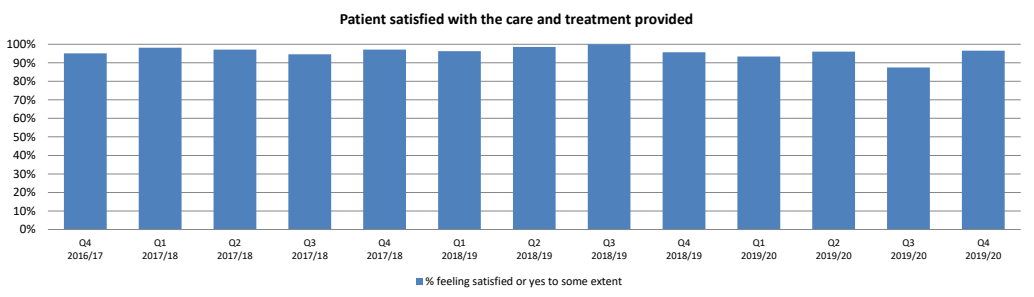
Information is provided for the end of month position for the last 11 months to February 2023. This shows that unmet care hours peaked in Sep/Oct 2022 and has reduced sinced then until a slight rise in February 2023.

BGH and Community Hospital Patient/Carer/Relative '2 Minutes of Your Time' Survey

Source: NHS Borders Please Note: data is not available at the current time for these measures as collection is paused.

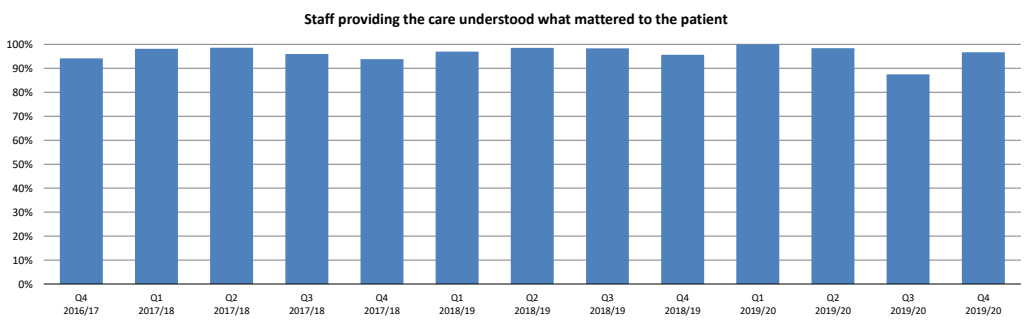
Q1 Was the patient satisfied with the care and treatment provided?

	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
Patients feeling satisfied or yes to some extent	116	105	206	141	135	156	135	117	108	99	121	63	56
% feeling satisfied or yes to some extent	95.1%	98.1%	97.2%	94.6%	97.1%	96.3%	98.5%	100.0%	95.7%	93.4%	96.0%	87.5%	96.6%



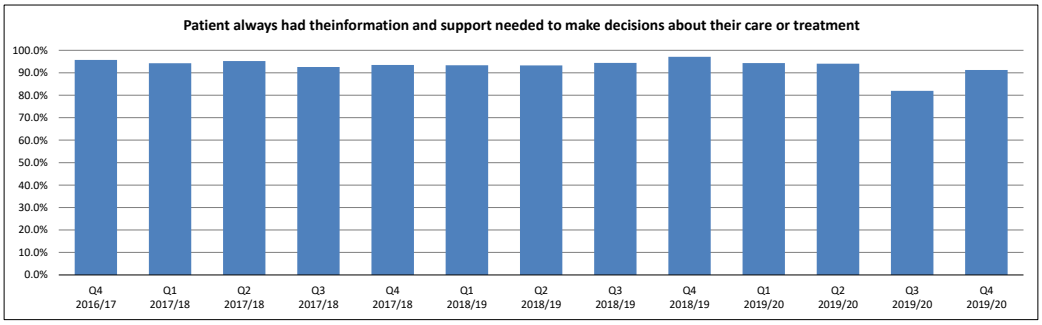
Q2 Did the staff providing the care understand what mattered to the patient?

	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
Staff providing the care understood what mattered to the patient, or yes to some extent	113	105	213	144	135	158	136	119	110	106	125	63	59
% understood what mattered or yes to some extent	94.2%	98.1%	98.6%	96.0%	93.8%	96.9%	98.6%	98.3%	95.7%	100.0%	98.4%	87.5%	96.7%



Q3 Did the patient always have the information and support needed to make decisions about their care or treatment?

	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
Patients always had the information and support needed to make decisions about their care or treatment, or yes to some extent	111	99	200	137	129	141	125	101	102	100	110	59	52
% always had information or support, or yes to some extent	95.7%	94.3%	95.2%	92.6%	93.5%	93.4%	93.3%	94.4%	97.1%	94.3%	94.0%	81.9%	91.2%



How are we performing?

The 2 Minutes of Your Time Survey is carried out across the Borders General Hospital and Community Hospitals and comprises of 3 quick questions asked of patients, relatives or carers by volunteers. There are also boxes posted in wards for responses. The results given here are the responses where the answer given was in the affirmative or 'yes to some extent'. Percentages given are of the total number of responses.

