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Scottish Borders
Health and Social Care
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A meeting of the **Health & Social Care Integration Joint Board Audit Committee** will be held on **Monday, 18th December, 2023** at **2.00 pm** via Microsoft Teams

AGENDA

Time	No		Lead	Paper
2.00	**1**	**ANNOUNCEMENTS AND APOLOGIES**	**Chair**	**Verbal**
2.01	**2**	**DECLARATIONS OF INTEREST** Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.	**Chair**	**Verbal**
2.03	**3**	**MINUTES OF PREVIOUS MEETING** 19.06.2023 (Copy attached.)	**Chair**	(Pages 3 - 10)
2.05	**4**	**MATTERS ARISING** (a) Action Tracker (Copy attached.) (b) Annual Accounts Update	**Chair** **Chief Officer**	(Pages 11 - 12) **Verbal**
2.10		**FOR DECISION**		
	5.1	Progress on Implementation of Internal Audit and Recommendations for the IJB	**Chief Internal Auditor**	(Pages 13 - 20)
	5.2	Mid-Year Progress on Delivery of the Internal Audit Annual Plan 2023/24 for IJB	**Chief Internal Auditor**	(Pages 21 - 30)
	5.3	Revised IJB Risk Management Policy Statement and IJB Risk Management Strategy 2023-2026	**Chief Internal Auditor**	(Pages 31 - 48)

	5.4	Directions Policy Discussion	**Chief Officer**	(Pages 49 - 62)
3.00		**FOR DISCUSSION/NOTING**		
	6.1	IJB Delivery Report	**Chief Officer**	(Pages 63 - 76)
	6.2	Finance Update	**Chief Officer**	(Pages 77 - 84)
	6.3	Monitoring of Directions: Care Village Update	**Chief Officer**	(Pages 85 - 90)
	6.4	Quarterly Performance Report	**Chief Officer**	(Pages 91 - 124)
	6.5	Audit Scotland Reports Adult Mental Health Services (Accounts Commission and Auditor General)	**Chief Internal Auditor**	(Pages 125 - 196)
3.55		**ANY OTHER BUSINESS**	**Chair**	**Verbal**
4.00	**7**	**DATE AND TIME OF NEXT MEETING** Monday 18 March 2024, 2.00pm to 4pm, via Microsoft Teams	**Chair**	**Verbal**

Scottish Borders
Health and Social Care
PARTNERSHIP

Minute of the meeting of **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** held on Monday 19 June 2023 at 2.00pm in Committee Room 2, SBC and via MS Teams

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

In Attendance: Mr C Myers, Chief Officer Health & Social Care
                    Mrs H Robertson, Chief Financial Officer
                    Miss I Bishop, Board Secretary
                    Mrs J Stacey, Chief Internal Auditor
                    Ms S Harold, Audit Scotland
                    Ms J Law, Audit Scotland
                    C Hurt

1.   APOLOGIES AND ANNOUNCEMENTS

1.1   Apologies had been received from Cllr Neil Richards, Dr Rachel Mollart GP, Mr John Boyd, Audit Scotland and Mrs Sue Holmes, Principal Auditor, SBC.

1.2   The Chair advised that Sue Holmes would shortly be retiring and recorded the thanks of the Committee for her support.

1.3   The Chair confirmed the meeting was quorate.

2.   DECLARATIONS OF INTEREST

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

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

3.   MINUTE OF PREVIOUS MEETING

3.1   The minutes of the meeting of the Integration Joint Board Audit Committee held on 20 March 2023 were approved.

4.   MATTERS ARISING

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

5.   FINANCIAL REGULATIONS

5.1   Mrs Hazel Robertson provided an overview of the content of the report to the Committee and confirmed that it was supported by both NHS Borders and Scottish Borders Council Chief Financial Officers. She advised that the financial regulations would be submitted to the IJB for formal approval and she would produce an easy read version for staff to use.

5.2   Mrs Jill Stacey commented that from an audit and risk perspective she had worked with Mrs Robertson and she was very supportive of the changes made.

5.3   Mrs Lucy O'Leary commented that in terms of commissioned services, it appeared that the IJB could not directly commission services from the third sector, they had to be commissioned via the local authority. Mrs Roberston responded that most externally commissioned services were delivered through the local authority and it may be that the IJB determined over time that because the local authority had a large commissioning function, the IJB may conclude due to better value to do that commissioning through the local authority and funding arrangements would mirror that, it would be about doing things more efficiently.

5.4   Mrs Stacey suggested financial regulations might be a topic for discussion between the Audit Committee chairs of the partner organisations.

5.5   Mr Kai Harrod commented that in trying to respond to legislation any change would have an impact on time and quality. He suggested as part of the presentation to the Board to consider the materiality of when and how to implement, as some things were in flight at present and not all of the things proposed as important might be necessary for them. Mrs Robertson agreed that the legal aspect was important to look at alongside that.

