

# Public Document Pack



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

## **AGENDA**

<b>Time</b>	<b>No</b>		<b>Lead</b>	<b>Paper</b>
<b>10.00</b>	<b>1</b>	<b>ANNOUNCEMENTS &amp; APOLOGIES</b>	<b>Chair</b>	Verbal
<b>10.02</b>	<b>2</b>	<b>DECLARATIONS OF INTEREST</b> 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	<b>Chair</b>	Verbal
<b>10.05</b>	<b>3</b>	<b>MINUTES OF PREVIOUS MEETING</b> 20.09.23	<b>Chair</b>	(Pages 3 - 10)
<b>10.10</b>	<b>4</b>	<b>MATTERS ARISING</b> (a) H&SCP Delivery Report.	<b>Chair</b> Chief Officer	Verbal (Pages 11 - 24)
<b>10.20</b>		<b>FOR DECISION</b>		
	5.1	Direction: Community Hospital Cover	Chief Officer	(Pages 25 - 32)
	5.2	IJB Audit Committee Annual Report 2022/23	<b>Audit Committee Chair</b>	(Pages 33 - 38)
	5.3	Quarterly Performance Report	Chief Officer	(Pages 39 - 72)
<b>11.00</b>		<b>FOR NOTING</b>		
	6.1	Strategic Risk Update	Chief Officer	(Pages 73 - 86)

	6.2	Dental Access Update	<b>Interim Director of Dentistry</b>	(Pages 87 - 92)
	6.3	Monitoring of the Health & Social Care Partnership Budget	Chief Financial Officer	
	6.4	IJB Business Cycle and Meeting Dates	Board Secretary	(Pages 93 - 98)
	6.5	Chief Social Work Officer Annual Report 2022/23	Chief Social Work Officer	(Pages 99 - 150)
	6.6	Strategic Planning Group Minutes 02.08.23	Board Secretary	(Pages 151 - 160)
<b>10.55</b>	<b>7</b>	<b>ANY OTHER BUSINESS</b>	<b>Chair</b>	
<b>12.00</b>	<b>8</b>	<b>DATE AND TIME OF NEXT MEETING</b> Wednesday 24 January 2024 10am to 12pm Scottish Borders Council and via Microsoft Teams	<b>Chair</b>	Verbal



Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 20 September July 2023** at **10am** in the Council Chamber, Scottish Borders Council and via Microsoft Teams

**Present:**

(v) Cllr T Weatherston (Chair)	(v) Mrs K Hamilton, Non Executive
(v) Cllr R Tatler	(v) Mr T Taylor, Non Executive
(v) Cllr E Thornton-Nicol	(v) Mr J McLaren, Non Executive
Mr C Myers, Chief Officer	
Mr N Istephan, Chief Executive Eildon Housing	
Mrs J Smith, Borders Care Voice	
Ms L Jackson, LGBTQ+	
Mr S Easingwood, Chief Social Work Officer	
Mr D Bell, Staff Side, SBC	
Dr R Mollart, GP	
Mrs J Amaral, Borders Community Action	

**In Attendance:**

Miss I Bishop, Board Secretary  
Mrs L White, PA to Chief Officer  
Mr P Grieve, Associate Director of Nursing P&CS, NHS Borders  
Dr S Bhatti, Director of Public Health  
Mrs L Jones, Director of Quality & Improvement, NHS Borders.  
Ms J Holland, Director of Strategic Commissioning & Partnerships, SBC  
Mrs C Wilson, General Manager Primary & Community Services  
Mrs F Doig, Head of Health Improvement  
Mrs S Elliot, ADP Co-ordinator  
Mr S Burt, General Manager, MH&LD  
Ms S Henderson, Planning & Development Officer, LDS  
Mr P McMenemy, Deputy Director of Finance, NHS Borders  
Ms C Oliver, Head of Communications & Engagement, NHS Borders  
Mr D Knox, BBC  
Mr A McGilvray, Roving Reporter

## 1. APOLOGIES AND ANNOUNCEMENTS

- 1.1 As the Chair had submitted their apologies and the Vice Chair, Cllr David Parker would be late in attending the meeting, the voting membership nominated Mrs Karen Hamilton to Chair the meeting until Cllr Parker arrived.
- 1.2 Apologies had been received from Mrs L O'Leary, Non Executive, Cllr D Parker, Elected Member, Cllr N Richards, Elected Member, Mrs F Sandford, Non Executive, Mrs H Roberts, Chief Financial officer, Mrs L Gallacher, Borders Carers Centre, Dr L McCallum, Medical Director, Mrs S Horan, Director of Nursing, Midwifery & AHPs, Mr A Bone, Director of Finance, NHS Borders, Mrs J Stacey, Chief Internal Auditor, Mr R Roberts,

Chief Executive, NHS Borders, Mr D Robertson, Chief Executive, SBC, Mrs J Smyth, Director of Planning & Performance, NHS Borders.

- 1.3 The Chair welcomed attendees and members of the public to the meeting including Mrs C Wilson, General Manager Primary & Community Services, Mr S Burt, General Manager MH&LD, Mrs F Doig, Head of Health Improvement and Mr P McMenamin, Deputy Director of Finance
- 1.4 The Chair noted that it was the last meeting that Mr Stuart Easingwood would attend as he moved on in his career. The Chair invited the Board to record their thanks to Mr Easingwood for his expertise and advice over the past years.
- 1.5 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 **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were no declarations made.

## **3. MINUTES OF THE PREVIOUS MEETING**

- 3.1 The minutes of the previous meeting of the Health & Social Care Integration Joint Board held on 19 July 2023 were approved.

## **4. MATTERS ARISING**

- 4.1 There were no matters arising.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were no live actions on the action tracker and no matters arose from the minutes of the previous meeting.

## **5. DIRECTION: HOSPITAL AT HOME**

- 5.1 Mrs Cathy Wilson provided an overview of the report and advised that the test of change would be extended in order to explore a further evolved model recognising the unique challenges of the Borders. She further provided a range of reasons for the expansion to go ahead such as: addressing inequalities in the final business case through expanding the service to Hawick; increased complexity of patients; increased referrals to Hospital at Home; demand is exceeding capacity; mixing teams and including a junior doctor, advanced nurse practitioner, pharmacist and dietician; testing over medication to avoid sedation; test the model over the winter period; maintenance of packages of care; District Nursing teams skill mix; moving from a 5 day to a 7 day service; and comparable data for discharge rates from the service compared to wards in the acute hospital.
- 5.2 Discussion focused on: staffing challenges; training; assurance that the IA commitments would be achieved; Programme Board to help educate and support the team in regards

to the duty under the Fairer Scotland Act; extending the package of support to include physical adaptations to peoples home to ensure the medical care has the best chance to be as effective as possible; inclusion of the Carers Centre to assist with the evaluation of the wellness of carers going forward; social disadvantage as we move into winter and links available to money wise, third party organisations and adult protection; clinical nurse specialists may be of more value in the community than the secondary care setting; would be useful to see data on patients that cannot be accepted; psychological safety is a test of change; national portal and mentors for support; alternative staffing roles such as Assistant Nurse Practitioners and physician assistants to maximise the model; and lots of interest in the service at a national level.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted progress made between April 2023 until August 2023;

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** extended the current TOC, scheduled to end 27 October 2023, to run until 31 March 2024; and

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted HaH team's intention to apply for further funding by September 2023.

## **6. COMMUNICATIONS AND ENGAGEMENT FRAMEWORK**

6.1 Mrs Clare Oliver provided an overview of the content of the paper and highlighted setting out the approach to delivery of the strategic framework and referenced the involving people framework which was considered evidence of a mainstreaming action.

6.2 Discussion focused on: measuring engagement activity and behaviour change as a helpful extension to the Stage 3 IA process; staff training and awareness; challenges of engaging with the public; focus on older people engagement, where is the younger people engagement; good baseline; evolving framework; reach into individual community councils; and engaging with children and young people does occur.

6.3 Mr Chris Myers advised that whilst Mrs Jill Stacey had sent her apologies she wished the Board to note that "the approval of the Framework would demonstrate the implementation of an agreed improvement and therefore enable a 2021/22 Internal Audit recommendation for the IJB (AUDIT.175) to be marked as completed."

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the HSCP Communications and Engagement Framework 2023-2026.

## **7. FINANCIAL OUTLOOK UPDATE**

7.1 Mr Paul McMenamin provided a short presentation on the Quarter 1 financial position. He highlighted several elements including: outturn variance of £8.2m; pressure in social care functions in non delegated functions primarily; LD service pressures and funding tranches have been drawn down; underspends in home care and reduction in the use of agency staff; delegated health care functions have significant pressure in regard to efficiency savings; prescribing pressures; undelivered savings positions; set aside healthcare functions and mitigating actions; and a communication just received from the

Scottish Government to Health Boards and the Partnerships to identify where they hold reserves that were based on funding allocations made this year or previously with a view to relaxing the ring fencing to enable them to be used more creatively to help the bottom line position.

- 7.2 Discussion focused on: over spending on the over medicalisation of the entire health and care system through the prescribing budget; upstream investment in prevention; balance of helping people to deliver the best outcomes for people at the lowest cost; opportunities in encouraging health to engage with the social prescribing project; social care are not allowed to overspend on their budget and lots of financial input is provided to them to achieve break even; presentation of the budget to allow to get upstream; strategic oversight and service delivery; allocation of resources to areas for best value; and a key objective to focus on prevention and early intervention as the ADP is developed.

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

## **8. UNSCHEDULED CARE SURGE PLANNING AND DELAYED DISCHARGE TRAJECTORY UPDATE**

- 8.1 Mr Chris Myers provided an overview of the content of the report and highlighted: high impact actions matched to bed occupancy; aim to close existing surge capacity; and management of risks.
- 8.2 Mr Tris Taylor welcomed the layout of risks being tabulated and enquired how they impacted each other and if they multiplied. Mr Myers commented that the intention had been to record any actions that would have an impact on the delivery of an improved position and to record the risks of non delivery. He expected to be in a better position when actions were progressed as they would mitigate the relevant risk.
- 8.3 Mr Taylor commented that the financial risk created clinical risk and heightened other risks, and what was missing was the opportunity to reduce expenditure.
- 8.4 Mrs Jenny Smith enquired what the alternatives were and welcomed the whole sector approach to try and address the matter. She enquired about commissioning, negotiating and billing. Mr Myers commented that more work had been carried out in with the third sector in terms of commissioning in the winter to look at what the opportunities were.
- 8.5 Mr Nile Istephan enquired if there was a clear position on RAAC. Mr Myers commented that surveys were being conducted nationally across the health and education sectors and priorities were being identified in accordance with perceived risk. He advised that there was no significant concern in regard to RAAC, however surveys were on-going.
- 8.6 Cllr Tom Weatherson enquired about the impact of the movement of staff in closer contact with other staff across the hospital setting. Mr Myers advised that he would clarify the point as staff followed infection control procedures when contacting staff in different areas.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the progress made by the HSCP Joint Executive Team on actions which support surge planning

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the delayed discharge trajectory

## **9. SCOTTISH BORDERS HSCP LEARNING DISABILITY SERVICE COMING HOME PROGRAMME**

- 9.1 Mr Simon Burt provided a presentation on the Coming Home programme and highlighted several key elements including: strategic direction to ensure people are cared for as close to home as possible; dynamic support register monitoring by Scottish Government; current demand is 12 people in out of areas placements; prediction is 3 people coming through the system per year; Coming Home Programme Board and associated workstreams; financial implications; Scottish Government allocation; and risks and mitigations.
- 9.2 The Chair commented that some individuals in long term placements may potentially consider their placement as home and not recognise the Scottish Borders as their home. Mrs Susan Henderson commented that there were some 19 people in out of area placements who were happily settled and did consider those facilities as their homes.
- 9.3 Dr Sohail Bhatti suggested the issue represented capacity rather than risk and suggested the commissioning of a private provider or registered social landlord to base a facility in the Borders could generate extra resource and potentially attract clinicians.
- 9.4 Mrs Julianna Amaral enquired in terms of specific support required and what the gaps were in the Scottish Borders.
- 9.5 Cllr Elaine Thornton-Nicol enquired if the anticipated additional placements each year were drawn from the transitions process for 14 year olds, so that a more definitive forecast could be provided instead of an averaging. She was concerned about the appropriateness of on-going input of a 5:1 staffing ratio in private hospitals for individuals, especially if there was no improvement plan or improved outcomes for the individual. She suggested an early involvement with children's services to identify potential future service users be considered.
- 9.6 Mr Stuart Easingwood commented that he was supportive of the programme and that children's services were in a similar position in the sense that they were seeing a new level of complexity in child cases. He advised that there was also already a good partnership approach with registered social landlords to look at future solutions. In terms of predictors for the future, he agreed that more involvement with children's services was required and he emphasised that people were also identified through adult LD services. He also reminded the Board that there were people that migrated into the Scottish Borders with complex needs.
- 9.7 Mr Nile Istephan commented that the properties at Kelso that were alluded to earlier in the discussion were Eildon Housing properties and they represented a £600k investment by Eildon (60%) and the Scottish Government had funded the remaining 40%. The

properties were for service users and further work was being taken forward to find solutions for vulnerable people. He suggested there was positive collaboration and partnership opportunities across the housing sector to provide people with complex issues with a home environment and support. There were challenges in terms of workforce to ensure the sustainability of services.

- 9.8 Mr Burt welcomed the discussion and commented that the service worked closely with children's services and with registered social landlords. He reassured the Board that younger people in the age range 13-14 years old were being identified and services liaised closely with clinical teams who regularly visited clients.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** supported the initiatives being developed to achieve the Scottish Government's strategic aims set out in the "Coming Home: A Report on Out-of-Area Placements and Delayed Discharge for People with Learning Disabilities and Complex Needs" and 'Coming Home Implementation: report from the Working Group on Complex Care and Delayed Discharge' (2022).

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the Scottish Government would be monitoring the H&SC partnerships progress in achieving the Strategic aims set out in the reports in 2.1a via the "Dynamic Support Register".

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that based upon current forecasts, to deliver placements for all 17 people in scope created a financial plan gap.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed with the development of a future funding model between NHS Borders, Scottish Borders Council and the IJB, which will require resources to be identified within the totality of the IJBs financial plan.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** remitted the Chief Officer to escalate the funding risk to the Scottish Government on behalf of the Integration Joint Board and the Health and Social Care Partnership, and to seek a national risk share approach to better support the financial risk for areas with relatively smaller populations.

## **10. PRIMARY CARE IMPROVEMENT PLAN ANNUAL PROGRAMME REPORT**

- 10.1 Mrs Cathy Wilson provided an overview of the content of the report and highlighted that it was a look back from April 2022 to March 2023 and she highlighted that the report showcased the good work that had been achieved during that period.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the content of the report and considered the issues raised in the report.

## **11. ALCOHOL AND DRUGS PARTNERSHIP ANNUAL SURVEY RETURN TO SCOTTISH GOVERNMENT 2022-23**

- 11.1 Mrs Fiona Doig provided an overview of the content of the report.



The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved final sign off of the Annual Survey.

*Cllr Robin Tatler left the meeting.*

*The meeting was no longer quorate.*

## **12. DIRECTIONS TRACKER**

12.1 Mr Chris Myers provided an overview of the content of the directions tracker.

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

## **13. STRATEGIC PLANNING GROUP MINUTES: 07.06.23, 05.07.23**

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

## **14. ANY OTHER BUSINESS**

14.1 Mr Chris Myers provided an outline of the format for the IJB Development session to be held on Wednesday 18 October. He advised that it would include a discussion on the roles and remit of the IJB and a visit to the Community Equipment Store in Tweedbank.

14.2 Mr Myers also advised that the Chief Social Work Officer Annual Report would be submitted to the November IJB meeting for noting.

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

## **15. DATE AND TIME OF NEXT MEETING**

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

15.2 Cllr Tom Weatherston recorded the thanks of the IJB to Mrs Karen Hamilton for stepping in and chairing the meeting at the last minute.

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



Scottish Borders  
**Health and Social Care**  
PARTNERSHIP

15 November 2023

**Health and Social Care Partnership Delivery Report**

Report by Chris Myers, Chief Officer

**1. PURPOSE AND SUMMARY**

- 1.1. The Integration Joint Board are asked to note the overview of the Health and Social Care Partnership delivery against its Strategic Framework and Annual Delivery Plan, and against the implementation of approved directions.
- 1.2. This report replaces the former Directions Tracker and the Chief Officer reports, and is intended to give Integration Joint Board members, and members of the public an overview of some of the progress being made in the Scottish Borders to provide more seamless care, and deliver against our Health and Social Care Strategic Framework 2023-26 and associated Annual Delivery Plan.
- 1.3. Overall, good progress is being made in relation to the implementation of both the Annual Delivery Plan, and the Directions issued by the Integration Joint Board. Of the Directions issued, 6 are complete, 12 are progressing to plan, 1 is delayed, and 3 areas have been highlighted as having significant delivery challenges. The Integration Joint Board agreed to defer one of these areas in their September 2023 meeting (Palliative Care review).

**2. RECOMMENDATIONS**

- 2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to:-**
  - a) Note the contents of the Health and Social Care Partnership Delivery Report.

**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	Good agile teamwork and ways of working	Delivering quality, sustainable,	Dignity and respect	Care and compassion	Inclusive co-productive and fair with

everything we do	– Team Borders approach	seamless services			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. This is a monitoring report to support the effective functioning and performance oversight of the IJB, and the implementation of our strategic objectives.
- 5.2. This report now includes narrative on progress on integration in line with the Health and Social Care Partnership’s Annual Delivery Plan, in addition to the information that would have been contained within previous IJB Directions Tracker reports, and historical Chief Officer reports.
- 5.3. This report is intended to increase awareness for IJB Members and the public on the breadth of work and added value that is being undertaken by the Health and Social Care Partnership to deliver against our Strategic Framework, develop integration locally, and improve outcomes.

#### 6. HIGHLIGHTS RELATING TO INTEGRATION WORKSTREAMS WITHIN THE ANNUAL DELIVERY PLAN

##### Development of a Health and Social Care Partnership Carers Plan:

- 6.1. The creation of the Carers Workstream in 2021 (made up of Carers, Carer representatives, Health and Social work representatives and third sector colleagues), has promoted a forum for unpaid Carers to have their voice heard and influence service design and delivery. The workstream along with the Carers’ needs assessment survey in 2022 has supported the Council to understand priorities for Carers. A Carers Strategy and Implementation Plan is currently being developed, which has been co-produced alongside Carers and members of the workstream. The draft strategy’s vision is: “Carers will be supported to easily access flexible support, advice and information to best meet their outcomes and those of the person they look after.”
- 6.2. This reflects the views of Carers who have consistently stated that they are best supported by services which aim to get care for the cared for person right, as reflected in our strategic objective. Consultations with Carers have demonstrated that respite is key to Carers being able to continue in their caring role, and a range of opportunities are being progressed to enable Carers to have a short break.
- 6.3. The Borders Carers Centre and Chimes are commissioned to undertake work on Carers and Young Carer support plans. To date, 207 Carers are in receipt of a Carers Act budget to support their right to a break from their caring role. Funding has also been secured by way of Carers Act monies to commission four high dependency rooms in care homes for respite usage through the independent sector. While there are several services already in place through the Royal Voluntary Service and Local Area Coordination teams, consultation work undertaken through the Workstream’s Needs Assessment and NDTi support the view that Carers of people with complex needs lack appropriate services that can support positive outcomes for those they look after.

- 6.4. Work is ongoing to enable Carers to have a break whilst the person they look after is receiving the right support.

#### Review of day support in Teviot and Liddesdale:

- 6.5. Following a Direction from the Integration Joint Board, a Task and Finish Group established consisting of partners from across the Health and Social Care Partnership and carer representatives was established. This group have undertaken engagement, consultation and an Equality and Human Rights Impact Assessment.
- 6.6. The needs in the locality have been identified and the IJB has given direction to commission a service provider (Scottish Borders Council Adult Social Care). A site has been identified to host the Day Service in Hawick (Hawick Community Hospital). Care Inspectorate registration has been submitted and staff are being recruited to.
- 6.7. In Newcastleton, it was evident that the community did not feel that a day service was required. Engagement with the Newcastleton Community Trust showed that instead support is needed in this community to allow those with personal care requirements to attend community activities.
- 6.8. It is expected that the Hawick and Newcastleton supports will open early in 2024.

#### Review of day support in Eildon:

- 6.9. Following a Direction from the Integration Joint Board, a Task and Finish Group established consisting of partners from across the Health and Social Care Partnership and carer representatives has been established. A stage 1 Equality and Human Rights Impact Assessment has been completed, and the stage 2 assessment is in development.
- 6.10. Engagement has commenced with a survey based on the questions used in Teviot and Liddesdale, and information on these sessions have been distributed to relevant networks, issued via the press, and posted on social media. Six drop in engagement events were held in October. Events held in Lauder, Earlston, Stow, Galashiels, Newtown St Boswells and Selkirk.
- 6.11. We currently have 38 responses to the survey, however plan to review our approach to ensure that we increase uptake.

#### Development of Community Integration Groups:

- 6.12. Work is being led by the Public Health Team, Communications colleagues and the Scottish Borders Council Resilient Communities team to progress the development of Community Integration Groups. As agreed in the Integration Joint Board's Ministerial Steering Group development session, these groups will focus on reducing poverty and inequalities, early intervention and prevention, and on promoting seamless service delivery in partnership with our communities.

#### Development of Healthcare Inequalities Strategy

- 6.13. Health Inequalities are systematic differences in people's health that are thought to be avoidable and unjust and can be seen as differences in health status, outcomes and mortality as well as access to and the experience of services. The Public Health team has reviewed available health inequalities data to assess the scale of the challenge and is developing a strategy that will bring together this information and highlight how we can tackle the underlying causes across partner organisations. Importantly, addressing health inequalities is an item on the agenda for

the Integration Joint Board and the Community Planning Partnership (under theme 3) which also provides us with an opportunity to involve partners in developing this work.

- 6.14. The next steps include engagement with staff groups and third sector organisations in the Borders; influencing the actions of partners and multi-agency groups to take a health inequalities approach; and, developing a dataset to report on progress and monitor outcome measures.

Primary Care Improvement Plan Demonstrator bid:

- 6.15. Further to previous consideration of the Primary Care Improvement Plan at the Integration Joint Board, and the associated challenges relating to the national funding allocated to resource the plan, the Scottish Government has now offered all Health and Social Care Partnerships the opportunity to bid for funding to become one of three multidisciplinary team demonstrator sites, with associated funding. A bid submission has been made to the Scottish Government, and this is currently being considered through the national consideration and selection process.

Vaccination of Care Home and Health and Social Care staff

- 6.16. For maximum protection over the winter months the 2023/24 Winter programme has an increased focus on protecting those most at risk from catching flu and COVID-19. This led to changes to the programme including the scheduling of cohort groups.
- Care Homes vaccinations were bought forward to 4 September and completed within two weeks.
  - All health care staff and patient facing social care workers are eligible for the flu vaccine.
  - The COVID-19 booster is available to frontline health care staff.
  - National uptake aspiration is 45% Social Care workers and 60% for Health Care staff with overall Health and Social care workers being 50%. The Joint Executive Team have agreed a 75% uptake for NHS Borders.
  - In September, HCSW vaccinations were offered at community clinics and care home venues. These will resume throughout November and early December.
  - A three-week campaign ran from 25 September at the BGH campus. During this time approximately 1000 staff members were vaccinated.
  - Staff vaccinations continue to be promoted with regular staff updates, which are shared with Scottish Borders Council. Dates are also advertised on NHS Borders micro-site.

Figures to date:

Cohort	COVID 19		Flu	
	NHS Borders %	Scotland %	NHS Borders %	Scotland %
Care Home Residents	90.1%	78.4%	90.4%	79.2%
Frontline NHS Health Care Workers	31.3%	23.1%		
All NHS Health Care Workers			37%	21.9%

*N.B: Health care figures are taken from local data source, up to 31<sup>st</sup> October 2023*

- 6.17. Unfortunately social care staff data are not available for this report, as this is with the Scottish Social Services Council for review.
- 6.18. National data for the health and social workers is skewed due to this eligibility cohort being removed from the Vaccine Management Tool (VMT) however, national guidance is that figures for social care workers will become available in the forthcoming weeks. The vaccination service is working with the national team in relation to the health care figures, which are suspected to be under reported in national data.

### Review of Care Home Support Teams

- 6.19. A Nurse Consultant has been procured on a consultancy basis for 3 months to review the nursing model of care provided by the Care Home Support Team, along with the Community Care Reviewing Team (CCRT) and the Care and Community Hospital Assessment Team (CHAT) (mental health). The review will consider the best approach to support care homes and their residents across the Scottish Borders from a health and social care perspective and will consider a strengthened integrated approach across health and social care.
- 6.20. It is expected that this will improved health and social care outcomes for residents in residential/nursing care homes, reduce adult protection referrals, improve care, and reduced Large Scale Investigations. Promoting more seamless care with right service for right person at right time reducing duplication and be financially viable. The final report is due January 2024 with associated recommendations/actions – implementation plan will be derived thereafter with associated timeline.

### Review of the Local Area Coordination Service

- 6.21. An external review of the Local Area Coordination Service has been undertaken to ensure that the service aligns to best practice nationally and internationally, and to our Health and Social Care Strategic Framework within the financial envelope that is available. The review is currently concluding and it is expected that this will be reviewed by the Health and Social Care Partnership Joint Executive Team, and the Integration Joint Board for decision.

### A Joint Health and Care Record – a test of change

- 6.22. This project will implement a Joint Health and Care record across the Health and Social Care Partnership through the Intersystems Healthshare platform. It is expected to deliver efficiencies across all services that consume or use data held in applications from across the organisational boundary, reducing duplicated effort and the time taken to action cases and therefore support improved outcomes for patients and service users.
- 6.23. At the highest level, the project will deliver the ability to surface an agreed set of ‘in-context’ health data to Social Workers using Mosaic and likewise, surface social work / care data to Health Staff using TrakCare and Emis Community Web. It will also improve access to data within NHS Borders across a number of existing systems. Current manual processes that require a mix of multiple computers, multiple log-ons, and multiple network connections will be streamlined to allow access to relevant data directly within each worker’s system of record.
- 6.24. This project is intended to be a first step on the delivery journey of the vision that was laid out within the Health and Social Care Partnership Digitally Enabled Care Strategy. It will start to address one of the key gaps identified in the Outline Business Case for Digitally Enabled Care, produced in 2022 through a collaborative effort across the Health and Social Care Partnership, with CGI.
- 6.25. A poll of health and care staff undertaken earlier this year suggested that individuals spend between 20 and 40 minutes on average per day trying to get additional information about patients and service users from applications and colleagues across the organisational boundary. In some cases, this lack of direct access to information can lead to significant delays in being able to action cases which in turn, could impact on patient outcomes. By aiming to reduce these delays through better, quicker access to relevant information, the project aims to deliver measurable efficiencies to demonstrate the value of a digital joint record. Beyond this project, it is intended to revisit the case to expand this test of change project into a wider platform to aid

collaborative working, patient engagement, and eventually provide the ability for patients, service users and their representatives to access their own digital health and social care records.

- 6.26. The current plan will deliver the initial integration project over three phases, which are currently being discussed with the relevant vendors. There is an aspiration to deliver the first phase of the project within Q1 2024 though this is subject to vendors being able to support this timeline.

Digital Social Work pathfinder

- 6.27. The Social Work Pathfinder is a key priority in the Scottish Borders Council Digital Transformation Programme, and has been underway throughout 2023 and aims to transform the way in which Social Work Services are delivered. The pathfinder consists of 4 key strands –
- The Council Information Hub
  - Process design and simplification/process reengineering
  - Enterprise Mobility
  - Data governance, maturity and culture

- 6.28. The pathfinder is a partnership project between Scottish Borders Council, CGI, Total Mobile and Itelligent i. The pathfinder aims to deliver the following benefits for staff, managers and the organisation, which in turn will provide a better service for our communities in the Scottish Borders. It is expected that the pathfinder will be complete in early 2024.

**Citizens are supported through more efficient processes, with more valuable face to face time, to achieve better outcomes, sooner**

Staff	Managers	Organisational
<ul style="list-style-type: none"> <li>• More time with clients and less time in systems</li> <li>• Access to the right information, at the right time, in the right place</li> <li>• Update records live – remove duplicated reprocessing</li> <li>• Eliminate unnecessary travel</li> <li>• Safe working with Lone Worker protection</li> <li>• Make better decisions – more timely, more meaningful interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Self serve reports – less time and more up to date data</li> <li>• Drillable dashboards deliver greater service insight</li> <li>• Better holistic and detailed views of their service performance</li> <li>• Repeatable Trend Analysis – better informed, more proactive decision making</li> <li>• Better able to understand the communities they support</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced cost of reporting</li> <li>• One source of data eliminates duplicated reporting and allows for one version of the truth</li> <li>• Greater opportunity to spot patterns and anomalies and avoid risk</li> <li>• Greater ability to use predictive analytics to inform future planning</li> </ul>



Winter resilience:

- 6.29. On behalf of the Health and Social Care Partnership, the NHS Borders and Scottish Borders Council Resilience teams are collaborating to host a Winter Readiness Tabletop Exercise on the 6<sup>th</sup> of December 2023. This exercise aims to bring together Health and Social Care staff to simulate their response to various challenging winter scenarios and by doing so enhance preparedness and coordination for the upcoming winter season. Following the exercise, participants will engage in a debriefing session and conduct a gap analysis to identify areas for improvement and strengthen our respective and joint winter plans, ultimately increasing their resilience in the face of winter challenges.

Integrated Risk Forum:

- 6.30. An Integrated Risk Forum was established during Summer 2023, meets monthly, and is attended by SBC’s Chief Officer Audit & Risk, SBC’s Corporate Risk Officer and NHSB’s Risk Manager. The Forum enables its members to learn about the risk management arrangements in place within the two organisations, share best practice knowledge and expertise and undertake engagement



on key pieces of work such as reviewing and updating the IJB's Risk Management Policy Statement and Strategy. It is envisaged that the creation of this Forum and the close partnership working it enables will ultimately support and enhance the effective management of IJB Risks and the achievement of its Strategic Objectives.

#### Hospital Discharge Kaizen:

- 6.31. By applying a quality improvement approach, our teams explored current patients discharge pathways and final destinations to better understand our current systems. The National Discharge without Delay Programme (Urgent and Unscheduled Care) was the model used to ensure focus was on:
- A pathways based planning approach on each ward (in line with the Older People's Pathways agreed by the Integration Joint Board)
  - Planning across Acute, Community Teams involving health, social work, social care and the third sector to support preparation for discharge
  - Adopting "home first" principles:
    - Discharge planning starts in the community
    - Every older person should have the greatest opportunity to return to their own home
    - Decisions about future care needs should not be made when a patient is in crisis
    - Older people are not assessed for their future care needs in acute hospital, and;
    - Testing single point of access
- 6.32. The project (May-Aug 23) identified 9 deliverables which explored
- Clearly defining acute discharge pathways to support service modelling
  - Patients are aligned to pathways depending on needs
  - Whether our services are right sized and in the right place to timely meet the needs of people
  - A whole system review was undertaken of all patients discharged from the BGH from April 2022 to March 2023 to better understand what services they accessed
  - Gaps in current service delivery were identified
  - Delays in patient's journeys were explored to have better understanding of why
  - Set up of a new Discharge Team to support better discharge planning and flow
- 6.33. The information that has been collated, tested and explored during this 4-month period, will help to inform future service planning by aligning to the 2030 visioning

#### Integrated Reablement

- 6.34. The aim of this project is to integrate the NHS Home First Team with SBC Adult Social Care staff to create a Borders wide 7-day a week Reablement approach, the benefit of which is to reduce admissions, readmissions and care at home package sizes, and enables people to remain independent at home.
- 6.35. In 2017, the IJB commissioned discharge to assess, and reablement was originally identified as an area of service transformation for SBC in 2020. Following the formative evaluation of the discharge programme in 2021, discussions have been ongoing within the Health and Social Care Partnership around the potential to create an integrated Reablement service, with a Direction issued by the Integration Joint Board in September 2022 to develop a business case for an integrated Reablement service that will provide Reablement across the Borders. In order to identify the most appropriate model for integration of Home First and Adult Social Care, a high-level Options Appraisal has been carried out and presented to the HSCP Joint Executive Team, the outcome of which has been the agreement to pursue the opportunity to integrate the

existing services. The business case will be submitted to the Integration Joint Board in January 2024.

### Whole Systems Operational Pressures Group review

- 6.36. At the end of September, a meeting was held to review our delayed discharge performance between Scottish Borders Health and Social Care Partnership staff, and representatives from COSLA, Scottish Government and Health and Social Care Scotland who are part of the national Whole System Operational Pressures Group. During the discussion, we outlined our work to date, local challenges, delayed discharge and surge plan, and oversight arrangements. As part of this discussion, we outlined the significant challenges that we face associated to rurality and workforce supply, with a relatively older population, lower workforce supply (45% working age compared to 65% nationally), the impacts of rurality on transport and travel times for staff. We noted the increased level of need and dependence that our communities and services are experiencing, and asked that our specific rural challenges were taken into consideration nationally.
- 6.37. The group were assured around our approach, joint working, plans and oversight, however like us, did note concerns around our level of performance at the time of the meeting at the end of September. Since the meeting, as planned and expected through our agreed Health and Social Care Partnership delayed discharge and surge plan, we continue to see a reduction in the number of people waiting for care.

## **7. IMPLEMENTATION OF DIRECTIONS**

- 7.1. Overall, good progress is being made in relation to the implementation of the directions issued. 6 are complete, 12 are progressing to plan, 1 is delayed, and 3 areas have been highlighted as having significant delivery challenges. The Integration Joint Board agreed to defer one of these areas in their September 2023 meeting (Palliative Care review). Of the remaining 2 with significant delivery challenges:
- The first relates to the overall financial position for the Health and Social Care Partnership, including the financial overspend on delegated and set aside services in health services, which is being regularly reviewed by the IJB and the IJB Audit Committee jointly with both Finance teams across the Health and Social Care Partnership.
  - The second relates to managing the Primary Care Improvement Plan within the available budget, which is being regularly reviewed by the IJB and the IJB Audit Committee, in partnership with NHS Borders. A PCIP Demonstrator bid was submitted to Scottish Government on 3 November 2023 to put the HSCP in a position to fully deliver the PCIP, with associated funding to help manage this risk.
- 7.2. The Directions Tracker in Appendix 1 contains detailed information on progress against the delivery of each Direction.

## **8. IMPACTS**

### **Community Health and Wellbeing Outcomes**

- 8.1. 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

- 8.2. 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

- 8.3. 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

- 8.4. All relevant legislative considerations are included in each of the relevant IJB reports.

### Climate Change and Sustainability

- 8.5. All relevant climate change and sustainability considerations are included in each of the relevant IJB reports.

### Risk and Mitigations

- 8.6. All relevant risk considerations are included in each of the relevant IJB reports.

## 9. CONSULTATION

### Communities consulted

- 9.1. Details of communities consulted are included in each of the relevant IJB reports.

### Integration Joint Board Officers consulted

9.2. Not relevant.

**Approved by:** Chris Myers, Chief Officer

**Author:**

- John Barrow, Carers Support and Self Directed Support Lead
- Gillian Chapman, PMO Senior Project Manager
- Callum Cowan, Resilience Manager
- Bill Edwards, Interim Programme Director
- Emily Elder, Risk Manager
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- Philip Grieve, Chief Nurse
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- Kirsty Kiln, Consultant in Public Health
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- Chris Myers, Chief Officer
- Clare Richards, Portfolio Manager

**Background Papers:** Not applicable

**Previous Minute Reference:** Not applicable

For more information on this report, contact us at:  
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**Appendix 1: Directions tracker:**

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 Sol	Focused on planning principles, health improvement plan, and be financially sustainable	on AC agenda
SBIJB-21-09-22- 01	21/09/22	Hospital at home	Scope the development of Hospital at home	Develop a business case to come back to IJB for approval	300	To be discussed at range of groups prior to IJB in March	recruitment and start up
SBIJB-210922-2	21/09/22	Integrated home based reablement service	Report to IJB with business case for integrated SB Cares and Home First Service	Develop a business case to come back to IJB for approval	expected that costs will reduce	To review by SPG before IJB in December	

SBIJB-210922-3	21/09/22	Palliative Care review	To commission an independent palliative care review	Scope and outcomes as described in paper with full engagement and integrated approach. To improve outcomes and reduce costs through a programme budgeting approach	-	To conclude by 31 March 2023. Review by SPG before IJB	y
SBIJB-020922-1	21/09/22	Primary Care Improvement Plan	Manage PCIP within existing funding	PCIP Exec to deliver outcomes from non recurrent spend, and reprioritise the use of available recurrent funding. PCIP Exec to escalate at a national level regarding inadequacy of funds and the risks associated with that.	£1.523 NR and £2.313 rec plus tranche 2 tbc	Implementation of GP contract	significant challenge
SBIJB-161122-1	21/12/23	Day services	Re-commissioning of the Teviot and Liddesdale Buildings Based Adult Day Service	Engage in partnership working, through an IIA, consider and evaluate options, including financial impact, outline scope of service, ensure full engagement	tbc		y
SBIJB-010223-1	01/02/23	Care home and extra care housing, LF	Scoping of the associated integrated service models of delivery	Scoping of the associated integrated service models of delivery and associated revenue costs for the Full Business Cases for the Hawick and Tweedbank Care Villages		Business case	y

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

15 November 2023



Scottish Borders  
**Health and Social Care**  
PARTNERSHIP

**Medical Cover at Kelso & Knoll Community Hospitals**

**Report by Cathy Wilson, General Manager, Primary and Community Services & Dr Tim Young, Associate Medical Director, Primary and Community Services**

**1. PURPOSE AND SUMMARY**

1.1. **This report is to update the Integration Joint Board on the situation with medical cover at Kelso and Knoll Community Hospitals.**

1.2. Kelso Medical Group Practice has provided NHS Borders with six months' notice to withdraw from the Community Hospital Local Enhanced Service (LES). This means that the GP medical care support currently provided to the Community Hospital will cease from 29 March 2024.

1.3. This is consistent with their rights under the GMS contract, with medical support for a Community Hospital providing Healthcare an additional service that they may choose to contract for. The basis for this decision has been advised as the need to prioritise the sustainability of their core GMS work and to create a safer working environment for their Practice patients and staff.

1.4. The Consultant Geriatrician supporting the Knoll Community Hospital is on a fixed term contract which is due to end on 31 March 2024.

1.5. There is an urgent need to review the medical care model that supports all four community hospitals in Kelso, Duns, Peebles and Hawick.

**2. RECOMMENDATIONS**

**2.1 The Scottish Borders Health and Social Care Integration Joint Board is asked to:**

- a) **note** the situation in relation to medical cover at Kelso and Knoll Community Hospitals from 1 April 2024;
- b) **note** the work that will start to review the future model of care for the Community hospitals;
- c) **note** that this work will require significant public and staff engagement; and
- d) **note** that linked work has started to identify and assess options for ongoing medical cover for the Community Hospitals from April 2024.
- e) **issue** a direction to NHS Borders.

### 3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

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

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

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

### 4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is required and is attached for approval by the IJB.

### 5. BACKGROUND

5.1. Currently, there are four Community Hospitals in the Borders, with a total of 92 beds. Each hospital has its own arrangement for medical coverage:

5.2. Kelso Community Hospital:

<b>Location</b>	Kelso / Cheviot locality
<b>Bed Capacity</b>	23 (plus 1 surge bed)
<b>Medical Cover arrangement</b>	Quarterly payments as part of a Community Care LES agreement
<b>GPs/Consultant</b>	Kelso Medical Group Practice

5.3. Knoll Community Hospital, Duns:

<b>Location</b>	Duns / Berwickshire
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<b>Bed Capacity</b>	23 (plus 1 surge bed)
<b>Medical Cover arrangement</b>	Monthly salaried payments
<b>GPs/Consultant</b>	Combination of Community Geriatrician and middle grade doctors* for the Berwickshire Locality. * Fortnightly rotated Junior Doctors from DME

5.4. Hawick Community Hospital:

<b>Location</b>	Hawick / Teviot
<b>Bed Capacity</b>	23
<b>Medical Cover arrangement</b>	Monthly salaried payments
<b>GPs/Consultant</b>	<ul style="list-style-type: none"> <li>• Teviot Medical Practice Group (14 beds)</li> <li>• Mairches Medical Practice (9 beds)</li> </ul>

5.5. Hay Lodge Community Hospital, Peebles:

<b>Location</b>	Peebles / Tweeddale
<b>Bed Capacity</b>	23
<b>Medical Cover arrangement</b>	Quarterly payments as part of a Community Care LES agreement
<b>GPs/Consultant</b>	<ul style="list-style-type: none"> <li>• Tweed Practice (Haylodge Health Centre)</li> <li>• Neidpath Practice (Haylodge Health Centre)</li> <li>• St Ronan's Medical Practice, Innerleithen</li> </ul>

5.6. NHS Borders, within our Medium term plan, has previously set out the need to review the long term Model of care for our Community Hospitals. This was included in our Annual Delivery plan (ADP) as work that should commence in 2023/24. This commitment is in line with the strategic aims set out in the jointly agreed Strategic framework to:

- Improve Access to services;
- Rise to the workforce challenge;
- Improve our effectiveness and efficiency.

5.7. Over the last 10 years the use of our Community hospitals has continued to evolve in response to service demand. This has accelerated over the last few years, as a result of the service pressures experienced during the pandemic and the increased number of patients in the hospitals whose care would be more appropriately provided in the Community, either at home with care or in a Care facility. Recent Day of Care audits have indicated that up to 70% of patients in our Community Hospitals could be more appropriately cared for elsewhere. This has obviously impacted on the nature of the healthcare provided in the hospitals, with for example, much less post operative rehabilitation now taking place in our Community Hospitals.

5.8. As set out in the Strategic framework, we also recognise the need to plan for the future needs of our population, recognising the changing demographics of both our patients and workforce.

## 6. ASSESSMENT

- 6.1. It is recognised that the outcome of discussions on the future model of care in our Community hospitals is integral to the alternative options to provide medical cover in these facilities.
- 6.2. It is therefore proposed to progress this work as a single project.
- 6.3. A steering group for leading the review of the Community Hospital medical model has been established and they have identified the need to complete an options appraisal exercise to identify a preferred option. The membership of this group will need to be reviewed to ensure this is appropriate to address the longer-term Model of care assessment, including input from across the whole of Health & Social care.
- 6.4. This work will require significant public and staff engagement.
- 6.5. It is likely that the work on the Models of care for the Community Hospitals and the implications of this for service transformation, including Public and Staff engagement, will take at least 6 months. This may well take considerably longer, depending on the service modelling and engagement that is required.
- 6.6. In light of the timescales around changes to the Medical cover for these hospitals, the decisions, or at least interim decisions in relation to this, will be required before March 2024. This may also require interim decisions to be made on the use of Community hospitals after this, depending on the feasibility of interim arrangements.

## 7. IMPACTS

### Community Health and Wellbeing Outcomes

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

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	No impact
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	Increase
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Increase

4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Increase
5	Health and social care services contribute to reducing health inequalities.	No impact
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	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**

- 7.2. The review of options for the medical cover at the Community Hospitals will include a full financial options appraisal.

### **Equality, Human Rights and Fairer Scotland Duty**

- 7.3. An initial start has been made on the Stage 1 Proportionality and Relevance document and we are planning to hold further discussion on this with the wider stakeholders, including public representatives, at the next meeting of the steering group. For noting, the intention in relation to public representation is to seek someone from each of the four localities that have a Community Hospital.

- 7.4. The initial assessment has highlighted that all protected characteristics will be impacted by this work given that people with any of these characteristics can be an inpatient or staff member at the Community Hospitals.

### **Legislative considerations**

- 7.5. None.

### **Climate Change and Sustainability**

- 7.6. Any impacts on climate change and sustainability will be identified and considered as part of the options appraisal process.

### **Risk and Mitigations**

- 7.7. The main risk relates to the need to identify an interim arrangement for the medical cover for Kelso and Knoll Community Hospitals before the end of March 2024.

## **8. CONSULTATION**

### **Communities consulted**

- 8.1. This will be undertaken following completion of Stage 1 of the Equality & Human Right Impact Assessment.