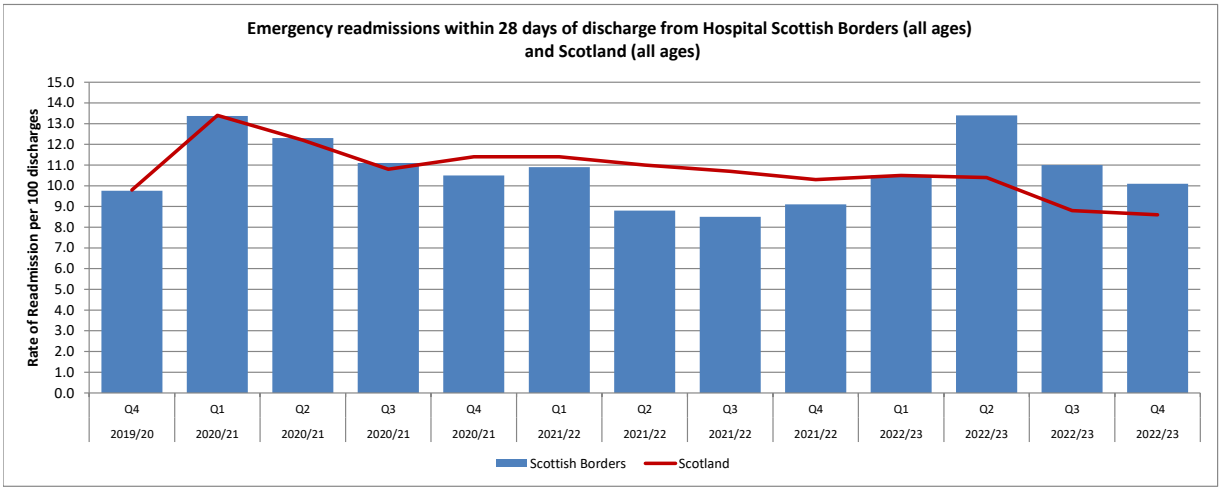
Overall, Borders scores well with an average 95.5% satisfaction rate. Patient satisfaction shows a positive trend over time and the latest overall average achieves the 95% target. *Please note the Patient Survey has been suspended from the start of the corona virus pandemic. This is due to the survey using volunteers for follow-up which is unable to happen as a result of restrictions.*

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

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

Source: NSS Discovery data

	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23
Scottish Borders	9.8	13.4	12.3	11.1	10.5	10.9	8.8	8.5	9.1	10.5	13.4	11.0	10.1
Scotland	9.8	13.4	12.2	10.8	11.4	11.4	11.0	10.7	10.3	10.5	10.4	8.8	8.6



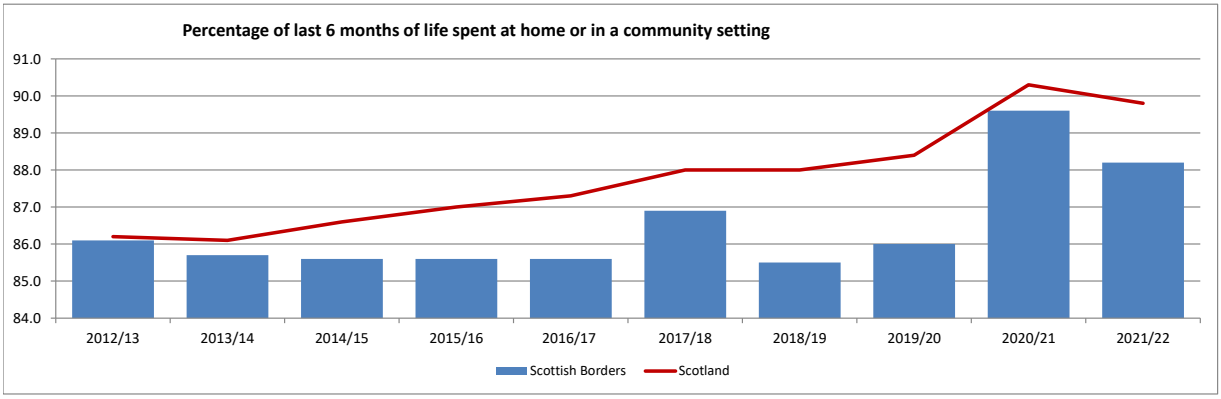
How are we performing?

The rate of emergency readmissions within 28 days of discharge shows an improving position over the last 3 quarters of 2021/22. The Borders rate which had been generally higher than the Scottish average reduced to below the national position for the 5 quarters to March 2022. Q1 and Q2 of 2022/23 showed an increase in rates however these have reduced again during the latter 6 months of the year. Rates are higher than the Scottish average though.

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

Source: Core Suite Indicator workbooks

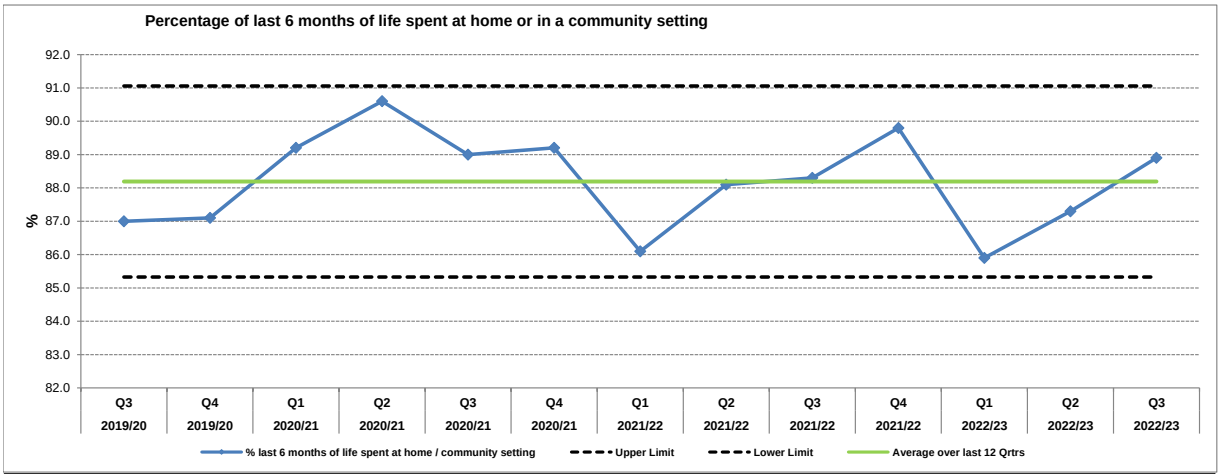
	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Scottish Borders	86.1	85.7	85.6	85.6	85.6	86.9	85.5	86.0	89.5	88.2
Scotland	86.2	86.1	86.6	87.0	87.3	88.0	88.0	88.3	90.2	89.8