5.6   Mr Chris Myers enquired in relation to the virement section in paragraph 22 and legality of expenditure in paragraph 30 if what was proposed was in line with legislation. He knew that Mrs Robertson had been working those up with the two Directors of Finance for Scottish Borders Council and NHS Borders and further enquired if she felt that it was deliverable in the current form or if she thought there was more development to be done to get to that place. Mrs Robertson advised that she had spoken to the Directors of Finance on what those regulations meant for producing financial reports and when she had those discussions there would be some bouncing around of ideas on what that virement actually meant and how it was reported. She emphasised that the financial regulations required the IJB to report on changes in the financial budget. In terms of legality she advised that you could not delegate the legal obligation to anyone else.

5.7   Mrs Stacey commented that the audit plan for 2023/24 would have more focus on the financial governance.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted that the Regulations had been substantially reviewed by the IJB CFO and confirmed by SBC and NHSB. All outstanding matters had now been resolved.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted that the Audit Committees of partner bodies would also require to consider and accept that the changes conformed with their own governance arrangements.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** recommended the Regulations to the IJB for approval.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** requested that the CFO implement those within the IJB, making the required improvements in financial control, management and reporting, and communicating best practice to operational teams.

6.   **IJB AUDIT COMMITTEE ANNUAL REPORT 2022/23 AND SELF ASSESSMENTS'**

6.1   The Chair recorded his thanks to Mrs Jill Stacey for her hard work for him as the Committee Chair and also to Mrs Hazel Robertson for her involvement. He commented that huge strides forward had been achieved, however the biggest challenges still lay ahead and it was important to get it right. He then highlighted a few points within the report including liaison with officers, scrutiny and standard templates.

6.2   Mrs Jill Stacey suggested the inclusion of records management as an audit committee area of business and that it be added to the business plan and annual audit cycle.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** approved the IJB Audit Committee Annual Report 2022/23 (Appendix 1) which presented the self-evaluation of the Committee's performance, effectiveness and areas of improvement, based on the outcomes of its self-assessments (Appendices 2 and 3) using the CIPFA Audit Committees Guidance.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** agreed that the IJB Audit Committee Annual Report 2022/23 (Appendix 1), which was designed to both provide assurance to the IJB and to identify actions to improve the IJB Audit Committee's effectiveness, should be presented to the IJB.

7.   **INTERNAL AUDIT ANNUAL ASSURANCE REPORT 2022/23**

7.1   Mrs Jill Stacey provided an overview of the content of the report and the positive assurance that it contained.

7.2   The Chair thanked Mrs Stacey for her hard work on such a good report.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** considered the Internal Audit Annual Assurance Report 2022/23 for the Scottish Borders Health and Social Care Integration Joint Board (Appendix 1), which set

out the findings and conclusions arising from all Internal Audit work carried out during the year to 31 March 2023, considered the assurances therein, and provided any comments thereon.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** considered the list of Internal Audit reports by Partners' Internal Auditors presented to their respective Audit Committees that were relevant to the IJB for assurance purposes.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted that the IJB Chief Internal Auditor had taken account of assurances to provide the statutory Internal Audit assurance to the IJB.

8.   ANNUAL GOVERNANCE STATEMENT 2022/23

8.1   Mrs Jill Stacey provided an overview of the content of the report and advised that she had been working with Mr Chris Myers on the local code of corporate governance.

8.2   Mr Chris Myers provided an overview of the content of the report and highlighted; the conclusion we have reasonable assurance on adequacy and risk management arrangements and systems of internal control. He suggested there were 5 areas that required improvement.

8.3   Mrs Stacey reported that each of the 7 core principles had been updated as part of the internal audit work and the intention was to make sure the overarching local code of corporate governance was updated for the IJB. She assured the Committee that the annual governance statement continued to be updated annually.

8.4   Mrs Hazel Robertson suggested an improvement action be incorporated in relation to the set aside budget as she considered the IJB had not been fully compliant with regulations in how it had reported on set aside.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** considered the details of the Annual Governance Statement 2022/23 for the Scottish Borders Health and Social Care Integration Joint Board (Appendix 1) to ensure it reflected the risk environment and governance in place to achieve objectives, and acknowledged the actions identified by Management to improve internal controls and governance arrangements.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** approved that it be published in the unaudited Annual Report and Accounts 2022/23 of the Scottish Borders Health and Social Care Integration Joint Board in preparation for the statutory audit process.

9.   IJB DRAFT ANNUAL ACCOUNTS 2022/23

9.1   Mrs Hazel Robertson advised that the annual accounts for NHS Borders, Scottish Borders Council and the IJB had all been prepared at the same time to ensure they all showed a consistent position. The process had been challenging especially as she had

inherited a set of spreadsheets which contained anomalies. She commented that there were some aspects of the process that would need to change.