**Integration Joint Board Officers consulted**

- 8.2. 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.
- 8.3. In addition, consultation has occurred with our statutory operational partners at the:
  - HSCP Joint Executive

**Approved by:**

Ralph Roberts, Chief Executive, NHS Borders

Chris Myers, Chief Officer, Scottish Borders Health & Social Care Partnership

**Author(s)**

Cathy Wilson, General Manager, Primary and Community Services

Dr Tim Young, Associate Medical Director, Primary and Community Services

**Background Papers:** N/A

**Previous Minute Reference:** N/A

For more information on this report, contact us at [cathy.wilson@nhs.scot](mailto:cathy.wilson@nhs.scot) and [tim.young@nhs.scot](mailto:tim.young@nhs.scot)

**DIRECTION FROM THE SCOTTISH BORDERS INTEGRATION JOINT BOARD**

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

<b>Reference number</b>	SBIJB-151123-1
<b>Direction title</b>	Community Hospital cover
<b>Direction to</b>	NHS Borders, with support where required from the Scottish Borders Council
<b>IJB Approval date</b>	TBC – direction to be considered at IJB on 15 November 2023
<b>Does this Direction supersede, revise or revoke a previous Direction?</b>	No
<b>Services/functions covered by this Direction</b>	Community Hospitals
<b>Full text of the Direction</b>	<p>To develop a robust process that works to ensure that:</p> <ul style="list-style-type: none"> <li>- An effective sustainable model is developed that best meets needs is identified in the short term</li> <li>- Over the longer term, that a model that is fit for the future is developed closely aligned with the needs of our population, and the objectives and ways of working outlined in our Health and Social Care Strategic Framework</li> <li>- There will be full consultation with public and professional stakeholders, in line with the Health and Social Care Partnership’s Communications and Engagement Framework</li> <li>- Risk is proactively managed throughout the process</li> <li>- An Equality and Human Rights Impact Assessment is developed in line with this piece of work</li> <li>- There will be appropriate communications with stakeholders in line with the HSCP Communications and Engagement Framework</li> <li>- The work undertaken aligns to the integration planning and delivery principles</li> </ul>
<b>Timeframes</b>	<p>To start by: With immediate effect</p> <p>To conclude by: End March 2025</p>
<b>Links to relevant SBIJB report(s)</b>	November IJB papers: <a href="https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CIId=218&amp;MIId=6539&amp;Ver=4">https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CIId=218&amp;MIId=6539&amp;Ver=4</a>
<b>Budget / finances allocated to carry out the detail</b>	Work is expected to be carried out under the terms of the Scheme of Integration and Annual Budget direction. There are no costs envisaged attached to this direction. Any requirement for investment would need to be escalated to the IJB for consideration and decision.
<b>Outcomes / Performance Measures</b>	It is expected that the work undertaken will aim to not adversely impact on the nine National Health and Wellbeing Outcomes
<b>Date Direction will be reviewed</b>	Progress to be reported to the Integration Joint Board in January 2024, and by escalation by the HSCP Joint Executive.

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

15 November 2023

**IJB AUDIT COMMITTEE ANNUAL REPORT 2022/23**

Report by Cllr Tom Weatherston, Chair of IJB Audit Committee



**1. PURPOSE AND SUMMARY**

- 1.1. **To provide Members with the IJB Audit Committee Annual Report 2022/23 which sets out how the IJB Audit Committee has performed in fulfilling its remit, including its self-assessment of its effectiveness and areas of improvement, and provides assurances to the Board.**
- 1.2. It is important that the IJB Audit Committee fully complies with best practice guidance on Audit Committees to ensure it can demonstrate its effectiveness as a scrutiny body as a foundation for sound corporate governance for the Scottish Borders Health and Social Care Integration Joint Board (IJB).
- 1.3. The CIPFA Audit Committees Practical Guidance for Local Authorities and Police 2018 Edition (hereinafter referred to as CIPFA Audit Committees Guidance) is deemed appropriate for the IJB under the legislative framework for integration authorities. It incorporates CIPFA's view of the role and functions of an Audit Committee, which includes the production of an annual report on the performance of the audit committee against its remit for submission to the board. The IJB Audit Committee Annual Report 2022/23 (Appendix 1) is presented for consideration in line with this best practice. It contains assurances to the Integration Joint Board.
- 1.4. The IJB Audit Committee carried out self-assessments of Compliance with the Good Practice Principles Checklist and Evaluation of Effectiveness Toolkit from the CIPFA Audit Committees Guidance during Development Sessions on 20 March 2023 facilitated by the IJB Chief Internal Auditor. The self-assessments along with the IJB Audit Committee Annual Report 2022/23 (Appendix 1) were considered and approved by the IJB Audit Committee on 19 June 2023. The outcome of the self-assessments was a high degree of performance against the good practice principles and a medium degree of effectiveness with evidence of improvement during the year. The Members of the IJB Audit Committee have identified further areas of improvement.

**2. RECOMMENDATIONS**

- 2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to:-**
  - a) Approve the IJB Audit Committee Annual Report 2022/23 (Appendix 1) which presents the self-evaluation of the Committee's performance, effectiveness and areas of improvement, based on the outcomes of its self-assessments using the CIPFA Audit Committees Guidance; and
  - b) Acknowledge the assurances from the IJB Audit Committee to the Integration Joint Board (set out in bullet points a-f in Appendix 1) and its identified areas of improvement (nos.1-3 in Appendix 1) to enhance its effectiveness as a scrutiny body.

### 3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

- 3.1. It is expected that the IJB Audit Committee fulfilling its governance functions will indirectly impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

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

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

### 4. INTEGRATION JOINT BOARD DIRECTION

- 4.1 A Direction is not required. This is a routine good governance report for assurance purposes.
- 4.2 The Terms of Reference of the IJB Audit Committee includes the following function “9. Carry out the oversight and scrutiny of the implementation of the Strategic Commissioning Plan and the application of the Directions Policy. Monitor and review progress with the implementation of Directions made to partners to ensure that clarity and transparency can be demonstrated and is aligned to performance and financial reporting, and escalate key delivery issues to the IJB. Maintain independent oversight of progress against the Strategic Commissioning Plan, and provide assurance to the IJB thereon.”

### 5. BACKGROUND

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

## 6. IJB AUDIT COMMITTEE ANNUAL REPORT 2022/23

- 6.1. The Members of the IJB Audit Committee engaged in the self-assessments of Compliance with the Good Practice Principles Checklist and Evaluation of Effectiveness Toolkit from the CIPFA Audit Committees Guidance during Development Sessions on 20 March 2023 facilitated by the IJB Chief Internal Auditor. The self-assessments along with the IJB Audit Committee Annual Report 2022/23 were considered and approved by the IJB Audit Committee on 19 June 2023.
- 6.2. The outcome of the self-assessments was a high degree of performance against the good practice principles and a medium degree of effectiveness with evidence of improvement during the year. The Members of the IJB Audit Committee have identified further areas of improvement.
- 6.3. The IJB Audit Committee Annual Report 2022/23 is appended to this report (Appendix 1) for consideration in line with the best practice set out in CIPFA Audit Committees Guidance. It is designed both to provide assurance to the Integration Joint Board on the effectiveness of the IJB Audit Committee in meeting its purpose and to provide some actions for the Committee to further improve its effectiveness as a scrutiny body.

## 7. IMPACTS

### Community Health and Wellbeing Outcomes

- 7.1. This is a routine good governance report for assurance purposes and, as a result, assessment of the impact on the National Health and Wellbeing Outcomes is not relevant.

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.	

### Financial impacts

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

## **Equality, Human Rights and Fairer Scotland Duty**

- 7.3. This is a routine good governance report for assurance purposes and, as a result, completion of an integrated impact assessment is not an applicable consideration.

## **Legislative considerations**

- 7.4. The Scottish Borders Health and Social Care Integration Joint Board (IJB), established as a separate legal entity as required by the Public Bodies (Joint Working) (Scotland) Act 2014, is responsible for the strategic planning and commissioning of a wide range of integrated health and social care services across the Scottish Borders partnership area, based on resources which have been delegated to it by the partners, Scottish Borders Council and NHS Borders.
- 7.5. The IJB is therefore expected to operate under public sector good practice governance arrangements which are proportionate to its transactions and responsibilities to ensure the achievement of the objectives of Integration. The IJB Audit Committee fulfilling its terms of reference is one of the key components of good governance and is critical to the capacity of the IJB to function effectively.

## **Climate Change and Sustainability**

- 7.6. IJB Audit Committee meetings and Development Sessions during 2022/23 have been held using a virtual platform MS Teams to minimise the need for business travel and reduce potential climate impact.

## **Risk and Mitigations**

- 7.7. There is a risk that the IJB Audit Committee does not fully comply with best practice guidance thus limiting its effectiveness as a scrutiny body as part of sound corporate governance. The completion of the annual self-assessment and identification and implementation of improvement actions, as evidenced through this Annual Report, will mitigate this risk.

## **8. CONSULTATION**

### **Communities consulted**

- 8.1. This is a routine good governance report for assurance purposes and, as a result, consultation with communities is not required.
- 8.2. The members of the IJB Audit Committee were engaged in the annual self-assessment process during the Development Session on 20 March 2023, facilitated by the IJB Chief Internal Auditor.

### **Integration Joint Board Officers consulted**

- 8.3. The IJB Board Secretary, the IJB Chief Financial Officer and the IJB Chief Officer have been consulted on this report to ensure their awareness of its content.

### **Approved by:**

CLlr Tom Weatherston, Chair of IJB Audit Committee

**Author(s)**

Jill Stacey, IJB Chief Internal Auditor (Scottish Borders Council's Chief Officer Audit & Risk)

**Background Papers:** CIPFA Audit Committees Practical Guidance for Local Authorities and Police 2018 Edition

**Previous Minute Reference:** IJB Audit Committee 19 June 2023

For more information on this report, contact us at Internal Audit [intaudit@scotborders.gov.uk](mailto:intaudit@scotborders.gov.uk)

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

Wednesday 15 November 2023



Scottish Borders  
**Health and Social Care**  
PARTNERSHIP

**QUARTERLY PERFORMANCE REPORT, September  
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 set out within the Scottish Borders Health and Social Care Strategic Framework 2023-26.

**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.

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Scottish Borders  
**Health and Social Care**  
PARTNERSHIP

**Quarterly Performance Report** for the  
Scottish Borders Integration Joint Board November 2023

**SUMMARY OF PERFORMANCE:**

Latest available Data at end June 2023

Structured Around the 6 Objectives in the Strategic Plan:

**Objective 1:** Improving Access

**Objective 2:** Rising to the workforce challenge

**Objective 3:** Prevention and early intervention

**Objective 4:** Supporting unpaid carers

**Objective 5:** Improving effectiveness and efficiency

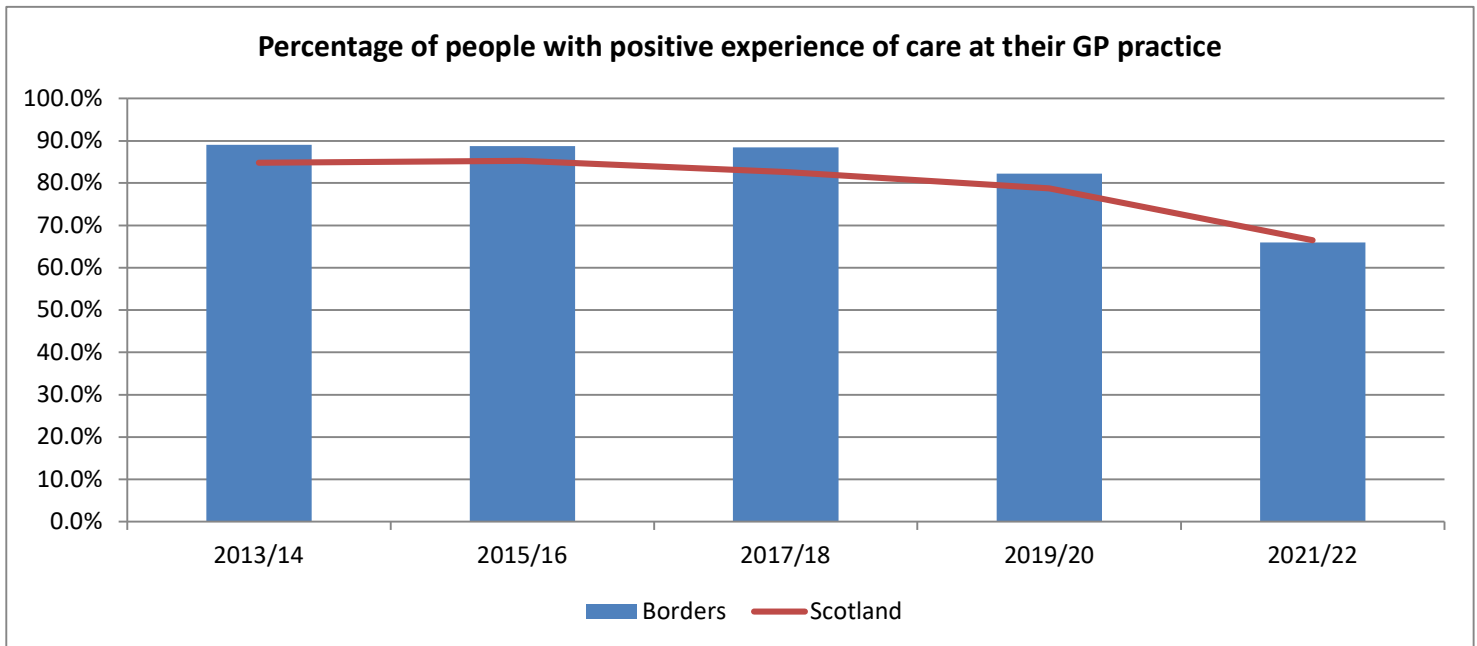
**Objective 6:** Reducing Poverty and Inequalities

## Objective 1. Improving Access

### Percentage of people with positive experience of care at their GP

Source: Core Suite Indicator workbooks

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



#### How are we performing?

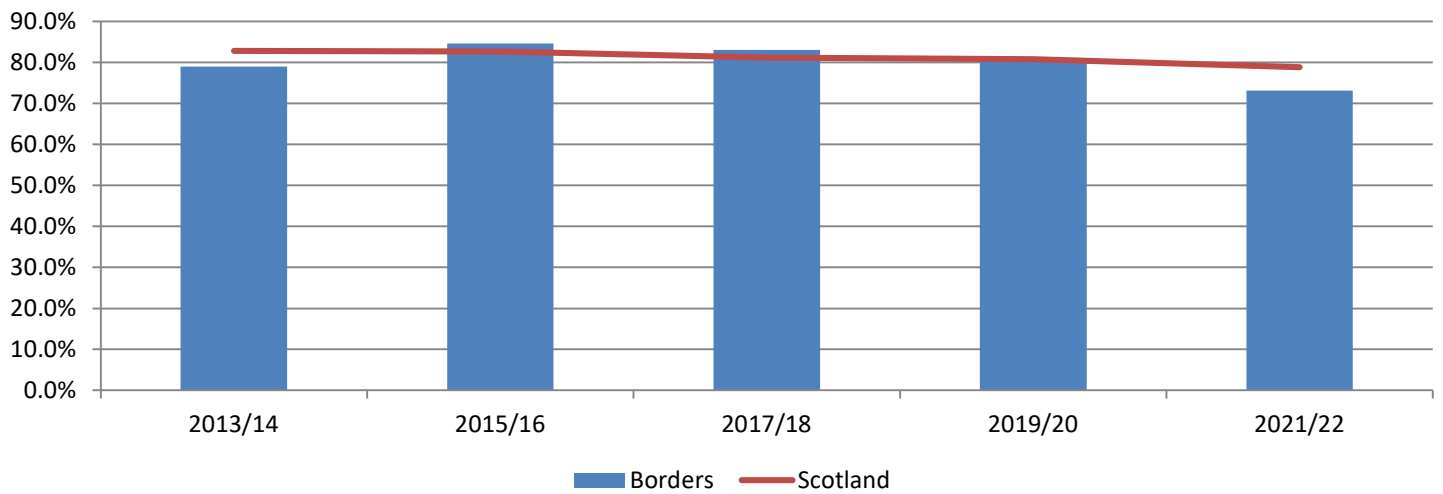
Rates for both Scotland and Scottish Borders for the percentage of people with a positive experience of care at their GP practice decreased from a high point in 2013/14 to 2021/22. The Scotland rate is 0.6% higher than the Borders rate.

### Percentage of adults supported at home who agree that they are supported to live as independently as possible

Source: Core Suite Indicator workbooks

	2013/14	2015/16	2017/18	2019/20	2021/22
Borders	79.0%	84.6%	83.1%	81.1%	73.1%
Scotland	82.8%	82.7%	81.1%	80.8%	78.8%

### Percentage of adults supported at home who agree that they are supported to live as independently as possible



#### How are we performing?

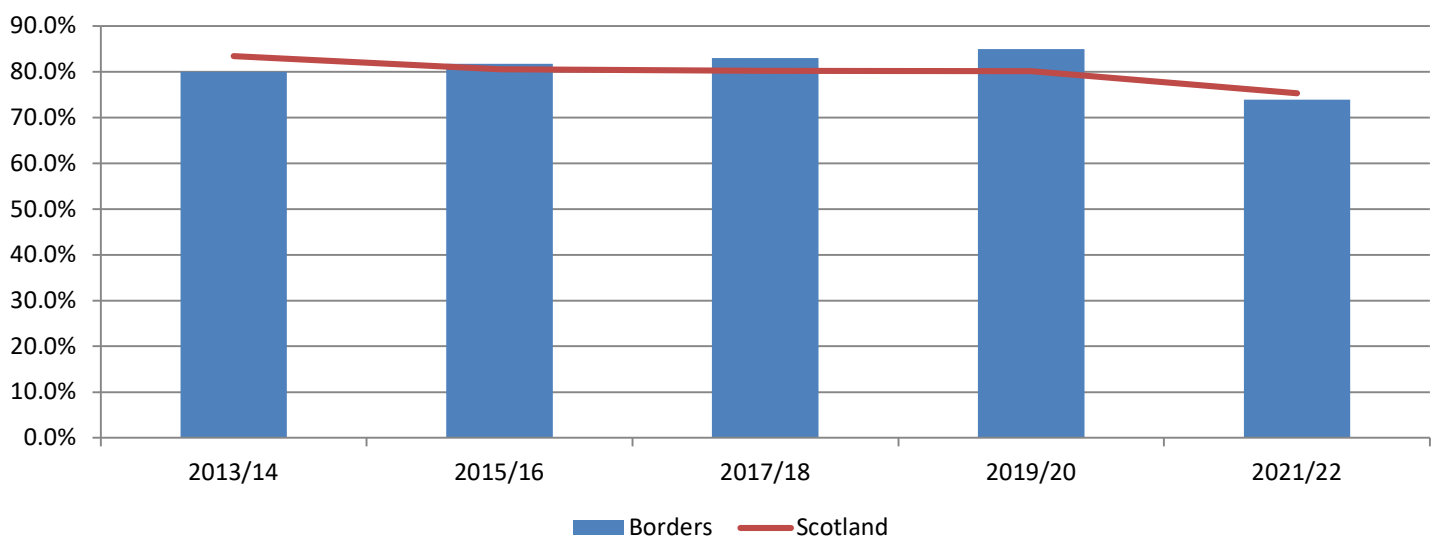
Rates for both Scotland and Scottish Borders for the percentage of adults supported at home who agree they are supported at home to live as independently as possible decreased from a high point in 2015/16 to 2021/22. The Scotland rate is 5.7% higher than the Borders rate.

### Percentage of adults receiving any care or support who rate it as excellent or good

*Source: Core Suite Indicator workbooks*

	2013/14	2015/16	2017/18	2019/20	2021/22
Borders	80.0%	81.7%	83.1%	85.0%	73.9%
Scotland	83.4%	80.6%	80.2%	80.2%	75.3%

### Percentage of adults receiving any care or support who rate it as excellent or good



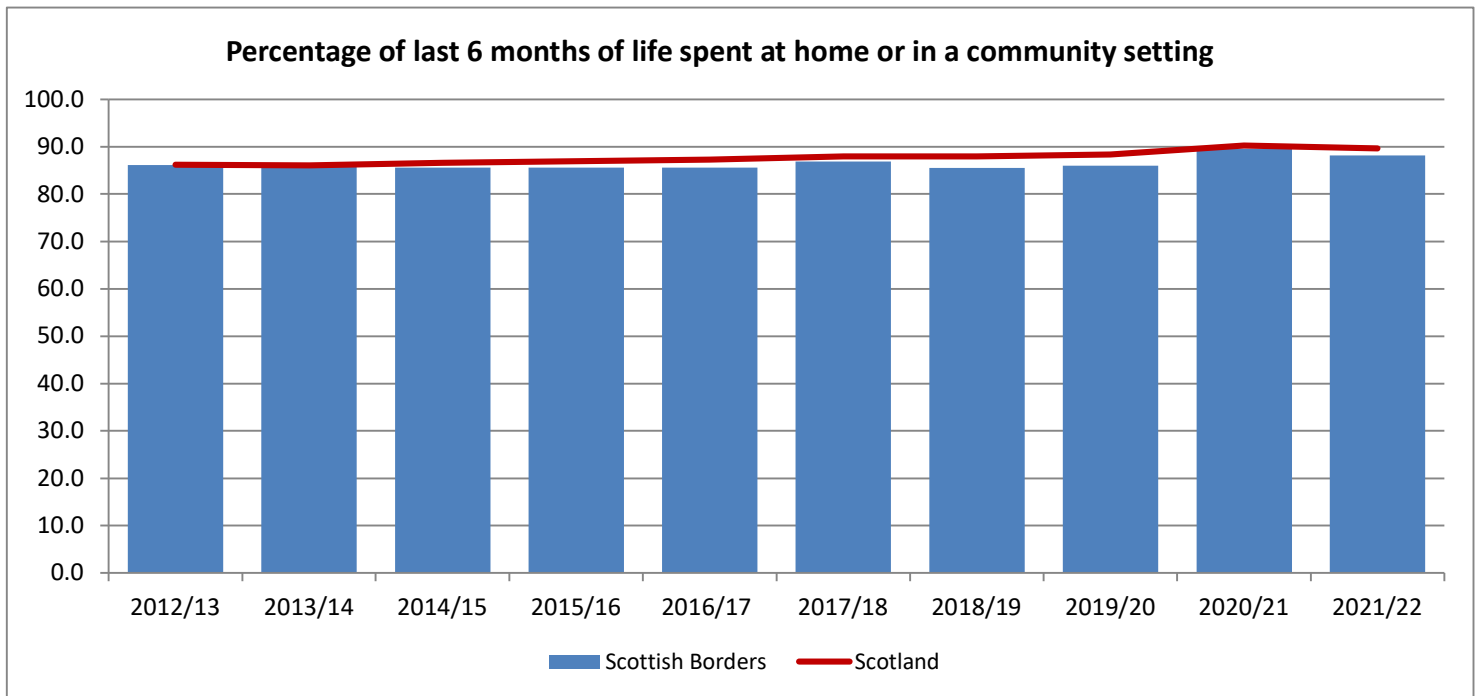
### How are we performing?

Rates for both Scotland and Scottish Borders for the percentage of adults receiving any care or support who rate it as excellent or good decreased from a high point in Borders for 2019/20 to 2021/22. The Scotland rate is 1.4% higher than the Borders rate.

### 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
Borders	86.1	85.7	85.6	85.6	85.6	86.9	85.5	86.0	89.5	88.2
Scotland	86.2	86.1	86.6	87.0	87.3	88.0	88.0	88.3	90.2	89.8

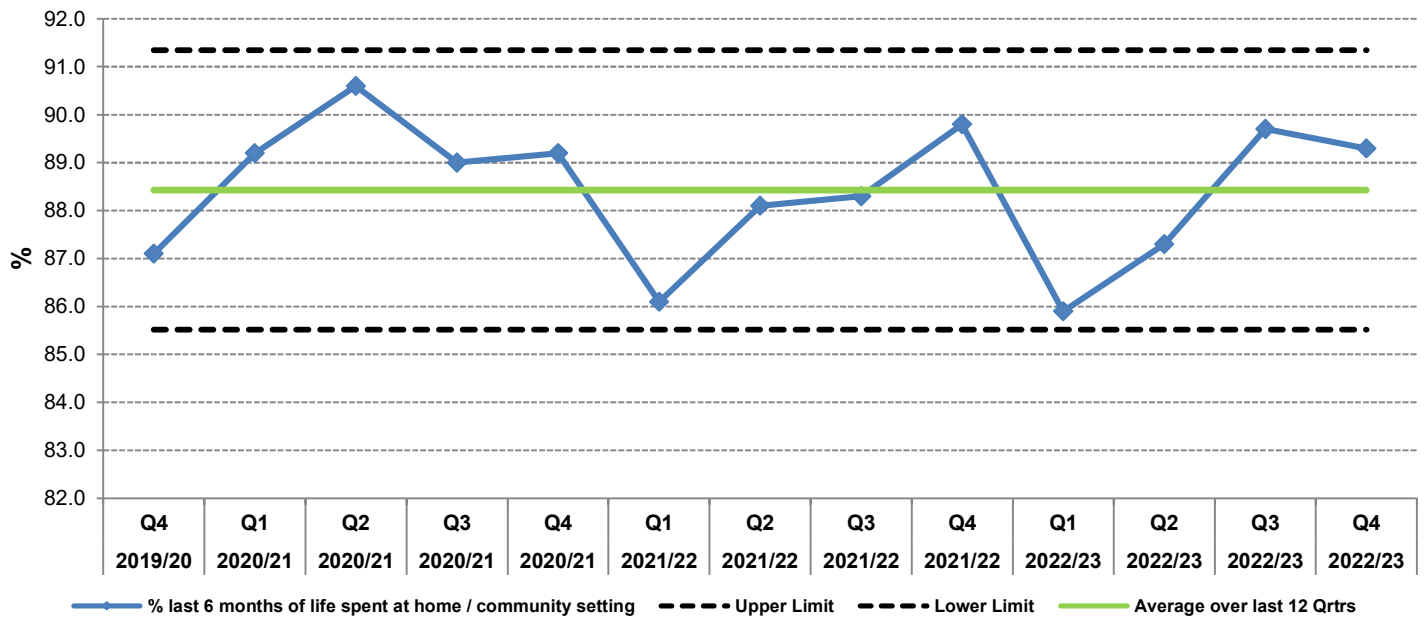


### Percentage of last 6 months of life spent at home or in a community setting

Source: Core Suite Indicator workbooks

	Q4 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
Borders	87.1	89.2	90.6	89.0	89.2	86.1	88.1	88.3	89.8	85.9	87.3	89.7	89.3

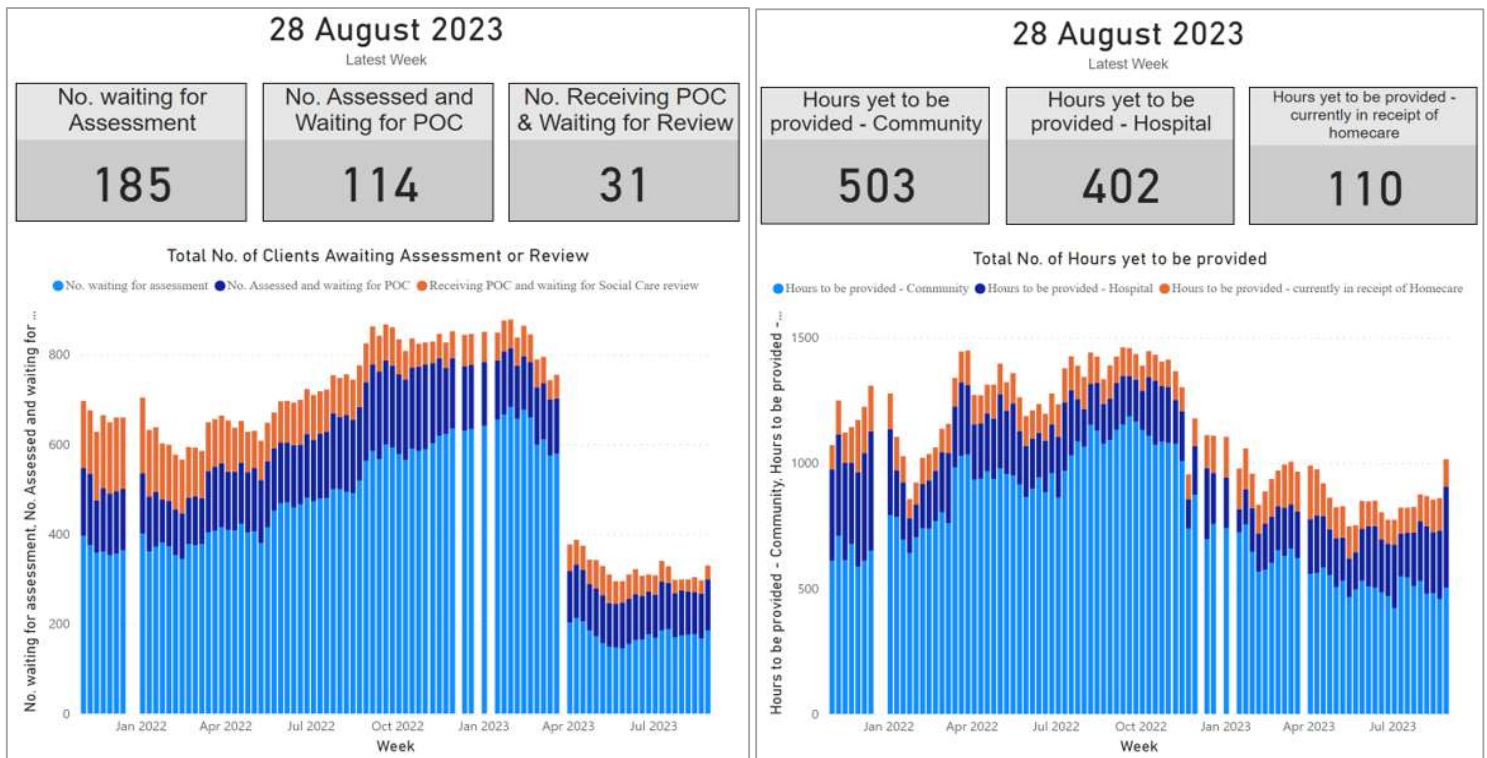
### Percentage of last 6 months of life spent at home or in a community setting in Scottish Borders



#### How are we performing?

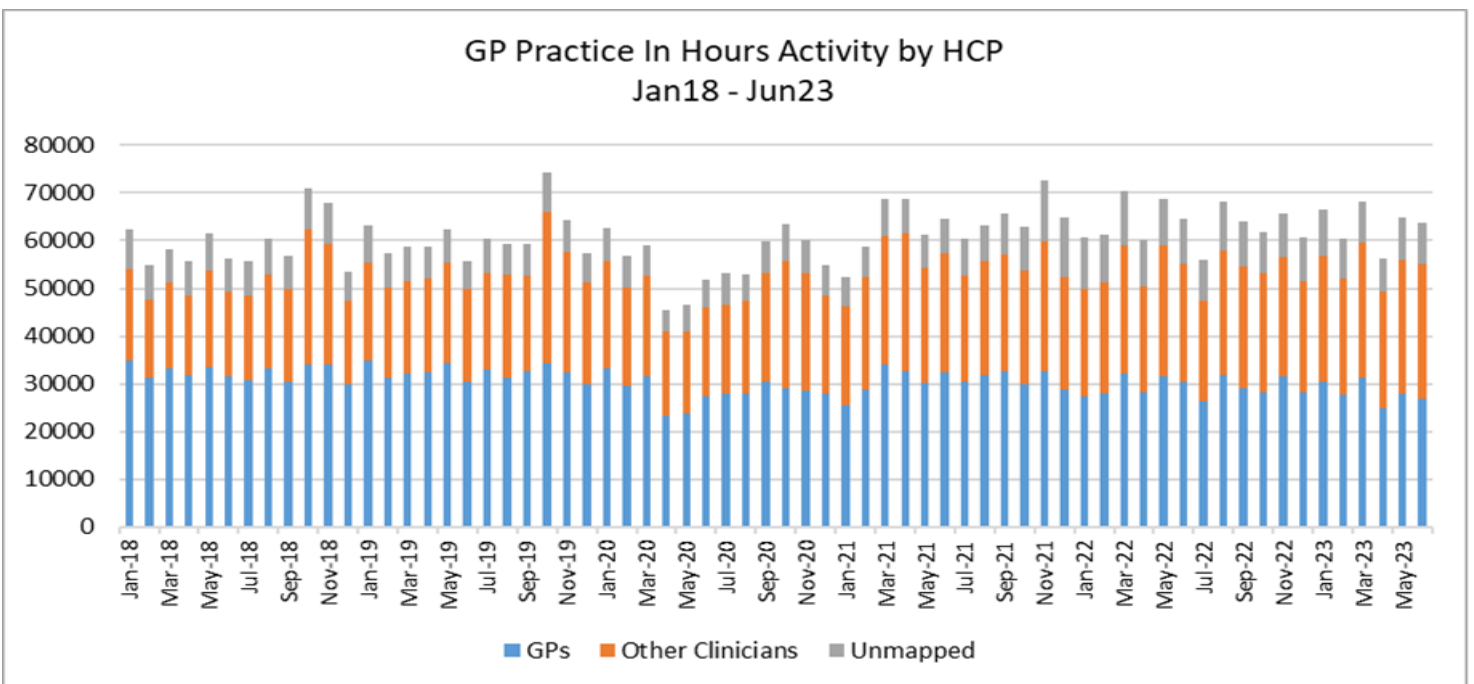
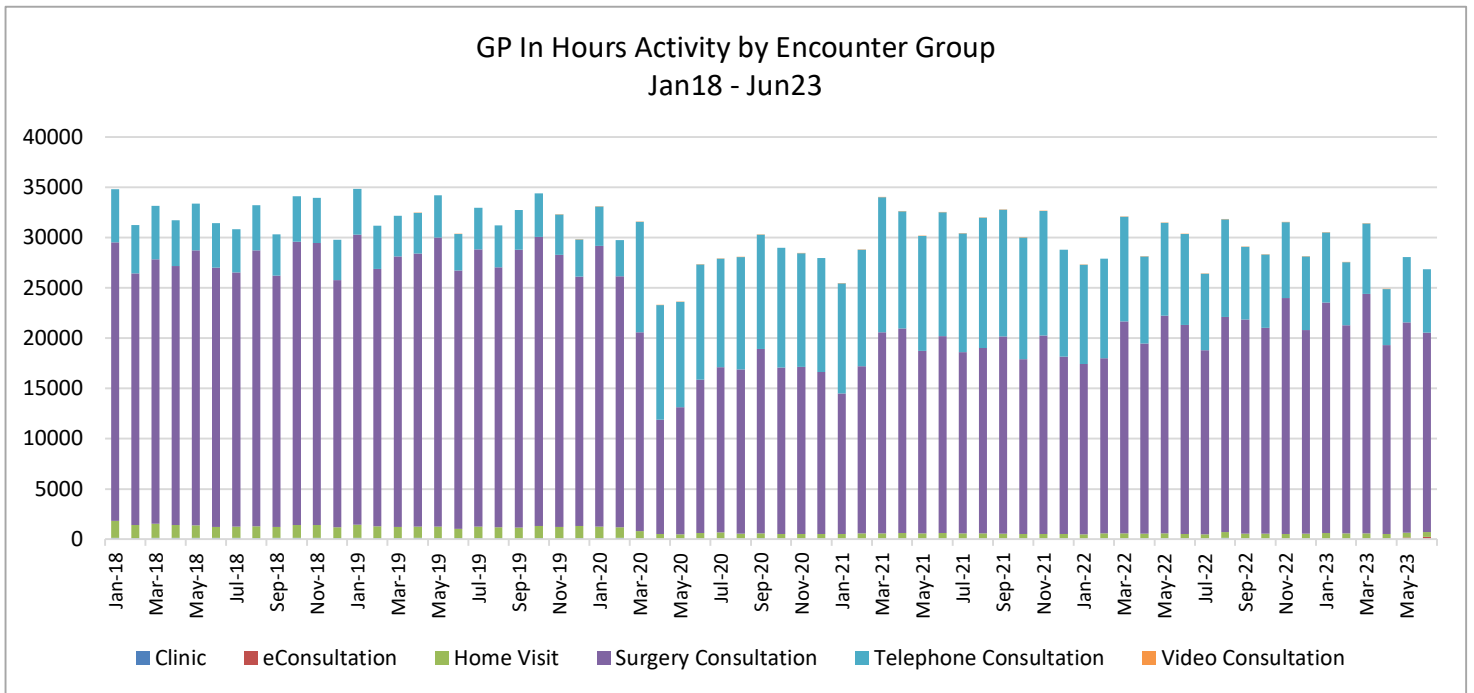
The percentage of last 6 months of life spent at home or in a community setting remains below the Scottish average. Following a drop in 2018/19, 2019/20 saw performance improve for this measure. The first two quarters of 20/21 demonstrated continued improvement against this indicator. Q2 20/21 demonstrated 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 improvement 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. This has decreased again slightly in Q4.

#### Social Work Assessment Waiting List and Total Hours of Unmet Homecare



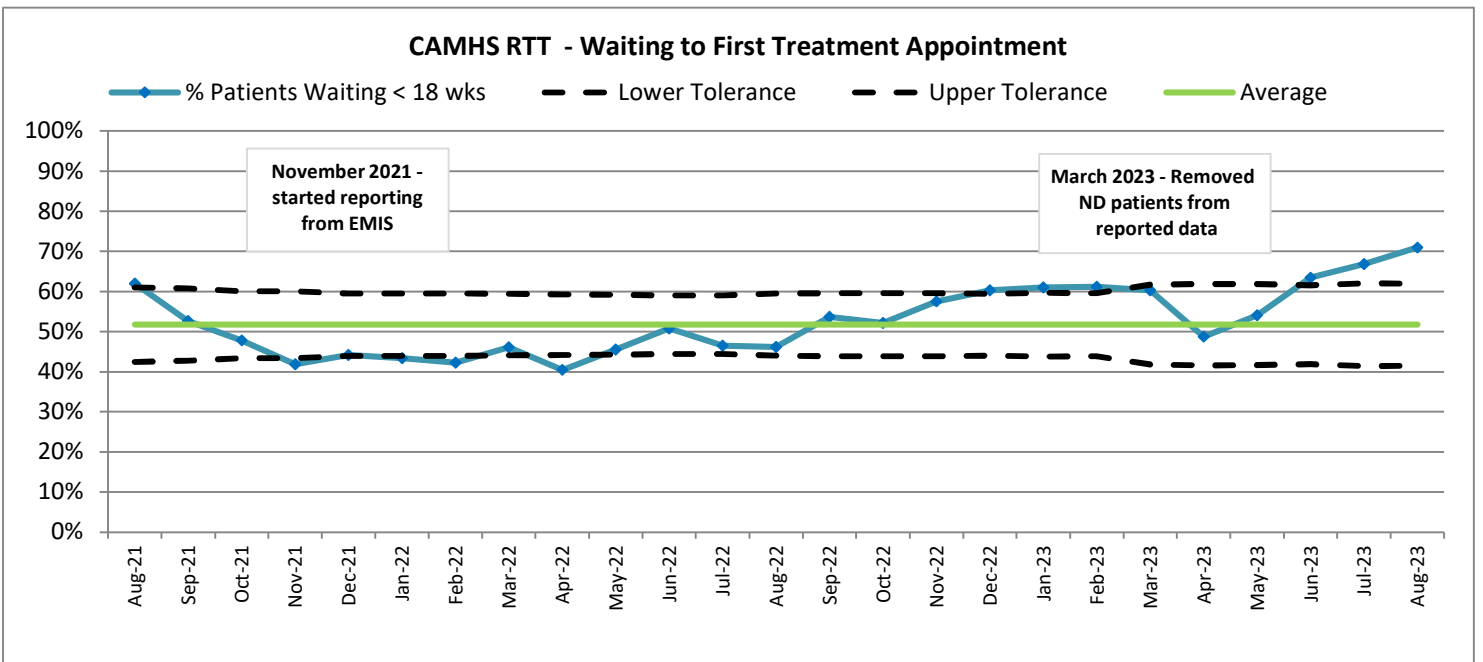
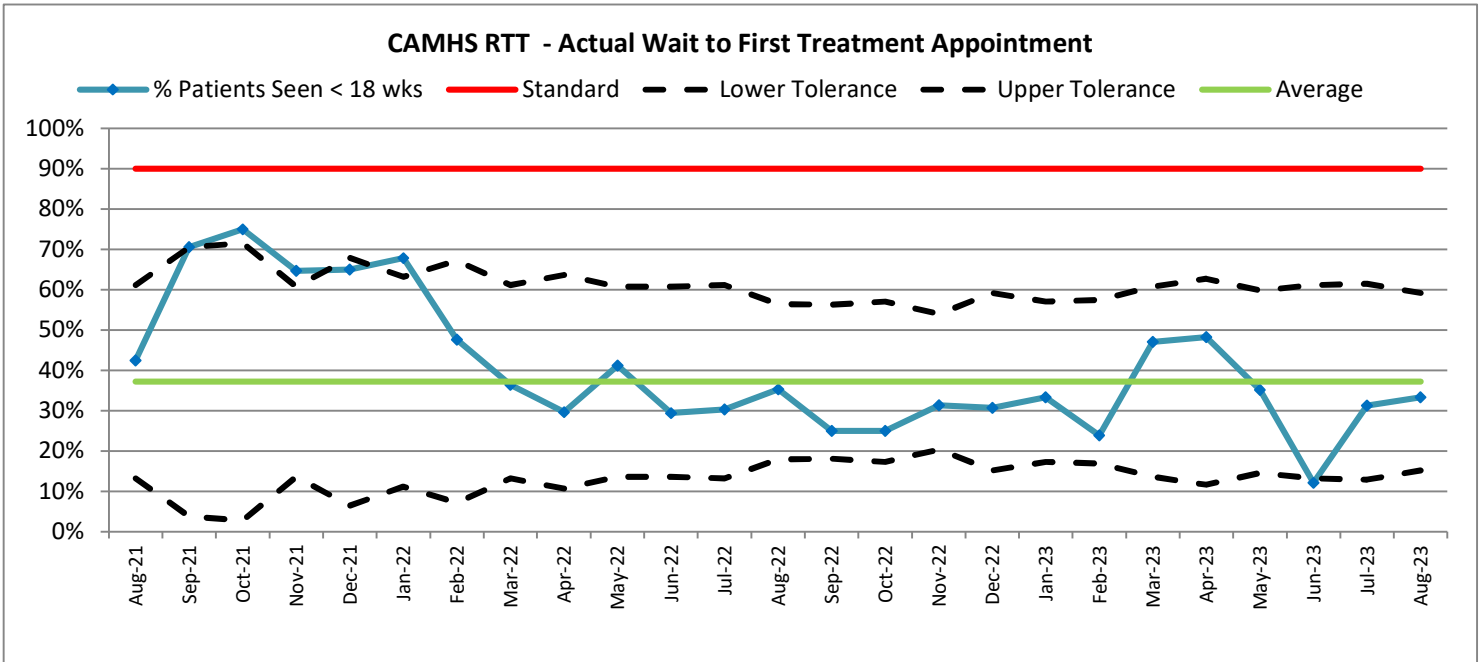
## GP In Hours Activity

Source: GP Encounters Dataset, PHS



**CAMHS Referral to Treatment**

Source: CAMHS RTT national return to PHS



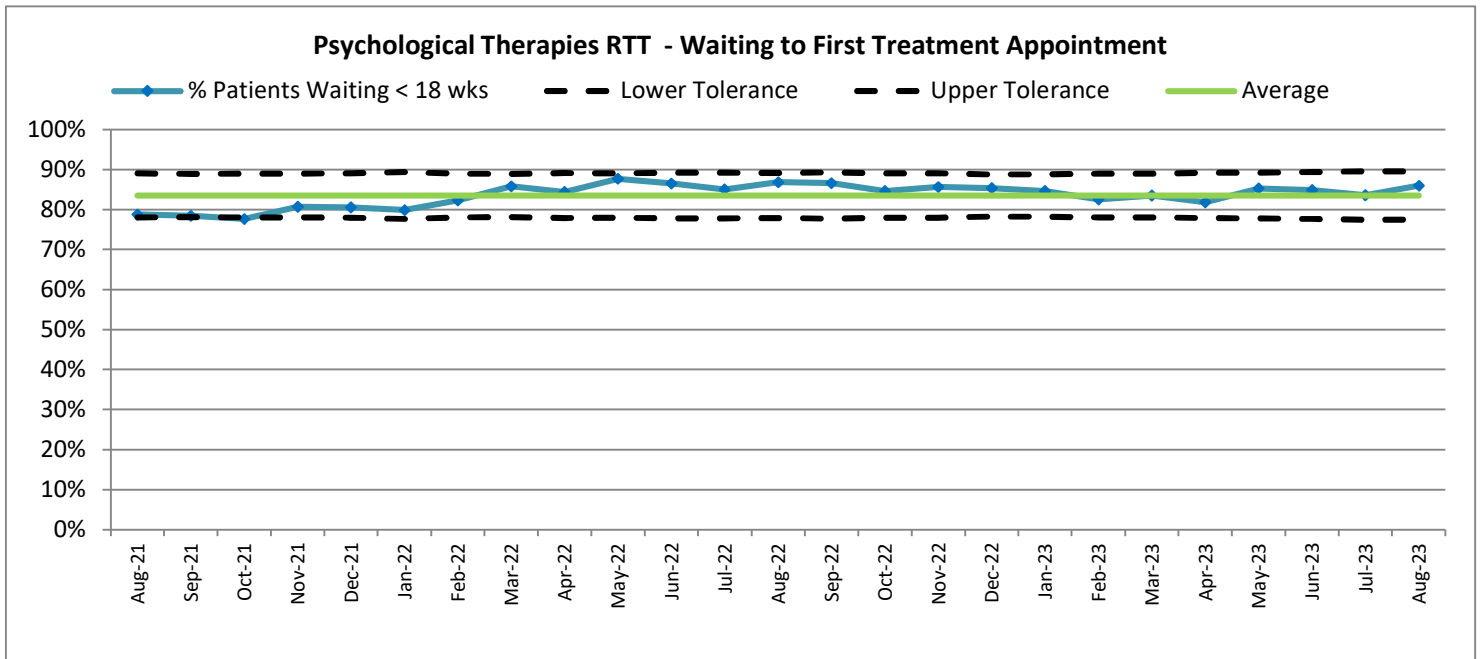
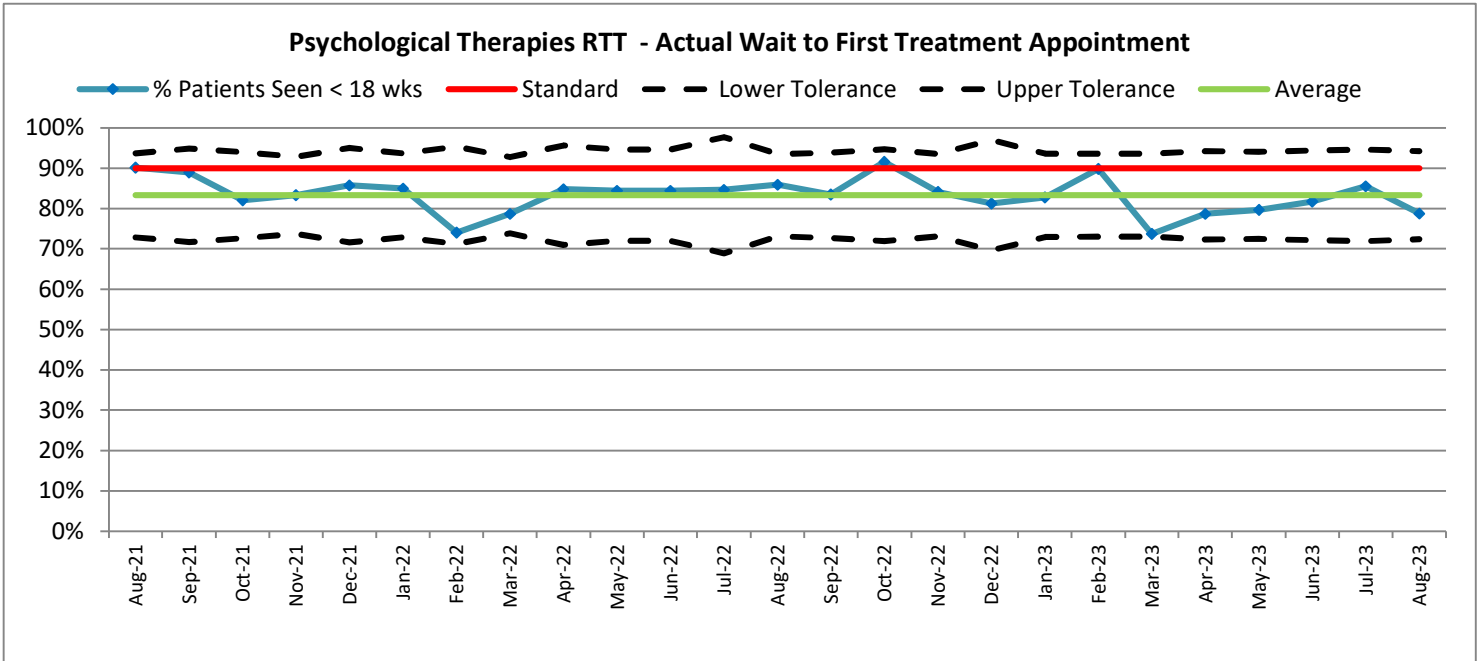
**How are we performing?**

The percentage of waits for first treatment appointment in CAMHS seen within 18 weeks have been dropping since January 2022. The mean average for the period from August 2021 to August 2023 is 37%. In March/April this year the rates rose above the median to 47% and 48% respectively but have dropped back since then. In March 2023 Neurodevelopmental cases were removed from reporting in line with Scottish Government guidance.