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

Source: Core Suite Indicator workbooks

	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23
% last 6 months of life spent at home or in a community setting Scottish Borders	87.0	87.1	89.2	90.6	89.0	89.2	86.1	88.1	88.3	89.8	85.9	87.3	88.9



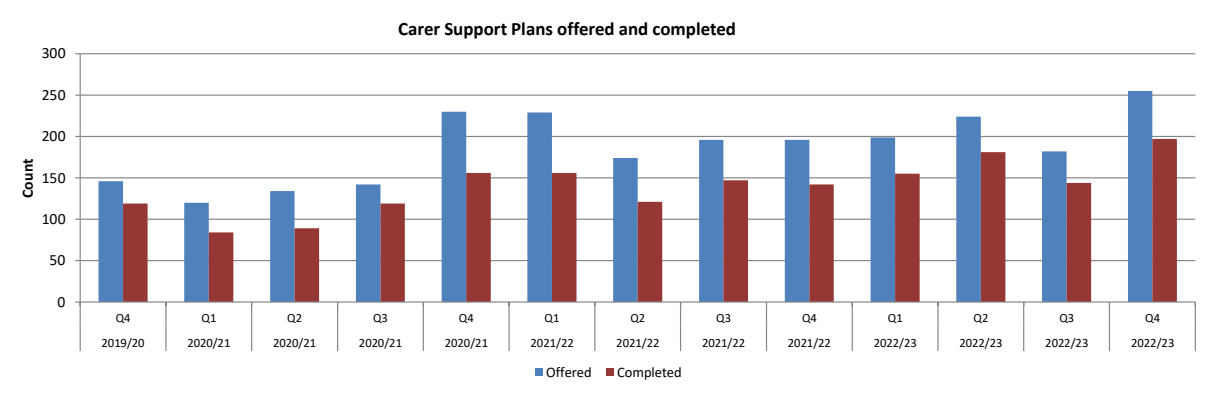
How are we performing?

The percentage of last 6 months of life spent at home or in a community setting remains below the Scottish average. Following a drop in 2018/19, 2019/20 saw performance improve for this measure. The first two quarters of 20/21 demonstrated continued improvement against this indicator. Q2 20/21 demonstrated the highest percentage (90.6%) in the last 3 years for people spending the last 6 months at home or in a Community setting. After this point there was a decrease in performance, reducing to 86% in Q1 21/22. There was an improvmenet in the Q2 - Q4 period. This pattern was also seen during the first 3 quarters of 2022/23 with a dip in Q1 and improvement following in Q2 and Q3.

Carers offered and completed Carer Support Plans

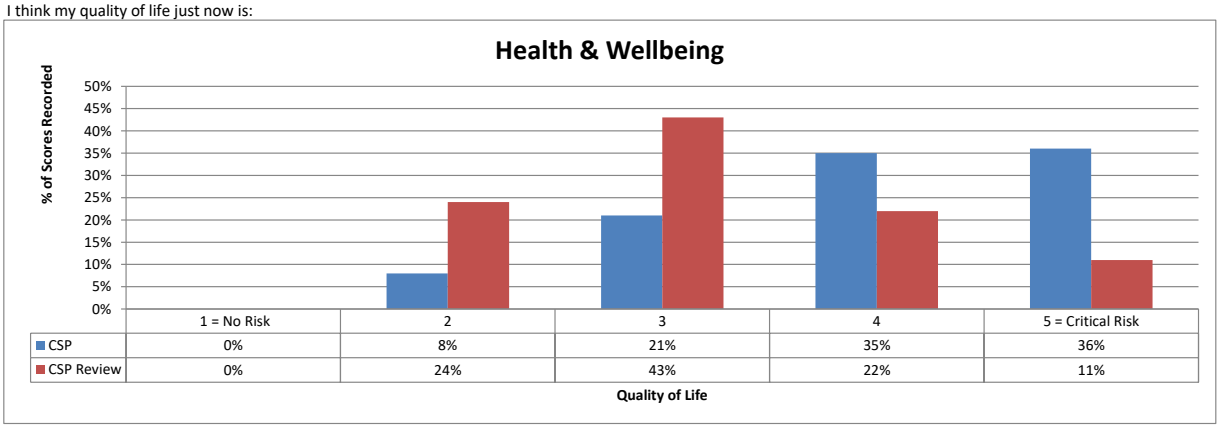
Source: Borders Carers Centre

	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23
Carer Support Plans Offered	146	120	134	142	230	229	174	196	196	199	224	182	255
Carer Support Plans Completed	119	84	89	119	156	156	121	147	142	155	181	144	197



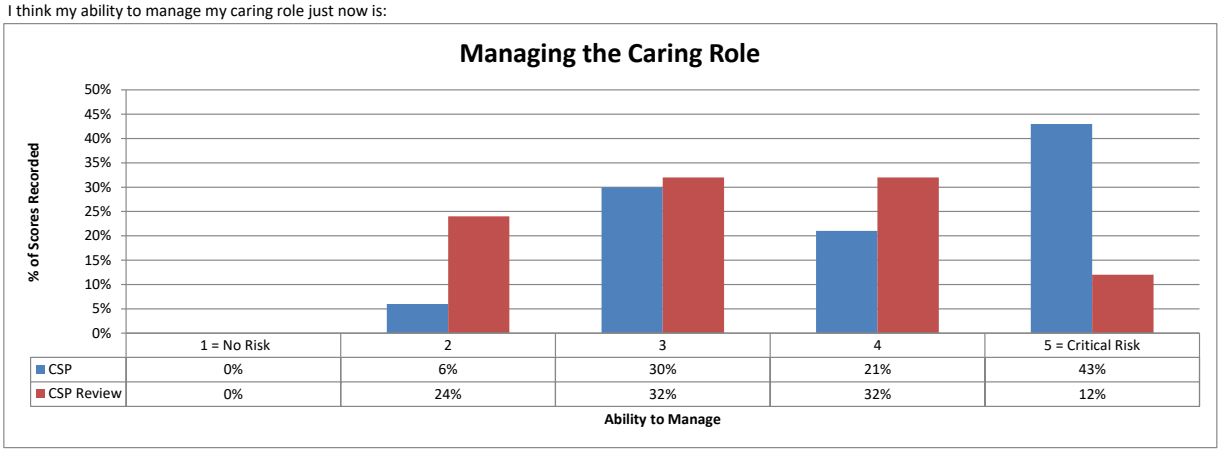
Health and Wellbeing (Q4 2022/23)