The percentage on the waiting list under 18 weeks to first treatment have been rising since April 2023 to 71% in August 2023.

## Psychological Therapies Referral to Treatment

Source: PT RTT national return to PHS



### How are we performing?

The percentage of waits for first treatment appointment in Psychological Therapies seen within 18 weeks from August 2021 onwards have been fluctuating around the mean average of 83% against the target of 90%. The target was achieved in October 2022 and February 2023.

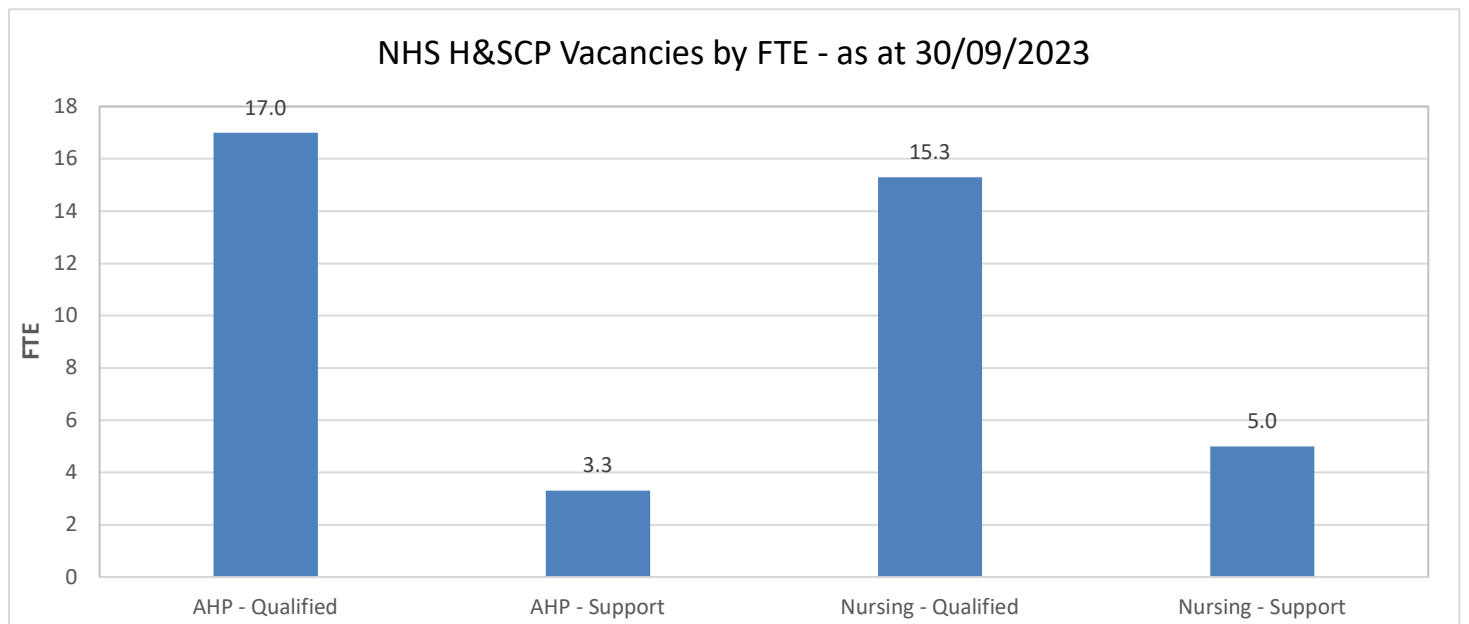
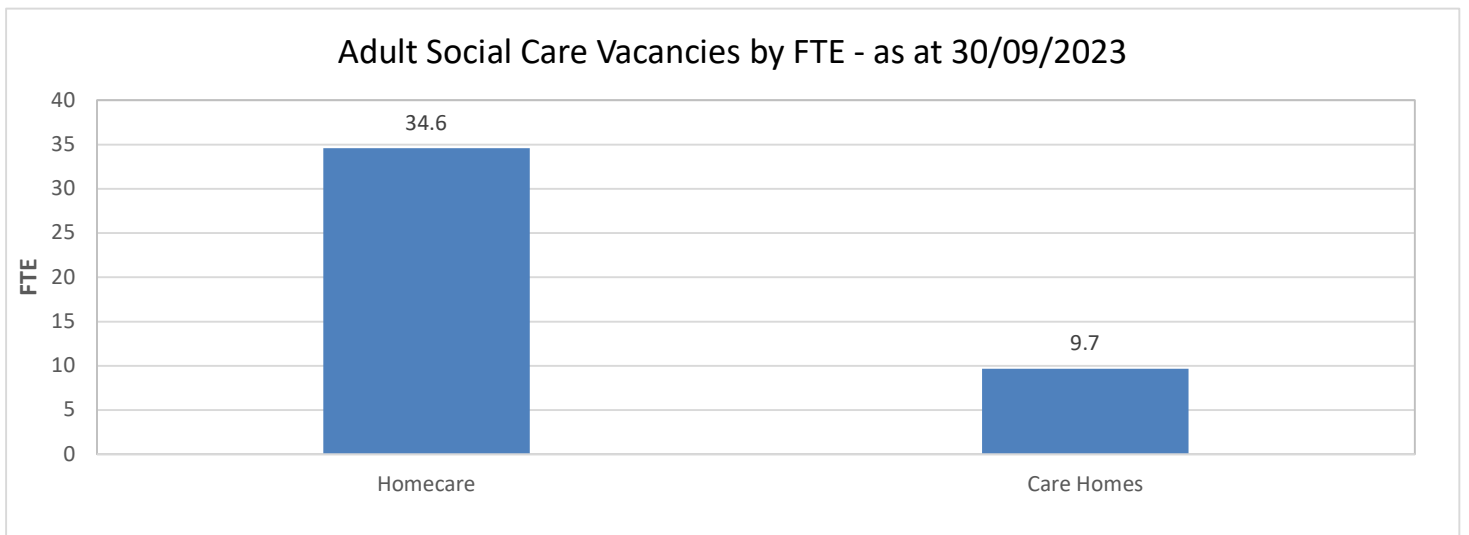
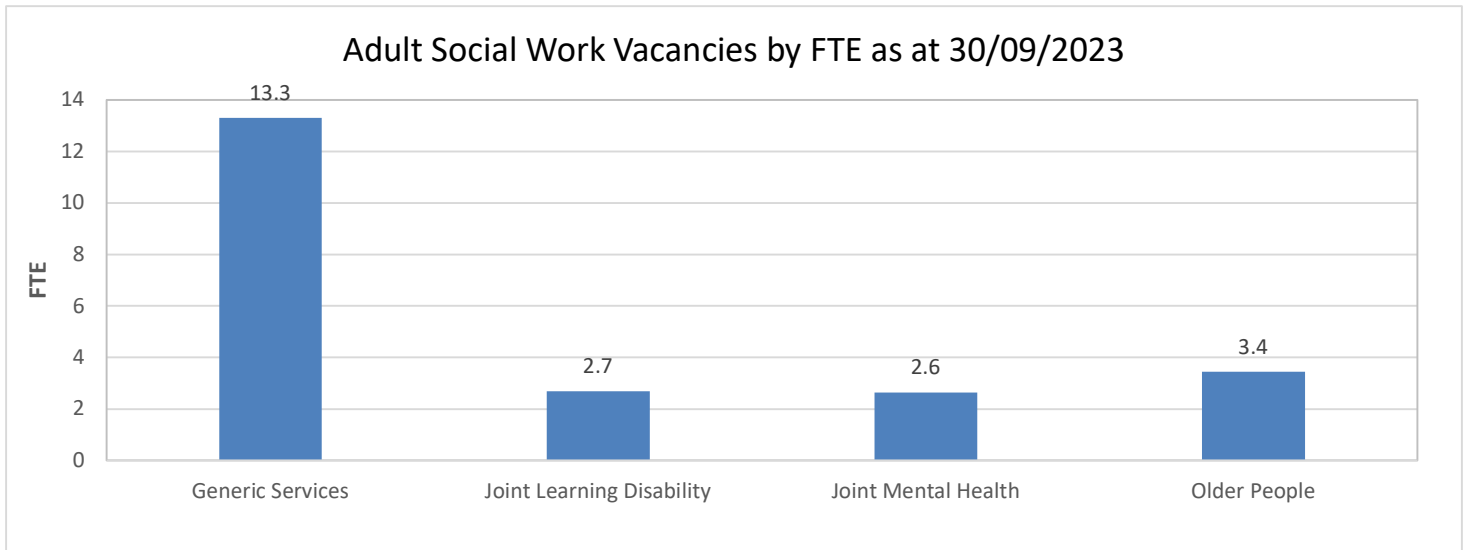
83.4% of patients on the waiting list for first treatment have been on average waiting for less than 18 weeks from August 2021 to August 2023.



## Objective 2. Rising to the workforce challenge

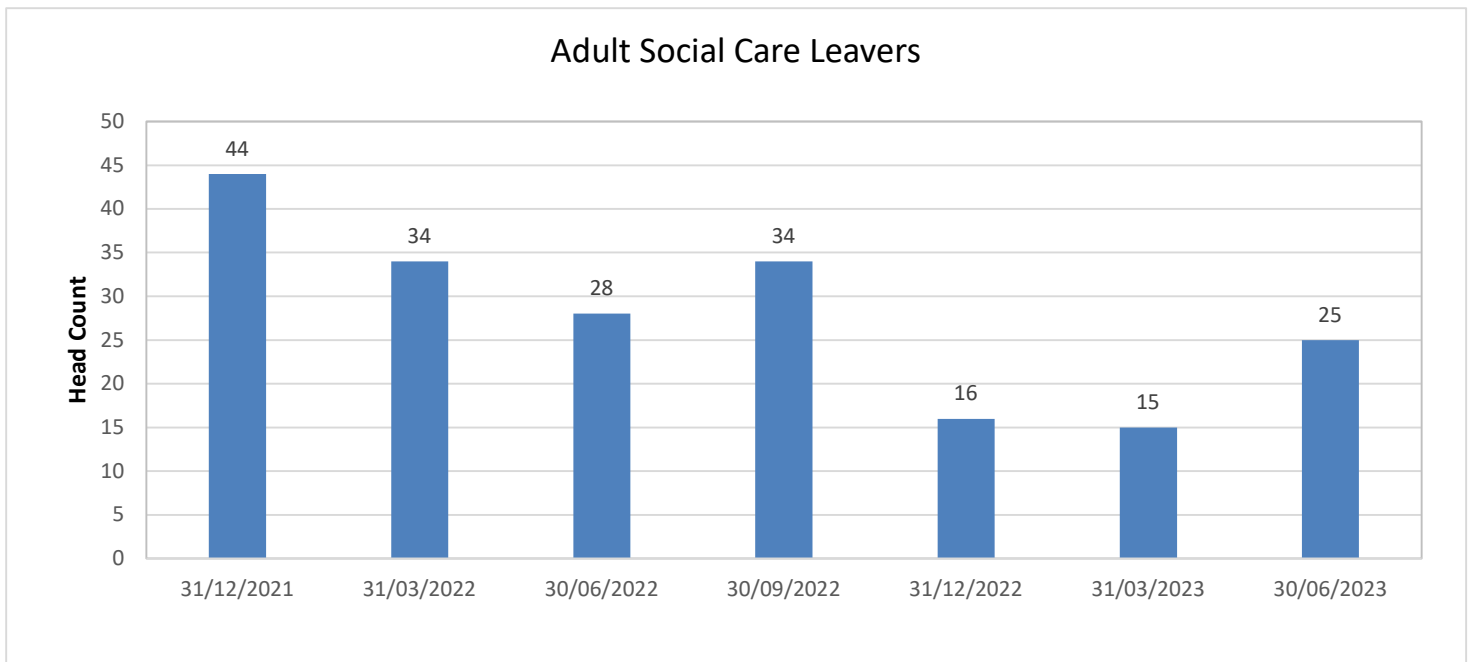
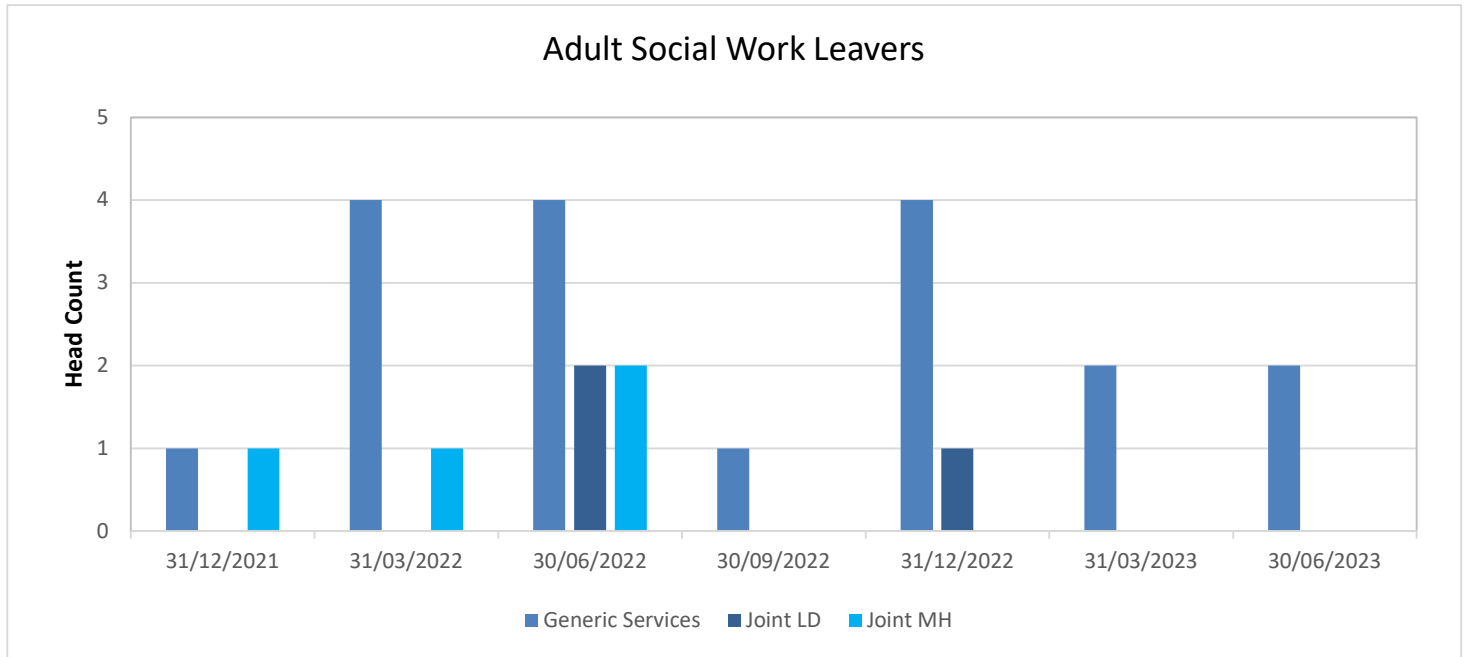
### Vacancies by FTE

Source: HR, SBC; NHS Scotland Turas Dashboard



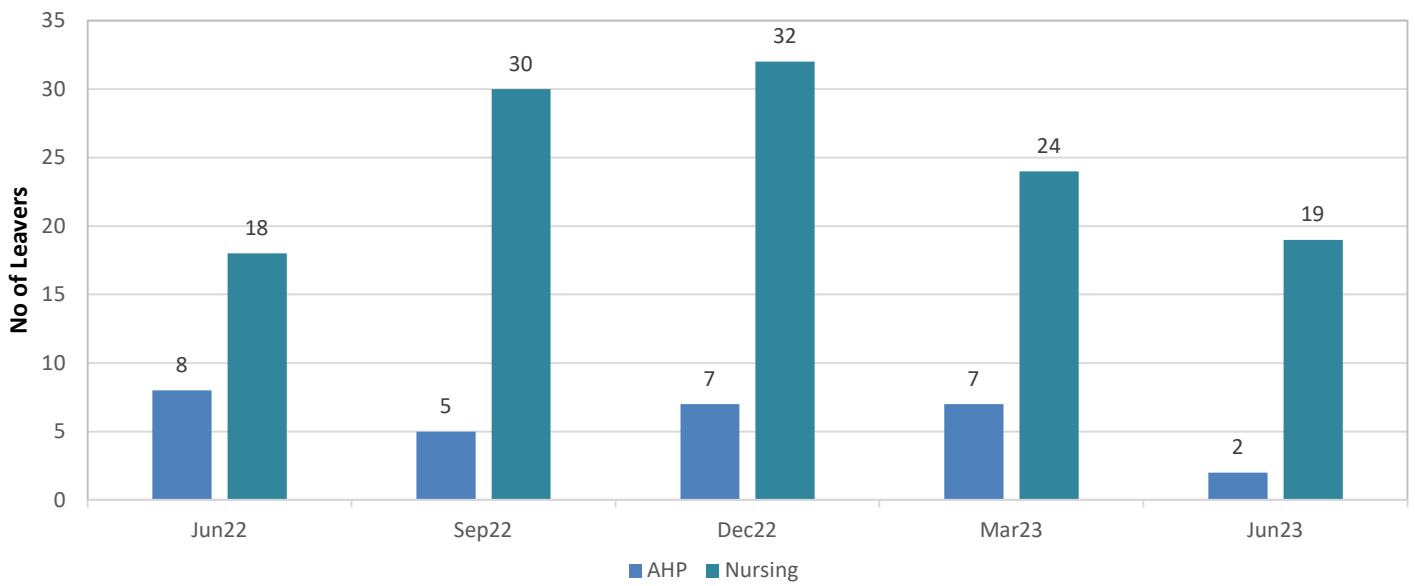
## Leavers

Source: HR, SBC



Source: NHS Regional HR Dashboard

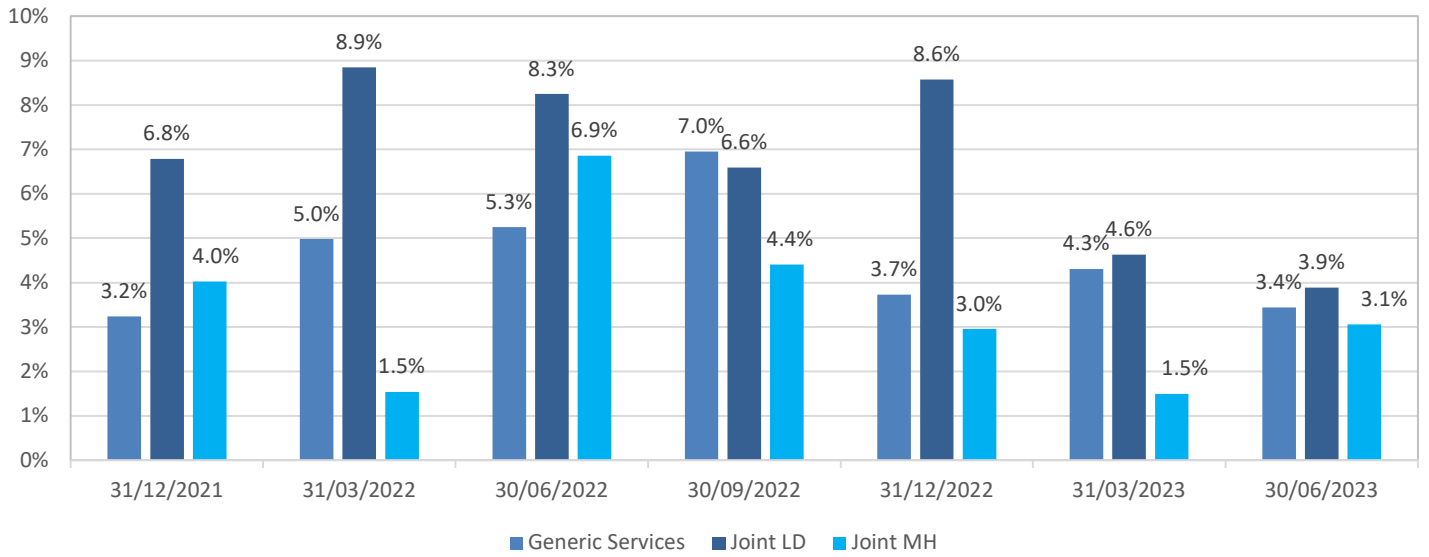
### NHS H&SCP - Leavers



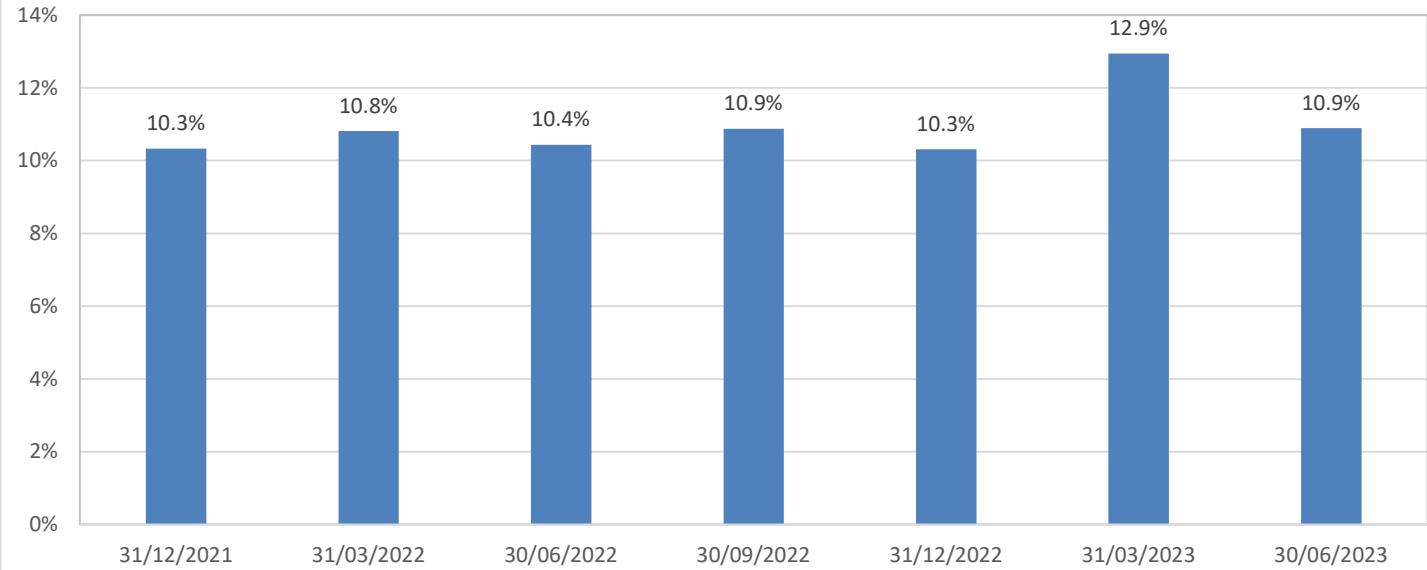
### Sickness Absence Rates

Source: HR, SBC

### Adult Social Work Sickness Absence Rates

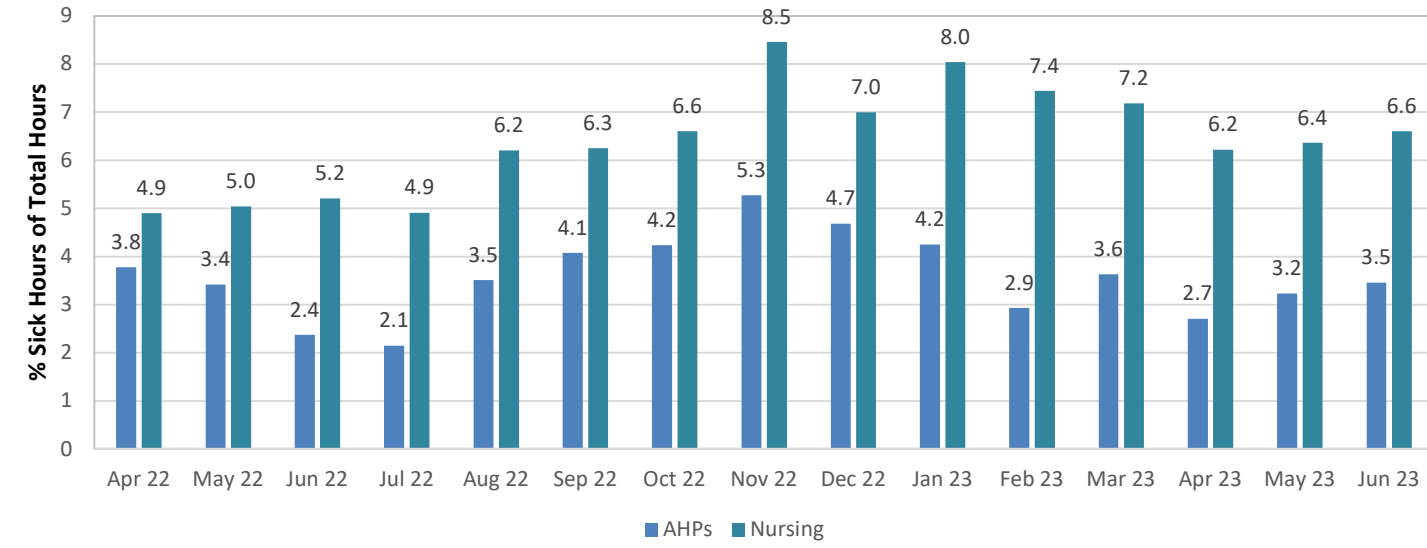


### Adult Social Care Sickiness Absence Rates



Source: NHS Regional HR Dashboard

### NHS H&SCP Staff Sickiness Absence Rates



## How are we performing?

### Adult Social work

Adult Social work have experiences challenges with recruitment and retention of OTs, partly due to the difference in pay awards between NHS and COSLA. An OT assistant post is currently advertised, however, several unsuccessful adverts have been previously released due to no candidates/lack of qualified candidates.

Recruitment and retention of Social workers continues to be an issue both locally and nationally (although we are not one of the councils with the highest No of vacancies in the latest SSSC report) due to a shortage in those holding SW qualifications. Mitigation is being taken here with the Social Work trainee/grow your own scheme and have had approx. 10 Social workers successfully qualify (for all SW, including Adults, Justice and Childrens). Exit questionnaires received for the past 2 years are soon to be collated to get a better understanding of why staff choose to leave SBC. Further to this we are also going to approach those who move internally between services (Childrens to Adults and vice versa) to get a better understanding of what drives internal movement too.

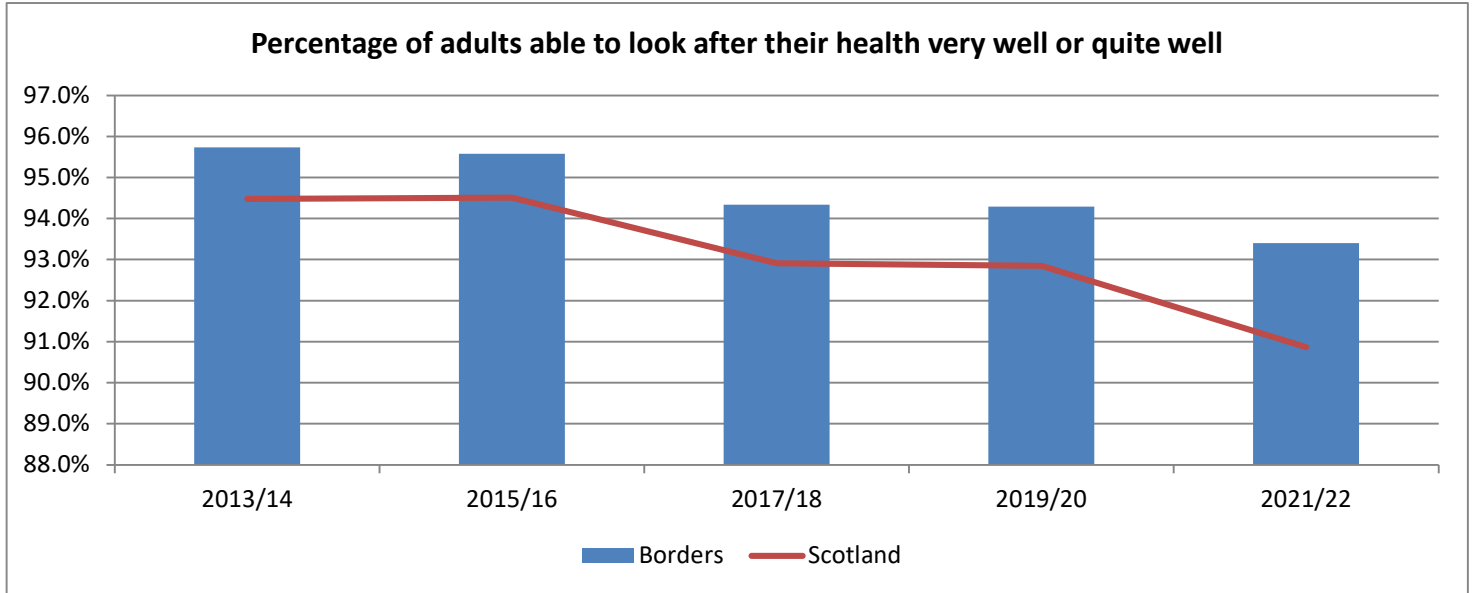
Senior Social Worker and Assistant Team Leader pay has been highlighted by the service as an issue and is due to be addressed as part of the review of social work services which will resume following successful appointment to the Director of Social Work post. It is recognised both nationally and internally that career development for social workers (and OTs) is a key factor and not all those who want to develop their career want to take on leadership/line management, however may want to grow in terms of a specific specialism (an Advanced Practitioner).

### Objective 3. Prevention and early intervention

#### Percentage of adults able to look after their health very well or quite well

Source: Core Suite Indicator workbooks

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



#### How are we performing?

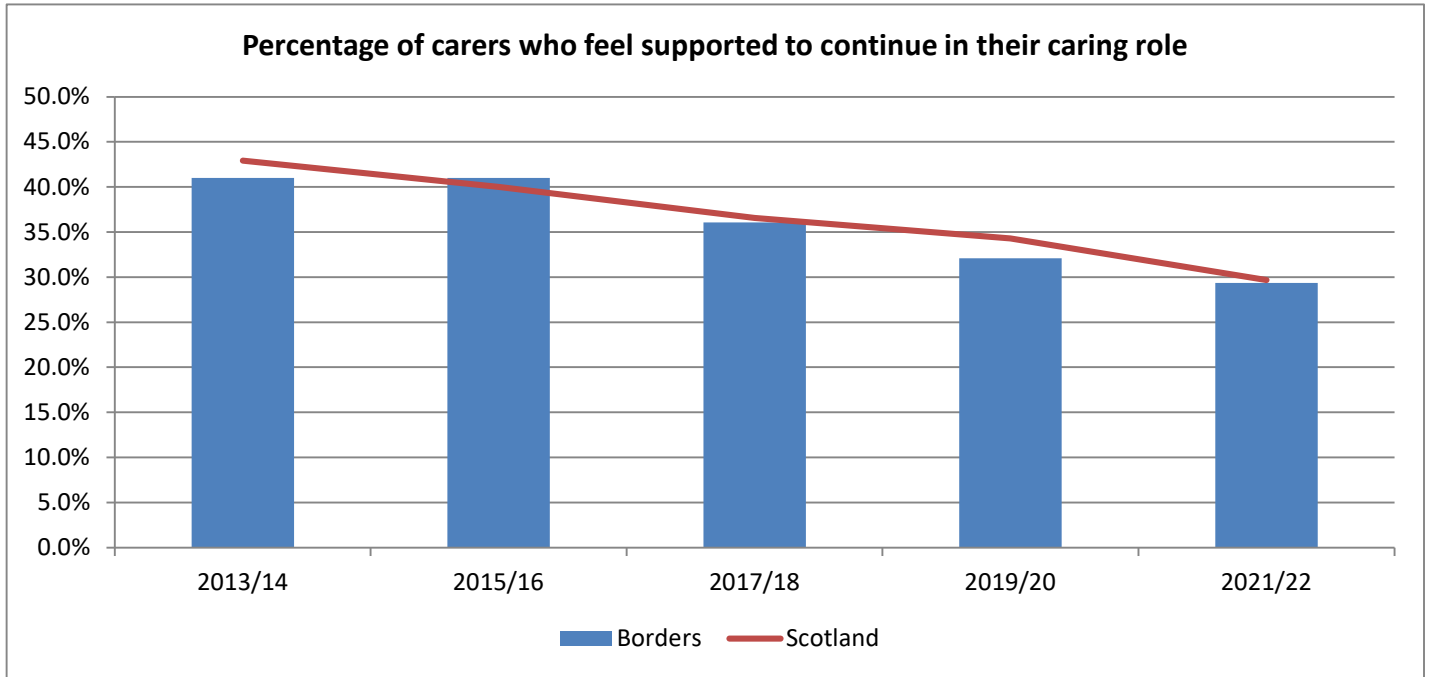
Rates for both Scotland and Scottish Borders for the percentage of adults who feel they can look after their health 'very well' or 'quite well' decreased from a high point in 2013/14 to 2021/22. The Borders rate is 2.5% higher than the Scottish rate as a whole.

## Objective 4. Supporting unpaid carers

### Percentage of carers who feel supported to continue in their caring role

Source: Core Suite Indicator workbooks

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



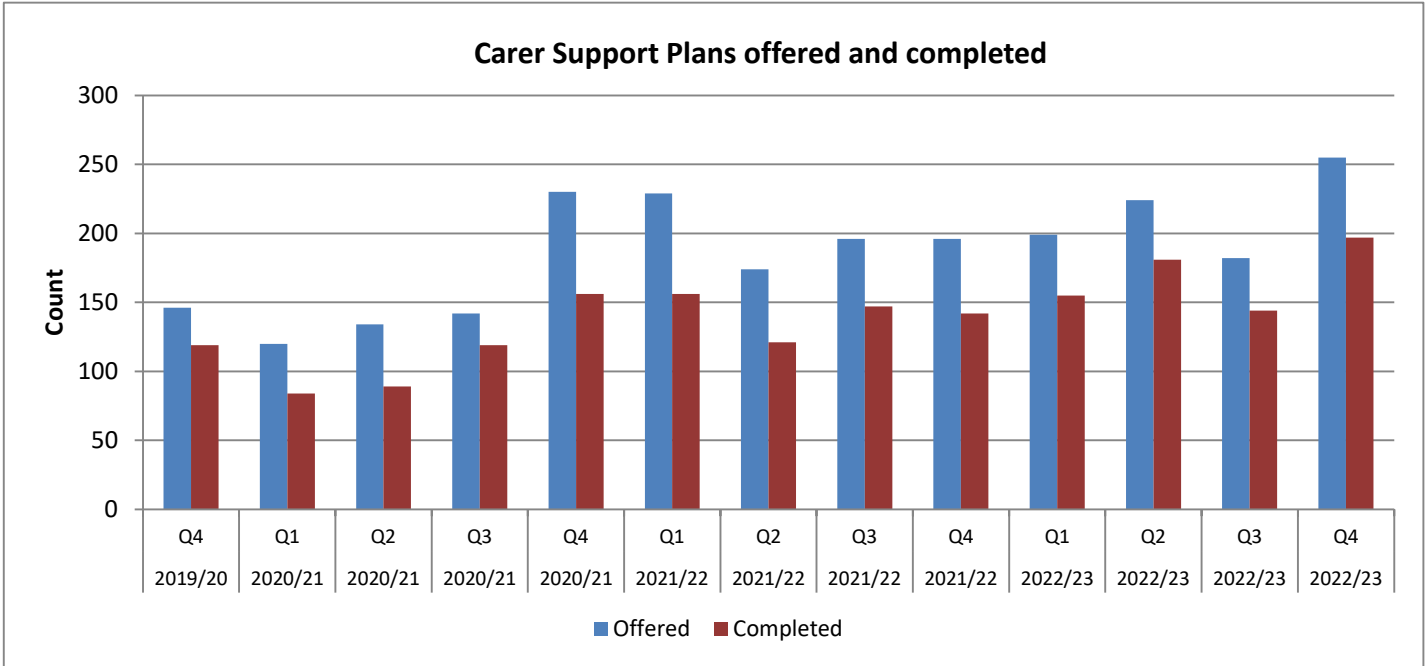
#### How are we performing?

Rates for both Scotland and Scottish Borders for the percentage of carers who feel supported to continue in their caring role decreased from a high point for Borders in 2015/16 to 2021/22. The Scottish rate is 0.3% higher than the Borders rate.

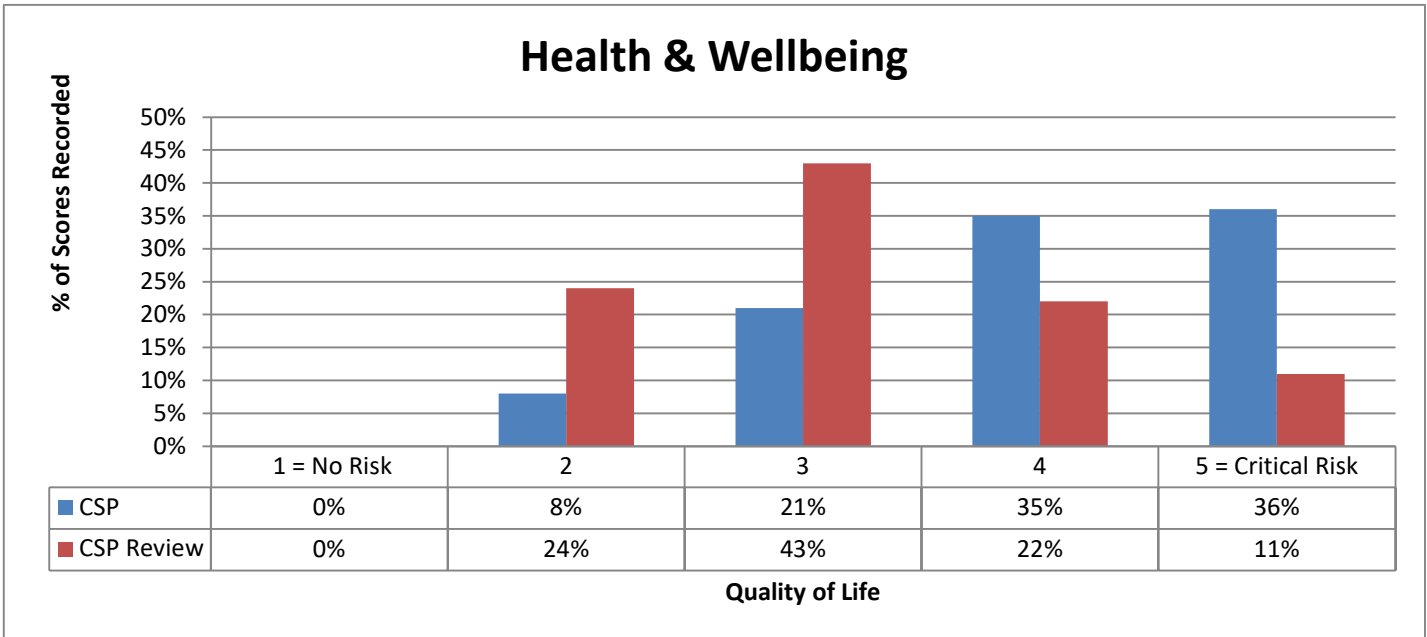
### Carers offered and completed Carer Support Plans

Source: Borders Carers Centre

	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
CSPs Offered	120	134	142	230	229	174	196	196	199	224	182	255
CSPs Completed	84	89	119	156	156	121	147	142	155	181	144	197

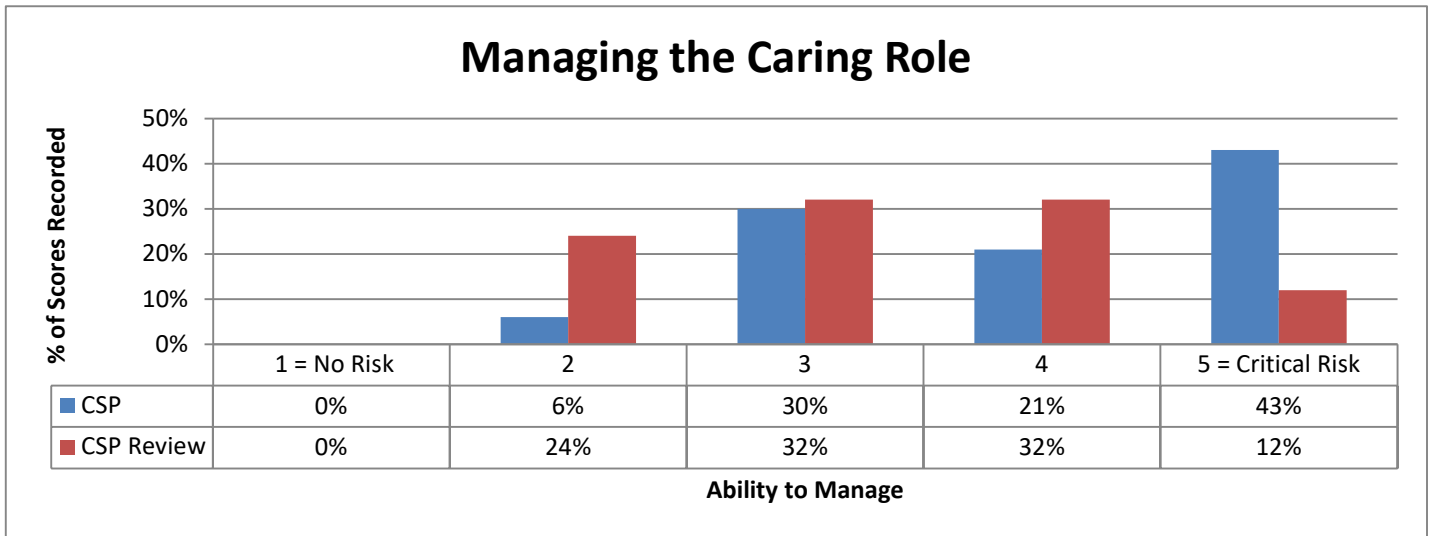


### Health and Wellbeing (Q4 2022/23)

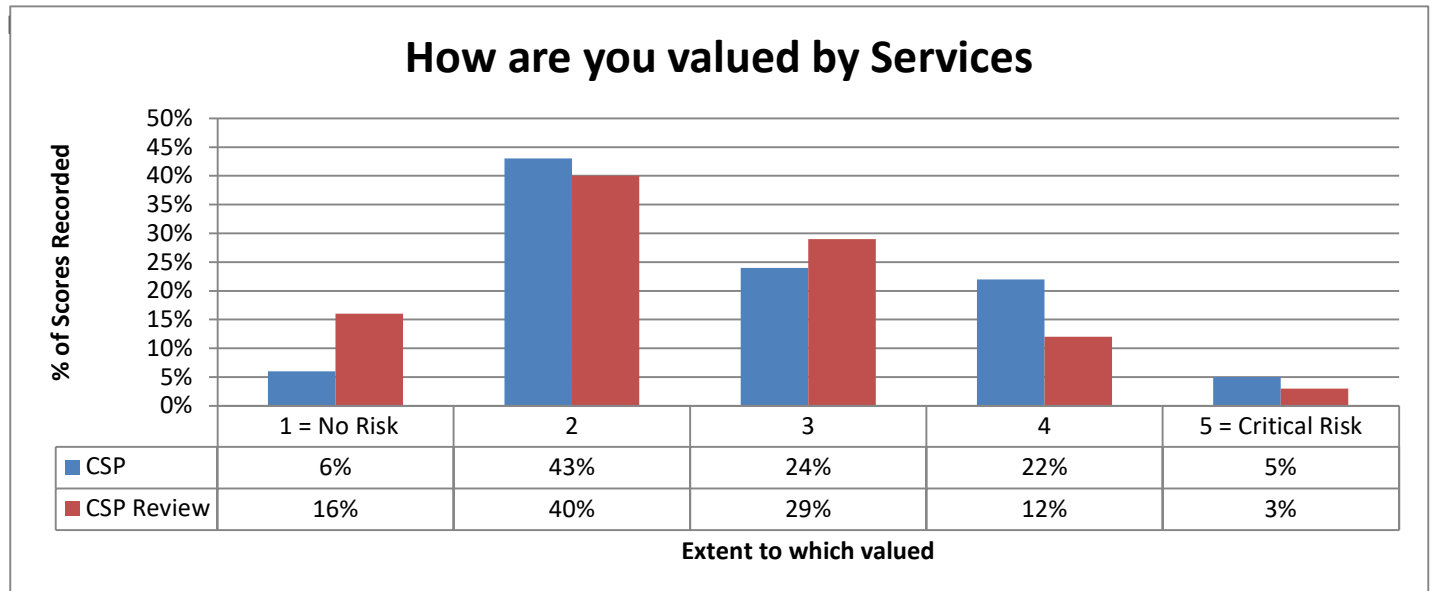




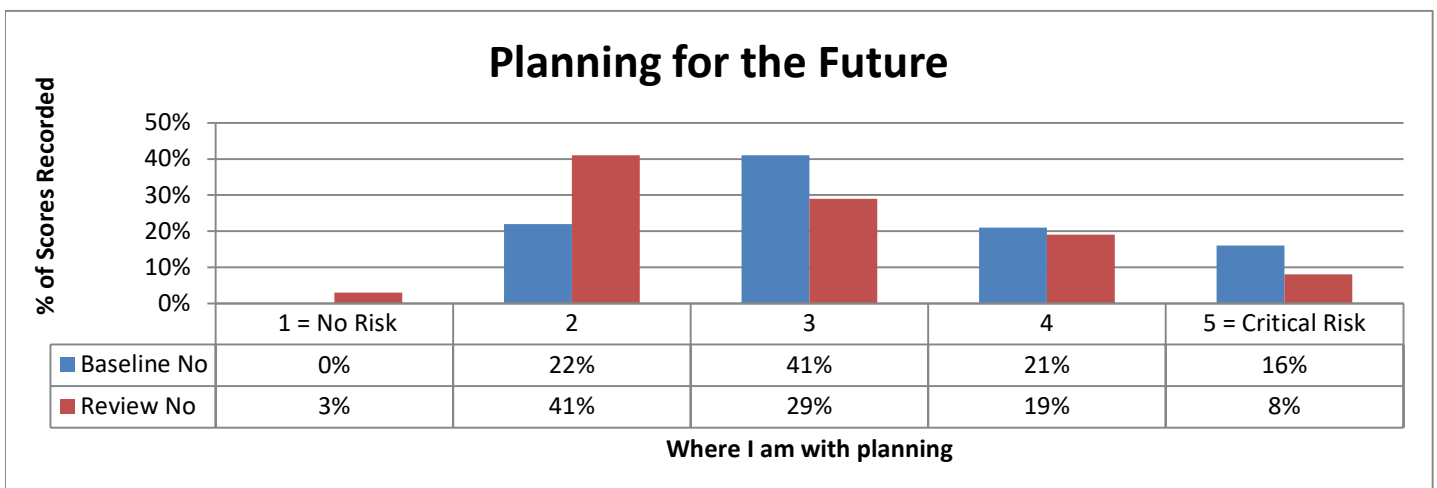
## Managing the Caring role (Q4 2022/23)



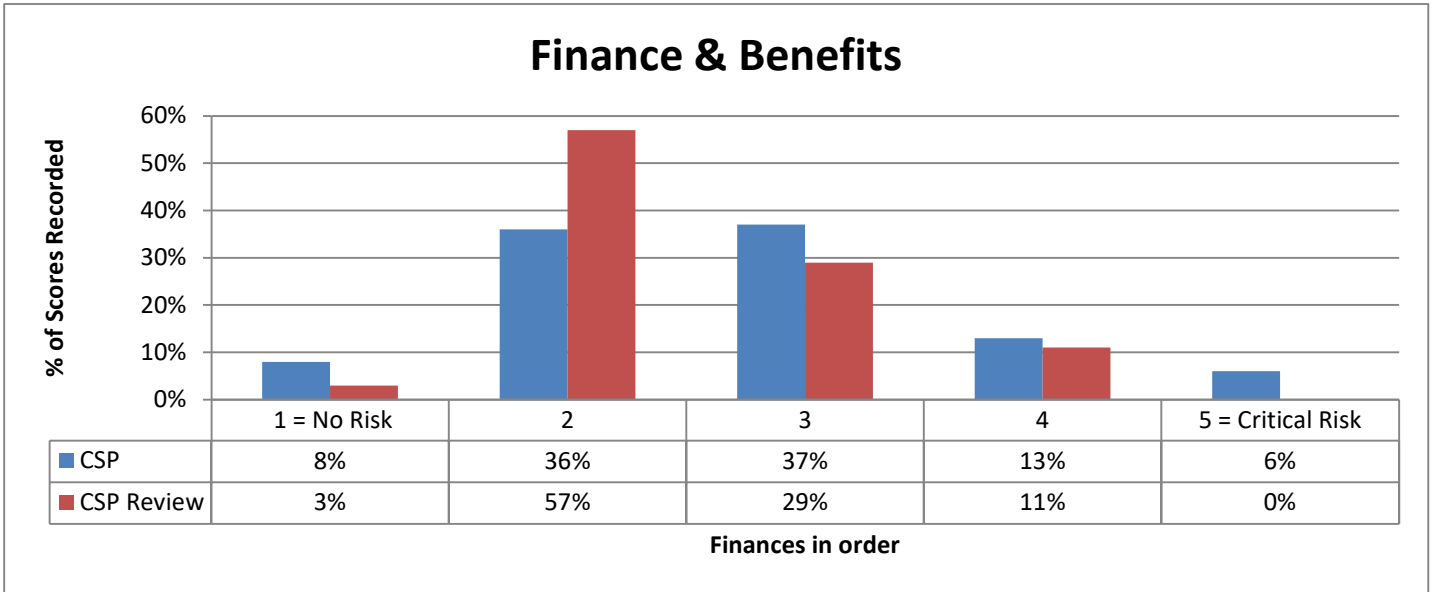
## How are you valued by Services (Q4 2022/23)



## Planning for the Future (Q4 2022/23)



## Finance & Benefits (Q4 2022/23)



### **How are we performing?**

There has been a continued increase in the number of completed CSPs over the past 5 quarters.

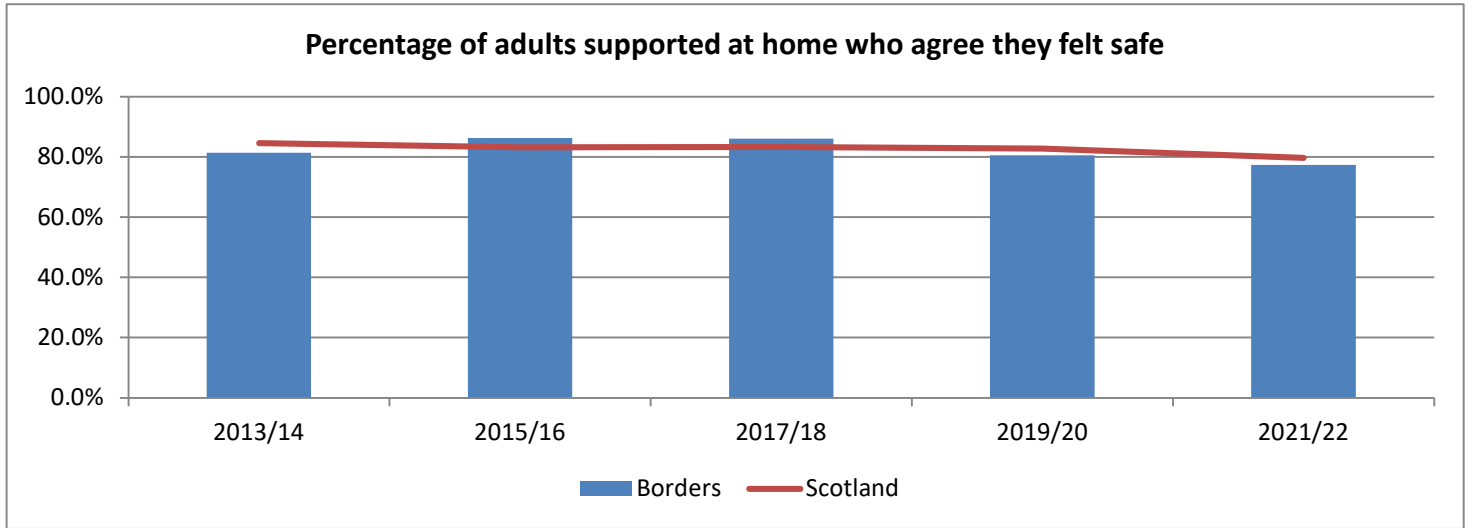
It can be implied from the movement between categories that we are managing to lift Carers out of the 'Critical Risk' category to 'Significant Risk' and from 'Significant Risk' to 'Moderate Risk' category.

## Objective 5. Improving effectiveness and efficiency

### Percentage of adults supported at home who agree they felt safe

Source: Core Suite Indicator workbooks

	2013/14	2015/16	2017/18	2019/20	2021/22
Borders	81.4%	86.3%	86.1%	80.5%	77.3%
Scotland	84.6%	83.2%	83.3%	82.8%	79.7%



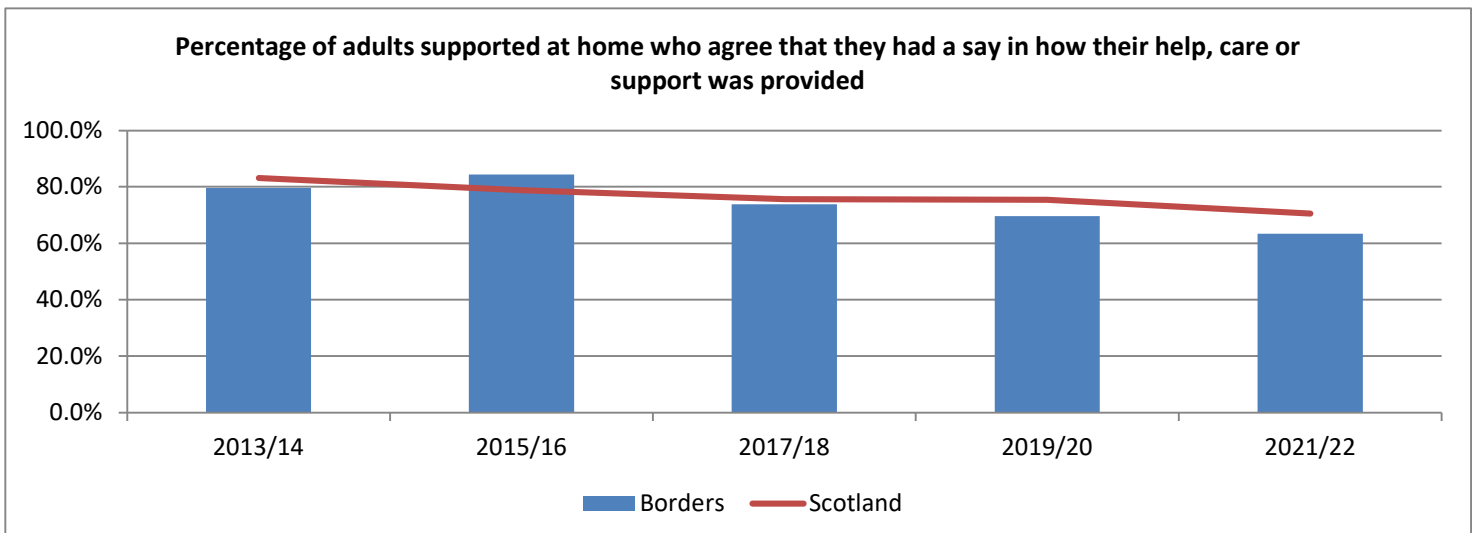
#### How are we performing?

Rates for both Scotland and Scottish Borders for the percentage of adult who feel they are safe supported at home has decreased from a high point in 2017/18 to 2021/22. The Scottish rate is 2.4% higher than the Borders rate.

### Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided

Source: Core Suite Indicator workbooks

	2013/14	2015/16	2017/18	2019/20	2021/22
Borders	79.5%	84.4%	73.8%	69.7%	63.4%
Scotland	83.1%	78.8%	75.6%	75.4%	70.6%



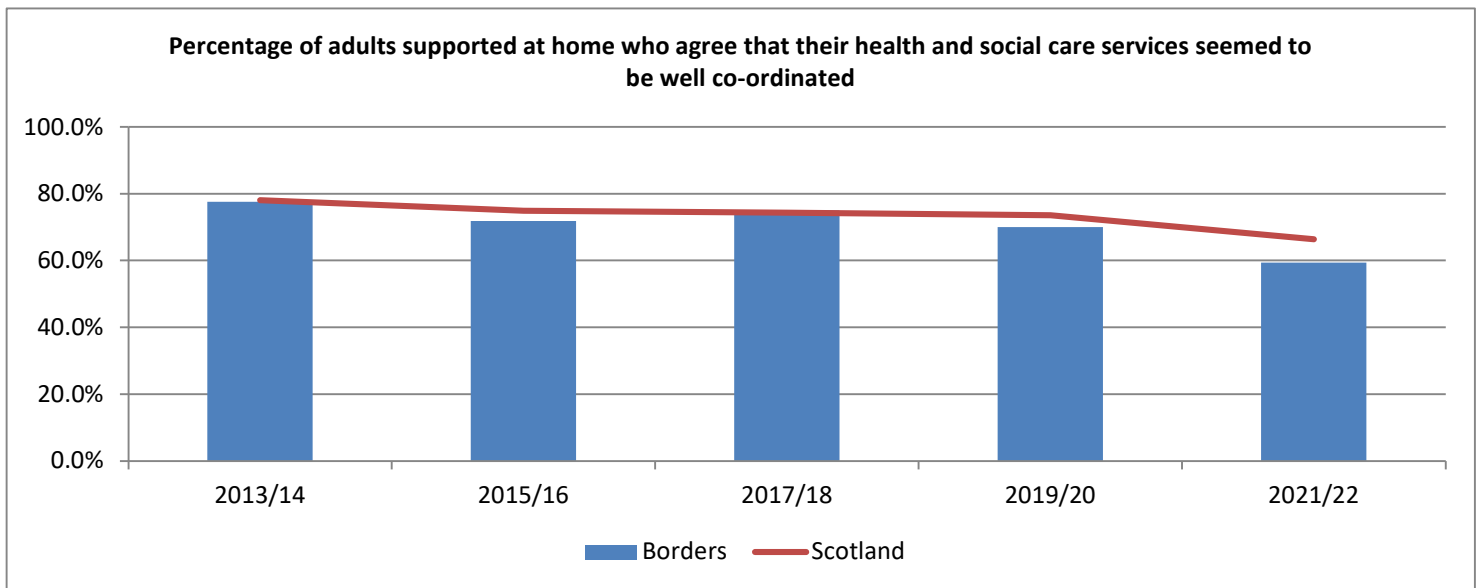
### How are we performing?

Rates for both Scotland and Scottish Borders for the percentage of adult who feel they have a say in how their help, care or support is provided at home has decreased from a high point in 2015/16 to 2021/22. The Scottish rate is 7.2% higher than the Borders rate.

### Percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated

Source: Core Suite Indicator workbooks

	2013/14	2015/16	2017/18	2019/20	2021/22
Borders	77.6%	71.9%	75.0%	70.0%	59.3%
Scotland	78.1%	74.9%	74.3%	73.5%	66.4%



### How are we performing?

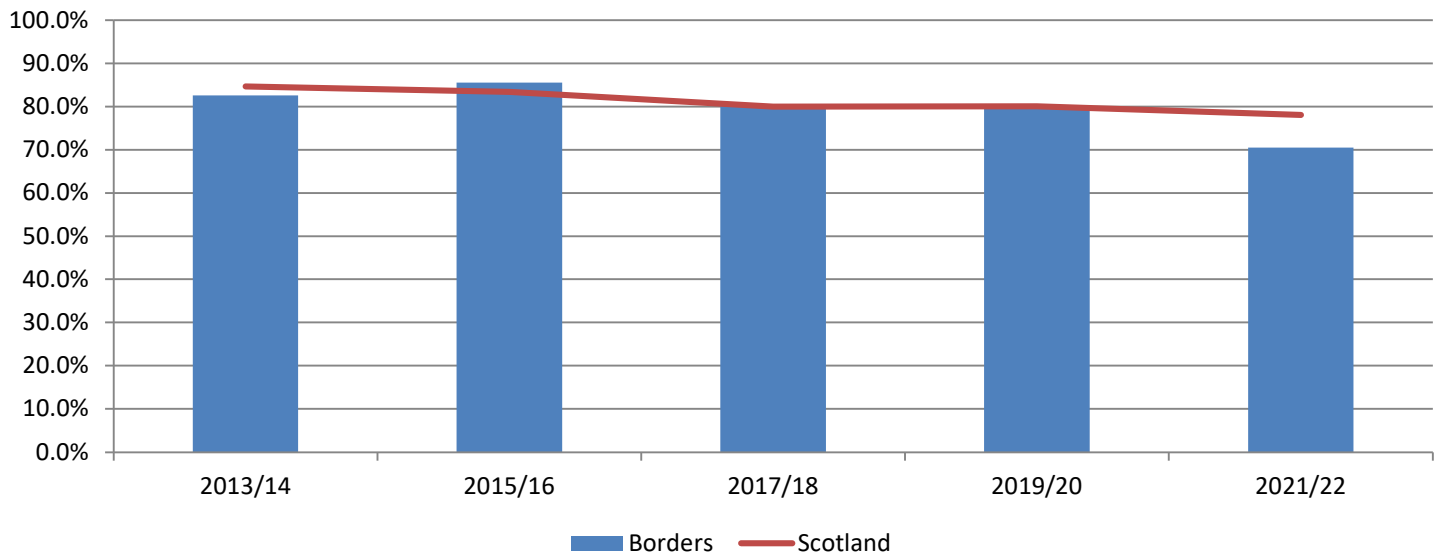
The percentage of adults supported at home who agree their health and social care services seem to be well coordinated has decreased across Scotland and Scottish Borders from a high in 2013/14 to 2021/22. The Scottish rate is 7% higher than Borders.

### Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life

Source: Core Suite Indicator workbooks

	2013/14	2015/16	2017/18	2019/20	2021/22
Borders	82.6%	85.6%	80.1%	80.1%	70.5%
Scotland	84.7%	83.4%	80.0%	80.0%	78.1%

**Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life**



**How are we performing?**

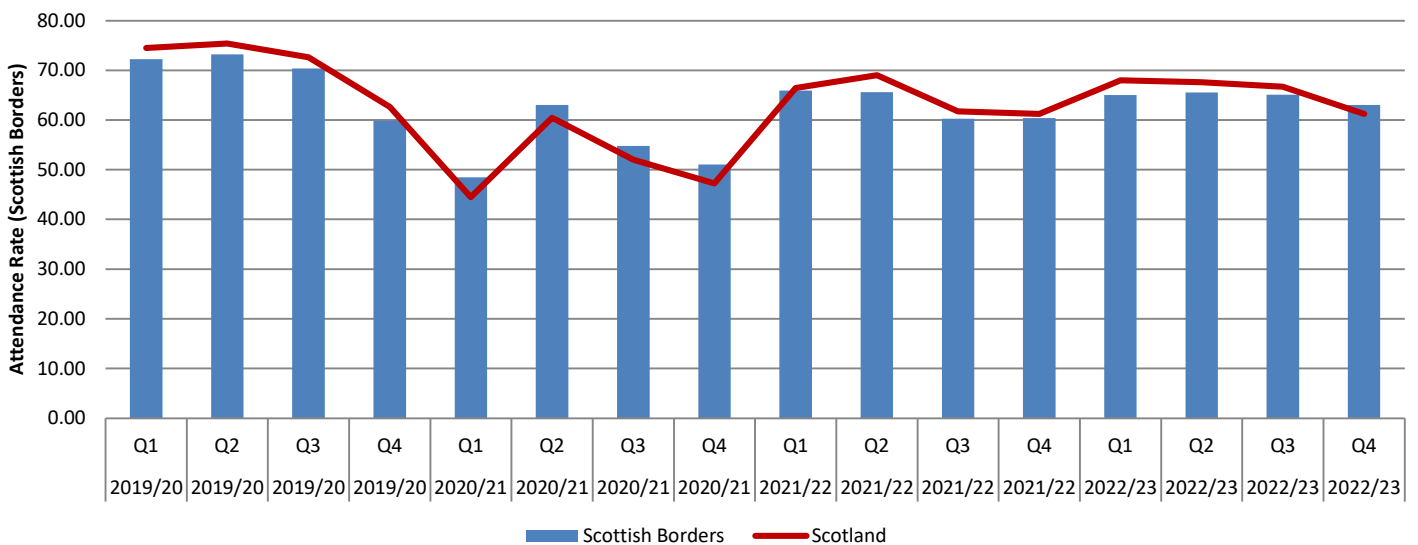
The percentage of adults supported at home who agree their services and support had an impact in improving or maintaining their quality of life has decreased across Scotland and Scottish Borders from a Borders high in 2015/16 to 2021/22. The Scottish rate is 7.6% higher than Borders.

**Rate of A&E Attendances per 1,000 population**

Source: MSG Integration Performance Indicators workbook (data from NHS Borders Trakcare system), which has not been updated this quarter

	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
Borders	48.5	63.0	54.7	51.0	65.9	65.6	60.2	60.4	65.5	65.7	65.1	63.0
Scotland	44.6	60.5	52.3	47.3	66.4	69.0	61.7	61.2	68.2	68.3	66.7	61.2

**Rate of A&E Attendances per 1,000 population**

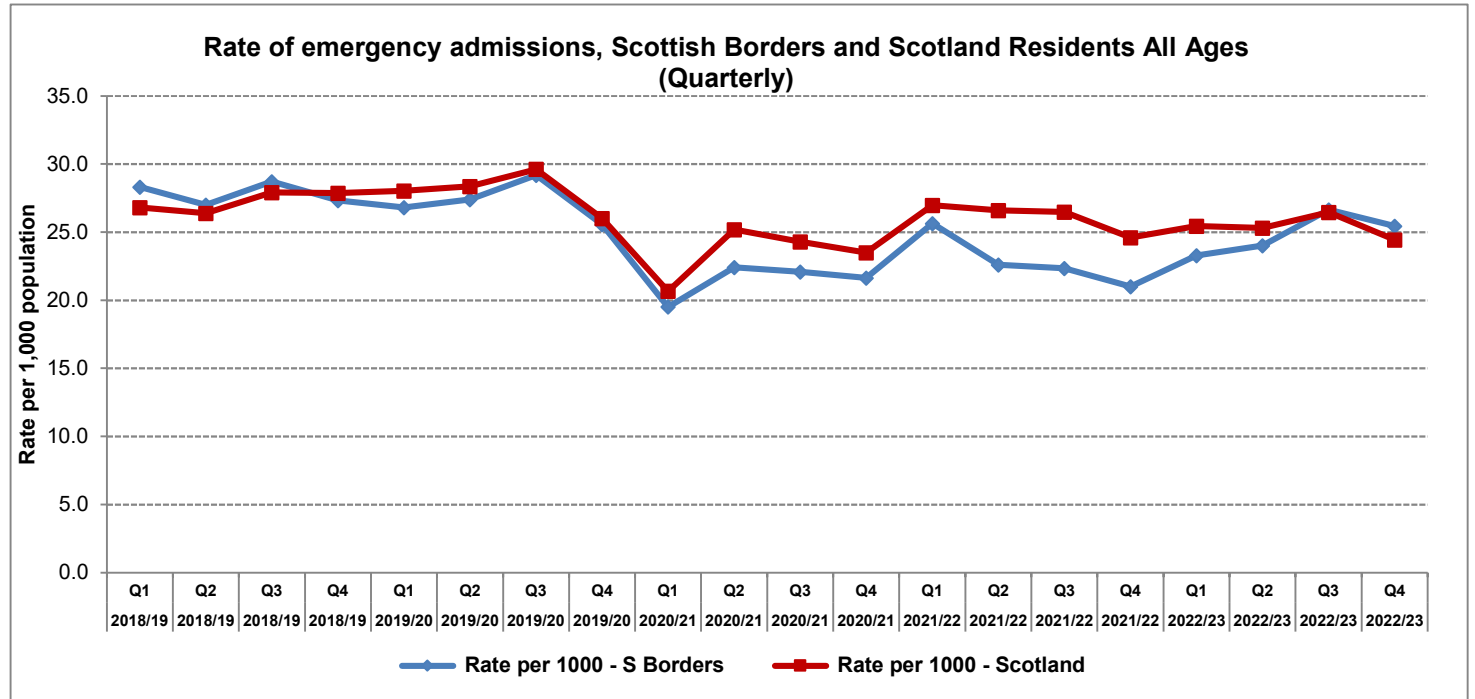


Please Note: where two areas are concerned it is not possible to show values as a control chart.

### Emergency Admissions, Scottish Borders residents All Ages

Source: MSG Integration Performance Indicators workbook (SMR01 data)

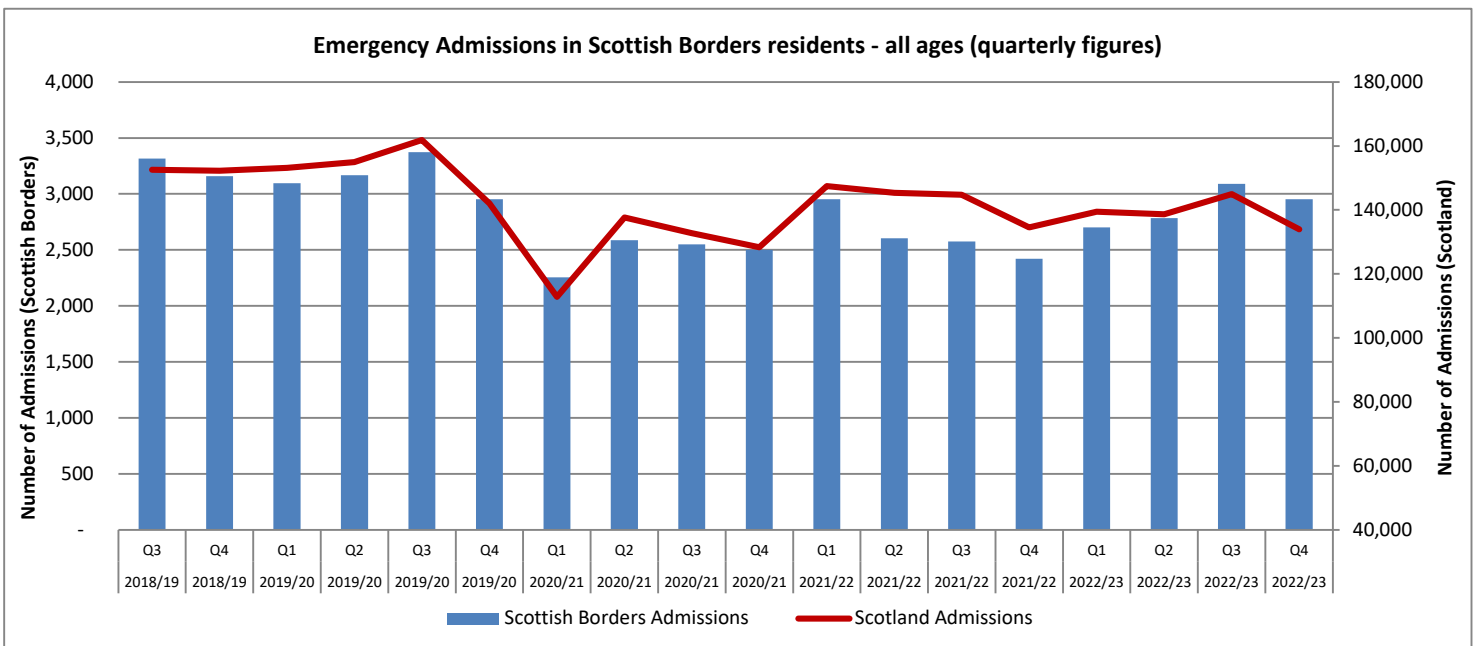
	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23
Borders	19.6	22.4	22.1	21.6	25.6	22.6	22.3	21.0	23.3	24.0	26.6	25.5
Scotland	20.6	24.6	24.3	23.5	27.0	26.6	26.5	24.6	25.5	25.3	26.5	24.4



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

Source: MSG Integration Performance Indicators workbook (SMR01 data), which has not been updated this quarter

	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
Borders	2,254	2,586	2,547	2,500	2,954	2,605	2,574	2,421	2,702	2,785	3,091	2,953
Scotland	112,034	133,783	132,773	128,364	147,480	145,393	144,776	134,532	139,490	138,640	144,957	133,908



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

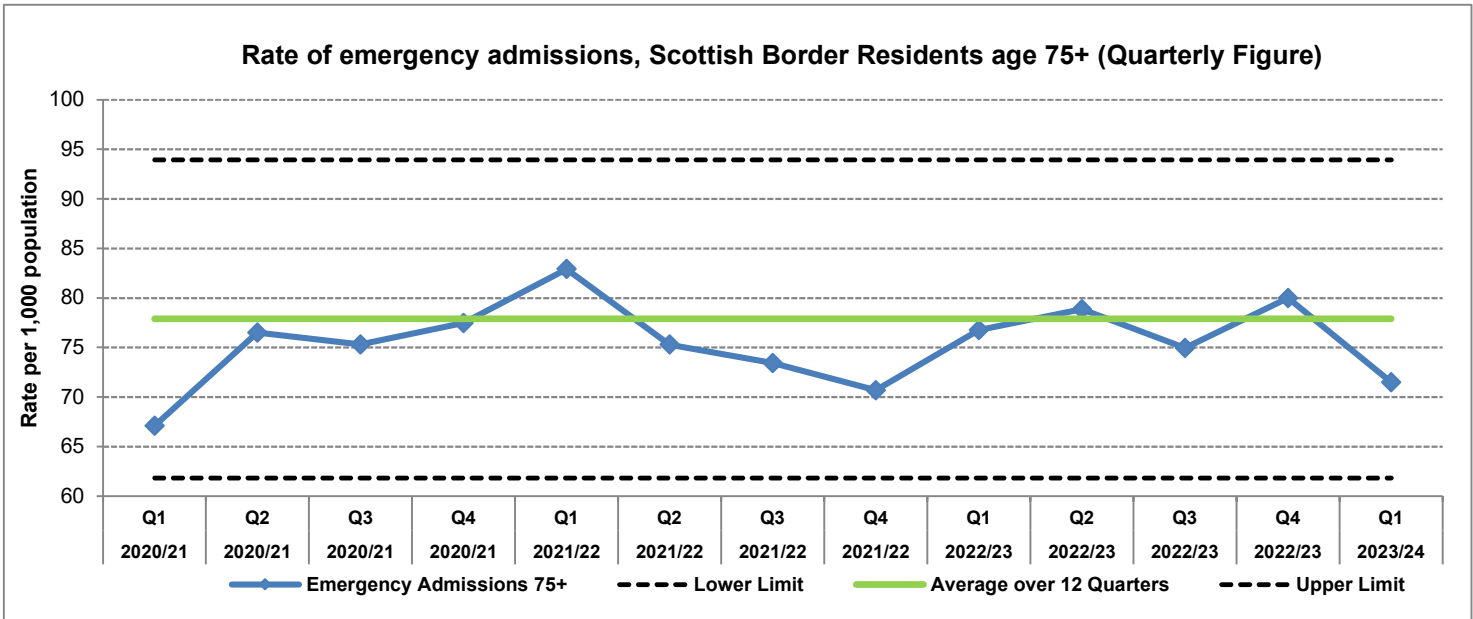
**How are we performing?**

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 Q2 - Q4 2021/22 during the pandemic but emergency admissions started to rise again in April - June 2022. Q4 2022/23 has seen however a decrease.

**Emergency Admissions, Scottish Borders residents age 75+**

Source: NSS Discovery

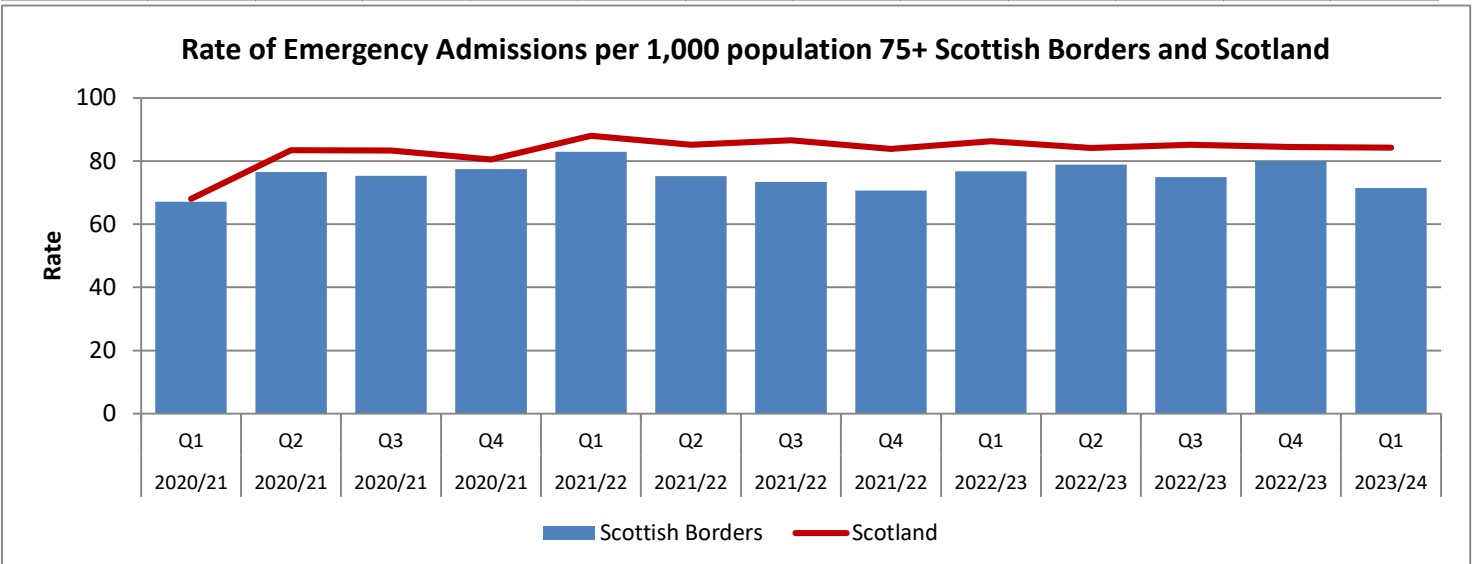
	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Q1 2023/24
Number	965	947	977	1,046	970	946	907	1,016	1044	992	1059	946
Rate per 1k	76.5	75.3	77.5	82.9	75.3	73.4	70.7	76.8	78.9	74.9	80.0	71.5



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

Source: NSS Discovery

	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	Q1 2023/24
Borders	76.5	75.3	77.5	82.9	75.3	73.4	70.7	76.8	78.9	74.9	80.0	71.5
Scotland	83.4	83.3	80.5	88.0	85.2	86.5	83.9	86.3	84.1	85.2	84.5	84.3



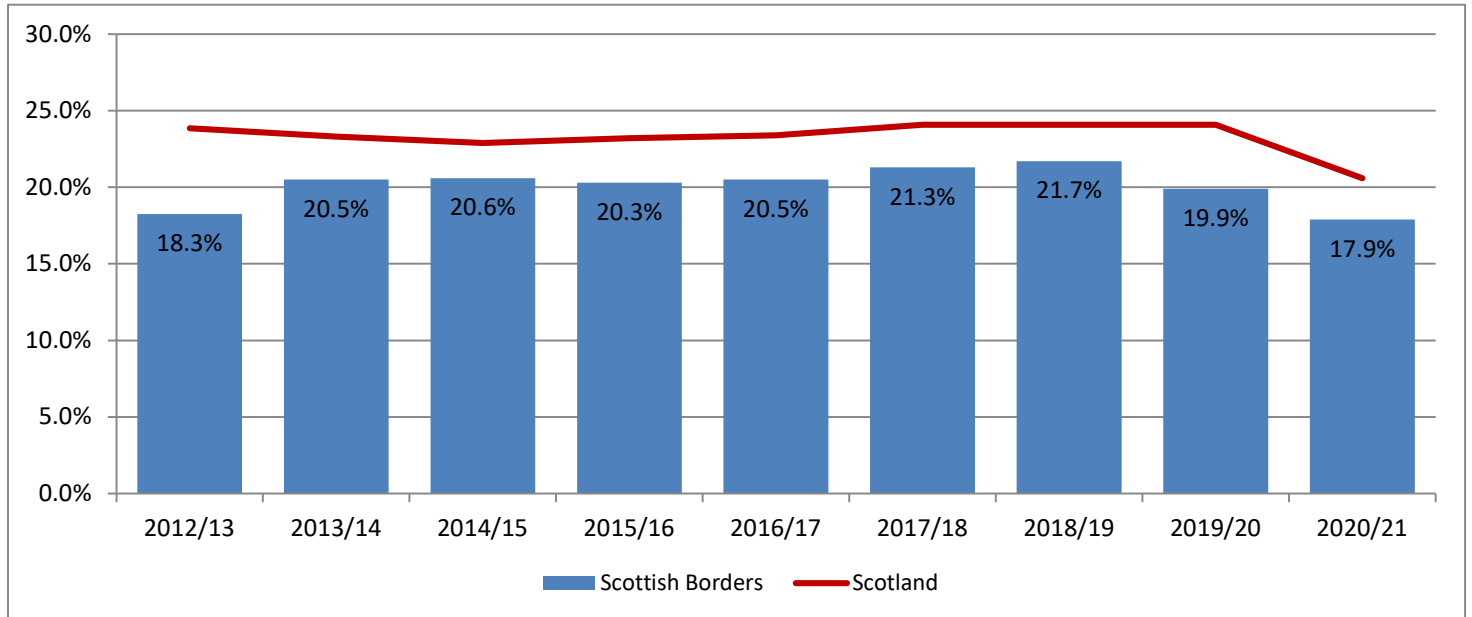
Please Note: where two areas are concerned it is not possible to show values as a control chart.

### **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 in Q4 2022/23. Q1 2023/24 saw Borders 13 points lower than Scotland, which is a provisional figure).

### **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.

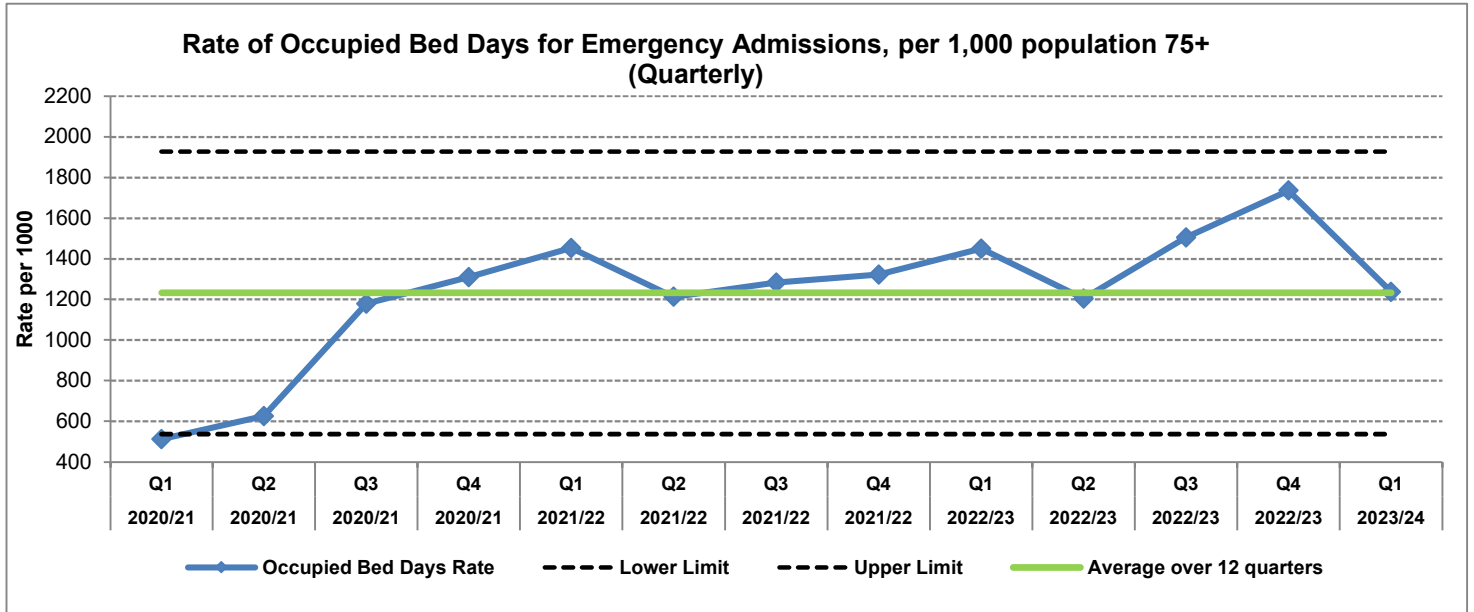
Both these indicators are impacted by the effects of the Covid-19 pandemic.