I think my quality of life just now is:



Managing the Caring role (Q4 2022/23)

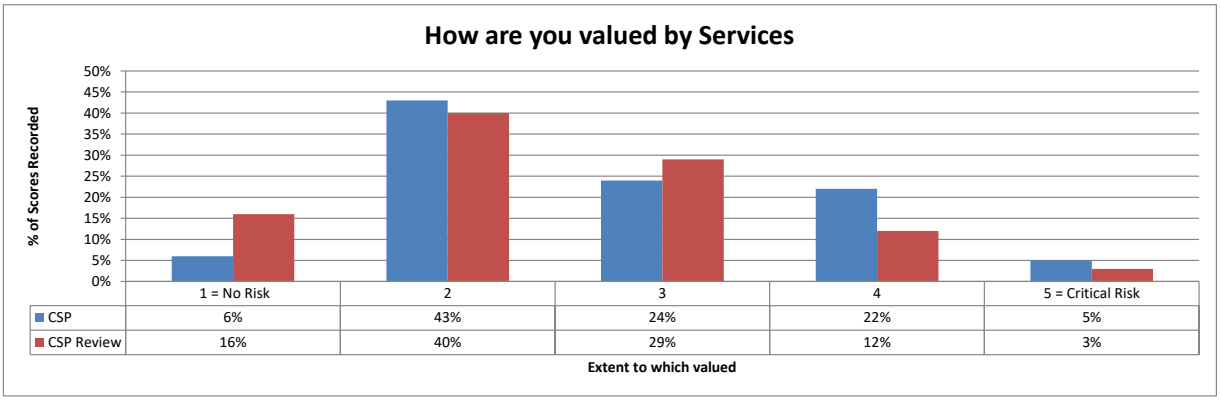
I think my ability to manage my caring role just now is:



	1 = No Risk	2	3	4	5 = Critical Risk
CSP	0%	6%	30%	21%	43%
CSP Review	0%	24%	32%	32%	12%

How are you valued by Services (Q4 2022/23)

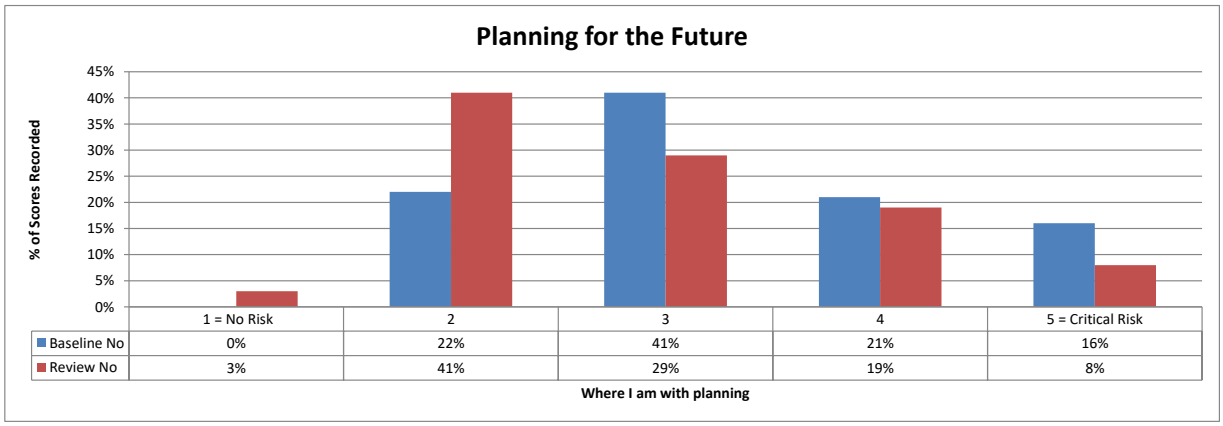
I think the extent to which I am valued by services just now is:



	1 = No Risk	2	3	4	5 = Critical Risk
CSP	6%	43%	24%	22%	5%
CSP Review	16%	40%	29%	12%	3%

Planning for the Future (Q4 2022/23)

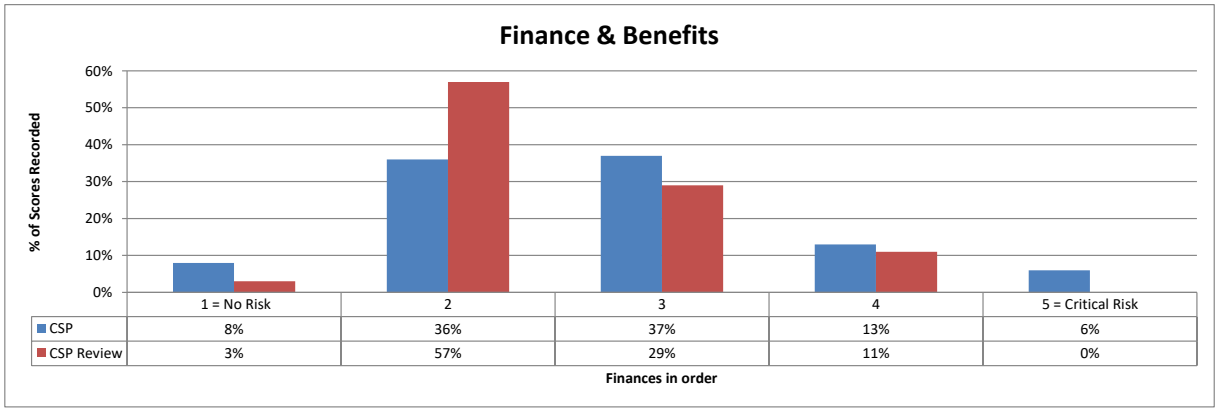
I think where I am at with planning for the future is:



	1 = No Risk	2	3	4	5 = Critical Risk
Baseline No	0%	22%	41%	21%	16%
Review No	3%	41%	29%	19%	8%

Finance & Benefits (Q4 2022/23)

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



	1 = No Risk	2	3	4	5 = Critical Risk
CSP	8%	36%	37%	13%	6%
CSP Review	3%	57%	29%	11%	0%

How are we performing?