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

Source: NSS Discovery

	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	Q1 2023/24
No of OBDs	7903	14861	16521	18378	15625	16465	16829	19182	15942	19922	22982	16365
Rate per 1k	627	1179	1310	1452	1212	1282	1323	1449	1204	1505	1736	1233

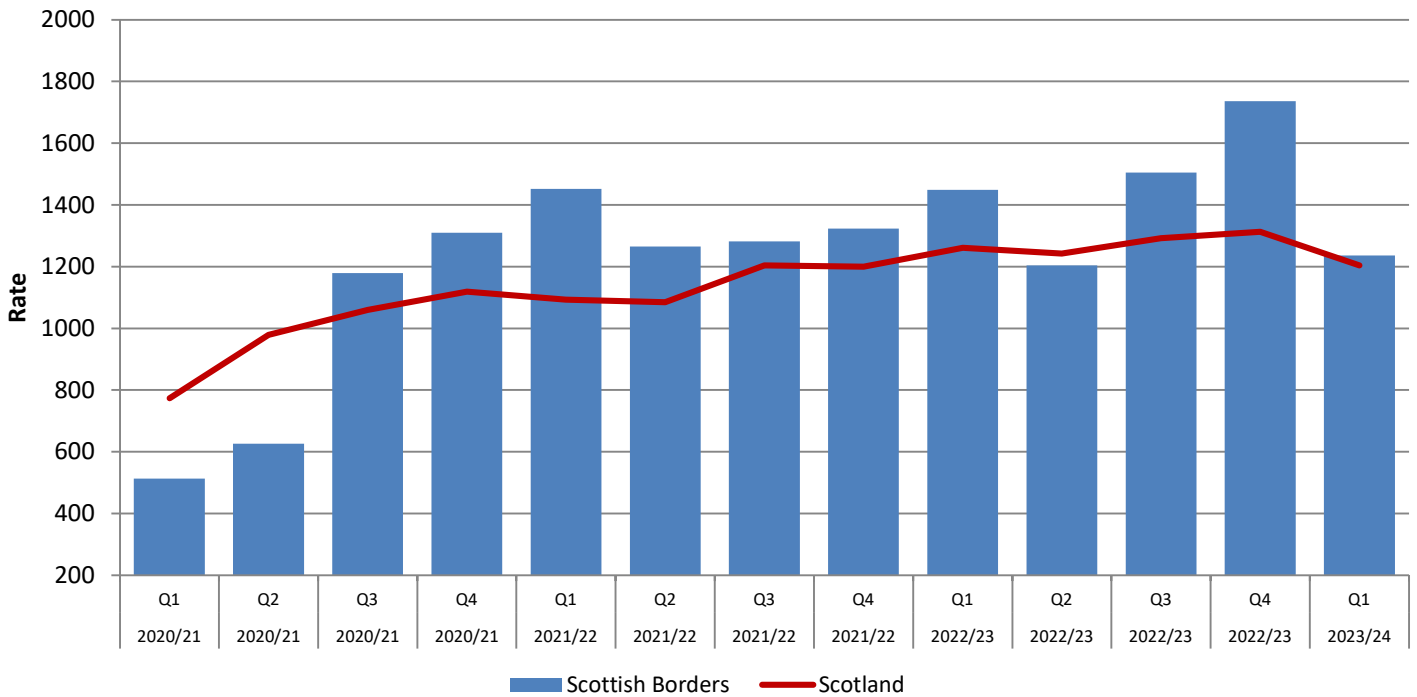


## Occupied Bed Days for emergency admissions, Scottish Borders and Scotland Residents age 75+

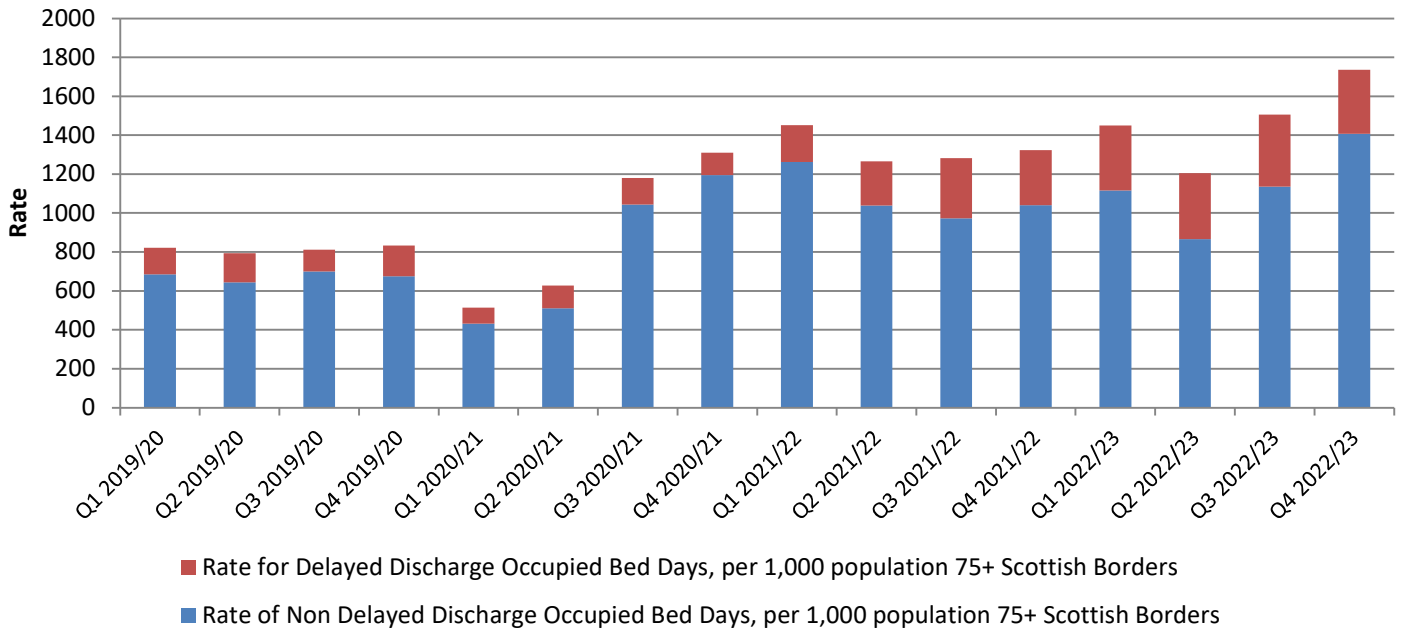
Source: NSS Discovery

	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	Q1 2023/24
Borders	627	1179	1310	1452	1212	1282	1323	1449	1204	1505	1736	1236
Scotland	979	1060	1119	1093	1085	1203	1200	1261	1242	1292	1314	1204

**Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ Scottish Borders (Quarterly)**



**Emergency admissions: Rate of Occupied Bed Days for 'non-delayed' and 'delayed' patients, per 1,000 population, Scottish Borders**



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

## How are we performing?

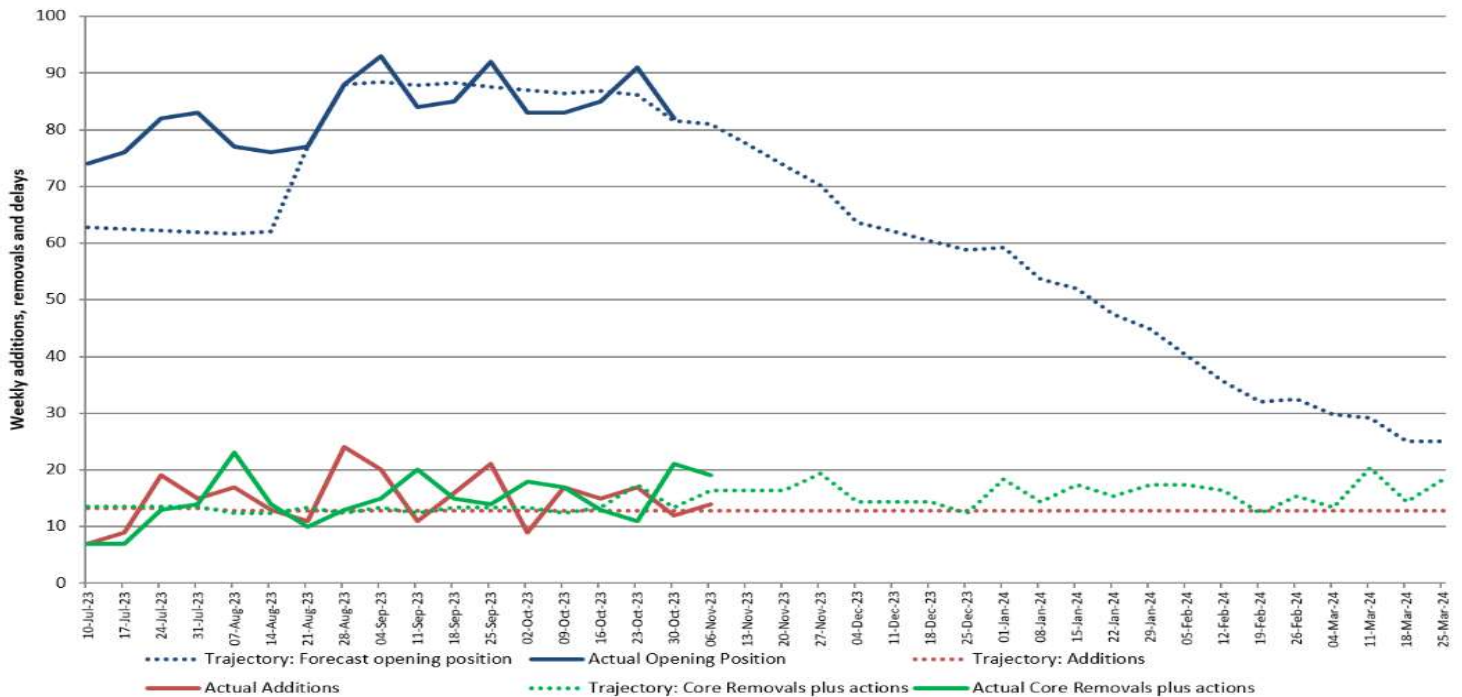
NB: Data for Community Hospitals is included in both Bed Days measures from Q3 2020/21 onwards.

The quarterly occupied bed day rates for emergency admissions in Scottish Borders residents aged 75+ has fluctuated over time and had been lower than the Scottish Average until Q3 20/21 when Community Hospitals data are included. There was a reduction between Q1 2021/22 and Q2 2021/22 but rates have generally increased again from that point (Q2 2022/23 being the exception). Data for Q1 2023/24 but is provisional at this time.

## Delayed Discharges (DDs)

Source: NHS Borders Trakcare system

### Performance against approved Trajectory - September 23 to March 2024



	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Number of DDs over 2 weeks	32	43	37	43	30	28	34	38	44	59	52	60
Number of DDs over 72 hours	46	52	51	56	33	45	47	42	48	61	69	72

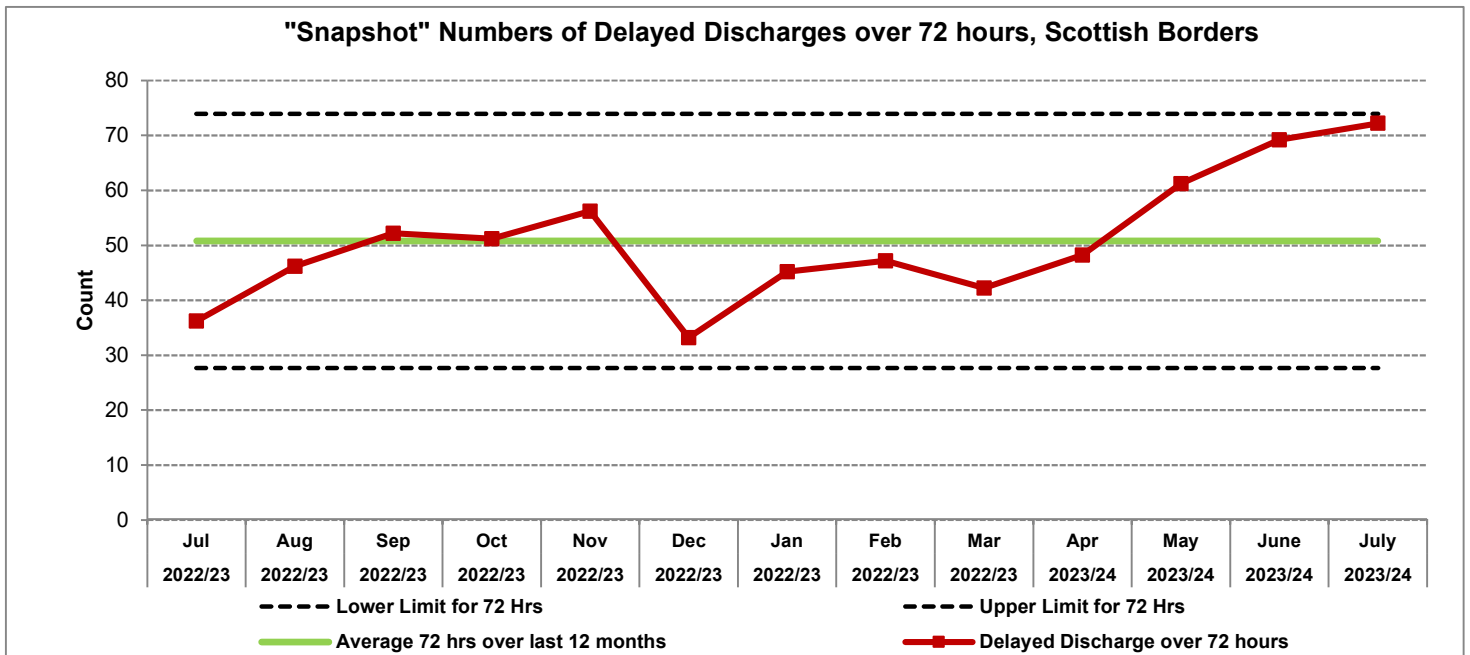
### How are we performing?

Delayed discharge performance is currently slightly ahead of the planned trajectory however there has been an increase in the number of additions / referrals over the period compared to our forecast. There has also been an associated increase in removals over the period. Referrals over the period were higher than expected, and removals were also higher than expected. The delivery of removals / transfers to care was broadly in line with our plan, however it is worth noting that there were more people removed due to health reasons than forecast.

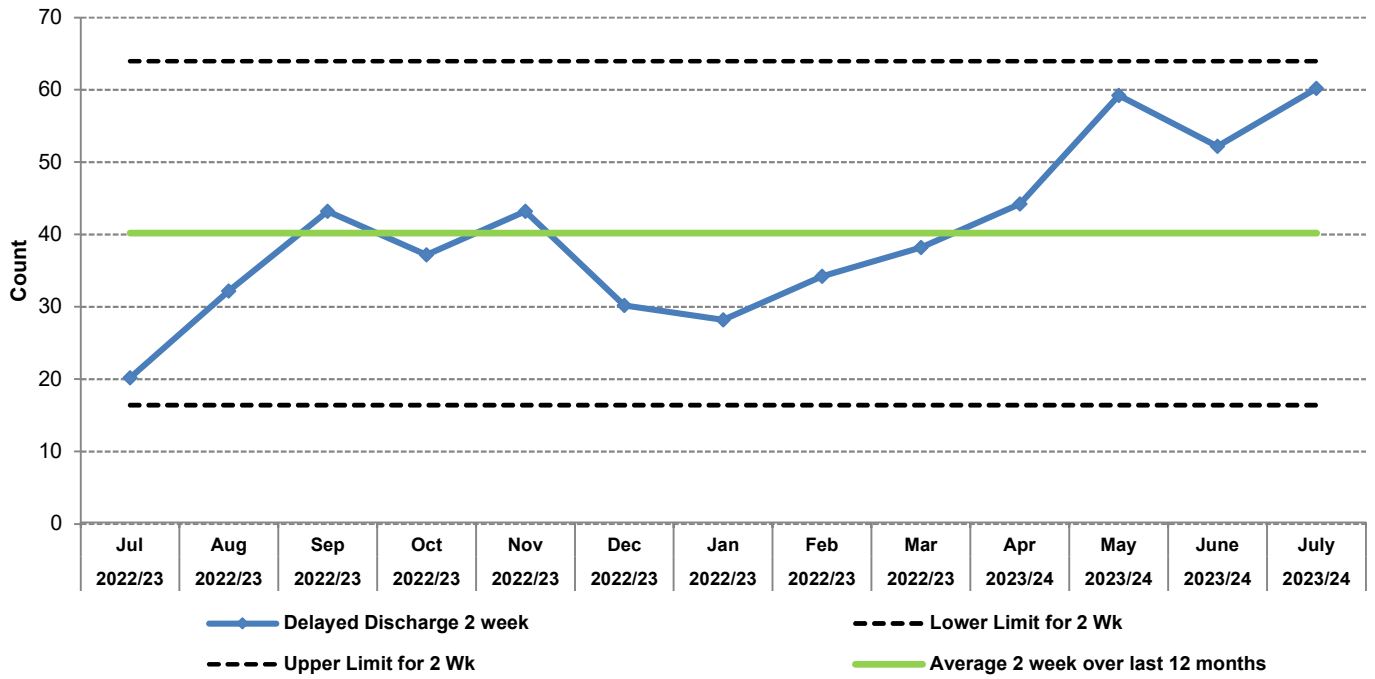
When exploring the weeks in which these increased removals took place, it is apparent that in many weeks where there have been increased removals due to ill health, this was associated to increased referrals in the same week. It is expected that this relates to the referral of a number of people who were not fit for discharge, and also a higher denominator of referrals associated to increased acuity, need and dependence. For instance, in the week where this was most pronounced, the week commencing 23/07, there were 19 referrals made (compared to the expected 13.3), and 9 removals due to ill health (compared to the expected 5.3).

The Discharge Kaizen ended on the 31st August 2023, remains in place to consolidate data/information and associated learning and will be presented to the organisation/HSCP in November 2023. The national self-assessment for the implementation of discharge without delay principles was completed in September 2023 and we await the return to progress any associated actions. The Integration Joint Board issued a direction on surge planning, which includes a range of further measures to alleviate the pressures, including discharge (home to assess), single assessment, closer working with the third sector and communications promoting community supports, which will all help reduce the demand for social work and social care, get more people onto the right intermediate care pathway, and increase productivity.

Increased capacity within social care has progressed with the opening of 39 additional Extra Care Housing units Poynder Apartments in Kelso and continue to see residents move into this facility. The additional residential care step-down and step-up and respite capacity are projected to be in place in October remains on track, along with 9 extra Enhanced Residential rooms in Knowesouth in November, and a further 9 rooms in other settings being commissioned as planned in November. Work continues to progress to develop the approach to the integration of Home First with the Adult



**"Snapshot" Numbers of Delayed Discharges over 2 weeks, Scottish Borders**

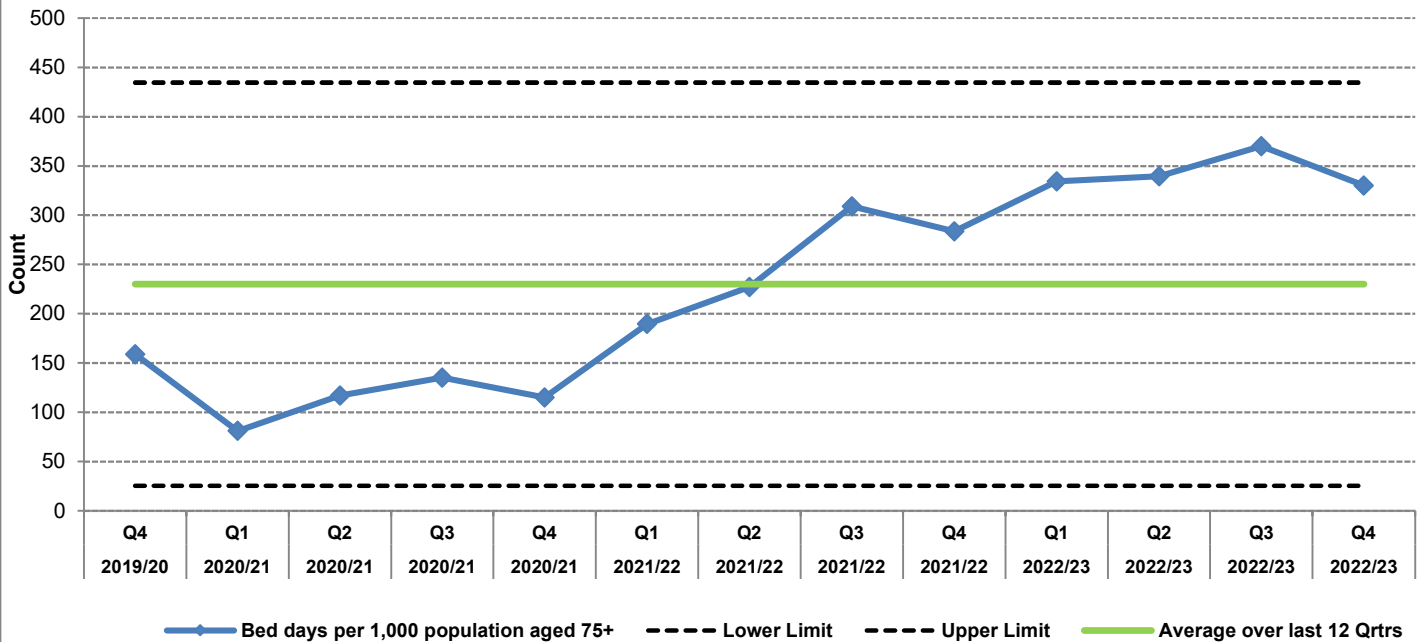


**Bed days associated with delayed discharges in residents aged 75+; rate per 1,000 population aged 75+**

Source: Core Suite Indicator workbooks

	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 Day Rate	116.8	135.0	114.7	189.3	227.0	308.8	283.5	334.0	339.3	369.9	330.0

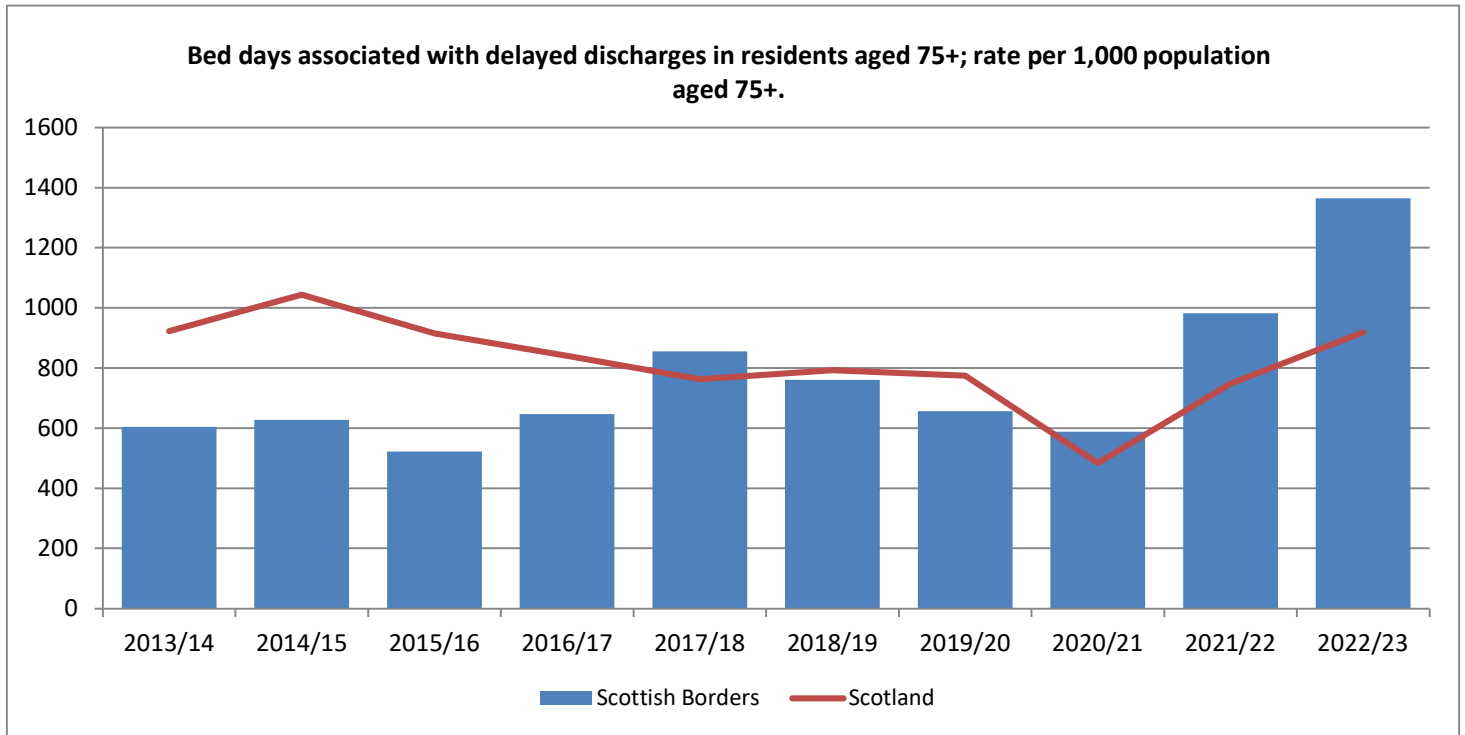
**Bed days associated with delayed discharges in residents aged 75+; rate per 1,000 population aged 75+.**



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

Source: Core Suite Indicator workbooks

	2016/17	2017/18	2019/20	2020/21	2021/22	2022/23
Borders	647	855	656	588	982	1364
Scotland	841	762	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?**

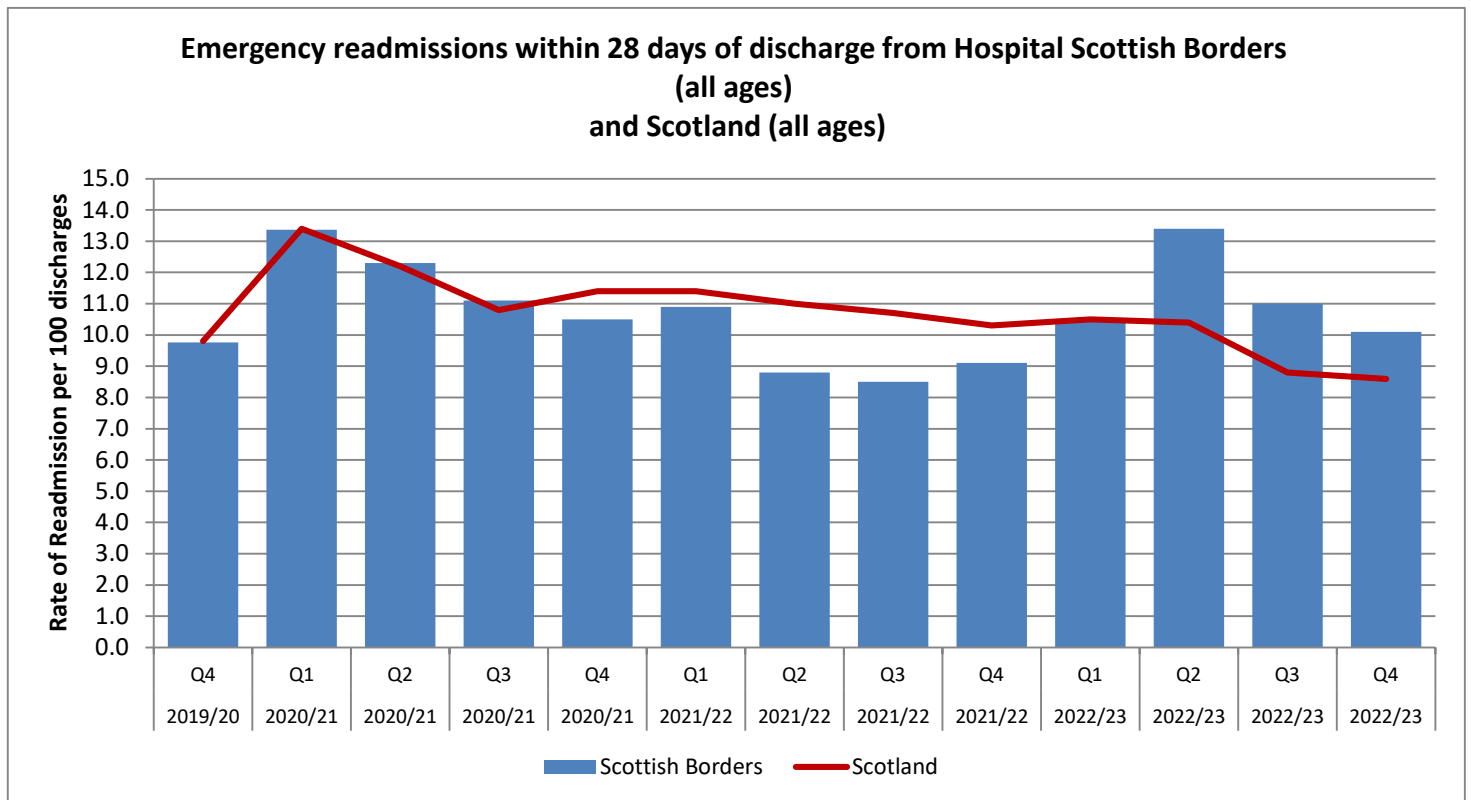
Up to 2016/17, rates for the Scottish Borders were lower (better) than the Scottish average. However, in 2017/18 the Borders' rate was higher than Scotland's. This reduced in 2018/19 - when the Scottish average increased - and further reduced in 2019/20 and 2020/21. 2021/22 and 2022/23 have seen a marked 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+.

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

Source: NSS Discovery data

	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
Borders	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	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.

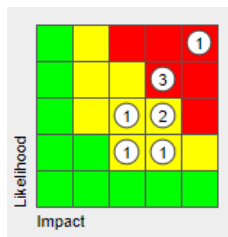
## **Objective 6. Reducing poverty and inequalities**

We are in the process of developing a dataset to monitor progress in tackling health inequalities. There are challenges in doing this reliably and we are working to identify meaningful metrics in a number of areas that will build a picture. We hope to be able to provide further updates as this work progresses.










# IJB Risk Register Summary


Reviewed & Refreshed between: 09 & 13 October 2023






Risk Code	Risk Title	Risk Description	Risk Score	Status	Trend	Last Review Date	Risk Approach	Update
IJB002	Increasing Demand & Financial Constraints	If we fail to ensure the effective and efficient delivery of delegated services within available budgets, in the context of increasing demand and resource constraints, then it could lead to poorer Health & Wellbeing Outcomes for the population and result in an inability to support the achievement of the Objectives contained within the Strategic Framework.	25 Catastrophic - Almost Certain			12-Oct-2023	Treat	<p>Following the approval of the Scottish Borders Health &amp; Social Care Strategic Framework 2023-26 at the meeting of the Integration Joint Board in March 2023, and the subsequent decision to reframe and refresh the Strategic IJB Risk Register to align it closely to the individual Strategic Issues and Outcomes set out in the Framework, both the Title and Description of this risk have been amended as follows:</p> <p>Risk Title has been updated from "Budget" to read "Increased Demand &amp; Financial Constraints" and Description from "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" to read "If we fail to ensure the effective and efficient delivery of delegated services within available budgets, in the context of increasing demand and resource constraints, then it could lead to poorer Health &amp; Wellbeing Outcomes for the population and result in an inability to support the achievement of the Objectives contained within the Strategic Framework".</p> <p>Current Risk Score reassessed and Likelihood increased from 4 (Likely) to 5 (Almost Certain) in light of the risk that currently exists in relation to the delivery of Health savings and because the overspends in the set-aside functions have increased. Current Impact also increased from 4 (Major) to 5 (Catastrophic) to better reflect the consequences that could emerge at this juncture in relation to finances.</p> <p>Following the refresh of the Strategic IJB Risk Register in line with the H&amp;SC Strategic Framework, a number of new Internal Controls and Mitigation Actions have been identified and added to this risk, which, once strengthened or completed, will aid in reducing the Current Risk Score to a more tolerable level. This will be supported by the completion of several actions contained within the Annual Delivery Plan (ADP) relating to improving the effectiveness and efficiency of the H&amp;SC Partnership.</p> <p>Building on the above, in light of the heightened Current Risk Score the Target Risk Score has also been revisited and the Impact changed from 3 (Moderate) to 4 (Major) in the first instance with a view that once this level is reached a new and lower Target Risk can be set and worked towards. A new Target Risk Date of 31.03.2024 has also been set.</p>

Risk Code	Risk Title	Risk Description	Risk Score	Status	Trend	Last Review Date	Risk Approach	Update
IJB003 Page 74	Operating as a Separate Entity & Close Partnership Working	If the IJB does not operate effectively as a separate entity in partnership with Communities, the Council and the Health Board then there could be a failure in the delivery of the principles of integration and we may not achieve our objectives or deliver positive outcomes.	9 Moderate - Possible			09-Oct-2023	Treat	<p>Following the approval of the Scottish Borders Health &amp; Social Care Strategic Framework 2023-26 at the meeting of the Integration Joint Board in March 2023, and the subsequent decision to reframe and refresh the Strategic IJB Risk Register to align it closely to the individual Strategic Issues and Outcomes set out in the Framework, IJB Risks 003 "Issuing of Directions" and elements of 005 "Infrastructure" have been amalgamated with this Risk. The Title and Description for this risk have been amended accordingly to include a strong focus on partnership working.</p> <p>Previous IJB Risks 003 &amp; 005 have been retired on Pentana and all relevant Risk Factors, Consequences, Controls and Linked Actions have been transferred to this risk.</p> <p>Significant work has been undertaken to reposition the IJB into the centre of decision making in partnership with NHSB, SBC and relevant communities. There is now one Strategic Framework (2023-26) for the H&amp;SCP and significant work has been undertaken in the development of the H&amp;SC Joint Executive Team. Directions are routinely used to clarify the 'ask' of the IJB and there are strong underpinning approaches in place across the Risk, Finance, Communications &amp; Engagement, Equality &amp; Human Rights, Planning and Digital landscapes to support the work of the IJB and the H&amp;SCP.</p> <p>Current Risk Score for this new amalgamated risk assessed as Likelihood 3 (Possible) and Impact 3 (Moderate). This increased risk score (from 2 – Unlikely to 3 – Moderate) is a result of the amalgamation of IJB Risk "Infrastructure" which was assessed as having a Likelihood of 4 (Likely) prior to it being subsumed within this risk.</p> <p>Target Risk Score set as Likelihood 2 (Unlikely) and Impact 3 (Moderate) with a Target Date of 31.12.2023 in the first instance to align with the new Annual Delivery Plan (ADP) and the implementation of new Scheme of Integration Monitoring Reports, which once in place will be added as a New Internal Control for this risk.</p>

Risk Code	Risk Title	Risk Description	Risk Score	Status	Trend	Last Review Date	Risk Approach	Update
IJB007	Legislative/Regulatory Compliance	If the IJB fails to comply with legislative and regulatory requirements it could lead to legal breaches and result in fines and/or prosecution.	8 Major - Unlikely			09-Oct-2023	Treat	Current Risk Score reassessed and Likelihood reduced from 3 (Possible) to 2 (Unlikely) to reflect the improving picture in this area in terms of the progress made with Linked Actions, the identification of additional Fully Effective Controls, and improved awareness at both Board and Partnership level in relation to specific elements of legislative and regulatory compliance e.g. Integrated Impact Assessments, the Community Empowerment Act 2015 etc.  Target Risk Date revisited and changed from 30.06.2023 to 31.01.2024 by which point the hope is that the Likelihood of this risk can be reduced to 1 (Remote).
IJB008	National Care Service Bill	SG's National Care Service Bill (ultimately disbanding Scottish IJBs) could result in partners ceasing to engage with the IJB, subsequently leading to negative impacts on the achievement of IJB objectives and the communities it serves.	6 Moderate - Unlikely			09-Oct-2023	Treat	Current Risk Score reassessed and Likelihood reduced from 3 (Possible) to 2 (Unlikely) and Impact reduced from 4 (Major) to 3 (Moderate) to reflect our joint local representations to the Scottish Parliament, Scottish Government and COSLA; the recent Verity House Agreement which looks at closer co-operation between national and local government. This has resulted in a significant change to this risk as there is now an agreement that staff and revenue & capital budgets will remain with local government while the legal accountability for Adult Social Work and Social Care will sit between national and local government. It is now likely that the work of Integration Joint Boards will be constructively reformed in line with the Bill that remains in development.  Target Risk Score revisited and given the significant change to the nature of this risk the Target Likelihood has been revised downward from a Likelihood of 2 (Unlikely) to 1 (Remote) and from and Impact of 4 (Major) to 3 (Moderate). Target Date set as 31.03.2024.
IJB009	Improving Access to Services	If we do not resolve long waiting times for services (incl. preventative services) then this will adversely impact upon the health and wellbeing outcomes of our communities and could result in inequalities, loss of confidence in the Health & Social Care Partnership. As a result population need could become more acute and we could see a deterioration in outcomes and an increase in resource use.	16 Major - Likely		New Risk - Trend not yet available	11-Oct-2023	Treat	Following the approval of the Scottish Borders Health & Social Care Strategic Framework 2023-26 at the meeting of the Integration Joint Board in March 2023, and the subsequent decision to reframe and refresh the Strategic IJB Risk Register to align it closely to the individual Strategic Issues and Outcomes set out in the Framework, new IJB Risk 009 "Improving Access to Services" developed. Inherent to this was the identification of Risk Factors (Causes), Risk Consequences, Internal Controls (with an assessment of their individual effectiveness ranging from Not Effective to Fully Effective) and the identification and assignment of required Mitigation Actions.  <b>Original Risk Score (without controls in place/only the basic controls in place - the raw unmitigated risk) assessed as:</b> Likelihood 5 (Almost Certain) and Impact 4 (Major).  <b>Current Risk Score (influenced by strength of controls at the time of review on 11.10.2023) assessed as:</b> Likelihood 4 (Likely) and Impact 4 (Major) because when looking at unmet need e.g. Delayed Discharges, CAHMS,

Risk Code	Risk Title	Risk Description	Risk Score	Status	Trend	Last Review Date	Risk Approach	Update
								<p>Community Social Work &amp; Social Care this risk is still high. It should be noted that the Current Impact of 4 (Major) refers to service delivery impacts rather than impacts relating to harm.</p> <p><b>Target Risk Score (the level to which it is hoped the risk can be reduced with the strengthening of Internal Controls and the completion of Linked Actions) set as:</b> Likelihood 3 (Possible) and Impact 3 (Moderate) in the first instance with a view that once this is reached a new Target can be set and worked towards. Initial Target Risk Date set as 29.02.2024.</p>
IJB010	Rising to the Workforce Challenge	If the market and workforce conditions in the Scottish Borders are not conducive to attract and sustain External Providers, sufficient salaried workforce and NHS & SBC staff then there is a risk that H&SC provision will be challenging to sustain, resulting in an inability to provide appropriate H&SC services for our population and increased Health Board & Council service provision. This will result in associated increased resource use and negatively impact on people's health and wellbeing, leading to increased failure demand.	16 Major - Likely		New Risk - Trend not yet available	13-Oct-2023	Treat	<p>Following the approval of the Scottish Borders Health &amp; Social Care Strategic Framework 2023-26 at the meeting of the Integration Joint Board in March 2023, and the subsequent decision to reframe and refresh the Strategic IJB Risk Register to align it closely to the individual Strategic Issues and Outcomes set out in the Framework, new IJB Risk 010 "Rising to the Workforce Challenge" has been developed. Inherent to this was the identification of Risk Factors (Causes), Risk Consequences, Internal Controls (with an assessment of their individual effectiveness ranging from Not Effective to Fully Effective) and the identification and assignment of required Mitigation Actions. Furthermore, elements of IJB Risk 005 "Infrastructure" have been amalgamated with this Risk and all relevant Risk Factors, Consequences, Controls and Linked Actions have been transferred to this risk. IJB Risk 005 has now been retired on Pentana.</p> <p><b>Original Risk Score (without controls in place/only the basic controls in place - the raw unmitigated risk) assessed as:</b> Likelihood 5 (Almost Certain) and Impact 4 (Major).</p> <p><b>Current Risk Score (influenced by strength of controls at the time of review on 13.10.2023) assessed as:</b> Likelihood 4 (Likely) and Impact 4 (Major) as a result of the current operating environment which has seen e.g. Social Care Providers handing back hours, GP Practices raising capacity concerns, issues in terms of access to dentistry and Community Pharmacy challenges in relation to the salaried workforce.</p> <p><b>Target Risk Score (the level to which it is hoped the risk can be reduced with the strengthening of Internal Controls and the completion of Linked Actions) set as:</b> Likelihood 3 (Possible) and Impact 4 (Major) in the first instance with a view that once this is reached a new Target can be set and worked towards. Initial Target Risk Date set as 30.09.2024.</p>

Risk Code	Risk Title	Risk Description	Risk Score	Status	Trend	Last Review Date	Risk Approach	Update
IJB011	Prevention & Early Intervention	If we fail to evolve from a focus on crisis management to having a strong focus on prevention and early intervention then there is a risk that the health and wellbeing of the population deteriorates resulting in poorer outcomes for the population, increased resources in terms of service delivery and reputational damage.	12 Major - Possible		New Risk - Trend not yet available	13-Oct-2023	Treat	<p>Following the approval of the Scottish Borders Health &amp; Social Care Strategic Framework 2023-26 at the meeting of the Integration Joint Board in March 2023, and the subsequent decision to reframe and refresh the Strategic IJB Risk Register to align it closely to the individual Strategic Issues and Outcomes set out in the Framework, new IJB Risk 011 "Prevention &amp; Early Intervention" has been developed. Inherent to this was the identification of Risk Factors (Causes), Risk Consequences, Internal Controls (with an assessment of their individual effectiveness ranging from Not Effective to Fully Effective) and the identification and assignment of required Mitigation Actions.</p> <p><b>Original Risk Score (without controls in place/only the basic controls in place - the raw unmitigated risk) assessed as:</b> Likelihood 4 (Likely) and Impact 4 (Major).</p> <p><b>Current Risk Score (influenced by strength of controls at the time of review on 13.10.2023) assessed as:</b> Likelihood 3 (Possible) and Impact 4 (Major).</p> <p><b>Target Risk Score (the level to which it is hoped the risk can be reduced with the strengthening of Internal Controls and the completion of Linked Actions) set as:</b> Likelihood 2 (Unlikely) and Impact 4 (Major) in the first instance with a view that once this is reached a new Target can be set and worked towards. Initial Target Risk Date set as 30.09.2024.</p>
IJB012	Supporting Unpaid Carers by getting Services for the cared for right	If we do not appropriately support the 'cared for' then there is a risk that the health and wellbeing of unpaid carers is negatively affected leading to poorer outcomes, increased demand for care & health support services and increased partnership resource requirements to support this.	16 Major - Likely		New Risk - Trend not yet available	13-Oct-2023	Treat	<p>Following the approval of the Scottish Borders Health &amp; Social Care Strategic Framework 2023-26 at the meeting of the Integration Joint Board in March 2023, and the subsequent decision to reframe and refresh the Strategic IJB Risk Register to align it closely to the individual Strategic Issues and Outcomes set out in the Framework, new IJB Risk 012 "Supporting Unpaid Carers..." has been developed. Inherent to this was the identification of Risk Factors (Causes), Risk Consequences, Internal Controls (with an assessment of their individual effectiveness ranging from Not Effective to Fully Effective) and the identification and assignment of required Mitigation Actions.</p> <p><b>Original Risk Score (without controls in place/only the basic controls in place - the raw unmitigated risk) assessed as:</b> Likelihood 5 (Almost Certain) and Impact 4 (Major).</p> <p><b>Current Risk Score (influenced by strength of controls at the time of review on 13.10.2023) assessed as:</b> Likelihood 4 (Likely) and Impact 4 (Major).</p> <p><b>Target Risk Score (the level to which it is hoped the risk can be</b></p>

Risk Code	Risk Title	Risk Description	Risk Score	Status	Trend	Last Review Date	Risk Approach	Update
								<b>reduced with the strengthening of Internal Controls and the completion of Linked Actions) set as:</b> Likelihood 2 (Unlikely) and Impact 4 (Major) with a view that once this is reached a new Target may be considered and worked towards. Initial Target Risk Date set as 31.03.2025 in line with the rolling review process.
IJB01 Page 78	Poverty & Inequalities	A rise in poverty and inequalities, linked to the current economic climate, could lead to an increase in inequality and worsening health and wellbeing amongst our population with poorer outcomes, greater need and higher resources requirements to address this need. This could be compounded if we fail to make best use of community assets and improve the social determinants of health.	12 Major - Possible		New Risk - Trend not yet available	13-Oct-2023	Treat	<p>Following the approval of the Scottish Borders Health &amp; Social Care Strategic Framework 2023-26 at the meeting of the Integration Joint Board in March 2023, and the subsequent decision to reframe and refresh the Strategic IJB Risk Register to align it closely to the individual Strategic Issues and Outcomes set out in the Framework, new IJB Risk 013 "Poverty &amp; Inequalities" has been developed. Inherent to this was the identification of Risk Factors (Causes), Risk Consequences, Internal Controls (with an assessment of their individual effectiveness ranging from Not Effective to Fully Effective) and the identification and assignment of required Mitigation Actions.</p> <p>Furthermore, IJB Risk 006 "Resources" has been subsumed within this new risk given that it was concerned with making the best use of the expertise, experience and creativity of communities across the Borders, something which needs to be appropriately harnessed to meet challenges in this area. All relevant Risk Factors, Consequences, Controls and Linked Actions have been transferred from Risk 006 to this risk. IJB Risk 006 has now been retired on Pentana.</p> <p><b>Original Risk Score (without controls in place/only the basic controls in place - the raw unmitigated risk) assessed as:</b> Likelihood 4 (Likely) and Impact 4 (Major).</p> <p><b>Current Risk Score (influenced by strength of controls at the time of review on 13.10.2023) assessed as:</b> Likelihood 3 (Possible) and Impact 4 (Major), linked to inflation, employment market conditions etc.</p> <p><b>Target Risk Score (the level to which it is hoped the risk can be reduced with the strengthening of Internal Controls and the completion of Linked Actions) set as:</b> Likelihood 3 (Possible) and Impact 3 (Moderate) with a view that once this is reached a new Target can be set and worked towards. Initial Target Risk Date set as 30.09.2024.</p>

# Scottish Borders Health and Social Care Partnership Integration Joint Board

15 November 2023

## IJB STRATEGIC RISK UPDATE

Report by: Chris Myers, Integration Joint Board Chief Officer



### 1. PURPOSE AND SUMMARY

- 1.1. **The purpose of this report is to provide Members of the Board with an update on the most recent review of the IJB Strategic Risk Register as it is important that the Board is kept informed of the IJB's key risks and the actions undertaken to manage these risks.**
- 1.2. This report details work that has been undertaken to refresh and reframe the IJB Strategic Risk Register, following the approval of the Scottish Borders Health and Social Care Strategic Framework 2023-2026 at the meeting of the Integration Joint Board on 15 March 2023, to ensure alignment between the Strategic Risk Register and the Strategic Issues and Outcomes set out in the Framework.
- 1.3. This report will highlight changes to the IJB Strategic Risk Register resulting from the work detailed above and identify where risks have been retired, amalgamated, or newly identified and developed. An overview of any significant changes to those risks which predated the refresh and have since been retained, will also be provided.
- 1.4. Finally, this report includes Appendix 1 which is an IJB Summary Risk Register.