There has been a continued increase in the number of completed CSPs over the past 5 quarters.

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

This page is intentionally left blank

Scottish Borders Health and Social Care Partnership Integration Joint Board

19 July 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			
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 SoI	Focussed 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
SBIJB-020922-1	21/09/22	Primary Care Improvement Plan	Manage PCIP within existing funding	PCIP Exec to deliver outcomes from non recurrent spend, and reprioritise the use of available recurrent funding. PCIP Exec to escalate at a national level regarding inadequacy of funds and the risks associated with that.	£1.523 NR and £2.313 rec plus tranche 2 tbc	Implementation of GP contract	significant challenge
SBIJB-161122-1	21/12/23	Day services	Re-commissioning of the Teviot and Liddesdale Buildings Based Adult Day Servic	Engage in partneership 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	Improved satisfaction for those with a diagnosed Emotionally Unstable Personality Disorder (EUPD). National Health and Wellbeing outcomes included in the paper	

					delegated services.	It is expected that the baseline information is developed in advance of the new EUPD service.	

Scottish Borders Health and Social Care Partnership
Integration Joint Board

19 July 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 20 March 2023.**

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 20 March 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 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 20.03.23

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

Minute of the meeting of **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** held on Monday 20 March 2023 at 2.00pm via MS Teams

Present: Cllr T Weatherston, Elected Representative, SBC (Chair)
Cllr Neil Richards, Elected Representative, SBC
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
Dr R Mollart, GP
Ms S Harold, Audit Scotland
Mr J Boyd, Audit Scotland
Ms J Law, Audit Scotland

1. APOLOGIES AND ANNOUNCEMENTS

1.1 Apologies had been received from Mrs Sue Holmes, Principal Auditor, SBC.

1.2 The Chair welcomed Cllr Neil Richards to his first meeting of the IJB Audit Committee.

1.3 The Chair welcomed Ms Jennifer Law, Mr John Boyd and Ms Stephanie Harold to the meeting who were the new external auditors for the IJB from Audit Scotland.

1.4 The Chair welcomed Rachel Mollart GP to the meeting who spoke to item 6.2 PCIP on the agenda.

1.5 The Chair confirmed the meeting was quorate.

2. DECLARATIONS OF INTEREST

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

The **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 19 December 2022 were approved.

4. MATTERS ARISING

4.1 **Action 2023-1:** Meeting date still to be arranged.

4.2 **Action 2023-5:** Mr Chris Myers advised that he had not drafted a letter for the Chair of the Audit Committee to send to the Chair of the IJB in regard to PCIP funding, as he was awaiting further clarification of funding from the Scottish Government. He anticipated that a letter was to be released to organisations later in the week.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** note the Action Tracker.

5. DRAFT FINANCIAL REGULATIONS

5.1 Mrs Hazel Robertson provided an overview of the content of the report and highlighted: the background to the regulations; agreement with the Directors of Finance in NHS Borders and Scottish Borders Council; and that there were a small number of areas to be clarified with the partners before a final version would be reached.

5.2 The Chair recorded the thanks of the Committee to Mrs Robertson for the work undertaken to produce such a valuable document which was a vast improvement on previous documentation.

5.3 Mr Chris Myers echoed the Chairs comments and advised that in line with best value and the new financial regulations, he anticipated better decision making across the partnership and improvements in managing the financial risk better.

5.4 Mrs Jill Stacey commented that the Directors of Finance in the partner organisations would need to clarify that the arrangements aligned with their respective financial regulations. Mrs Robertson confirmed that in terms of her gaining overall assurance the adoption of the financial regulations sat with her and her 2 peers who had been fully consulted. She would receive financial information from the partners and formulate the IJB report and then share the report with her peers to show what the financial situation looked like across the patch and ensure everyone was following the same standards to drive up compliance. She advised that the regulations would be for all budget holders not just finance colleagues. She intended writing to all budget holders within the partnership to offer guidance on the adoption and compliance with the financial regulations.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted that the Regulations had been substantially reviewed by the IJB CFO and confirmed by SBC and NHSB. A small number of provisions were still to be discussed and agreed across the partnership.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted that the Audit Committees of partner bodies would also

require to consider and accept that the changes conformed with their own governance arrangements.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** considered the draft Regulations and identified any further improvements required.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** requested a final draft of the Financial Regulations to the next meeting for approval.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted the creation of a Financial Framework with further development activity to improve the financial control environment, which would be brought to future meetings for consideration.

6. EXTERNAL AUDIT POINT UPDATES

6.1 Mrs Hazel Robertson provided a high level overview of the external audit points that had been active when she took up post. She highlighted several key elements including: appointment of Chief Financial Officer; set aside budget guidance; virtual team; financial sustainability; decision making on longer term plans; and ledger and governance arrangements.

6.2 Mr Chris Myers commented in regard to item 7, that the self assessment results would be discussed at the IJB development session to be held on 19 April. He suggested the new strategic framework would provide an oversight of all the delegated services and encourage the further movement of the integration of services and assist the IJB to fulfil its role as the Board for delegated services.

6.3 Mrs Jill Stacey commented that in regard to the internal audit recommendations those were captured within the system and would be updated following the monitoring information received by the Committee.

6.4 Mrs Stacey enquired if the “ledger” was a requirement for IJBs to have. Mrs Robertson advised that it was not, some of the larger partnerships had them as they could easily resource them, however she did not see any value in having one locally given the small size of the partnership.

6.5 Mr John Boyd commented that in terms of narrative the use of the word “ledger” suggested a system or application to meet the requirement for books and records of transactions to be logged. Audit Scotland saw across a number of IJBs that it was a simple spreadsheet of a central record of transactions relating to the IJB rather than it being a year end account and obviously it depended on the information received from the other partners. He suggested he would normally recommend that a central record was held.

6.6 Mrs Stacey enquired if Mr Boyd would expect it to be contained within the financial regulations. Mr Boyd clarified that he would.

6.7 Mrs Robertson advised that the regulations did mention it and said that the IJB would not have a separate ledger. She suggested she follow up the matter outwith the meeting with external audit colleagues.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** considered the update and sought clarification of any aspects.

7. EXTERNAL AUDIT ANNUAL PLAN 2022/23

7.1 Mr John Boyd provided an overview of the 2022/23 report. He commented that the plan was the draft external audit plan for the year and as in previous years it covered responsibilities under the code of audit practice. He highlighted several elements including: materiality; risk management; clawback of COVID-19 funding; use of resources; financial sustainability; timetable; management fee; and first year of the audit appointment.

7.2 Mrs Jill Stacey enquired to what extent the assurance on climate change and cyber security would be associated with the partners given the IJB was a commissioning body.

7.3 Mr Boyd commented that the external audit team work in relation to the IJB would build upon the work undertaken in the key partners and would report on how applicable those arrangements were to the IJB itself.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** approved the External Audit Plan.

8. INTERNAL AUDIT ANNUAL PLAN 2023/24

8.1 Mrs Jill Stacey provided an overview of the content of the plan.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** approved the proposed Internal Audit Annual Plan 2023/24 for the Scottish Borders Health and Social Care Integration Joint Board (Appendix 1).

9. RISK MANAGEMENT UPDATE 2022/23

9.1 Mrs Jill Stacey provided an overview of the content of the update. She suggested changing the cycle of the IJB Strategic Risk Register being received by the IJB to enable better alignment to some of the content within the report.

9.2 Mr Chris Myers comments that it was a live risk register and there was an increased focus on risk management given the framework was based on the 6 biggest risks and there was further work to do on it. He recorded his thanks to Mrs Stacey and her team for their support. He suggested that a more integrated risk approach would be undertaken given there were the same risks on the IJB and partner organisations risk registers that were mitigated differently.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted that a refresh of the IJB Strategic Risk Register had been undertaken to better reflect the role and remit of the IJB, support and underpin the objectives of integration and reflect significant and strategic local and national developments.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** acknowledged the improvements in the application of risk management within the IJB, in accordance with the IJB Risk Management Policy and Strategy.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted the benefits for the IJB that accrued from more systematic and assured risk management.

10. IJB DIRECTIONS TRACKER

10.1 Mr Hazel Robertson provided an overview of the tracker.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted the contents of the Directions Tracker and the follow up to be undertaken before the end of March 2023.

11. MONITORING OF DIRECTIONS: PCIP

11.1 Mrs Hazel Robertson introduced the PCIP update and commented that it was challenging in terms of the provision of funding from the Scottish Government. The issue of a shortfall in funding in the region of £1.2m to develop all the workstreams and implement the GMS contract had been consistently raised by the PCIP Executive.

11.2 Dr Rachel Mollart commented that the PCIP Executive had been very robust in its analysis of spending and budgeting to deliver what it could within the financial envelope available. The majority of spending had been on staffing, however the budget was some £2.1m to £2.5m short to be able to deliver all of the elements of the contract that the Scottish Government wished to be delivered. It had been agreed that CTAC was the right way forward and that was being progressed.

11.3 Mr Chris Myers commented that at a meeting with the Scottish Government the previous week they had made it clear that the MoU 2 remained in place and the 3 priority areas remained as Vaccinations, Pharmacotherapy and the Community Treatment and Care (CTAC) service. For those areas that did not provide those 3 elements there were transitionary payments made from Health Board and those payments were made by the Scottish Government to the Health Board. Those payments were no longer funded by the Scottish Government. He emphasised that the 2 main areas of financial risk were the CTAC service and vaccinations.

11.4 Mrs Lucy O'Leary enquired of the position of other Chief Officers on the matter and also if there was a national network of IJB Audit Committees.

11.5 Mrs Jill Stacey advised that she was not aware of an IJB Audit Committee forum nationally.

11.6 Mr Chris Myers commented that he would raise the topic with other Chief Officers.

11.7 Mrs Karen Hamilton enquired about the next step given it was a contractual arrangement between GPs and the Health Board with the IJB as the commissioner.

11.8 Mr Robertson suggested reviewing the reserves available within the IJB to see the extent to which some of those could be diverted and used. She suggested she and Mr Myers review them and provide some proposals to the next meeting.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted no growth in funding provided by Scottish Government despite all efforts at escalation. Confirmation received that pay awards would be funded.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted that whilst some funding may be able to be directed from earmarked reserves, that would be insufficient to fund the full programme.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted the programme of consultation, engagement and communications that was required.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted risks to Primary Care service delivery and sustainability due to the full programme not being implemented.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** agreed that Mrs Robertson and Mr Myers meet and review the reserves available to identify any that might be diverted and used for PCIP funding.

12. MONITORING OF DIRECTIONS: PALLIATIVE CARE REVIEW

12.1 Mr Chris Myers provided an overview of the content of the paper.

12.2 Dr Rachel Mollart commented that 80-90% of palliative care took place in the community with people dying at home. She welcomed the involvement of social care colleagues and suggested GP colleagues had not been fully engaged in the process.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted progress.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted the timescales for the review.

13. MONITORING OF DIRECTIONS: ORAL SERVICES

13.1 Mr Chris Myers provided an update on the oral services direction and advised that:-

- The NHSB Dental Services and Oral Health Strategy Group has been re-established with a refreshed membership to take forward development of the Strategic Plan for Oral Health. It had been agreed that it would be a long term plan over 12 years, split into 4 x 3 year action plans to take a phased approach and allow for flexibility to respond to changing circumstances over time whist working towards the aims of the overall strategic plan.
- The recommendations of the Oral Health Needs Assessment completed in 2020 had been reviewed and agreed as current.
- Work was ongoing to draft an outline Strategic Plan with a view to engaging with the dental workforce, the public and wider stakeholders in the autumn. Feedback from that engagement would support further development of the Strategic Plan with the aim of implementing it from April 2024.