### 2. RECOMMENDATIONS

- 2.1. **The Scottish Borders Health and Social Care Integration Joint Board is asked to: -**
  - a) Consider the reframed and refreshed IJB Strategic Risk Register to ensure it covers the key risks to the IJB;
  - b) Note the work in progress to manage the risks;
  - c) Note that a further risk update will be provided in 2024.

### 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 (H&SC) Strategic Framework Objectives and Ways of Working as indicated below because the application of sound risk management practices, through the management and review of the refreshed IJB Strategic Risk Register will underpin, support, and facilitate their achievement.

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. The IJB, as strategic commissioner of health and social care services, gives directions to NHS Borders (NHSB) and Scottish Borders Council (SBC) for delivery of the services in line with the Strategic Plan. The Scheme of Integration sets out how the managerial arrangements across the integrated arrangements flow back to the IJB and the Chief Officer. These arrangements are further supported by the IJB's Local Code of Corporate Governance.
- 5.2. Compliance with the principles of good governance requires the IJB to adopt a coherent approach to the management of risks that it faces in the achievement of its strategic objectives. The current Risk Management Policy and Risk Management Strategy were approved by the IJB on 19 August 2020.
- 5.3. In accordance with the Risk Management Policy and Strategy, the IJB Chief Officer carries out a review of the IJB Strategic Risk Register on a quarterly basis.
- 5.4. The Risk Management Policy and Strategy states that six monthly risk reviews should be presented to the Board each year. The first report of 2023 was a delayed report from December 2022 and was presented on the 15 March 2023, outlining the progress made during December 2022 to review the IJB Strategic Risk Register. The first formal report of 2023 has been delayed from June 2023 to November 2023 to allow time to be spent on refreshing and reframing the risk register to better align it with the Strategic Objectives set out in the H&SC Strategic Framework 2023-2026. Given the timing of the first formal report of 2023 it is anticipated that the next update will be provided in the first half of 2024, in line with the Risk Management Policy and Strategy.



## 6. IJB RISK MANAGEMENT ARRANGEMENTS

- 6.1. It is important that the IJB has its own robust risk management arrangements in place because if objectives are defined without taking the risks into consideration, the chances are that direction will be lost should any of these risks materialise. The identification, evaluation, control, and review of the IJB's strategic risks is a Management responsibility. However, knowledge of the strategic risks faced by the IJB and associated mitigations will enable the Board members to be more informed when making business decisions.
- 6.2. Building on the above, the Risk Management Policy Statement states that: "The IJB will continue to systematically identify, analyse, evaluate, control and monitor those risks that potentially endanger or have a detrimental effect upon its people, property, reputation and financial stability..." Part of this systematic and continuous process involves revisiting the Strategic Risk Register at regular intervals to assess its continued relevance and where appropriate make changes to ensure that it remains reflective of the IJB's aims and objectives and captures and manages those risks that threaten their achievement. In the same vein this continuous process requires that risks which are no longer relevant should be retired but archived to ensure that an effective audit trail is maintained.
- 6.3. The IJB Chief Officer carried out a management review of the previous iteration of the Strategic Risk Register in December 2022, and this was then presented to the IJB Board at its meeting on 15 March 2023. Following the approval of the H&SC Strategic Framework 2023-2026 at the same meeting in March, risk management discussions have taken place at various intervals throughout 2023, prior to formal development sessions being held in October 2023. As part of the development of the Strategic Framework, the Strategic Objectives were identified to mitigate the 'mission critical' strategic risks and issues impacting on the delivery of the HSCP and on the health and wellbeing outcomes of our population. As indicated in paragraph 5.4 the purpose of these sessions was to reframe and refresh the IJB Strategic Risk Register to ensure strong alignment with the role and remit of the IJB, support and underpin the objectives of integration and the specific Strategic Objectives identified in the Framework.
- 6.4. As the management of risk is an iterative process, the IJB Strategic Risk Register is not a static document and will continue to evolve over time to reflect new and emerging threats and opportunities as well as any new strategic objectives set out in future iterations of the Health & Social Care Strategic Framework.
- 6.5. To facilitate stronger and more cohesive partnership working between the IJB, NHSB and SBC, in the context of risk management, NHSB's Risk Manager has been included in both the discussions held in relation to the IJB Strategic Risk Register during 2023 as well as the risk register development sessions held in October 2023. This new approach has been beneficial in that it has enabled the risk register to be refreshed with input from all three partners and nurture a shared sense of ownership in terms of the work progressed by partners and the impact this then has on the management of IJB Strategic Risks.
- 6.6. To further support and enhance partnership working, an Integrated Risk Forum was established during Summer 2023. The Forum meets monthly and is attended by SBC's Chief Officer Audit & Risk, SBC's Corporate Risk Officer and NHSB's Risk Manager. The Forum enables its members to learn about the risk management arrangements in place within the two organisations, share best practice knowledge and expertise and undertake engagement on key pieces of work such as reviewing and updating the IJB's Risk Management Policy Statement and Strategy. It is envisaged that the creation of this Forum and the close partnership working it enables will ultimately support and enhance the effective management of IJB Risks and the achievement of its Strategic Objectives.










## 7. RECENT RISK DEVELOPEMNT & REVIEW ACTIVITY

7.1. A high-level summary of the IJB’s Strategic Risk Register, which sets out the Risks associated with the achievement of Strategic Objectives within the Strategic Framework, is shown in Appendix 1. Following the development sessions undertaken in October 2023 there are now nine risks on the IJB Strategic Risk Register, four of which have been retained from the previous iteration of the risk register and five of which have been newly developed to support the delivery of those IJB Strategic Objectives not previously reflected on the risk register. The following tables illustrate the changes made to the risk register.

7.2. Table 1.1 illustrates the previous iteration of the IJB Strategic Risk Register, as presented to the IJB at its meeting on 15 March 2023, and details where risks have been retained, amalgamated, or retired following the refresh of the Risk Register in October 2023:

Risk Title	Risk Description	Notes
Strategic Objectives	Failure to deliver the SBIJB strategic objectives could lead to the inability of the IJB to deliver the intended health and wellbeing outcomes and achieve the core aims of integration for the Scottish Borders population.	Risk retired as Strategic Objectives are now reflected as individual risks on the Risk Register.
Budget	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.	Risk retained but has been renamed to “Increasing Demand & Financial Constraints” and the risk Description and subsequent focus of the risk has been enhanced.
Issuing of Directions	If the Directions issued by the IJB are unclear or are not implemented by partners then it may adversely impact on outcomes, resources and on the principles of integration.	Risk amalgamated with “Operating as a Separate Entity” and retired as a separate risk.
Operating as a Separate Entity	If the IJB does not operate effectively as a separate entity in partnership with communities, the Council, and the Health Board, then it could result in a failure to deliver the principles of integration and achieve its objectives.	Risk retained but has been updated to subsume within it the “Issuing of Directions” risk and elements of the “Infrastructure” risk. Risk renamed and enhanced following this amalgamation.
Infrastructure	If the IJB lacks the professional, administrative, and technical infrastructure to operate effectively it could result in failures of planning, governance, scrutiny, and performance arrangements.	Risk retired as a separate risk and subsumed within the “Operating as a Separate Entity” risk and new risk “Rising to the Workforce Challenge”.
Resources	If the IJB fails to make best use of the expertise, experience, and creativity of its communities then it could result in negative impacts to the delivery of its strategic outcomes and poor relationships with its communities.	Risk retired as a separate risk and subsumed within new risk “Poverty & Inequalities”.
Legislative/Regulatory Compliance	If the IJB fails to comply with legislative and regulatory requirements it could lead to legal breaches and result in fines and/or prosecution.	Risk retained.
National Care Service Bill	SG’s National Care Service Bill (ultimately disbanding Scottish IJBs) could result in partners ceasing to engage with the IJB, subsequently leading to negative impacts on the achievement of IJB objectives and the communities it serves.	Risk retained.

7.3. Table 1.2 illustrates the updated IJB Strategic Risk Register for noting by the Board, following its refresh in October 2023:

Risk Title	Risk Description	Current Risk Score
Increasing Demand & Financial Constraints	If we fail to ensure the effective and efficient delivery of delegated services within available budgets, in the context of increasing demand and resource constraints, then it could lead to poorer Health & Wellbeing Outcomes for the population and result in an inability to support the achievement of the Objectives contained within the Strategic Framework.	25 Almost Certain – Catastrophic 
Operating as a Separate Entity & Close Partnership Working	If the IJB does not operate effectively as a separate entity in partnership with Communities, the Council and the Health Board then there could be a failure in the delivery of the principles of integration and we may not achieve our objectives or deliver positive outcomes.	9 Possible – Moderate 
Legislative & Regulatory Compliance	If the IJB fails to comply with legislative and regulatory requirements it could lead to legal breaches and result in fines and/or prosecution.	8 Unlikely – Major 
National Care Service Bill	SG’s National Care Service Bill (ultimately disbanding Scottish IJBs) could result in partners ceasing to engage with the IJB, subsequently leading to negative impacts on the achievement of IJB objectives and the communities it serves.	6 Unlikely – Moderate 
Improving Access to Services	If we do not resolve long waiting times for services (incl. preventative services) then this will adversely impact upon the health and wellbeing outcomes of our communities and could result in inequalities, loss of confidence in the Health & Social Care Partnership. As a result population need could become more acute and we could see a deterioration in outcomes and an increase in resource use.	16 Likely – Major 
Rising to the Workforce Challenge	If the market and workforce conditions in the Scottish Borders are not conducive to attract and sustain External Providers, sufficient salaried workforce and NHS & SBC staff then there is a risk that H&SC provision will be challenging to sustain, resulting in an inability to provide appropriate H&SC services for our population and increased Health Board & Council service provision. This will result in associated increased resource use and negatively impact on people’s health and wellbeing, leading to increased failure demand.	16 Likely – Major 
Prevention & Early Intervention	If we fail to evolve from a focus on crisis management to having a strong focus on prevention and early intervention then there is a risk that the health and wellbeing of the population deteriorates resulting in poorer outcomes for the population, increased resources in terms of service delivery and reputational damage.	12 Possible – Major 
Supporting Unpaid Carers by getting Services for the cared for right	If we do not appropriately support the ‘cared for’ then there is a risk that the health and wellbeing of unpaid carers is negatively affected leading to poorer outcomes, increased demand for care & health support services and increased partnership resource requirements to support this.	16 Likely – Major 
Poverty & Inequalities	A rise in poverty and inequalities, linked to the current economic climate, could lead to an increase in inequality and worsening health and wellbeing amongst our population with poorer outcomes, greater need and higher resource requirements to address this need. This could be compounded if we fail to make best use of community assets and improve the social determinants of health.	12 Possible – Major 

7.4. The following paragraphs detail any significant changes to those risks which have been retained from the previous iteration of the risk register following their review in October 2023:

- 7.4.1. IJB Risk 002 (Increasing Demand & Financial Constraints) has increased from a risk score of 16 (Red) to 25 (Red). The Likelihood of the risk materialising has been reassessed at the most recent review and changed from 4 (Likely) to 5 (Almost Certain) in light of the risk that currently exists in relation to the delivery of Health savings and because the overspends in the set-aside functions have increased. In addition, the Impact of the risk should it materialise has been reassessed and changed from 4 (Major) to 5 (Catastrophic) to better reflect the consequences that could emerge at this juncture in relation to finances. Following the refresh of the Strategic IJB Risk Register in line with the H&SC Strategic Framework, a number of new Internal Controls and Mitigation Actions have been identified and added to this risk, which, once strengthened or completed, will aid in reducing the Current Risk Score to a more tolerable level. This will be supported by the completion of several actions contained within the Annual Delivery Plan (ADP) that relate to improving the effectiveness and efficiency of the H&SC Partnership.
- 7.4.2. IJB Risk 004 (Operating as a Separate Entity & Close Partnership Working) has increased from a risk score of 6 (Amber) to 9 (Amber). Specifically, the Likelihood of the risk materialising has been amended following the amalgamation of risk "Infrastructure" given that this risk was assessed as having a Likelihood of 4 (Likely) and now features as a key component of IJB Risk 004. It should be noted though that significant work has been undertaken to reposition the IJB into the centre of decision making in partnership with NHSB, SBC and relevant communities. There is now one Strategic Framework (2023-26) for the H&SC Partnership and work has also been undertaken in the development of the H&SC Joint Executive Team. Directions are routinely used to clarify the 'ask' of the IJB and there are strong underpinning approaches in place across the Risk, Finance, Communications & Engagement, Equality & Human Rights, Planning and Digital landscapes to support the work of the IJB and the H&SC Partnership.
- 7.4.3. IJB Risk 007 (Legislative/Regulatory Compliance) has decreased from a risk score of 12 (Amber) to 8 (Amber) with the Likelihood of the risk materialising reassessed and changed from 3 (Possible) to 2 (Unlikely). This change has been made to reflect the significantly improving picture in this area in terms of the progress made with Linked Actions, the identification of additional Fully Effective Controls, and improved awareness at both Board and Partnership level in relation to specific elements of legislative and regulatory compliance e.g. Integrated Impact Assessments and the Community Empowerment Act 2015 etc.
- 7.4.4. Finally, IJB Risk 008 (National Care Service Bill) has decreased from a risk score of 12 (Amber) to 6 (Amber) with both the Likelihood of the risk materialising and the impact should it materialise being revised downwards from 3 (Possible) to 2 (Unlikely) and 4 (Major) to 3 (Moderate), respectively. This change reflects joint local representations to the Scottish Parliament, Scottish Government and COSLA; and the recent Verity House Agreement which looks at closer co-operation between national and local government. This has resulted in a significant change to this risk as there is now an agreement that staff and revenue & capital budgets will remain with local government while the legal accountability for Adult Social Work and Social Care will sit between national and local government. It is now likely that the work of Integration Joint Boards will be constructively reformed in line with the Bill that remains in development.

## 8. Community Health and Wellbeing Outcomes

8.1. The refresh and reframing of the IJB Strategic Risk Register to align it with the H&SC Strategic Framework 2023-2026 will support the delivery of all Community Health and Wellbeing Outcomes through the effective management of associated risks and the progression of actions that will underpin their achievement.

N	Outcome description	Increase / Decrease / No impact
1	People can look after and improve their own health and wellbeing thus live in good health for longer.	Delivery supported by IJB Strategic Risk Register.
2	People, including those with disabilities or long-term conditions, or who are frail, can live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	Delivery supported by IJB Strategic Risk Register.
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Delivery supported by IJB Strategic Risk Register.
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Delivery supported by IJB Strategic Risk Register.
5	Health and social care services contribute to reducing health inequalities.	Delivery supported by IJB Strategic Risk Register.
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.	Delivery supported by IJB Strategic Risk Register.
7	People who use health and social care services are safe from harm.	Delivery supported by IJB Strategic Risk Register.
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.	Delivery supported by IJB Strategic Risk Register.
9	Resources are used effectively and efficiently in the provision of health and social care services.	Delivery supported by IJB Strategic Risk Register.

8.2. The purpose of this report is to provide the IJB with an update on the most recent review of the IJB Strategic Risk Register as it is important that the Board is kept informed of the IJB's key risks and the actions undertaken to manage these risks. There are no identifiable actions or recommendations contained within the report that will have a direct bearing on other local outcomes.

### Financial impacts

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

### Equality, Human Rights and Fairer Scotland Duty

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

## Legislative considerations

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

## Climate Change and Sustainability

- 8.6. There are no climate change or sustainability impacts arising from this report.

## Risk and Mitigations

- 8.7. This report is concerned with providing the IJB with an update on the progress made to refresh and review the IJB Strategic Risk Register. Risk Management arrangements will assist the IJB in making informed business decisions and provide options to deal with potential problems in line with its agreed Risk Management Strategy within its governance arrangements.

## 9. CONSULTATION

### Communities consulted:

- 9.1. While there has been no requirement to undertake formal consultation regarding this report, engagement has taken place with several identified H&SC Partnership staff to seek their views and input on the refreshed IJB Strategic Risk Register. This engagement will continue over the coming months and years as the risk register evolves and the key aims of doing so are to raise awareness of IJB Risk Management arrangements, help to nurture shared ownership of Strategic IJB Risks and provide ongoing opportunities for feedback.

### Integration Joint Board Officers consulted:

- 9.2. The refresh and review of the IJB Strategic Risk Register has been undertaken in collaboration with the IJB Chief Officer and the Risk Manager of NHS Borders.

### Approved by:

Chris Myers, Integration Joint Board Chief Officer

### Author(s):

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

**Background Papers:** There are no direct background papers relevant to this report but the previous Strategic Risk Register Update and Appendix 1 – IJB Summary Risk Register was presented to the IJB at its meeting on 15 March 2023 (Item 8).

**Previous Minute Reference:** As above, the previous Strategic Risk Register Update and Appendix 1 – IJB Summary Risk Register can be found contained within the Minutes of the meeting of the IJB on 15 March 2023 (Item 8).

For more information on this report, contact us at:

Jill Stacey (SBC Chief Officer, Audit and Risk; IJB Chief Internal Auditor) - 01835 825036  
Emily Elder (SBC Corporate Risk Officer) - 01835 824000 Ext: 5818

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

Wednesday 15 November 2023

**Dental Access update**

Report by Adelle McElrath, Interim Director of Dentistry NHS Borders



Scottish Borders  
**Health and Social Care**  
PARTNERSHIP

**1. PURPOSE AND SUMMARY**

- 1.1. **To appraise the Integration Joint Board of access to NHS Dental Care within a General Dental Service setting**
- 1.2. The recovery of both Public Dental Service (PDS) and NHS General Dental Service (GDS) within NHS Borders continues to remain challenging with access to NHS Primary Dental Care remaining precarious.
- 1.3. There are 18 Independently owned General Dental Service practices within the Health Board area and 1 fully committed Orthodontic practice; of these only 1 General Dental Service practice has a waiting list to register a new NHS patient of 9-12 months. Significantly over 98% of NHS Primary Care Dentistry within NHS Borders is delivered by Independent NHS General Dental Service.
- 1.4. Successful designation of the entire NHS Borders area as the Scottish Dental Access Initiative (SDAI) has seen two new NHS committed General Dental Practices open within the last year, only one has a waiting list to register new NHS patients stating a waiting time of two years.
- 1.5. General Dental Services are experiencing an existential crisis at a national level - compounded by a work force crisis, changing demographics to workforce patterns, inflation, and business running costs within a rigid NHS fee structure.

**2. RECOMMENDATIONS**

- 2.1. **The Scottish Borders Health and Social Care Integration Joint Board is asked to:**
  - a) Note the ongoing concerns regarding access to NHS dental care across all areas of the Scottish Borders – and keep under close review for a further update in three months to consider the implementation of the new dental payment reform;
  - b) Note that this risk is being managed closely both operationally and strategically, and;
  - c) Note that a strategic plan for oral health and dental services is being developed based on the recommendations of our local Oral Health Needs Assessment

### 3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

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

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

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

### 4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required.

### 5. BACKGROUND

- 5.1. Recent feedback from local General Dental Service practices indicates that they are struggling to fully recover or undertake business planning going forward. The past year has seen a general increase of up to 40% staffing costs, 300% increase material costs, 300% (and rising monthly) laboratory costs, increasing patient expectation compounded by current costs of living crisis.
- 5.2. Most NHS Borders General Dental Service practices have had no option but to re-evaluate and augment income streams with an increasing private component to continue to satisfy basic supply and demand model integral to all viable business models.
- 5.3. The uptick in private dental care compounds the current lack of access and patient choice of care within the area. It is becoming apparent that this is an increasingly challenging issue.

### 6. ASSESSMENT

- 6.1. The mainstay of delivery of NHS dental services for priority group patients, such as people with a disability and those who are homeless, is the Public Dental Service. The NHS Public Dental Service has a large, registered cohort of patients who would be suitable for care with the NHS General Dental Service's "high street setting". This has impacted on our ability as the Public Dental Service to focus on our core remit of those patients who are unsuitable or unable to access care with General Dental Services (even if access was available).



- 6.2. The further reduction in General Dental Service provision means that there is little scope for suitable NHS patients being transferred to independent dental contractors (Scottish Government's preferred provider of NHS General Dental Service care).
- 6.3. The Public Dental Service in Borders remains agile in response increasingly providing more and more access to unscheduled and emergency care. In line with General Dental Service practices, the Public Dental Service is experiencing significant challenges in recruiting to vacant posts. This and the increased demand for the delivery of urgent care to those not able to access the independent sector are impacting negatively on the staff in post, and the ability of the service to deliver care to other priority groups.
- 6.4. There has been a steady increase in the numbers of patients being referred for domiciliary dental care. The Public Dental Service is currently the main provider for delivering domiciliary dental care to those people resident in a care home or those unable to leave their own home. In the Borders, we have no enhanced domiciliary care General Dental Service practitioners who actively perform domiciliary care, therefore with the population who are likely to require domiciliary dentistry increasing – the reliance on the Public Dental Service will only increase.
- 6.5. Additionally there has been an increase in patients being referred/accessing care for dental need as part of pre-oncology/cardiology care as they are unable to access care within a General Dental Service setting.
- 6.6. Successful designation of the entire NHS Borders area as the Scottish Dental Access Initiative (SDAI) has seen two new NHS committed General Dental Practices open within the last year, only one has a waiting list to register new NHS patients stating a waiting time of two years.
- 6.7. In light of the very recently showcased national payment reform intended for implementation on 1<sup>st</sup> November 2023, generally feedback is encouraging, but still some concerns remain.

## **7. SCOTTISH BORDERS PLAN FOR ORAL HEALTH AND DENTAL SERVICES**

- 7.1. Alongside successful Scottish Dental Access Initiatives we are also developing the Scottish Borders Strategic Plan for Oral Health and Dental Services, as directed by the IJB in 2022. There are 10 identified priorities of this plan:
  1. Raising the profile of Oral Health
  2. Maintaining and improving Oral Health
  3. Maintain access
  4. Encouraging recruitment and retention
  5. Meeting the needs of our ageing patients
  6. Meeting the needs of our Dental priority groups
  7. Developing the role of the Public Dental Service
  8. Developing the Public Dental Service workforce
  9. Developing patient pathways to dental services
  10. Networking and engagement with dental teams and all stakeholders inc public
- 6.2 The above priorities have been organised within 4 themes - to address and minimise oral health inequalities:
  1. Maximise oral health
  2. Access to services and recruitment and retention
  3. Patient pathways
  4. Partnership working - importance of shared care

## 8. IMPACTS

### Community Health and Wellbeing Outcomes

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

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

### Financial impacts

8.2. The destabilisation of independently run General Dental Services would have a negative financial impact on the Public Dental Service. If these independent services face destabilisation, it may result in a surge of patients seeking dental care from the Public Dental Service. These extra patients would put a strain on the service's capacity, lead to delays, and would increase overall costs for staffing and infrastructure. As a result, the financial burden on the Public Dental Service would rise, potentially leading to budget constraints and reduced capacity to deliver quality dental care to all patients.

### Equality, Human Rights and Fairer Scotland Duty

8.3. A subgroup has been established to take forward the completion of Stage 1 "Proportionality and relevance" of the Equality & Human Rights Impact Assessment.

### Legislative considerations

8.4. None.

### Climate Change and Sustainability

8.5. None.

## Risk and Mitigations

- 8.6. The main risk relates to the potential destabilisation of independently run General Dental Services and the associated impact on Public Dental Service provision, which would impact adversely on patient outcomes. This is recognised and is being proactively managed by the NHS Dental Service and through the Scottish Dental Access Initiative, the developing Scottish Borders Plan for Oral Health and Dental Services, and national payment reform.
- 8.7. The following strategic risks take cognisance of this risk:
- IJB Strategic Risk 009 – Improving access to services
  - IJB Strategic Risk 010 – Rising to the workforce challenge
  - NHS Borders Strategic Risk – Primary Care Sustainability

## 9. CONSULTATION

### Communities consulted

- 9.1. This will be undertaken following completion of Stage 1 of the Equality & Human Right Impact Assessment associated to the development of the Scottish Borders Plan for Oral Health and Dental Services.

### Integration Joint Board Officers consulted

- 9.2. The IJB Board Secretary, the IJB Chief Financial Officer and the IJB Chief Officer and Corporate Communications have been consulted as part of the overall Oral Health Needs Assessment, and all comments received have been incorporated into the final report.
- 9.3. In addition, consultation has occurred with our statutory operational partners at the:
- HSCP Joint Executive

### Approved by:

Chris Myers, Chief Officer, Scottish Borders Health & Social Care Partnership

### Author(s)

Adelle McElrath Interim Director of Dentistry NHS Borders

### Background Papers:

Scottish Borders Health and Social Care Integration Joint Board June 2022: Health Board Development of the Oral Health Plan. Item 5d:

<https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&MIId=6244&Ver=4>

### Previous Minute Reference:

Scottish Borders Health and Social Care Integration Joint Board June 2022 Minutes: Health Board Development of the Oral Health Plan. Item 5d:

<https://scottishborders.moderngov.co.uk/documents/s67158/Minutes%20IJB%2015.06.22.pdf>

For more information on this report, contact us at Adelle McElrath, Interim Director of Dentistry, NHS Borders, [adelle.mcelrath@nhs.scot](mailto:adelle.mcelrath@nhs.scot)

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



Scottish Borders  
**Health and Social Care**  
PARTNERSHIP

Wednesday 15 November 2023

**IJB BUSINESS PLAN AND MEETING CYCLE 2024**

Report by Iris Bishop, Board Secretary

**1. PURPOSE AND SUMMARY**

- 1.1. To provide the Health & Social Care Integration Joint Board with a focused and structured approach to the business that will be required to be conducted over the coming year.
- 1.2 In order to ensure the IJB receives tangible business of a high quality standard the number of meetings for 2024 are proposed to be set at 6 per year which would afford officers time to ensure the delivery of quality reports worthy of robust scrutiny.
- 1.3 The IJB will continue to retain the ability to call Extra Ordinary meetings outwith the normal business cycle should that be necessary.
- 1.4 The Health & Social Care Integration Joint Board will meet formally on no less than 6 occasions throughout 2024.
- 1.5 The Health & Social Care Integration Joint Board will undertake 2 Development sessions throughout 2024.
- 1.6 The Audit Committee of the Integration Joint Board will meet formally on no less than 4 occasions throughout 2024.
- 1.7 The Strategic Planning Group will meet on 6 occasions throughout 2024.
- 1.8 Both the Scottish Borders Council and the Borders Health Board schedules of meetings have been taken into account in order to maximise attendance
- 1.9 In order to maximise the availability of Health & Social Care Integration Joint Board (H&SC IJB) members all IJB meetings, development sessions and Strategic Planning Group meetings have been arranged for Wednesdays. The IJB Audit Committee meetings are scheduled to take place on Mondays. All are as per the schedule listed below:-

Date/Event	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
IJB Meeting 10am to 12noon	24		20		15		24		18		20	
IJB Development Session 10am to 12noon				17						16		
IJB Audit Committee 2pm to 4pm			18			17			16			16
Strategic Planning Group		7		3		5		7		2		4

10am to 12noon												
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**2. RECOMMENDATIONS**

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

- a) **Approve** the business plan and meeting cycle for 2024.

**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 due to the range of matters to be considered by the IJB over the coming year.

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 To deliver against targets and objectives, the Health & Social Care Integration Joint Board must be kept aware of progress on a number of key issues on a regular basis. This is provided through scrutiny of the Quarterly Performance Report.
- 5.2 Health & Social Care Integration Joint Board meeting agendas are mainly focused on strategic, clinical and care governance and financial issues. These are the fundamental pillars of business items for the IJB to focus its attention on.
- 5.3 Standing items are submitted to the Health & Social Care Integration Joint Board in full format with verbal by exception reporting at the meeting. This enables time to be set aside at the meeting for robust scrutiny and debate of substantial business items.
- 5.4 Attached is the proposed Business Cycle for 2024 for the Health & Social Care Integration Joint Board. The business cycle will remain a live document and subject to amendment to accommodate any appropriate changes to timelines, legislative requirements, etc.

## 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 due to the range and diversity of issues to be discussed over the coming year.

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

### Financial impacts

- 6.2 There are no costs attached to any of the recommendations contained in this report. Resource/staffing implications will be addressed in the management of any actions/decisions resulting from the business presented to the Health & Social Care Integration Joint Board.

## **Equality, Human Rights and Fairer Scotland Duty**

6.3 Not Applicable.

## **Legislative considerations**

6.4 Policy/strategy implications will be addressed in the management of any actions/decisions resulting from the business presented to the Health & Social Care Integration Joint Board.

## **Climate Change and Sustainability**

6.5 Not Applicable.

## **Risk and Mitigations**

6.6 Risk assessment will be addressed in the management of any actions/decisions resulting from the business presented to the Health & Social Care Integration Joint Board.

## **7 CONSULTATION**

### **Communities consulted –**

7.1 Not Applicable

### **Integration Joint Board Officers consulted**

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

### **Approved by:**

Chris Myers, Chief Officer

### **Author(s)**

Iris Bishop, Board Secretary

**Background Papers:** IJB Business Plan 2024

**Previous Minute Reference:** N/A

For more information on this report, contact us at Iris Bishop, Board Secretary  
[iris.bishop@borders.scot.nhs.uk](mailto:iris.bishop@borders.scot.nhs.uk)





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

15 November 2023

**Chief Social Work Officer Annual Report 2022/23**

Report by Gwyneth Lennox, Head of Adult Social Work



**1. PURPOSE AND SUMMARY**

- 1.1. This is the Chief Social Work Officer annual report on the work undertaken in 2022/23 on behalf of the Integration Joint Board and the Scottish Borders Council by the Chief Social Work Officer in their statutory role for both organisations.
- 1.2. It provides the Integration Joint Board with an account of the decisions taken by the Chief Social Work Officer in the delegated statutory areas of:
  - 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
  - Adult placement services
  - Aspects of housing support, including aids and adaptations
  - Occupational therapy services
- 1.3. The report also gives an overview of regulation and inspection, workforce issues and social policy themes over the year April 2022 to March 2023, and highlights some of the key challenges for that year.
- 1.4. This year the Office of the Chief Social Work Advisor to Scottish Government has sent out a new format for this year’s report. The report contained as appendix A conforms to that format.

**2. RECOMMENDATIONS**

- 2.1. The Integration Joint Board is asked to note the report from the Chief Social Work Officer attached as Appendix A.

**3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING**

- 3.1. It is expected that the work outlined in the report has impacted 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	Supporting unpaid carers	Improving our effectiveness and thinking	Reducing poverty and inequalities

		intervention and prevention		differently to meet need with less	
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. In compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and associated Regulations, all Integration Joint Boards have a Chief Social Work Officer. This requirement was reinforced by the recommendations contained in the Changing Lives Report published by the 21st Century Social Work Review Group to strengthen the governance and leadership roles of the Chief Social Work Officer.

5.2. The Chief Social Work Officer has a role in providing professional advice and guidance to an Integration Joint Board to which social work functions have been formally delegated.

5.3. Where social work services and support are commissioned on behalf of the Integration Joint Board by the Local Authority, including from the independent and voluntary sector, the Chief Social Work Officer has a responsibility to advise on the specification, quality and standards of the commissioned services and support.

5.4. The Chief Social Work Officer in the Scottish Borders leads professional Social Work and works to ensure that both the Integration Joint Board's and Council's statutory Social Work legislative requirements are met.

5.5. The Chief Social Work Officer is empowered and enabled to provide professional advice and contribute to decision-making in the Integration Joint Board and Health and Social Care Partnership arrangements, raising issues of concern with the Integration Joint Board Members, or the Chief Officer of the Integration Joint Board, in regard to:

- Effective governance arrangements for the management of the complex balance of need, risk and civil liberties, in accordance with professional standards;
- Appropriate systems required to 1) promote continuous improvement and 2) identify and address weak and poor practice;
- The development and monitoring of implementation of appropriate care governance arrangements;

- Approaches in place for learning from critical incidents, which could include through facilitation of Adult Support and Protection Committees where that will result in the necessary learning taking place;
- Requirements that only registered social workers undertake those functions reserved in legislation or are accountable for those functions described in guidance;
- Workforce planning and quality assurance, including safe recruitment practice, probation/mentoring arrangements, managing poor performance and promoting continuous learning and development for staff;
- Continuous improvement, raising standards and evidence-informed good practice, including the development of person-centred services that are focussed on the needs of people who use services and support;
- The provision and quality of practice learning experiences for social work students and effective workplace assessment arrangements, in accordance with the SSSC Code of Practice for Employers of Social Service Workers;

## 6. OVERVIEW AND EVALUATION

- 6.1. There are reflections of key Social Work performance data, including both those delegated to the Integration Joint Board noted above, and non-delegated services contained in the report.
- 6.2. A number of the challenges faced by Social Work in 2022/23 are identified in the report including ongoing financial constraints. Social Work services continue to strive to identify and implement new ways of working and engaging with those who use our services – and to do so in a cost-effective way, whilst always aiming to deliver improved outcomes for our service users.
- 6.3. Social Work services continue to experience challenges in the recruitment and retention of staff. The Social Work trainee program is continuing to create opportunities for some of our existing ‘unqualified’ staff to progress onto professional Social Work qualification.
- 6.4. Our Public Protection services continue to do everything possible to keep people in Scottish Borders as safe as possible. In this year we note the outcomes of two external joint inspections for Adult Support & Protection and Children at Risk of Harm.
- 6.5. Despite the challenges, Social Work services continue to be well placed to deliver high quality services and improve outcomes for all of the people who access these services.

## 7. IMPACTS

### Community Health and Wellbeing Outcomes

- 7.1. It is expected that the Adult Social Work service has impact on the National Health and Wellbeing Outcomes as outlined below:

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	x
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	x

3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	x
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	x
5	Health and social care services contribute to reducing health inequalities.	x
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	x
7	People who use health and social care services are safe from harm.	x
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	x
9	Resources are used effectively and efficiently in the provision of health and social care services.	x

### **Financial impacts**

- 7.2. There are no costs attached to any of the recommendations contained in this report but managing service change and efficiencies in the light of increasing demographic demand whilst maintaining service quality remains a significant challenge.

### **Equality, Human Rights and Fairer Scotland Duty**

- 7.3. Social Justice and Equality are key values in Social Work and there are no adverse equality implications arising from the work contained in this report.

### **Legislative considerations**

- 7.4. The Public Bodies (Joint Working) (Scotland) Act 2014 provides for the delegation of certain social work functions by a local authority to an integration authority. The Chief Social Work Officer's responsibilities in relation to local authority social work functions continue to apply to functions which are being delivered by other bodies under integration arrangements.

### **Climate Change and Sustainability**

- 7.5. There are no anticipated economic, social or environmental effects associated to this report

### **Risk and Mitigations**

- 7.6. There are no specific concerns that need to be addressed in respect of the recommendations contained in this report.

## **8. CONSULTATION**

- 8.1. The Chief Financial Officer, the Monitoring Officer, the Chief Legal Officer, the Chief Officer Audit and Risk, the Service Director HR and the Clerk to the Council have been consulted and any comments received have been incorporated into the final report.

### **Integration Joint Board Officers consulted**

- 8.2. The Chief Social Work Officer, IJB Board Secretary and the IJB Chief Officer have been consulted, and all comments received have been incorporated into the final report.

- 8.3. In addition, consultation has occurred with our statutory operational partners at the:
- HSCP Joint Executive
  - Scottish Borders Council

**Approved by:**

Chris Myers, Chief Officer

**Author(s)**

Stuart Easingwood, Chief Social Work Officer

**Background Papers:** n/a

**Previous Minute Reference:** n/a

For more information on this report, contact us at Gwyneth Lennox, Head of Adult Social Work

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SCOTTISH BORDERS COUNCIL'S



# CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022-2023





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## CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022/23

# INTRODUCTION

I have pleasure in presenting the Scottish Borders Chief Social Work Officers Annual report for 2022/23. As with every year, this report is an opportunity to reflect on the past year, highlight the progress made against service priorities, to celebrate what has gone well, and to acknowledge the significant impact that the pandemic has continued to have on people, their families, staff, volunteers, and communities.

I think it would be fair to reflect that the level of need and pressure has never been higher, with everyone in our communities experiencing significant challenges. This is particularly evident with those who are already disadvantaged continuing to be disproportionately impacted. From an organisational perspective, we are still recovering from the impact of the Pandemic and colleagues in NHS (National Health Service), third sector and other partners are similarly facing these challenges. We recognise that significant challenges remain, and we continue to work together to mitigate the impact on the people of Scottish Borders.

Please note that the format of this report has changed this year and the following report conforms to the new format issued by the Office of the Chief Social Work Advisor to the Scottish Government.

I would like to take this opportunity to acknowledge the exceptional work and dedication of all Social Work and Social Care staff across Scottish Borders. Their relentless work over the past year, in what continues to be extraordinarily pressurised environment is inspiring. I remain incredibly proud and humbled by the efforts of all staff and hope that my words will in some way convey my gratitude to them, also recognising the massive contribution from carers and communities across the area who have continued to keep the needs of others at the forefront throughout these challenging times.

**Stuart C. Easingwood**  
**Director Social Work & Practice (CSWO)**



## CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022/23

# GOVERNANCE, ACCOUNTABILITY, AND STATUTORY FUNCTIONS

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

Scottish Borders Social Work services have clear governance arrangements in place. The CSWO is a member of the Council Management Team and as such has direct access to Elected Members, the Chief Executive, and senior managers of other Council services. The governance of Social Work Services is undertaken through two separate but interconnected structures. Children and Families Social Work, Justice and Public Protection services are directly managed through internal Council structures and all other delegated services are managed through the Integration Joint Board (IJB). These arrangements are embedded and provide assurance that the social work function is being undertaken to the highest possible standards.

The CSWO is a non-voting member of the IJB and offers professional advice and guidance to the IJB on matters relating to Social Work service delivery in the functions delegated to the Integration Joint Board. The CSWO is also a member of HSCP Joint Executive Team and other senior leadership forums between NHS Borders and Scottish Borders Council, further strengthening the integration of services. In all Social Work services there are a range of multi-agency operational and strategic groups that add significant value to the work of Social Work. There continues to be a strong emphasis on partnership working in these forums and given the co-terminus nature of the Local Authority with the local NHS Board, this continues to be a crucial element of our ongoing improvement.

The CSWO has continued to monitor, review, and advise the Council and IJB on Social Work matters, whilst providing leadership for all staff in Social Work and Social Care to provide high quality and safe services for the Borders. The CSWO assures the quality of social workers and of social work practice by ensuring that we have robust auditing processes, quality and performance indicators and quality assurance/ improvement measures in place. In addition to this, the CSWO chairs a Performance Board and Programme Board. The former focusses on performance against designated indicators (including the National minimum dataset) and the Programme Board gives one governance route for all projects and activities related to Social Work services.

The CSWO has responsibilities in respect of statutory decision making. This includes statutory decision making in relation to public protection and/or the restriction of individual liberty and requires consideration of individual circumstances regarding rights, risks, needs and capacity. It also includes decision making related to the placement of children in secure accommodation, transfers of children and young people in cases of urgent necessity who are subject to Compulsory Supervision Orders, adoption, fostering, community payback orders, statutory interventions linked to the Mental Health Officer role, adults with incapacity measures, and the protection of children and adults at risk. These considerations are often complex in nature and encompass a range of issues, including the risks to the wider community. The CSWO also has oversight of practice standards relating to services delivered by registered social workers.

Scottish Borders have actively engaged in multi-agency discussions promoting the development of service provision and staff training at both local and national levels. The CSWO, is the current depute chair for the Edinburgh, Lothian's and Borders MAPPA Strategic Oversight Group and the Justice Group Manager, chairs the Social Work Scotland Justice Standing Committee's Community Disposal subgroup.

With regard to the pressures on CSWO at a local level, it is apparent that the level of pressure on services remains significant. With an ageing population, coupled with significant challenges in the recruitment and retention of Social Work and Social Care staff, demand has never been higher for adult services. I think it would also be fair to reflect that the level of complexity being seen in the presenting needs of those requiring support is growing. This is throughout the lifespan, with a marked increase in complex needs cases in Children & Families, through to more complex packages of care being required for adults in our communities. Children and Families in particular is experiencing a significant increase in the demand for placements which is putting considerable pressure on already pressured resources.