13.2 The Chair commented that things had greatly improved in Kelso for Kelso residents.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted the update.

14. AUDIT SCOTLAND REPORTS

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted the NHS in Scotland 2022 Audit Scotland 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 19 June 2023 at 2.00pm in Committee Room 2, Scottish Borders Council and via Microsoft Teams.

Scottish Borders Health and Social Care Partnership
Integration Joint Board

19 July 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 3 May 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 3 May 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 03.05.23

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 3 May 2023** at **9am – 11am** via Microsoft Teams

Present:
Chris Myers, Chief Officer (Deputy Chair)
David Bell, Staff Side Representative, SBC
Caroline Green, Public Member
Philip Grieve, Chief Nurse, H & SCP
Wendy Henderson, Independent Sector Lead
Susan Holmes, Principal Internal Audit Officer, IJB
Karen Lawrie, Partnership Forum
Colin McGrath, Community Councillor
Amanda Miller, Eildon Housing Association
Clare Oliver, Head of Communications and Engagement, NHS Borders
Hazel Robertson, IJB Chief Financial Officer

In Attendance:
Laura White, Minute Taker
Keith Allan, Public Health
Simon Burt, General Manager, Mental Health Services
Elka Fabry, Project Manager
Stephen Fotheringham, Project Manager, SBC
Julie Glen, Adult Social Care, SBC
Clare Richards, Project Manager, SBC
Kathleen Travers, for Jenny Smith

1. APOLOGIES AND ANNOUNCEMENTS

Apologies received from Cllr David Parker, Dr Sohail Bhatti, Jen Holland, Debbie Rutherford and Jenny Smith

2. MINUTES OF THE PREVIOUS MEETING

The Minute of the previous meeting held on 5 April 2023 was approved.

3. MATTERS ARISING/ACTION TRACKER

- Unpaid Carers – Update on Agenda.
- Membership – Once LWGs are re-established.
- 2023 Action 1 – Complete.

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

4. TEVIOT & LIDDESDALE DAY SERVICE UPDATE

Clare Richards gave a verbal update. The Stage 2 IIA is now complete. Both providers have given a presentation and an options appraisal carried out. Each provider was ranked and scored against each other and against a mixed option. A recommended provider has now been agreed by the task and finish group. The business case will be completed today by HR to be reviewed and responded to by Monday 8 May 23 before going to the IJB on 17 May 23 for approval. The provider will then be informed and can start the Care Inspectorate registration process and arranging transport and housekeeping. The task and finish group will continue to consider the needs for a day service in Newcastleton. HR noted the challenge of how to measure the mixed option but noted her satisfaction in the resulting robust recommendation. Chris Myers added that the scoring had been carried out by 3 carers and 3 professionals. A financial and non-financial options appraisal was carried out. Chris Myers asked the group if they were satisfied with the work carried out by this group.

Caroline Green noted this has been a good piece of work and asked if there has been any research into the needs for a day service in the East of the Borders. Chris Myers re-assured the group the needs for a day service is other areas have been considered and the Carers Workstream will now be looking at how to take this work forward into the whole of the Borders in order of need identified with Eildon being the next locality to consider. Directions were reviewed at the meeting by the group and updates made. Chris Myers thanked Clare Richards and Hazel Robertson for their work on this project

Action: Full business case for the day service to be circulated to the group for review and comment by Monday 8 May 23.

The **STRATEGIC PLANNING GROUP** noted the update and recommended the updated business case go the IJB for approval on 17 May 23.

5. CONFIDENTIAL: DRAFT ANNUAL PLAN (NOT FOR WIDER CIRCULATION)

Chris Myers shared a summary presentation with the group and thanked Elke Fabry for pulling the presentation together. The Council plan was approved in February 23 and the Health & Social Care framework was approved by IJB in March 23. The H & SC annual delivery plan (ADP) for all delegated services is currently in draft. There is an expectation from Scottish Government that NHS Scotland have an ADP referencing all NHS services (including delegated services). The H & SCP ADP will be compatible with both SBC and NHSB plans and will sit in the middle of both. The aim is to be able to report once and that feeds into the 3 plans. The ADP will align to the 6 identified strategic issues. Each action has an owner identified. The plan notes on-going good joint working, improved delegated budgets and quarterly reporting to the IJB.

The annual plan will continue to be refined. To ensure- what needs to be escalated to the IJB for oversight and performance reporting is directed to the IJB and what does not can happen without the need to go to the IJB.

Wendy Henderson noted the paper was helpful and noted that embedding the IIA gives evidence to the regulator on equality outcomes. Amanda Millar queried wheelchair

accessible housing and integrated OT services, whether the supply is where the need is. The 10-year plan for older people should be reviewed. Chris Myers agreed housing should be included. Although not a delegated service, housing is part of partnership working. Amanda Millar noted there used to be a care and repair advisory group that facilitated this connection with the wider group.

Action: CM to contact Donna Bogdanovic to discuss housing further.

Caroline Green asked how the hospital based eye care would work and noted her concern for the extra workload for GP practices. Chris Myers advised this would be a further development of the community optometry service having enhanced services within opticians. Discussions are ongoing with optometrists on their having the ability to diagnose. Colin McGrath noted there was no mention of TUPE for the IJB workforce. Chris Myers advised that staff employers would not change. Staff would continue to be employed by either SBC or NHSB and be bound by their terms and conditions. The plan is about having an integrated approach such as joint training. Colin McGrath noted the Highlands have one employing body and asked about the future in the Borders. Chris Myers noted the IJB only employee the Chief Officer and Chief Finance Officer. David Bell noted the IJB is a non-employing board but is a parent body. No formal discussion has been held to discuss the merging of the 2 key major employers. David Bell note the dental section as ambitious to increase the dental capacity when not everyone can even register with a dentist at present.