During the year we have been subject to two external joint inspection processes. The first was in relation to Adult Support & Protection which was published on 18 October 2022 and the second (almost immediately after the publication) was focussed on Children at Risk of Harm. The outcome of the Adult Protection inspection was very positive with feedback that Adults at risk of harm were well supported and protected by highly effective initial inquiries, investigations, risk assessment, and protection planning. This outcome was extremely well received and is testament to the ongoing commitment of the multi-agency partners to work together to support adult at risk of harm. The Children at Risk of Harm Inspection was published on 23 May 2023 (out with the timeframe of this report), however the outcome of the inspection determined that the impact on children and young people was good. Again this outcome was well received locally.

On the back of these joint inspection processes, improvement plans have been devised and are being actively worked on to ensure that services remain focussed on improvement. The governance of the improvements is aligned to the Scottish Borders Public Protection Committee and the Children and Young Peoples Planning Partnership, of which the CSWO is a member of both.

As part of the Scottish Borders Council (SBC) Internal Audit Annual Plan 2022/23, an Internal Audit was completed in respect of Mental Health Services (Adults & Children) as part of internal controls assurance work. The purpose was to assess the governance arrangements in place to commission specialist mental health services and promote closer integration and partnership working to meet the requirements of people with mental health needs. The focus was on how the Council discharges its duties set out in relevant sections of the Mental Health (Care and Treatment) (Scotland) Act 2003. The audit provided limited assurance in respect of the governance, roles and responsibilities, and management and

performance information of mental health service delivery (adults and children) within the Council's operations. The governance arrangements at the time of the Internal Audit review were not adequate and effective, and insufficient performance data is provided to the Chief Social Work Officer to ensure that the Council's statutory duties are being discharged. Two recommendations were made which ensured that future governance arrangements will cover the Council's role, contribution and performance going forward and both of these recommendations were immediately actioned and are now in place.

Internal audit also completed an audit of Public Protection; the purpose of which was to review the governance arrangements, including roles and responsibilities of partners, to ensure statutory obligations are met for both adults and children. The report concluded that internal audit was able to provide substantial assurance. No recommendations were made at the time, although suggestions for improvement actions were agreed, such as a review of the governance model; roles and responsibilities; further development of the risk register and communications strategy. All of these actions have been progressed in year.

As well as the above internal audits, Internal Audit also attended meetings of the Social Work Performance Board; Social Work Programme Board and Social Work Adult Assessment Review, to provide an independent review of these meetings and processes, thus ensuring an additional layer of scrutiny to existing governance and accountability. Follow up work regarding previous internal audits has also been carried out for Self-Directed Support and Learning Disability Service Financial Management. An Audit and Risk update is also a regular feature on the agenda for the CSWO Senior Leadership Team meetings, involving all senior leaders across Social Work services.

On the whole, the last reporting year has been extremely busy with not only internal processes to assure good governance and accountability in the delivery of statutory functions, but also significant external scrutiny as well. As we progress with the improvement plans, we remain well placed to ensure that we continue to apply rigour to our delivery of statutory functions.





## CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022/23

# SERVICE QUALITY AND PERFORMANCE

## CHILDREN AND FAMILIES SOCIAL WORK:


Delivery of Children and Families Social Work (C&FSW) in the Scottish Borders is based on a model of 2 Long Term Teams operating in the East (Duns and Hawick offices) and West (Galashiels and Peebles offices). A central Duty Team manages all duty and intake enquiries across the Scottish Borders. The Family Placement Team, Child Protection Unit, Youth Justice and Throughcare Aftercare also have an authority wide remit.

During the course of the reporting year, as in all parts of Scotland, services in the Scottish Borders have been delivered within the context and restrictions imposed by the Coronavirus pandemic. 2022 saw an incremental lifting of restrictions and a return to pre-pandemic practices, though the impact of the Coronavirus pandemic on children, families and carers continued throughout.

Scottish Borders has seen a slight increase in the numbers of looked after children over 2022/23 from 175 to 184. This follows an increase in 2021 from 169 to 175. Of note is a 21% reduction in the numbers of children and young people in kinship care (56 to 44) and a 37% increase in the number in external residential (27 to 37).

Date	SBC Foster Care (LAC)*	Independent Foster Care	Residential Care	Kinship Care	Total**
<b>31<sup>st</sup> December 2022</b>	<b>56</b>	<b>7</b>	<b>37</b>	<b>44</b>	<b>184</b>
31 <sup>st</sup> December 2021	57	4	27	46	175
31 <sup>st</sup> December 2020	49	2	24	53	169
1 <sup>st</sup> January 2020	57	7	25	54	206
1 <sup>st</sup> January 2019	60	7	26	50	222

During the reporting period there has been a marked increase in the demand for C&FSW interventions, and whilst we recognise that for a significant period of the year that we have struggled with staff recruitment and retention, the volume of referrals has increased considerably also. The level of complexity and need being referred would indicate that from a systems perspective, we are not engaging with children, young people and their families early enough. There are specific pressures regarding the need for out of authority placements, far in excess of what we have seen before, particularly for Primary school age children.



It is undoubtable that there is a myriad of reasons for the increased need but what is clear is that neurodiversity and complex behaviour patterns are evident. The impact of the pandemic is also linked to this increase in need, with children, young people and families having experienced a significant period of increased pressure on family life, compounded by the cost-of-living crisis and all combining to make some situations untenable for families.

Children and young people requiring alternative care often have multiple disadvantages which can include trauma and associated behavioural issues, attachment difficulties, poor mental health, experience of poverty and conflict with the law. In every case the children and young people require support to access the curriculum most effectively and have a safe and nurturing environment to live in. Officers in the C&FSW service have observed, through the pattern of referrals received, that there has a significant negative impact on the wellbeing of children over recent years. It is considered that the pandemic and the impact of various restrictions are likely to have increased the vulnerability of some children.

Services are now beginning to see the wider impact of the pandemic, and other factors, across the health and social care system with many families experiencing stress and pressure and young people exhibiting anxiety and associated mood disorders. Thus, the needs of children requiring accommodation who have been placed in external residential care are complex and multi-faceted. Officers noted a significant increase this year in the number of young people referred to social work for support with complex trauma, mental health conditions and suicidal ideation. Whilst each young person is unique, there is a complex interplay between trauma, neuro-developmental conditions, risk taking behaviour and mental health diagnosis.

To give a flavour of the increase in demand please find the following comparisons:

### **2020/21 - 2022/23**

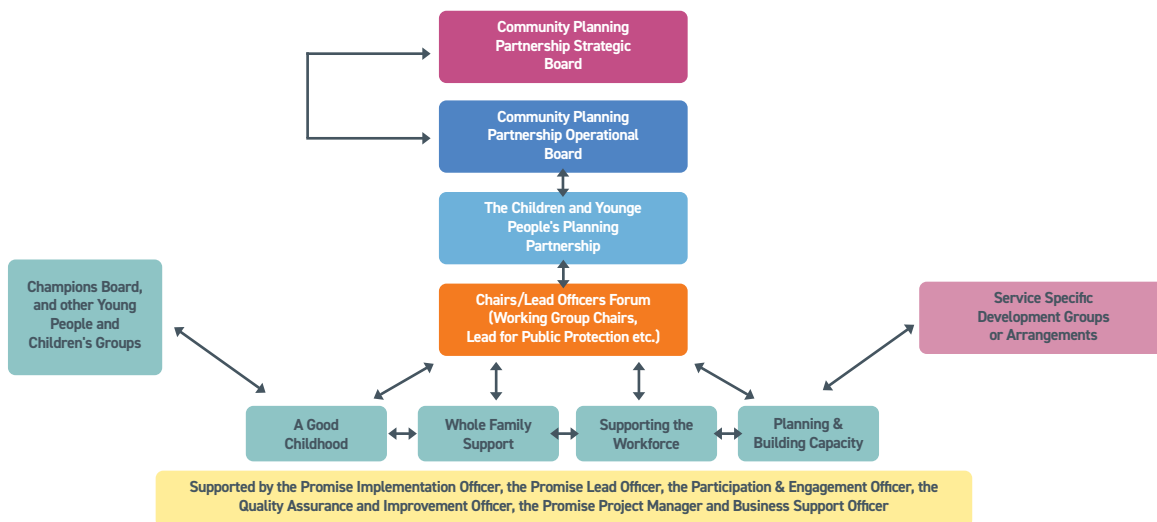
- 62% increase in new referrals (children and young people not previously known) to C&FSW
- 25% increase in Kinship placements
- 10% increase in the number of Looked After Children (LAC)
- LAC at home reduced from 44 to 26 – higher number of legal orders stipulating formal care
- 3x the number of external foster placements

Separately, the cost of externally commissioned placements is also subject to significant inflationary cost increases as a result of changes to the regulatory environment and the wider economic context. The average out of authority placement has risen by 29% in the last 5 years.

The growing need for external provision is deeply concerning, we all agree that Scottish Borders children belong in Scottish Borders where this is at all possible. The impact of children being placed out-with the area (in addition to the financial implications for the organisation) is that children are distant from connections with their friends, family, school, and local communities. It is also crucial that disruption to schooling is minimised to help provide the context for improved outcomes, including attainment.

## CHILDREN AND YOUNG PEOPLE'S PLANNING PARTNERSHIP:

In the last year there has been significant progress in the development of a refreshed Children and Young People's Planning Partnership (CYPPP) which has replaced the previous strategic planning process for all children, young people and family services locally. The following diagram gives a description of the configuration as well as governance arrangements:



## COMMISSIONING REVIEW AND WHOLE FAMILY WELLBEING FUND

A short-term task and finish group has been established to develop a new commissioning strategy for the children and young people's planning partnership, to ensure a more streamlined approach to multi-agency spend. The group has also been tasked with progressing plans for the Whole Family Wellbeing Fund.

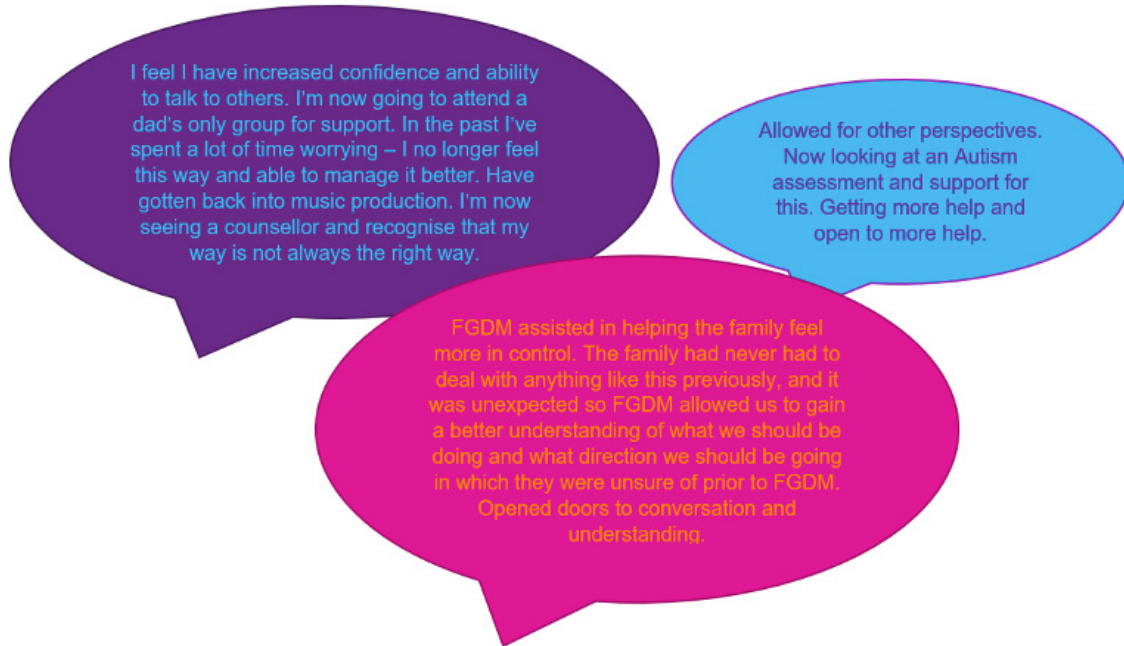
This fund has been introduced by Scottish Government to enable the system changes required to shift investment towards early intervention and prevention activities, to ensure families can access support before they reach crisis point. Funding is committed at least over the next 3 years with the ambition that by 2030, at least 5% of community-based health and social care spend should be going towards preventative whole family support measures.

- A multi-agency approach to embedding the National Trauma Training Programme is being developed by the Integrated Psychological Trauma Steering Group
- The Advocacy Planning Group is continuing to undertake the preparatory work for the development of a new children and young people's advocacy service
- Engagement and participation work with children and young people with quieter voices is being progressed through the development of our Champions Board approach and our Article 12 at the Heart Project
- The Promise Team continue to deliver Promise and Corporate Parenting awareness raising training for multi-agency partners

## FAMILY GROUP DECISION MAKING (FGDM):

Our commission with Children 1st for the delivery of FGDM continues to provide positive outcomes for children, young people and families in Scottish Borders. The feedback from families is encouraging:

### How have families felt after the FGDM process?



## ABERLOUR EDGE OF CARE SERVICE:

The service continues to prioritise work with children, young people and families whose children are on the edge of care. The demand for this service is growing, particularly given the level of complexity that is being seen in our local communities. This service is essential in mitigating the number of children that may require a care placement.

## COMPLEX NEEDS PROVISION:

At the outset of the pandemic there was agreement from Council to progress with the planning of a residential facility for children and young people with complex needs, in partnership with a Registered Social Landlord and Aberlour Childcare Trust. Due to the pandemic, this project was effectively shelved and recently we have restarted the process of planning.

The development is linked to a wider plan being developed for a Care Village in the same vicinity. As this project is taking longer than anticipated to progress, we have agreed with our partners to explore other interim alternative options. This is partly in recognition of the increased need for both residential and respite / short breaks provision.

## **UNACCOMPANIED ASYLUM-SEEKING CHILDREN (UASC):**

There are ongoing challenges regarding the provision of suitable placements for UASC young people. With an already pressured system which is leading to children being placed out with the local authority area because of a lack of suitable placements locally, the addition of young people being placed as part of the National effort to care for UASC is placing the service in a very challenging position. We are always willing to play our part as part of this National effort for these young people, but it is apparent that more placements are being required from the UK Government for young people below the age of 16, meaning that a formal care placement is required. We are struggling to find any resources for these young people as well as young people originally from the area.

## **CHILDREN AT RISK OF HARM (CARH) INSPECTION:**

During the reporting year, there was a joint inspection of services for children at risk of harm in the Scottish Borders' community planning partnership area. This took place between 7 November 2022 and 19 April 2023. It covered the range of partners in the area that have a role in meeting the needs of children and young people at risk of harm and their families.

The key messages from the inspection process include:

- Children, young people and families benefited from supportive and trusting relationships with staff across services.
- The recognition and initial response to risk and concern to children was a strength. Staff took timely and appropriate action to keep children safe.
- Well-established collaborative working across services ensured children and young people benefited from timely responses to identification of risks.
- Nurturing and trauma informed services provided a range of supports to help children and young people recover from abuse, neglect and trauma. Some of these services were not consistently available when children and young people needed them.
- The quality of chronologies and children's plans was variable.
- Children, young people and parents and carers were supported to meaningfully contribute to decisions about their lives by compassionate staff.
- The partnership was at an early stage of ensuring that the voice of children and families routinely and meaningfully influenced service planning and improvement.
- The partnership's approach to improvement and change was not supported by a shared and systematic approach to quality assurance and self-evaluation.

CARH inspection report - [Scottish Borders joint inspection children at risk of harm.pdf](#) ([careinspectorate.com](https://www.careinspectorate.com))

On the back of the inspection process an improvement plan has been created and it being actively progressed. Of note is that where there is synergy between the outcome of this inspection and the inspection of Adult Support & Protection, we will look to work collaboratively across the services i.e. chronologies.

## FOSTERING & ADOPTION:

The Fostering Service, Adoption Service and Continuing Care Service were subject to inspections in June 2022. In addition to the direct care services provided by the Family Placement Team in Fostering, Adoption and Continuing Care, the inspections also take into consideration aspects of practice within the Children and Families Social Work Long Term Teams and Throughcare Aftercare Team.

The overall ratings for the Fostering Service were as follows:

How well do we support people's wellbeing? 3 - Adequate

How well is our care and support planned? 3 - Adequate

These ratings were disappointing and reflect to a degree the overall rating system used by the Care Inspectorate which includes areas of practice which are out with the auspices of the Family Placement Team.

Over 2022 only 2 new foster carers were recruited and approved (1 household). This is a decrease from 2021 of 2 households. 4 carers (3 households) were de-registered in 2022. This is a decrease from 2021 when 15 carers were de-registered. The reasons for de-registration included personal circumstances.

(1 carer) and retirement (3 carers – 2 households). The net loss of foster carers mirrors the national situation in terms of difficulties in recruitment, however it remains disappointing, and recruitment of foster carers will again be a focus of activity for the Family Placement Team in 2023.

The Family Placement Team also assess and support kinship carers. A specific support group for kinship carers is commissioned from Children 1st who continue to provide an independent Kinship Care Support Group on a monthly basis.

## FOSTERING & ADOPTION:



Fostering Panel  
Annual Report 2022

## ADOPTION AND PERMANENCE PANEL ANNUAL REPORT 2022:



Adoption and  
Permanence Panel A

## CHAMPIONS BOARD ANNUAL REPORT AND RE-FRAMING OUR LANGUAGE:

The Champions Board aims to provide a platform for care-experienced young people to raise and discuss key issues that have affected them whilst being a looked after young person in the Scottish Borders, and to develop strong relationships with their corporate parents to ensure that together we can improve the care system by tackling and overcoming the issues discussed.

Since August 2021 a Champions Board approach has been implemented to enable care experienced children and young people to have a forum that is flexible, accessible and has young people's voice at the heart of its design and development. The Champions Board approach has continued to be developed with care experienced children and young people over the past twelve months, and a school's pilot was established in two local secondary schools at the start of 2023. Setting up Champions Hubs in schools allows for getting to know children and young people in their communities, as well as working alongside school staff to support them to understand their Promise and Corporate Parenting responsibilities.



[Champion Board  
Annual Report Feb20](#)



[The Scottish Borders  
Reframing Our Language](#)

## CHILDREN AND YOUNG PEOPLE'S PARTICIPATION AND ENGAGEMENT STRATEGY:

The recent inspection again highlighted the need for a Children and Young People's Engagement and Participation Strategy to help us coordinate our youth voice work across Scottish Borders. A brief was written by one of our local MSYPs, in 2022, and an initial meeting was held with education colleagues early in 2023. Development of this strategy is ongoing.

## WHEATLANDS CHILDREN'S HOME:

Wheatlands Children's Home continued to provide outstanding quality residential care for young people in the Scottish Borders over 2022-23. We were delighted that the service was recognised at the Scottish Social Services Awards as the outstanding residential care service for 2022.

This was a fantastic achievement, and their success evidences the ongoing commitment to improving outcomes for children and young people. The judging panel were extremely impressed across the board for the quality care and outcomes being delivered at Wheatlands, not only over the past 12 months but also in the preceding 10 years.

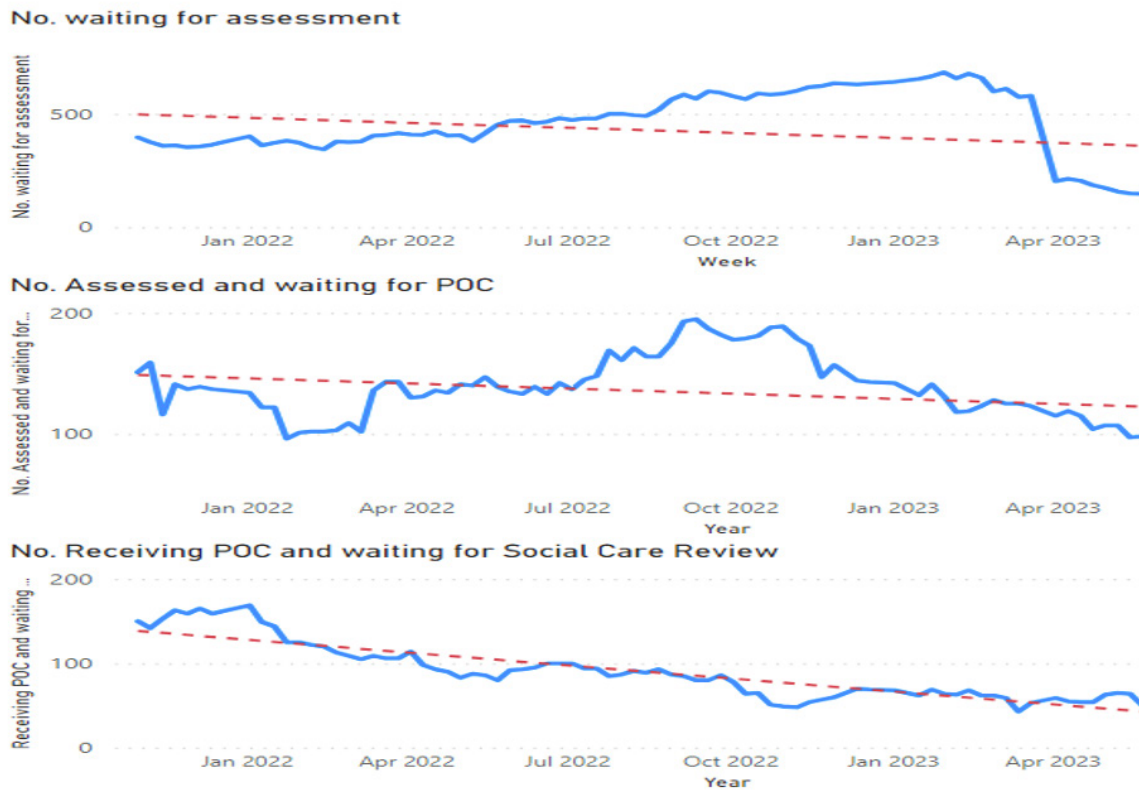
Among the many strengths of the service, they found the staff team to be highly skilled and experienced, with the relationship-based approach utilised in their work with young people clearly having a positive impact on their wellbeing. The way in which young people were involved in the running of their home, including taking part in weekly participative meetings, was also noted as having resulted in a number of initiatives and changes to practice.

The loyalty of the team was another key highlight with two thirds of staff having been employed at the home for between 10 and 20 years. This was seen to have made a significant contribution to the stability of the setting and the way in which young people were able to build strong, long lasting and reliable relationships.

## ADULT SOCIAL WORK:

Although Adult Social Work services are almost fully staffed, there remains a significant pressure in being able to meet need locally. Referral numbers to the five adult Social Work locality teams have continued to increase with a particularly marked increase in new service user need (opposed to recurring need) of between 33% to 45%. In Scottish Borders the continued increase in the age of the population continues to impact on the ability to deliver services and there are specific challenges which are replicated Nationally regarding the staff shortages in Social Care, essentially meaning that there are real challenges in being able to deliver care to meet assessed need.

To mitigate this there has been a focus on local initiatives around improving the screening and allocation of work which has led to a test of change in one locality where there is a more integrated approach across the locality social work team, NHS Borders Allied Health Professionals and the NHS Home First Services. As part of this test of change, referrals are triaged and considered for their enablement/reablement potential and progressed by the Home First (Hospital discharge) and Allied Health Professionals team accordingly. Of particular note is that the teams have significantly reduced the waiting time for assessment as can be seen in the following graphs:



As part of a wider commissioning work stream adult social work have worked closely with partners to support a new Extra Care Housing development in Kelso. The former Kelso High school has been sensitively refurbished internally and externally to accommodate 37 apartments. The new facility is due to open in August 2023, and it is hoped that it will provide an alternative provision to keep people in their local community.



## **COMMUNITY LED SUPPORT:**

A significant driver for the service is to refresh our approach to Community Led Support (CLS). Following a CLS re-launch event in 2023, What Matters Hubs are going to be rolled out throughout all five localities with satellite hubs in more remote communities adding to this. A temporary CLS paraprofessional position was recruited to at the end of the reporting year and the post-holder will help each locality identify a suitable venue and support staff adapting to a different way of working. The development of CLS is being overseen by the National Development Team for Inclusion (NDTI) and they are employed on a commissioned basis.

## **DIGITAL PATHFINDER PROGRAMME:**

A working group has commenced to look at performance reporting and to align this to practice standards. The pathfinder project continues at pace with workflows being process re-engineered to achieve more efficiency as well as better reporting metrics. The intelligent-i dashboards will bring relevant data to the attention of managers and workers in a much more accessible way, and they will have access to data as a snapshot but also tracking across a number of years, aiding services to plan strategically. The use of total mobile will also result in efficiencies as technology will be portable for all front-line staff and crucially allow them to be able to co-produce assessments, plans and reviews with the people we serve in an empowering manner.

A challenge of this work is in being able to maintain the personalisation of the assessment and support planning process for individuals whilst obtaining clear outcome focused data that will help service improvement planning in the future.

## **START:**

In early 2023, our acute hospital based social work team were realigned with the Social Work and Practice directorate. Previously this team was line managed by Scottish Borders Council Adult Social care. The team is currently made up of NHS and SBC staff ensuring there is good skills mix across the hospital-based work force.

Working in partnership with NHS Borders, we are now in the process of creating an integrated discharge team. The current NHS Borders discharge pathway team will join the current social work and practice team to form one integrated discharge hub. This development will not come without its challenges, including the continued funding of temporary staff, the need to identify a suitable co-location on the NHS site, and use shared IT systems. However, all parties are invested in making changes which should create positive outcomes for those being discharged from hospital.

## **COMMUNITY EQUIPMENT SERVICE:**

The community Equipment Service is managed jointly by Social Work and Practice and Adult Social Care. There has been a rapid increase in requests over the latter part of this reporting year and this is impacting on Refurbishment and cleaning of equipment to be re-used in the community. Additionally, short notice requests for emergency provision have increased, especially from hospital settings.

## **REABLEMENT:**

A reablement pilot project was undertaken at a local care home in 2022 and the findings are being incorporated into a new reablement approach to Occupational Therapy assessment and interventions. The principle is to work towards breaking dependency-creating relationships and maximising independence and recovery. This will be reflected in paperwork and effective screening, in addition to use of total mobile i-pads during assessments. There will be greater emphasis on face-to-face assessments and reviews.

## **TECHNOLOGY ENABLED CARE:**

Another area of improvement identified in previous years has been increasing the use and effectiveness of Technology Enabled Care (TEC) and a new paraprofessional post for TEC has recently been piloted and will be evaluated over the next reporting year.

## **CARE AND REPAIR:**

Care and Repair is staffed by two Occupational Therapists and two Occupational Therapy Assistants. Since the pandemic there have been challenges in securing and commissioning trades to undertake adaptations work across the Borders following OT assessment. This has resulted in waiting lists and delays which require the OT staff to risk assess and manage in the interim.

## **SENSORY SERVICES:**

The service had an exemplary track record in respect of productivity and completion of assessments and provision of equipment, and the service user annual survey for this reporting period, once again concurs with a high percentage level of satisfaction and a range of positive feedback comments including - Did you feel involved and listened to during the interview? Yes: 100%, Did you think our recent visit/s was: Not very helpful: 1.5%, Helpful: 6.5% and Very Helpful: 92%.

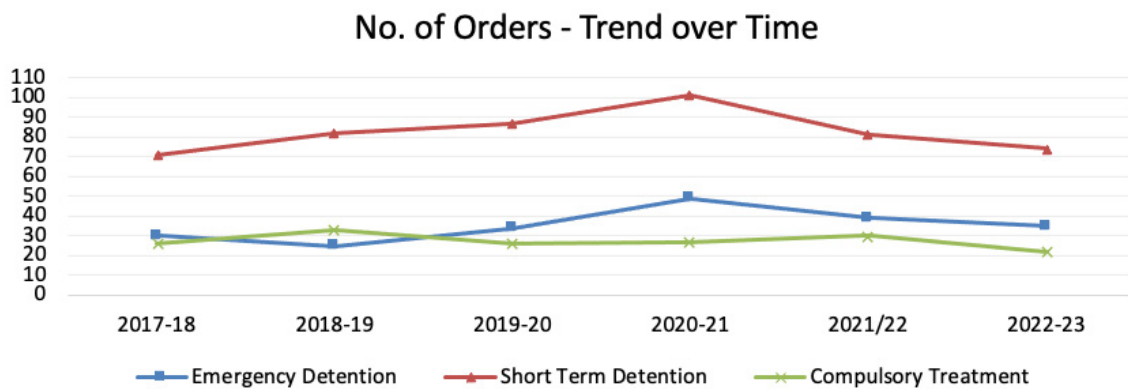
## **MENTAL HEALTH OFFICER SERVICE:**

The Mental Health Officer (MHO) forum takes place 3 monthly and is now firmly established within the Borders. It is recognised by MHOs as an invaluable support opportunity for their continuous professional development. The forum invites guest speakers and looks at relevant case law. This provides an opportunity for our qualified MHOs and trainees to develop knowledge-based learning. Adopting a similar model in this reporting year, the MHO service has also introduced forums with the Councils legal department, and another with the Borders NHS consultant psychiatrists, Registered Medical Officers (RMO's). This provides the MHOs and trainee MHOs with another opportunity to learn from a range of disciplines and further enhance good multidisciplinary working relationships.

Due to Mental Health Recovery and Renewal funding, Scottish Borders Council offers newly qualified MHO's, and satellite (MHOs), a six-month secondment to work in the MHO service. Working alongside more experienced MHOs provides an opportunity for less experienced MHOs to consolidate their learning. To date, our newly qualified MHOs who have completed the post qualification opportunity, have confirmed that working alongside more experienced MHOs has enhanced their practice. Scottish Borders Council intend to support 2 new trainees through the MHO qualification this autumn at Edinburgh University.

In partnership with our policy and practice development officer, the MHO service is actively supporting the production of an updated Adult with Incapacity guidance. This will support social workers and care managers in their daily practice, in addition to which, ensure consistency in practice in the Council. At a recent integrated training event the MHO service provided information on capacity and the complex area of deprivation of liberty.

In this reporting year the MHO service has taken a more proactive approach to hospital discharges. We have created a dedicated MHO link worker role who supports Locality teams with any Adults with Incapacity related discharges from community hospitals and the Borders General acute hospital setting. This has already proven to be a successful approach with improved consistency, and more timely discharges from hospital settings. An example of the activity for the MHO team is as follows:



### APPROPRIATE ADULT SERVICE:

We continue to develop a sustainable Appropriate Adult service with national oversight to promote consistency. Our Appropriate Adult service provides communication support to vulnerable victims, witnesses, suspected and accused person, aged 16 and over, during police investigation. This reporting year, we have offered our existing Appropriate Adult's refresher training and commissioned a two-day training event in May 2023 for 14 new appropriate adults. As a Council we now have 49 Appropriate Adults providing support throughout the Borders on a rota basis.

### POLICY AND PRACTICE DEVELOPMENT OFFICER:

A Policy and Practice Development Officer (PPDO) role was established in June 2022 to lead on the development, review and implementation of social work policies and procedures in line with current legislation and National Policy requirements. This role also promotes knowledge, understanding and best practice in all aspects of Social Work policies and procedure. The PPDO has a close working relationship with the training team. As new policy and practice is agreed, training will be available to compliment the newly developed policies or procedures. The PPDO also ensures that any lessons learnt as a result of complaints are adopted into policy and practice.

### CARE HOMES:

The Community Care Reviewing Team (CCRT) work closely with colleagues in Health taking a collaborative approach to supporting services with the aim of ensuring people living in care homes have their rights upheld and receive a good quality of care. Through the review process areas of good practice can be highlighted along with areas that require 'built upon' with the team playing a key part in supporting improvement when performance issues are identified; thus, ensuring positive outcomes for people living in the home, and also the staff group supporting them. By promoting a multi-agency approach and involving the right service at the right time, the health and well-being of

the resident population can be improved as described in My Health, My Care, My Home - healthcare framework for adults living in care homes as published by Scottish Government in June 2022. Since inception of what was the Care Home Oversight Group in May 2020 (now Care Home Collaborative Group) adult social work and practice by way of CCRT has been a key player in contributing to improved standards across the care home sector. By identifying areas of concerns through the research based early indicators of concern tool, early intervention can be introduced as a means of pro-actively supporting improvement in the service. Where practice becomes harmful or potentially harmful, CCRT take a lead in both the Adult Support and Protection pre-Large-Scale Investigation and Large-Scale Investigation (LSI) stage, monitoring progress on the provider action plan. In the last 12 months there have been two care homes enter the pre-LSI process but have not progressed to full LSI due to multi-agency support provided.

There is a range of planning and commissioning being commenced around the purchase of interim and respite places across the care home sector which, although will not increase the number of placements, will aim to improve and match the type to placement required to a range of needs for short- and longer-term support.

### **CARERS:**

The formation of the Carers workstream (made up of Carers, Health and Social work representatives and third sector colleagues) has promoted a forum for Unpaid Carers to have their voice heard and influence service design and delivery. This workstream along with the Carers' needs assessment survey has supported the Council to understand priorities for Carers. Having identified from these consultation exercises that respite is key to Carers being able to continue in their caring role, a range of opportunities are being progressed to enable Carers to have a short break. While existing services such as local area coordinators (LAC) and commissioned services such as RVS are already in place, our Carers Survey and National Health and Wellbeing Outcomes indicate that further supports could be developed across the Borders.

In relation to complex needs, funding has been secured by way of Carers Act monies to commission four high dependency rooms in care homes for respite usage with the view this service is provided by the independent sector. 207 Carers were in receipt of an individual budget from the Carers budget to support them to have a break from their caring role, with this number increasing weekly. In addition, work is ongoing to review the need for buildings based Day Services in the Teviot and Liddesdale locality, which is expected to conclude in 2023/24. Following this, work will be undertaken to review service need against provision in the remaining four localities.

With the launch of a new national Carers Strategy, and the Scottish Borders Health and Social Care Strategic Framework which both recognise the need to better support unpaid carers, the Carers Workstream will work to develop an implementation plan to continue to develop carer supports.

### **SELF-DIRECTED SUPPORT:**

In keeping with duties outlined in Self-Directed Support (SDS) legislation, the Council offer 4 options for service delivery. To date option 1 and 3 have been most highly used with this relating to 20% and 67% respectively with a mixed package of carer of predominantly option 1 and 3 (Option 4) accounting for around 12%. Historically there has been a low uptake of Individual Service Funds (1%) with Scottish Borders Council being one of the lowest in Scotland. To understand this better and to focus on how numbers can be increased for people who choose SDs option 2, Scottish Borders Council took part in a research project facilitated by 'In Control Scotland' in conjunction with five other Local Authorities. Commonality in findings include about how option 2 is defined, how true choice can be limited through procurement methods, and how availability of services in particular areas lent to compromised SDS option choice as there was no other provision either suitable or available.

The SDS Lead Officer is a member SDS Forum and chairs the SDS working group to promote a co-production approach in terms of self-directed support which involve service users, unpaid carers and provider of services, including third sector plus staff responsible for the social assessment. These discussion groups form the opportunity for 'bottom up' expression of view and opinion to influence policy development in the spirit of partnership working. Areas currently being addressed include Power of Attorney plus review of the direct payment rate. Training material has been designed in collaboration with the SDS forum and now forms part of Social Work's mandatory e-learning training plus on-line sessions with 'In Control Scotland' are in line to be delivered in 2023.

## **COMMUNITY REVIEWS:**

The Community Care Reviewing Team (CCRT) continue to focus on freeing up capacity to enable the re-provision of resources to people in most need, and ensuring outcomes identified in the support plan are being met effectively. While the initial timeframe of two-yearly reviews was set the default is now being changed to that of an annual review which is in keeping with the Council's statutory duty to review service provision. Community workers in CCRT routinely undertake 'targeted' pieces of work which includes supporting locality teams, reviewing specific providers and care packages as part of a quality assurance process, and reviewing those in receipt of night support services.

## **EMERGENCY DUTY TEAM (OUT OF HOURS):**

The Emergency Duty Team (EDT) continue to provide response to all situations requiring immediate, professional social work intervention when daytime services are closed. Priorities for the team continue to be Child Protection, Adult Support & Protection and Mental Health Officer assessments.

A full time Team Leader was appointed in August 2022, prior to this the Team Leader post was 17.5 hours per week. This change has allowed the Team Leader to attend additional meetings with service managers across adult and child services to provide continuity and a high-quality service out of hours.

All EDT workers are or will be trained as Council Officers and Appropriate Adults. All 6 permanent social workers are Child Protection trained, can undertake Joint Investigative Interviews of children with police and make decisions as to whether Child Protection thresholds have been reached. Six social workers are also qualified Mental Health Officers.

For the reporting period April 22 to March 23 EDT responded to **6619** calls, requests and situations, a reduction of **649** contacts from the year before. Below is a sample breakdown of some contacts the Emergency Duty Team Staff respond to:

## **ADULT PROTECTION:**

This past year has been a very busy period for the Public Protection Unit and Adult Support & Protection (ASP) activity. In the previous reporting year (2021/22) a self-evaluation process regarding ASP was undertaken and resource was dedicated to this task. This encompassed a blended methodology using an action research model alongside a participative approach, which also had the benefit of engaging and motivating staff.

Multi-agency evaluation and evidence gathering groups worked to identify examples of good practice against the Care Inspectorate Practice Standards and Key Performance Indicators.

This was followed by a review of our recording workflows in 2022-23 and a revision of our performance indicators and data collection ensuring that the service user and carers are central to the process. This was implemented in the summer of 2022 and has strengthened the positive outcomes for individuals but has also provided greater analysis and insight into service delivery and improvement. We have worked hard to improve feedback from service users, unpaid carers and families at different stages of ASP intervention and have much better mechanisms in place for collating this information. We continue to work towards better engagement at a strategic level for people with lived and/or living experience of ASP interventions.

## **PERFORMANCE AND NATIONAL REPORTING:**

The work undertaken to improve our performance indicators has greatly assisted us to prepare for the Scottish Government national minimum data set for ASP and the work now required to provide this data is more achievable than before.

We previously launched a Council Officers monthly Gazette providing information on developments within ASP, providing an easy way for Council Officers at the centre of the ASP process to keep up to date. This circulation received positive feedback from Council Officers who liked having a monthly update of communication that was contained within one place, so we listened to that feedback and this circulation and has now evolved to a multi-agency whole family public protection newsletter.

Following a joint Inspection of Adult Support & Protection between June and November 2022 undertaken by the Care Inspectorate and its scrutiny partners Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland, all of this work was highlighted as excellent practice in producing methodical and sustainable outcomes.

Scottish Borders partnership was measured as 'Very effective in both operational Key Processes' and in 'Strategic Leadership' for ASP. Although this was a very positive outcome, the partnership continued an improvement plan on the areas that could improve, even though these areas had already been identified as part of our self-evaluation.

The report from last year's inspection can be found at:

**[Joint inspection of adult support protection in the Scottish Borders partnership \(careinspectorate.com\)](https://www.careinspectorate.com)**

Strengths highlighted in the report include:

- Improved outcomes for adults at risk of harm through the provision of effective adult support and protection practice by knowledgeable, competent, and confident staff
- High quality and effective risk assessment and management of risks
- Collaborative, cohesive and decisive strategic leadership for adult support and protection
- Impressive and effective multi-agency working.

This service improvement work as well as our very positive Joint Inspection report culminated in a Ministerial visit in April, Maree Todd, Minister for Social Care, Mental Wellbeing and Sports visited our co-located unit in Langlee, Central Borders where she met with staff from the Public Support and Protection Services team, Third Sector colleagues and services users.

## **SERVICE USER ENGAGEMENT:**

As part of our pre-existing improvement plan for Adult Social Work, Scottish Borders Council had identified the need for a Service User engagement role. This had also been identified as a need across ASP and included in the ASP improvement plan. This was fully endorsed in principle by the Public Protection multi agency partners.

## **COMMUNITY MENTAL HEALTH:**

The Community Mental Health Social Work service has undergone some changes with each member now having professional supervision by a registered social worker in the form of the Team Leader (TL) and Assistant Team Leader (ATL). We have developed an operational document which ensures each member of the team and other professionals within the service are clear about how a social work service is provided. The team is in a much more resilient position with the addition of the ATL role, with the TL and ATL now allocating all work across the team to ensure allocations are appropriate, prioritised and timely.

As the service undertakes hospital discharges in addition to community-based work it is vital cases are allocated promptly. We are working towards the development of new standards as a council to ensure those with priority needs are allocated and assessed promptly. We currently aim to complete assessments of those individuals who are fit to be discharged from hospital within 5 working days. The work of the team is often reactive and requires an urgent response, be that due to the need for hospital discharge (although we do try to allocate wherever possible before the person is fit for discharge) adult protection or high-risk cases. By applying robust caseload management across the team, we are ensuring the responsiveness of the team and the appropriate turnover of caseload.

## **LEARNING DISABILITY SERVICE:**

The Learning Disability Service continue to deliver all statutory functions, although capacity and pressure within the Social Work team is high. Carrying out reviews of serviced cases in line with statutory requirements remains a significant challenge within the service. This is due to high referral rates, complexity of work, operational pressures in other areas of the team and staff capacity. The service has recruited 2 new permanent staff into the Review Team over the past year and the manager has developed new processes to improve the turnover of reviews. A test of change is underway in respect of these changes to process.

Following a review on adult learning disability day services, based on engagement with service users and families, a paper was considered by the Health and Social Care Integration Joint Board in June 2022 outlining a set of recommendations. These recommendations noted that there was an opportunity to continue to shift towards meeting people's outcomes in a variety of settings within models that can respond flexibly. Following a period of 'market testing', the Integration Joint Board supported the recommendations and commissioned this work. A procurement process commenced in September 2022. It became clear that the wider national economic situation had affected all providers, and that this in turn reduced the level of service that could be offered by providers within the available budget. As a result, the process was extended to enable further consideration to levels of service that could be provided.

There is a significant need to make efficiencies going forward and at the same time ensure that support for people with the most complex of needs is provided within Scottish Borders in line with the 'Coming Home Report'. To support this we have established a multi-agency "Coming Home Programme Board" which coordinates a range of projects to ensure that we have cost effective and resilient services in place for those with complex needs going forward. The projects are:

1. Supported Living Service - 8 individual supported tenancies in a cluster arrangement with intensive support packages.
2. Lives Through Friends – an innovative and person-centred model focusing on supporting each person to have a Good Life.
3. Kelso Supported Housing (KSL)

The Shared Lives service continues to progress assessing and matching individuals into long term live-in, short breaks, and day support placements. By the end of March 2023 there were 22 matches in place to support 15 individuals and 3 matches in progress for 3 supported people. In addition, 5 additional supported people were identified to find appropriate matches.

## JUSTICE SOCIAL WORK:

During 2022/23 Justice Social Work changed by adapting and developing styles of hybrid delivery, initially implemented during Covid 19, utilising lessons learned at both local and national levels. Running in parallel to these adaptations has been the implementation of new and enhanced delivery systems for Bail Supervision and Electronic Monitoring following the issue of new National Guidance May 2022.

### COMMUNITY PAYBACK ORDERS:

Over the course of the year, while sitting considerably lower than pre covid, Community Payback Order (CPO) numbers have increased slightly, **197 (+8)** on the previous year- 2021/22. The service saw the greatest increase for orders including Supervision Requirements **(+7)**, followed by Unpaid Work and or Other Activity Requirements **(+1)**. While there is an overall increase in the number of CPO's with UPW and or Other Activity, the average number of hours per order has decreased from **113.5** hours (21-22) to **106.5** hours. The reduction, while unwelcome, has facilitated the services ability to address the backlog of hours accumulated as a result of covid restrictions. The service closed the year in a position where all those subject to UPW were able to be accommodated either within group work community projects, commissioned workshop tasks or individual placements, with many service users taking up the offer of additional sessions. It is anticipated that CPO numbers will continue to progressively increase throughout 2023/24.

As the service moved on from the pandemic, there was continued emphasis on the development of ancillary services with a focus on promoting wellbeing and community reintegration. Activities delivered included the facilitation of an evening golf group, ongoing delivery of an established walking group and the provision of driving lessons, as a part of the services drive to tackle transport barriers experienced by many who reside in rural locations. Both the walking and golf group are delivered by social work staff who have an established personal interest in these activities. The groups have been well received and contribute to a reduction in social isolation for service users, in addition to improving health and wellbeing.