Hazel Robertson is writing the scheme of delegation for the IJB in June. This will include where operational issues turn into strategic issues for the IJB.

Chris Myers asked for any further comments to be fed back as soon as possible so they can be fed back to the primary care team.

The **STRATEGIC PLANNING GROUP** noted the confidential draft annual plan.

6. FINANCE RECOVERY PLAN

Hazel Robertson shared the draft recovery plan yesterday which is not for further circulation. The IJB is required to have a recovery plan due to the risk. There is a significant savings target. The plan will go to SPG for support. The Health Board has a 3-year recovery plan that requires sign off by the Scottish Government. The aim is to have a longer term approach and HR will set up a sub group to look at this and asked if members wanted to join this group. HR has been having conversations with key staff asking for their thoughts. A whole system approach is needed.

Caroline Green asked how services can be increased to improve outcomes if resources are being reduced. Hazel Robertson advised that that they are looking at how to spend less money by managing services. Wendy Henderson noted that any proposal would need an IIA to identify the impact and evidence due regard for equalities and human rights. Chris Myers added that difficult decisions will need to be made but to be mindful of the outcomes and avoid adverse impact. Hazel Robertson agreed people need to be at the centre. The plan sets out services that are within the scope of the IJB. Workforce is under the scope of their partner bodies as employers. David Bell noted the 3rd sector are also employers and

asked how long it will take to be in a balanced position since there has been 5 years of overspend. He agreed the person comes first and the IJB have to deliver what they need.

Hazel Robertson noted the paper is a draft and more analysis is needed. Even after the historical payment from partner bodies there may still be an overspend.

Claire Oliver noted the need to be open and transparent in relation to finance. The finance recovery plan is a challenge but to demonstrate some progress against it to the public. Amanda Miller noted that discussions have to come into the voluntary and 3rd sector so as to be able to pull resources together and asked if Hazel had been in contact with any. Hazel Robertson noted she had offered to have conversations with this sector as she recognises the role they play and noted she will re-engage with this group. Linda Clotworthy asked how the process would work as asked for assurance that all services would be considered and not just the easiest ones to cut. Hazel Robertson assured Linda that the IIA will be at the centre of the next stage. It is not about cutting the easiest service to cut but looking at the cost effectiveness versus the impact on the community and staff.

The **STRATEGIC PLANNING GROUP** endorsed the approach laid out in the paper.

7. LOCALITY WORKING GROUP UPDATE

Stephen Fotheringham was welcomed the group. The latest draft was circulated with the Agenda for discussion. The recommendation is to rename groups as Community Integration Groups. To pilot a group in Eildon by September 2023. Following lessons learnt, groups will be set up in Tweeddale/Berwickshire then Cheviot/Teviot & Liddesdale by April 2024. There will be an IIA to ensure good representation. There will be a participatory budget requirement but it was agreed groups should become established for 15-18 months before this budget is allocated. Support proposed is 2 FTE locality co-ordinators with 1 FTE admin post. The paper is going to IJB on 17 May 2023 for approval.

David Bell asked about the difference in Health boundaries/GP practice areas. Stephen Fotheringham noted there will be cross communication between groups to ensure all areas are covered. Chris Myers agreed groups will need to be mindful of this. Colin McGrath added they should check with GPs so they are aware. Stephen Fotheringham noted the response from GPs has been positive. Chris Myers noted the 5 groups would be sub groups of the SPG. Chris asked Wendy Henderson if the IIA should be carried out up front or once the groups were running. Wendy Henderson noted Stephen Fotheringham has already started working on the IIA.

The **STRATEGIC PLANNING GROUP** endorsed the recommendations.

8. NIGHT SUPPORT DUNS PATHFINDER

Julie Glen was welcomed to the meeting to present the paper. The draft paper was circulated for review by the SPG. There has been a pilot in Peebles replacing night care with tech enabled care. There were 240 responses to the follow up survey and many issues raised were address by the issue of a FAQ sheet issued after the survey responses were

received. The majority of night visits are safety checks but develop into continence support which should be dealt with by the emergency response teams instead. Palliative care would continue face to face. There would be no risk of staff redundancy. An additional shift would be added. Following consultation, the proposal is to re-provision night support to improve the care for service users. The proposal is to have a further pilot in the Duns area before rolling out across the Borders, provided the consultation is positive. A draft IIA will be circulate for comment.

Amanda Miller noted they have learning disability services in Duns that have overnight provision and raised the need to have a locality approach for responding teams. Julie Glen was happy to take forward a whole system approach. David Bell asked what the tech was as it would be useful to know when bringing this paper to the SPG/IJB and the public and Julie Glen agreed to include this when taking forward. Chris Myers agreed this should be included when informing the public as not understanding can cause anxiety. A direction has been drafted. The updated paper will go to the next IJB.

Action: CM to circulate the draft direction to the group for information.

The **STRATEGIC PLANNING GROUP** accepted the recommendations in the paper.

9. UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

Wendy Henderson gave a verbal update on the Bill and its implications. There is a 3-year implementation plan from April 2021to March 2024 with resources and guidance to assist IJBs with preparation for the Bill and develop a local strategic approach. The recommendation is to embed children's rights into the IIA process and review current support. Chris Myers noted the recent launch of the Children & Young People's Planning Partnership in the Borders which resonates with the Bill and noted that health visitors and school nurses are delegated operational and strategic IJB services. Colin McGrath noted to be aware of participation requests. Complaints can be changed into participation requests so as to get a quicker response.

Action: WH to circulate the presentation to the group for information.

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

10. ANY OTHER BUSINESS

None.

11. DATE AND TIME OF NEXT MEETING

The Chair confirmed the next meeting of the Strategic Planning Group would be held on Wednesday 7 June 2023 at 10am to 12pm via Microsoft Teams.

Future Meeting Dates 2023 10am – 12pm: 2 August 2023, 4 October 2023, 6 December 2023