### BAIL SUPERVISION AND ELECTRONIC MONITORING:

Since the launch of the new National Guidance for Bail Supervision in May 2022, The Borders Bail Supervision service has successfully developed, and is primarily providing delivery across the 2 Borders courts. Following a period of trial and error, a request model for assessment was implemented. Facilitated by 2 dedicated part-time Justice Officers, requests are received from Court, Procurator Fiscals and solicitors. In addition to court requests for new assessments, the service also considers, the undertaking of assessments for open social work cases presenting at court on other matters. Bail supervision appointments take place 4 days a week, avoiding Mondays when Bail Supervision staff are primarily required to be available to the Court for assessment purposes. Since May '22: 109 assessments have been completed with 46 Bail Supervision Orders being imposed.



Following a year of discussion and negotiations, the service signed a lease agreement, March 2023 with registered social landlord, Waverly Housing. The property; a 1 bedroom flat will be used to provide accommodation for those subject to bail where a lack of accommodation might otherwise result in remand or where additional support is required. Support arrangements will be delivered in partnership with Homelessness Services and will include daily visits (Monday – Friday) as part of an intensive support plan or to identify suitable ongoing accommodation options. The service will be launched in the Spring of 2023.

During the reporting year 01 April – 31st March the Borders continues, as in previous years, to manage a disproportionately higher number of Registered Sex Offenders, per head of population, than partner MAPPA authorities. For further detail of the MAPPA information, please refer to the following link:



### **MAPPA Annual Report**

A randomised audit of MAPPA level 2 cases was completed during the year. 2 cases from each of the Justice Social Work and the Sex Offender Policing Unit were randomly selected. The audit focused on 6 areas, Assessment, Plans, Multi - Agency Arrangements, Intervention, Statutory Responsibilities and Impact and Outcomes. The audit concluded that cases audited were managed at the appropriate level and that actions and interventions were commensurate with the assessed level of risk. Information sharing was proportionate, collaborative and defensible and MAPPA templates were utilised, providing consistent and informed information across both services. While a small dip sample, some measure of reassurance as to the integrity and delivery of MAPPA in the Borders can be taken.

### **VISOR:**

The VISOR system is not utilised in the Borders, however senior management including the Service Group Manager and Chief Social Work Officer have played an active role in contributing to solution focused discussions Nationally. The introduction of MAPPS looks promising. Amended security system functions allowing appropriate access out with the current VISOR locked secure premises; is welcome. However, vetting level issues for social work staff accessing the system remain, and present as the primary obstacle to moving forward. This issue will undoubtedly prolong discussions to achieve a resolution Nationally.

### **UNPAID WORK SERVICE:**

As we entered the reporting year the UPW service was experiencing staffing and delivery issues. Work undertaken throughout the year including a file review, and amendments made to the recording and team sheet systems, in addition to a tightening up of the adherence to CPO: UPW delivery guidance, has placed the service in a positive position with some exciting project opportunities ahead.

## **CHRISTMAS MARKETS:**

November and December 2022 saw the UPW service work on the production of Christmas themed decorations and items for sale at 2 local Christmas markets in Galashiels and Kelso. The events were used to promote the UPW service, and a range of community project work delivered across the Borders. Profits from the sale of decorations were shared between 3 charities selected by service users, the Lavender Touch, Cash for Kids and Heads Together.

Carly Mackenzie, Charity Manager for Cash for Kids, said: "A huge thank you the Scottish Borders Justice Service for their support. In today's current climate it's heart breaking to think that up to 20 percent of children in the Borders live in poverty; that's one in five potentially living without the most basic essentials. Support like this allows us to continue doing what we can to make sure these children have access to essentials such as food, clothes and toiletries."

## **ELECTED MEMBERS PRESENTATION:**

A presentation to Elected Members providing an overview of Community Payback Order: Unpaid Work Requirement was very well received. Aimed at increasing knowledge of what a CPO; UPW is in addition to enhancing an understanding of how elected members can promote, to their constituent communities, the benefits of restorative work. Contact information was shared and a suggested request for contact post cards to be produced, is being taken forward. The event has gone onto generate several project work enquiries.

## **CALEDONIAN MEN'S SERVICE:**

It is 2 years since delivery of the Caledonian Programme was brought in-house and 1 year since delivery of the group-work programme was implemented. Delivered on a rolling programme, the service has consistently maintained numbers to ensure meaningful delivery and learning experiences for participants. All men convicted of a domestic abuse offence are considered for assessment. Group numbers are managed flexibly, as the service seeks to avoid the build-up of a "waiting list" and delay for those subject to the programme. Staff numbers are small, 2 x 17.5-hour group-workers, result in the need for delivery support from trained Social Workers and the Team Leader, to facilitate group delivery resulting from annual leave and any unexpected staff absence. This can at times, be challenging.

The decision to bring the programme in-house has proven to be successful, as while there have been a small number of breaches due to non-compliance, the original barriers: lack of public transport to and from Edinburgh and lack of flexibility in programme availability to accommodate those with employment and other inflexible responsibilities, have successfully been overcome. It is notable that no men have been breached while at the group work stage, with 12 men made subject to a Caledonian Programme Requirement during 22/23.

Consideration of a daytime programme found that given the majority of men attending the programme were in employment, numbers available during the day to attend were low. This situation will be monitored on an ongoing basis and responded to as required.

At the close of the reporting period, a total of 55 survivors of domestic abuse had been offered support from the Caledonian Women's service. 4 corresponded with out with the Court route. Support offered ranged from personal safety planning to emotional support- signposting and assisting women to increase their own and their children's safety. The Children's service worker is working with children indirectly, through fathering classes and support to mothers, due to a lack of child referrals. This is an area of work that will be promoted in the coming year.

## CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022/23

# CHALLENGES AND IMPROVEMENTS

There are a number of challenges and improvements that are present within the reporting year. These range from financial pressures and increased demand to specific areas of practice improvement to ensure that we remain on a trajectory of improved outcomes. The identification of these have been part of our ongoing commitment to self-evaluation and have been aided by the findings of the two joint inspection processes that took place during the reporting year. Most pleasing was that areas for improvement from the inspection processes had already been identified by the services and were already being actioned at the time of the inspections.

### **FINANCE:**

It goes without saying that financial resources are incredibly challenging at the moment with significant increases in demand and reducing resource to address this. The pressure on services to operate within a smaller financial envelope is difficult and has necessitated a clear focus on efficiency across the delivery landscape.

### **THE SOCIAL WORK PATHFINDER:**

The four Social Work pathfinder workstreams of:

1. The Council Information Hub
2. Process design and simplification / process re-engineering
3. Enterprise Mobility
4. Data governance, maturity and culture

are progressing well.

#### Council Information Hub (CIH):

Within the Council Information Hub (CIH) work stream, development of the 15 analytics dashboards is progressing well. Ongoing engagement with key stakeholders from Social Work and beyond has been critical in supporting this work to move forward. This will provide accurate information about the services we deliver, giving up to date data on performance, trends and need across the services.

The dashboards will be rolled out to social work managers by at the end of the project. To support this, there are currently discussions underway to finalise the training approach to ensure we maximise the potential of this.

#### Process design and simplification /Process Reengineering:

- Adult Assessment Form - The new form has been agreed with the service and has therefore been built and tested in Mosaic.
- Adult Review Form – The new form has been agreed with the service allowing the build to shortly commence.
- Adult Support Plan Form – Work in developing this new form continues with service input.
- Demonstrations from Social Work on the following three forms has occurred, thereby allowing the current processes to be drawn up and approved by the service:
  - o Child Assessment
  - o Child and Young Peoples Protection Plan
  - o Child Review

#### Enterprise Mobility:

The Enterprise Mobility workstream is currently progressing with background work, which is ongoing to build the test environment which will allow test data to flow between the Total Mobile forms and Mosaic. Once forms have been agreed and tested by the Business Process redesign workstream, these will then be passed to the supplier to allow them to build the forms. At this stage we have reached an agreement for the mobile devices, and this will see all staff whose work is in scope for the pathfinder receive the devices to enable them to fully utilise the changes.

#### Data governance, maturity and culture:

As part of the pathfinder, we are ensuring that with the changes that are being implemented, we review our arrangements for data governance, maturity and culture.

The pathfinder will bring significant benefits to the way in which Social Work services operate locally. From the streamlined processes, improved reportable data, improved dashboards detailing performance and activity, access to fit for purpose digital technology for front line staff and improving our governance and use of data, this pathfinder will deliver a new way of working in Scottish Borders. A significant aspect of this will be to free up front line practitioners to carry out the work they are trained to do i.e., engage with people by building meaningful relationships and working co-productively to improve outcomes.

An important aspect of the pathfinder has been the direct involvement of the service as part of the wider team developing the changes. It is apparent that digital technology tools introduced during the pandemic have continued to be embraced by many staff and expanded by the Council. We recognise that whilst this is welcome and something that we are embracing, there is a fine balance to be maintained, ensuring these tools assist staff with the delivery of social work services, without unintentionally weakening the social work role and the professional skills required by those employed across services to communicate and engage with those who present as requiring social work support.

### **CHRONOLOGIES:**

One common area for improvement which was identified by our own self-evaluation methods but also recommended in both our ASP and Children at risk inspections was to improve our use and quality of chronologies. A multi-agency working group is being set up to look at chronologies within Scottish Borders Council but also across the multi-agency landscape. There is national recognition that this is an area most partnership areas struggle to get completely right and so in Borders we are looking at an innovative approach to improvement in this area of practice and undertaking this work in the context of analytical writing and professional curiosity.

## **ADVOCACY:**

The issue of advocacy has been challenging in the Borders for a number of years. Work was already underway to scope an advocacy service to meet the ongoing need of our communities. This has been supported by the feedback from the two inspection processes that identified a need for a more holistic advocacy provision. Since this feedback, a business case for an enhanced advocacy provision has been presented to strategic planning forums to take forward the provision of this vital service.

## **STAFFING & RECRUITMENT:**

Staff recruitment and retention issues have persisted throughout the year and there have been challenges across the service landscape. Because of some of the challenges we have had to take an innovative approach to recruitment, for example having been unable to recruit to a protected characteristics female UPW supervisor post, creative thinking and covid recovery funding has facilitated the commissioning of a 1-year bespoke post to work with women; to deliver UPW in our Women's Hub therapeutic and wellbeing garden. More detail of workforce issues is contained later in this paper.

## **CALEDONIAN WOMEN'S AND CHILDREN'S SERVICE:**

Funding for delivery of this element of service sits out with Section 27 grant and within the Equalities Grant Fund. There has been no year-on-year uplift in this grant and as such it is recognised that this will weaken future delivery of service, negatively impacting on Public Protection, as monies from other available budget streams are redirected to support delivery. In addition, the annual allocation of this funding presents challenges in the services ability to plan long term delivery and intervention.

## **DUTY OF CANDOUR:**

All Health and Social Care Services in Scotland have a duty of candour. This is a legal requirement which means that when unintended or unexpected events happen, that result in death or harm as defined in the Act, the people affected understand what has happened, receive an apology, and that organisations learn how to improve for the future. There have been no Duty of Candour incidents in the reporting year for Scottish Borders Council.



## CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022/23

# RESOURCES

There are significant financial / budgetary / resource challenges across all services. It has been well documented at earlier points in this paper that with the rising level of need being seen in our communities, coupled with the aftereffects of the pandemic, the cost-of-living crisis and challenges in recruitment / retention, have all led to a very challenging landscape for service delivery.

This has led to a variety of different financial models and approaches being considered as well as modifying our service delivery to meet need as effectively as possible. A significant factor for Scottish Borders in the future will be the delivery and realisation of our digital transformation and how this can create capacity as well as improve efficiency in the way that we deliver services.


It is difficult at this point to identify the scale of any efficiency savings on the back of the digital transformation, simply because we have not yet moved to full implementation.

## CHILDREN AND FAMILIES SOCIAL WORK:

In particular, it is noted that the higher level of the need for out of authority care placements for children and young people is putting a significant pressure on the whole organisation's financial stability. Having reached out to various colleagues across Scotland, this is not a phenomenon that is just being experienced in Scottish Borders. Indeed having researched this pressure, it is apparent that this is a wider United Kingdom issue being experienced throughout the country.

In relation to children and families social work, a significant gap that has been identified is in relation to early and effective intervention. To address this the Children and Young People's Planning Partnership (CYPPP) are looking to develop an innovative early intervention approach to address this need by providing resource in the communities where the need is. It is recognised that this approach needs to address need at as early a point as possible which will help promote improved outcomes, as well as being financially appropriate to meet need.

The biggest concern that is present at the moment is how do we continue to deliver quality services when the resource available does not meet the need to shift the balance of care. We welcome the resource that has been freed up in relation to delivering The Promise at a local level and that this will be taken forward in a true multi agency partnership manner via the CYPPP. However, we recognise this resource is temporary in nature and when looked at in the context of the wider multi agency landscape, is unlikely to fundamentally address the need for earlier intervention without the wider partnership being able to free up resource from existing commitments. In the context of statutory services this is an incredibly challenging proposition when dealing with existing acute level need relating to people in our communities.



Across the service landscape, there have been significant levels of risk analysis undertaken to ensure that we are able to look at any mitigation that can be put in place to reduce risk. This includes working across the corporate landscape and across the wider multi-agency partnership.

## **ADULT SOCIAL WORK:**

### **SAVINGS FROM COMMUNITY CARE REVIEWING TEAM REVIEWS:**

In the reporting year 530 community reviews were carried out by the Community Care Reviewing Team, which have included both community reviews and initial hospital discharge reviews. For the financial period of 2022 – 2023 the team secured efficiencies of £385,360 thus releasing financial and care resources back into the service to be used by those having been assessed as requiring a resource funded by a Social Work budget.

### **COMMISSIONING:**

With the appointment of a Chief Officer for Commissioning within the Council, we are also undertaking a review of all commissioned services to identify efficiencies and ensuring best value for the organisation and the public pound.

### **LEARNING DISABILITY SERVICE (LDS):**

The LDS commissions circa 300 packages of support. In 2022-23 the service (Social Work) budget was circa £21,000,000. The service is on an ongoing journey of improvement and with further ongoing focus, the service will be able to continue to manage the financial risk, provide an enabling approach, and improving outcomes.

Expenditure and volume of hours provided have been positively impacted by a range of measures implemented by the service during the last 2 years. From 2021 to 2023 the service has made recurring efficiencies. These measures are now built into the routine management processes in place going forward. However, although the net downward trend in the above areas of service is positive, it is still anticipated that financial pressures in 2023-24 will be reported throughout the year.

One example of how resources are being managed within the LDS is the development of the Resource Panel Process. The Resource Panel is in place to ensure consistency in allocating resources in line with local eligibility criteria. Social Work staff carry out assessments, identifying outcomes and needs, they calculate a budget to meet these outcomes and needs, having first considered non-cost options to meet outcomes, such as family and community support. Findings from the assessment are presented to the Resource Panel for a decision to allocate a budget. Improvements to the Resource Panel process include the development of clear Standard Operating Procedures and a revised checklist for staff to support their submission and presentation to panel.

A further example of an improvement project is the Positive Risk-Taking Panel. This has been developed to consider positive risk taking for individuals where it is believed that significant levels of 1:1 and 2:1 support are required to manage risk. An initial pilot involving 2 service users has resulted in greater levels of independence for both individuals an annual cost avoidance of approximately £63,655.



## **COMMUNITY MENTAL HEALTH:**

The service has delivered services within the allocated budget 22/23. Robust assessment, care management and governance arrangements are in place with the further development of the Mental Health Resource Panel, incorporating all the improvements developed through the LD services financial efficiencies work. Resource panels are chaired by the General manager with administrative support and outcomes recorded for each individual on Mosaic.

There are some financial pressures within the budgets for the provision of care although much of this has been addressed as a result of the review process, with a number of cases being identified as incorrectly being charged to the mental health budget. We have also significantly reduced a number of high-cost care packages by robust application of the eligibility criteria within local guidance.

We have experienced some challenges around the application of our charging policy for our clients with one commissioned service. As a result, we are currently reviewing that service and the application of the charging policy. The current impact is that some clients are declining a service that has the potential to maintain their wellbeing and prevent hospital admission due to concerns over charges. At present where the resource panel believes the clients decision to decline the service is not in their interest, we are making application to waive the charges as in these circumstances the longer-term cost implications are significantly higher.

We are reviewing the commissioned services within MH at present part of which includes value for money, affordability and if services could be provided in another way. This process will inform financial spend moving forward. Previous reviews of commissioned services has resulted in disinvestment and reinvestment in improved models of support such as the introduction of the Local Area Coordinator Service (LACS). We have also looked at ending contracts where duplication occurs and replacing provision through recommissioning with alternatives that provide improved outcomes i.e. new services such as the Recovery college, DBI and the expansion of the Mental Health Supported Living Service.

## **JUSTICE:**

### **FUNDING SECTION 27:**

The static Section 27 grant funding has inevitably resulted in real terms cut in funding across the justice service. It is intimated that there may not be an increase in the grant through to fiscal year 2026. The impact of the current cost of living crisis and 22/23 pay settlement, have placed substantial pressure across all service delivery.

The allocation of Pandemic Recovery and Transformation Work grant funding has been welcomed and utilised to support the recovery of service provision, in particular the employment of temporary staff, ongoing commissioning of 3rd sector and the provision of wellbeing opportunities for service users. In addition to the development of the Bail Supervision Service. Much of which would not have been possible from the allocated Section 27 grant funding alone. The financial challenges faced by the service are anticipated to increase, as we move into 23/24.

## THIRD SECTOR

### FAMILIES OUTSIDE:

During the year the service reinitiated links with Families Outside by assisting in the promotion of their service within the two Sheriff Courts and across the 3 Justice Service bases. The Families Outside Borders representative attend a team meeting and provided publicity literature which is now embedded within the Justice Service web page.

### WORKS+

Commissioned local third sector organisation, Works+ continue to provide enhanced employability and training opportunities to justice service users. The service dovetails with supports offered by the Community Learning Support Service. In the reporting year **63** people were referred into the service, with **34** engaging following the initial interview. **23** failed to attend for interview despite repeated invitations. 17 people have achieved their identified goal with 12 gaining employment: 3 engaging in volunteering and 2 taking up college places. The Works+ contract has been extended for another 12 months.

Service user quote: 'I really liked coming to see the ladies at the Focus Centre they helped me a lot with my mental health, just having someone to talk too was good. They also got me a volunteering role at Floors Castle in Kelso which I am really, really enjoying as it gets me out the house and has focused me on learning other things and being outdoors and around new people is a big help with my mental health, so thank you both I am really happy.'

### ADULT LEARNING SUPPORT:

The justice service has extended its Delivery Agreement with Community Learning and Development Support Services for a further 2 years, in addition to increasing service delivery hours from 4 to 7 per week. Established in 2021, the service delivers bespoke learning opportunities to a small number of service users, aged 18 years and above, to access sustained engagement in learning and achieve self-identified goals through an Individual Learning Plan, gaining SQA accreditation and progressing to other learning opportunities. In the reporting year 6 out of the 7 people referred, engaged with a further 2 continuing their learning from last year. Learners report that they feel supported to gain skills that match their interests and build confidence to achieve.

An SQA evaluation in March 2022 highlighted, "Lesley Anne's work with a disengaged individual represents an exemplary model of engagement strategies in action. Her ability to create a positive learning experience, by personalising the interaction and material and using interactive delivery methods, had a significant impact on the individuals' level of engagement and attitude towards learning." Martin Timoney, Curriculum and Quality Leader, Essential Skills and Centre of Meta Performance, West College Scotland

## CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022/23

# WORKFORCE

A key element of supporting the Social Work workforce has been the continuation of the fortnightly CSWO Senior Leadership Team meetings. This forum was initially established as a weekly meeting during Covid, however we have continued this to ensure that there is a strong emphasis of senior leaders across Social Work to come together to share information, provide mutual support, identify areas where we can work across services to improve outcomes etc.

Strategic people and succession planning processes were reviewed and relaunched in Scottish Borders Council (SBC), moving to an online process in Summer/Autumn 2022. Social work services have strategic people plans in place and succession plans continue to be developed to ensure our social work services are resilient and fit for the future as well as having the right people, in the right place, at the right time. All People and succession plans have strategic ties to the Council and Financial Plan with succession plans also being informed by the training matrix and appraisal/supervision processes.

Recruiting qualified social workers continues to be challenging, however we are seeing the benefits of the Social Worker traineeship scheme with staffing levels for social workers improving. Recruitment and retention of Occupational Therapists (OTs) is also challenging, and we are looking at the potential of replicating the success of our trainee social worker scheme and creating a career pathway for OTs.

In terms of supporting the workplace we have reviewed and continued to develop our mentally healthy workplace policies advising on the symptoms of stress; proactive measures that individuals can take to help reduce stress as well as advice and support for line managers. We have recently re-launched our employee assistance programme with 'vivup' to provide support to members of staff with any mental, physical, financial or personal issues. This includes ad-hoc and counselling support. In addition, we have launched the Aviva digcare+ workplace app for members of staff, this gives staff access to a digital GP; mental health consultations; nutritional consultations; health checks and second medical opinions.

SBC also provide a number of well-being and resilience-based resources, including e-learning and online workshops, such as developing personal resilience; managing your mental health while working from home; mental health awareness: training for line managers.

SBC have continued to seek the views and opinions of the whole workforce with the employee survey, crucially developing action plans on the back of staff feedback. Senior Management online meetings / briefings are taking place to ensure that there is improved communication across the organisation.

## STAFFING AND RETENTION:

There has been a mixed picture of staff recruitment and retention across adult social work services.

Some teams have had a reduced Occupational Therapy service and other teams have found it difficult to recruit to social worker roles. Non-registered posts such as paraprofessionals, Community Care Assessors and OT assistants have had much more success. This has impacted on waiting times for assessment. Where possible teams have assisted each other and the refresh of Community Led Support and continued roll out of the 'What Matters' hubs has helped optimise turnover of work.

In order to ensure that Adult Support & Protection work remains a key priority for the department, a back-up rota for 'Council Officers' approved under the Act, has been in place for some time should any team be unable to provide a Council Officer for investigation. The improvements made around Council Officer training, accreditation and re-accreditation have assisted the availability and skill set of those staff.

## SCOTTISH GOVERNMENT WORKFORCE WELL-BEING FUND:

In the reporting year Scottish Borders successfully applied for Scottish Government workforce well-being funding with £7,500 being awarded. A staff survey was conducted with results supporting that staff were interested in engaging in a diverse range of activities. To make the most of the money a voucher scheme was set up with staff getting to choose two activities to engage in. Based on survey results 100 massage sessions were offered, 10 e-bike vouchers for half a day's peddling, 6 yoga classes held over 3 sessions, 50 Indian cookery demonstrations with a meal at the end, 3 stained glass classes held over 3 days, 54 escape room experiences, and 34 paddleboarding and kayaking sessions. In total 257 well-being sessions were provided over the course of 3 months.

Feedback from staff indicated that they had enjoyed the activities immensely with an example of direct quotes as below:

"I went for a massage in Galashiels which was lovely and very much appreciated! Nice to be reminded how important and beneficial it is to have some self-care time." (RG)

"I really enjoyed the opportunity to have a go at Yoga and I am going to continue with this activity. Thank you." (MS)

"I had a facial last week. This is the first facial I have had in years, and it was absolutely brilliant. What a treat to be given this through work. Some of the Peebles team used paddleboard vouchers and have some great photos from a superb afternoon. Great team bonding experience." (KH)

"I made use of the vouchers, as did some of my colleagues. Massage and kayaking at St Mary's loch. Thoroughly enjoyed both of them and felt very fortunate to have been given these lovely experiences/opportunities for self-care by the council. It did make you feel like a valued member of staff. Just wanted to say thank you." (KD)

The Learning Disability Service prioritise 4 days each year for the whole integrated service to come together for development opportunities. Two days are committed to Continuing Professional Development (CPD) and two days are committed to Service Development. These days are organised, run and facilitated by team members. The last CPD themes were on Trauma Informed Practice and Wellbeing; the last two Service Development Days focussed on team roles and service improvement regarding team meetings.

The Community Mental Health Team have had a number of development sessions and continue to focus on developing as a team as well as generating a consistency in approach not only internally but with our colleagues in localities. They have been working on an operational document which brings together how they integrate within the wider mental health service and where they fit within the wider social work / care landscape. The development of this document has enabled them to build clarity in their role and function and as they implement this, they will be working collaboratively to ensure they are supported both professionally and personally with some of the challenges with a move towards being a more statutory orientated service. Of significance is the desire to be able to share their expertise in mental health with their locality-based colleagues.

We have appointed to an assistant team leader post in the last year to ensure we have some resilience within the service in the absence of the team leader, in addition we have been awarded additional funding of 3 hours from NHS for the appointment of a social worker to undertake specialist services in respect of peri-natal mental health, this post is filled.

Within the team we have developed the team as a whole now having 5 Council Officers within the service, with one pending in addition to 3 Mental Health Officer qualified members of the team. One of the team is about to undertake a 6-month secondment to the MHO team to further develop their skills and develop closer working relationships between the team and the MHO Team.

The team recently hosted the Chief Social Work Officer and General Manager, both attending and providing information on strategic development of the services as a whole.



## CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022/23

# TRAINING, LEARNING AND DEVELOPMENT

### Training and Development Priorities:

1. Overview of legislation, Outcomes/values/principles etc – For new staff and Care Managers
2. Good conversations – Train the trainer approach for this with the National Development Team for inclusion (NDTi) as part of Community Led Support.
3. Risk management and risk assessment – a priority for across the Adult social work services
4. Chronology and case recording –working group set-up to look at chronologies/analytical writing/ professional curiosity and training needs will emerge from this group. This will apply across adult and child services.
5. SDS – Training is in place from 'In-Control'
6. PAMS – Changes to the platform and training due to closure of sole provider. Required as essential training for C&FSW – ongoing annual program.

### Other priorities would be.

1. Trauma informed Practice – A tiered approach needed– more detailed for SW staff given the levels of trauma they support people with.
2. Elm's training and single handed moving and handling training for OTs
3. AWI training
4. Chairing of case conferences for CP/ASP and AWI –aimed at Team Leaders, CPRO's and APO's to do common training on managing meetings and Chairing conferences.
5. Mosaic related training –it is expected that we create superusers across Social Work to deal with both the technical training and the professional practice in relation to Mosaic, particularly given the changes in the Pathfinder.

### MULTI-AGENCY TRAUMA TRAINING:

Scottish Borders Council received funding to develop a more trauma aware workforce. To this end we have engaged with NHS and 3rd sector colleagues to create an offer of a wider joined-up training programme which will be available to all services and agencies in Scottish Borders. The ambition being to create a trauma informed region. We have been privileged to be joined on this process by a number of people with lived experience, ensuring that as we progress with this ambition, we do so with a clear focus on how this will impact and improve outcomes for those who have experienced trauma.

### E-learning completions by SW staff:

Year	No of SW Users	Total Completions
Apr 2022 – Mar 2023	354	6835

## **CENTRAL TRAINING BUDGET 2022/2023:**

Social Work & Practice £158,046.09  
SW Traineeship Scheme spend £227,331.51

The training and development budget is under pressure as new initiatives and/or strategies are requested to be implemented by government and registration organisations in addition to already prescribed planned training and budget allocation. Changes to qualification requirements are another aspect of the demand on these resources.

## **ADULT SOCIAL WORK:**

Over the last reporting year, we have been working closely with our Corporate training and development team to produce a matrix of learning needs and agree priorities for staff. This is in place and ready for progressing now that training and development staff for Social Work & Practice have been permanently recruited to the corporate training team.

As well as continuing to support staff to undertake a range of formal funded training through Universities and colleges courses, there will be a focus on internal training around key care management and statutory processes, including Self-directed support, risk assessment and management, effective conversations to name a few.

## **PUBLIC PROTECTION:**

The Public Protection Committee Joint Learning & Development Framework is now fully embedded with core Child Protection and Adult Support and Protection training being delivered throughout the year. This is multi-agency training that is delivered by multi-agency partners to Scottish Borders workforce across the third sectors, Police Scotland, NHS Borders, Scottish Fire Service and Scottish Borders Council.

- Introduction to Public Protection (PP2)
- Thinking About Risk (PP3)
- Adult Support & Protection Contributing to the Process (ASP3),
- Child Protection Contributing to the Process (CP3),
- Council Officer Training (ASP4)
- Council Officer Refresher (ASP4)
- Fire Risk Recognition Training (PP1)
- Neglect Toolkit ((CP3),
- Train the Trainer (Social Care Workforce)

A trial period of joining up with Midlothian and East Lothian to train Council Officers was an excellent exercise to undertake and provided good cross authority sharing, however following analysis, a decision was taken for the training of Council Officers to come back in house. This was mainly due to the difference in how the workforces are established across the three local authorities and provides more flexibility to Scottish Borders to be able to train Council Officers at times that suits the Locality Teams, which means we can be more needs led. We have also launched the new Council Officer Accreditation and Re-accreditation learning plans. Once the relevant Council Officer training has been completed the Council Officer will then continue their learning throughout their daily work, thereby ensure ongoing learning and improved knowledge in relation to Adult Support & Protection. The reasons behind this is to make sure that staff undertaking this role feel supported whilst carrying out complex work and so Adults and their families / carers receive the best support at such a critical time in their lives.



Quote from one Council Officer –

‘Good to go over the ASP Act and updated procedures and processes. I appreciated the space to think about how they underpin the day-to-day ASP work for all of us. I personally valued the refresher on the distinction between the ASP Act, AWI and MHCT Act. I welcome the annual refresher; it is good to keep it fresh in my mind’.

As part of our aspirations for continuous learning we developed and recruited a specific Adult Protection officer role focusing on supporting staff with their learning and also quality assuring the skill set of staff working in ASP. This officer set up monthly small group based reflective practice sessions, offering Council Officer’s protected time for peer discussion on topics such as complex case work, legal and ethical dilemmas and balancing of rights.

Quote from one Council officer – ‘

‘I got a lot out of the reflective practice. It is like peer-to-peer supervision, with oversight - so it doesn’t head off on a tangent in one particular direction and remains informative and relevant to all our work’.

A small working group, which includes SBC and NHS, and public protection staff, has been formed to ensure the recommendations reached at the training event are put into practice, this will support our ASP and wider Improvement planning.

## **CAPACITY TRAINING:**

Fifty-eight staff from the Health and Social Care Partnership, including staff from public protection services, attended a workshop in May to discuss the development of a Capacity Pathway. This followed work undertaken to review and update the partnership’s existing Capacity Assessment Tool (CAT).

The aim of the workshop was to develop a Capacity Pathway across NHS and SBC and to jointly agree a flowchart and improved system of progressing Capacity-related situations in hospital, at home and in situations which require intervention under formal Adult Support & Protection.

A small working group, which includes SBC and NHS, and public protection staff, has been formed to ensure the recommendations reached at the training event are put into practice, this will support our ASP and wider Improvement planning.



## CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022/23

# LOOKING AHEAD

The obvious barrier to mention at this stage will be the significant resource challenges across all services. Most acutely in the Children and Families Social Work service and as we approach winter, for the wider Social Care & Health perspective.

There are however some really exciting developments which will be progressing in the coming year:

Progress will be made on the improvement plans following the two joint inspection processes during the last reporting year.


The Digital Pathfinder will be activating the use of dashboards, mobilisation and data leading to Autonomous working for frontline staff. This coupled with a review of the scheme of delegation to foster an environment of empowerment to the wider workforce will be critical going forward. It is also of note that given the level of investment from Scottish Borders Council, we will need to realise efficiencies as a result of this.

We will progress on the journey of the Social Work traineeship to ensure that we continue to offer a career trajectory for people to become qualified Social Workers. This will hopefully go a significant part of the way to ensure that Scottish Borders has the ability to recruit Social Workers in the short and medium term. We will also be focussing on the recruitment of Occupational Therapists and consider a possible inhouse trainee scheme in partnership with Sunderland University. This is about ensuring that our services have the ability to be able to meet the needs of our communities going forward and contributes to our desire to progress reablement.

Due to the increasing demand for services locally, the ongoing development and expansion of a Community Led Support approach is of vital significance. By utilising the roll out of What Matters Hub's, the advice, guidance and assistance being available for communities, in communities is hugely important.

We will be building on our use of a more systematic self-evaluation process across Adult Social Work to produce a self-evaluation and quality assurance framework that will be applied across the whole service.

We are looking to progress work on the transition for children / young people to adult services. This not only pertains to formal transition processes (for example Children Affected by Disability to Adult Learning Disability Service) but also young people who find themselves sitting between child and adult services because of their age. There are some exciting ideas about how we can make this a more joined up process for these young people and very much adopting a more holistic approach to meeting need.



The work of the CYPPP will continue at pace, with the four designated network groups progressing their workplans to improve outcomes for all children, young people and families in Scottish Borders. In particular, the work on engaging with people with lived experience to ensure that their voice is not only heard, but that they have a seat at the table when determining how services are designed to meet local need. Added to this is the re-commissioning of services to be more aligned to the newly refreshed strategic Children and Young Peoples Plan, ensuring that we continue in our progress to deliver 'The Promise' locally.

Work will progress on the development of an Advocacy service to ensure that we provide dependable support to children and young people in Scottish Borders.

We will develop a strategy for increasing early and effective intervention in our communities to address need as early as possible.

We will be continuing to apply a significant level of scrutiny to out of authority placements for children and young people by involving wider Council services to see what other mitigations we can put in place to reduce this need.

### **SPECIFIC TO CHILDREN AND FAMILIES SOCIAL WORK:**

- We are exploring (at pace) alternative building options to increase local capacity e.g. working with partners to identify an interim provision for complex needs in lieu of the Tweedbank development
- Exploring additional children's services provision locally
- Exploring a model for increased capacity to support Kinship & Foster Carers
- Exploring the expansion of FGDM and Abuse and Trauma recovery work
- Reviewing if we can do more to recruit foster carers.

## CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022/23

# CONCLUSION

In conclusion to this year's annual report, as the Chief Social Work Officer I am once again privileged to lead the Social Work services in Scottish Borders. This has been a particularly challenging year with significantly increasing and changing need across the service landscape. We are seeing significantly more complex presentations and stress within family settings, leading to additional pressure in our communities.

I am mindful that during this reporting year, we have had two separate joint inspection processes from external bodies. Both of these inspection processes have validated the amazing work that our staff do on behalf of the organisation with the most vulnerable people in our communities. By working in partnership, we are doing everything we can to make Scottish Borders a great place to be.

I am confident that we remain reasonably well placed to keep improving our services but similarly recognise that it is becoming more and more challenging because of the extent of need and the financial position. There is no doubt that the coming years will continue to be challenging for everyone, but by engaging in meaningful discussion with staff, people who use our services, their families and carers, and our communities, we will continue to do everything that we can to ensure that we achieve the best possible outcomes for all.

I would finally like to convey my sincere thanks to each and every member of staff for the amazing work they do, often under very difficult and challenging circumstances. All staff should be proud of the work they do in making a difference to the people and communities we serve.



**Stuart C. Easingwood**  
**Director Social Work & Practice (CSWO)**  
**Scottish Borders Council**

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



Scottish Borders  
**Health and Social Care**  
PARTNERSHIP

15 November 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 2 August 2023.
- 1.2. The meetings had focused on: Financial Recovery, Mental Health Improvement & Suicide Prevention Plan; Local Housing Strategy Consultation; PCIP and Annual Delivery Plan.

**2. RECOMMENDATIONS**

- 2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to:-**
  - a) Note the SPG minutes of 7 June 2023 and 5 July 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 02.08.23**

**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](mailto:iris.bishop@borders.scot.nhs.uk)

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Minutes of a meeting of the **Scottish Borders Health & Social Care Strategic Planning Group** held on **Wednesday 2 August 2023 at 10am – 12pm** via Microsoft Teams

**Present:** Cllr David Parker (Chair)  
Chris Myers, Chief Officer for Health & Social Care  
Caroline Green, Public Member  
Wendy Henderson, Independent Sector Lead  
Susan Holmes, Principal Internal Audit Officer, IJB  
Katrina Culley, New Principal Internal Audit Officer, IJB  
Linda Jackson, Service User Representative  
Gwyneth Lennox, Group Manager, Social Work  
Vikki MacPherson, Partnership Lead  
Colin McGrath, Community Councillor  
Amanda Miller, Eildon Housing Association  
Hazel Robertson, IJB Chief Financial Officer  
Kathleen Travers, for Jenny Smith

**In Attendance:** Laura White (Minute Taker), Simon Burt, Scott Horton, Fiona Doig, Susan Elliot, Katrina Slater.

## **1. APOLOGIES AND ANNOUNCEMENTS**

Apologies received from David Bell, Dr Sohail Bhatti, Stuart Easingwood, Jen Holland, Clare Oliver, Debbie Rutherford, Cathy Wilson.

Susan Holmes introduced Katrina Culley as the new Principal Internal Audit Officer for the IJB. The Chair thanked Susan Holmes for her contribution to this group.

## **2. MINUTES OF THE PREVIOUS MEETING**

The Minute of the previous meeting held on 5 July 2023 was approved.

## **3. MATTERS ARISING/ACTION TRACKER**

Chris Myers asked the group to delete the zip file for the Coming Home Programme paper sent with the SPG Agenda as this file had been sent in error. This incident has been reported to the information governance teams.

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

#### 4. COMING HOME PROGRAMME

Simon Burt was welcomed to the meeting and presented the paper. The Scottish Government is prioritising this issue of people being accommodated where they were born, if desired. The Borders has been scoped and 17 people identified of which 3 are under 18, 5 are in the Borders and 12 are out of area. Eight have been identified as needing alternative support arrangements in the next 12 months. The future demand is estimated at 3 a year. There are no speciality learning disability beds in the Borders but there used to be 6 beds. Support is currently provided in England by the private sector which is very expensive. There is a programme board set up to oversee this project locally and 4 workstreams set up. This is core business which needs resources.

Hazel Robertson noted the two purposes for this paper coming to the SPG meeting – to highlight the range of programmes and the financial issues around funding. The financial planning gap is £2.9M and will need to be addressed as a whole partnership and risks managed. A financial risk management piece is needed as there are no reserves/set asides for this.

Colin McGrath asked if there were any organisation in the Borders similar to Remploy that previously existed. Simon Burt noted there are now commissioned building based day support services supporting 60 people in the Borders. People are being supported in the community or hybrid now. Kathleen Travers queried the impact assessment not having been included in the paper and Wendy Henderson noted there is still further work to be carried out on the Equality & Human Rights Impact Assessment before the paper goes to the IJB for approval and Simon Burt is consulting with her on this.

Chris Myers agreed this is the right thing to do but noted the financial pressure and affordability. The IJB need to be clear about the options available. Hazel Robertson agreed there is still some work to be done but the total gap is being looked at currently which is between £1.4M and £2.9M which needs to be risk managed. Simon Burt noted that 3 out of the 17 people will be transitioning from children's services but noted that funding does not follow the person. Service users have been given a RAG status so to reduce costs the focus is on Red and Amber status where support will be needed in the next 12 months. Core budgets are being looked at. Wendy Henderson asked what would be the impact elsewhere if budgets are moved around as this needs to be known before agreed. Hazel Robertson noted there is no ask today for funds just the understanding of there being a significant gap. There will be a further paper regarding funding of the gap as a next step. A best value approach will be taken, backed up information on value.

**Action: Simon Burt to circulate the completed impact assessment to the group before the paper goes to the IJB for approval.**

The **STRATEGIC PLANNING GROUP** approved the paper to go to the next IJB meeting on the condition that the impact assessments are completed and forwarded to the group for approval.

## 5. HOSPITAL AT HOME BUSINESS CASE

Scott Horton was welcomed to the meeting as the project manager for this project and deputy for Cathy Wilson. Hospital at Home is well established in other areas and a test of change is currently ongoing in the Borders. The request is to expend this until March 2024 to gather more information for the business case which will be brought to the SPG/IJB for approval. There is evidence of better outcomes for patients.

Wendy Henderson asked about the challenge to recruitment and Scott Horton noted this was due to contracts being fixed term but going forward they are likely to be full time permanent posts which would not have the same issues for recruitment. Potentially, existing staff may take up the permanent posts. A further 2 staff have recently been recruited which means more patients can be seen. Engagement will continue for the impact assessment.

Wendy Henderson noted she has spoken to Cathy Wilson about the Equality & Human Rights Impact Assessment and stage 1 is included in the paper. Wendy has offered to work with Cathy on stages 2 and 3 to conclude the impact assessment.

**Action: Cathy Wilson/Scott Horton to circulate the completed impact assessment to the group before the paper goes to the IJB for approval.**

The **STRATEGIC PLANNING GROUP** approved the paper to go to the next IJB meeting on the condition that the impact assessments are completed and forwarded to the group for approval.

## 6. PERIOD 2 FINANCE UPDATE

Hazel Robertson shared the presentation in advance of the meeting. Q1 is not yet consolidated. Period 3 will be confirmed shortly. The position is ahead of the spend due to the identified savings target. More clarity is needed on surge beds. Chris Myers added there was a good partnership session on Monday looking at how to have a safe situation over Winter. Additional funding from adult social care will help close the surge capacity currently open to free up for Winter.

**Action: Hazel Roberson to circulate Period 3 finance update.**

The **STRATEGIC PLANNING GROUP** accepted the Finance update.

## 7. ADP ANNUAL SURVEY & QUARTERLY REPORT

Fiona Doig and Susan Elliot were welcomed to the meeting. There is a national focus on reducing drug related deaths. New groups have been established to support the mission. The return from the Borders to the Scottish Government highlights some areas of good practice and areas for improvement and is in alignment with national expectations. Equality & Human Rights Impact Assessments have been included with support from Wendy Henderson and work is ongoing. Susan Elliot is developing a report for the IJB.

Gwyneth Lennox asked for a nominated person to work with the survey of young people development commission to develop a young person's strategy and Fiona Doig volunteered herself and thanked Gwyneth for the offer to be involved.

Chris Myers commended the work carried out by the ADP and the 3<sup>rd</sup> Sector voluntary groups/Partnership and added the Borders services has been commended nationally. Fiona Doing added she will confirm once the Scottish Government have approved the report.

Quarterly Report – Q4. Fiona Doig noted it is helpful to bring back a report to this group. Statistical graphs and data from services provide a dashboard and executive summary. The service is broadly stable and there are no particular issues to report. The number of people awaiting the service is decreasing. Wendy Henderson noted this group will be taking a report in the Equality & Human Rights Impact Assessment as evidence of improving quality of life.

The **STRATEGIC PLANNING GROUP** approved the annual survey and the quarterly report and supported them going to the IJB for sign off in September.

## 8. HSCP COMMUNICATIONS & ENGAGEMENT STRATEGY

Katrina Slater was welcomed to the meeting on behalf of Clare Oliver to present the strategy for 2023-26. The SPG are asked to support the strategy to go to the IJB for approval. The strategy aligns with many strategies and ties in with the strategic framework. It will be underlined by a more detailed communications plan.

Kathleen Travers noted there was no Equality & Human Rights Impact Assessment attached. Wendy Henderson noted that the paper stated that there would be a conversation with her as the Equalities Lead. Wendy added that a stage 1 is needed for compliance by law in all cases. A meeting has been set up with Chris Myers to discuss an additional layer of scrutiny for papers before they come to the SPG so as to have a more robust approach as 2 paper today have been non-compliant. Kathleen Travers agreed more work is needed on impact assessment before coming to this group. Katrina Slater agreed that more work is needed on the impact assessment in this paper and will pick this up with Clare Oliver when she returns.

Hazel Robertson welcomed having been involved in this and can see a real benefit in involving people the financial aspects going forward. This was used in the Day Service and had good results. Katrina Slater noted resource is needed to implement and noted that follow up conversations are planned.

Linda Jackson asked how this will be implemented. An action plan is needed for staff who are engaging with people. A core group of staff should be identified and trained. Linda also noted that papers must be received 7 days in advance to enable members to gather view of the cohort they represent. Any papers received after that time should not be included on the Agenda.

Colin McGrath noted the need to ask the community how they want to be communicated with as part of community empowerment.

Chris Myers noted the points raised adding that the SPG's is fulfilling its role by catching papers with insufficient impact assessments and will feed this back to the HSCP Joint Exec group and officer level to ensure paper come appropriately to the SPG.

**Action: Kathleen Travers/Clare Oliver to circulate the completed impact assessment to the group before the paper goes to the IJB for approval.**

The **STRATEGIC PLANNING GROUP** approved the paper to go to the next IJB meeting on the condition that the impact assessments are completed and forwarded to the group for approval.

**9. ANY OTHER BUSINESS - None**

**10. DATE AND TIME OF NEXT MEETING**

The Chair confirmed the next meeting of the Strategic Planning Group would be held on Wednesday 4 October 2023 at 10am to 12pm via Microsoft Teams.

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