9.2   Mrs Robertson advised that the annual accounts apart from some numbers were virtually complete and she needed to complete the performance report. She commented that there had been changes to the annual accounts in terms of the layout and the outturn for the year showed a slight improvement from the previous year. The previous years overspend on delegated services had been £4.7m and had reduced to £3.5m which had been achieved through the good use of ear marked reserves. She further highlighted: the significant pressures in primary and community services and mental health services; the set aside budget; directions; trend in financial gap; where overspends were experienced; savings targets not agreed; the totality of earmarked reserves within the partnership; the governance statement; and the remuneration statement.

9.3   The Chair enquired in regard to the national Scottish figure for agency spend, how that compared locally. Mrs Robertson advised that she did not have the detail to hand however she was aware that premium rates were paid for staffing and in NHS Borders a new Financial Improvement Programme (FIP) had been established which had oversight of that spend. She suggested she put a similar arrangement in place for SBC in terms of premium rates.

9.4   Mr Chris Myers suggested it would be useful to look at all agency spend amongst all providers across health and social care.

9.5   Mrs Jill Stacey enquired in terms of COVID funding clawback and if the amount was comparable with other IJBs. Mrs Robertson advised that the partnership was treated the same as all partnerships and would therefore be comparable.

9.6   Mr Kai Harrod enquired about any concerns Mrs Robertson had in regard to reconciliation of numbers. Mrs Robertson commented that the main issue had been the analysis notes which did not agree 100% with the income and expenditure outcomes. She advised that the magnitude of variance was about 0.5% so was not significantly large.

9.7   Mr Harrod suggested adding in a narrative for the largest overspends as an explanation for the public. Mrs Robertson agreed to add in the granularity.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** considered the draft unaudited IJB Annual Accounts, identified any required changes and approved them for placing in the public domain subject to inclusion of performance report and confirmation on remuneration report.

10.   MINISTERIAL STEERING GROUP SELF-EVALUATION

10.1   Mr Chris Myers provided an overview of the content of the report that focused on the main areas for follow up following the improvement service session held earlier in the year. The items identified within the action plan which would be progressed were "how to align resources"; "roles and IJB members"; and "IJB mechanisms of engagement with the wider public".

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** endorsed the self-assessment process.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** approved the associated action plan for delivering on the proposed improvement actions for onward consideration by the Integration Joint Board, prior to submission to the Scottish Government.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** instructed the Chief Officer, Chief Financial Officer, Director of Public Health, and Head of Communications and Engagement to provide an update to the IJB Audit Committee on progress against the delivery of the actions outlined in March 2024.

11. MONITORING OF DIRECTIONS

11.1 Mr Chris Myers provided a presentation on the directions process for the Committee to consider how it was working and any improvements that could be made.

11.2 Mrs Karen Hamilton commented that from a low base point the directions policy was a huge improvement and step forward and she suggested the IJB was gaining confidence in the directions process as well the organisations receiving the directions.

11.3 The Chair echoed Mrs Hamilton's comments.

11.4 Mr Kai Harrod provided some initial observations such as: are directions issued at the right time; the difference between directions and actions and how they are broken down; timeliness of directions and responses received; sequence of governance as all partners need to operate in a synchronised way to achieve best effect of directions.

11.5 Mr Myers commented that all directions were discussed at the Joint Executive which involved both Scottish Borders Council and NHS Borders Chief Executives so that they were well informed before directions were issued by the IJB. He further advised that the directions issued to Scottish Borders Council were received by the Chief Executive and then submitted to full council for noting and a similar process was being put in place by NHS Borders.

11.6 Mrs Lucy O'Leary enquired if a dummy case study could be worked up to show what happened in terms of the outside world when a direction was issued. She also asked if the process could be followed up on if a third party was directed by either Scottish Borders Council or NHS Borders in order to fulfil the direction that was issued. Mrs Jill Stacey suggested an information development session be set up to discuss those points and to enable the Audit Committee to understand how it fulfilled its role on directions.

11.7 The Chair commented that the Council was now in its second year and it was very difficult to deliver efficiencies during a Councils second term of office.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted the update.

12. EXTERNAL AUDIT POINTS UPDATE

12.1   Mrs Hazel Robertson drew the attention of the Committee to the annual accounts preparation and advised that it had been challenging, however the financial staff across the partnership had been very helpful and supportive and worked with her. The process had been very challenging for all of the partner bodies. She further advised that financial sustainability in the context of the recovery plan remained challenging with a need to look at the amount of activity that was on going and its impact on potential savings. Other areas of activity she highlighted to the Committee included: Hospital Acute Services (set aside); achievement of best value through programme budgeting; and revisiting the financial ledger.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** considered the update and sought clarification of any aspects.

13. DIRECTIONS TRACKER

13.1   Mrs Hazel Robertson commented that she had now included a rag status on the directions tracker and would progress with further work on qualitative data. In providing the information to the Committee she suggested it should provide some assurance as well as an opportunity to pause and consider the issuing of future directions. She drew the Committee's attention to the 2 directions marked red which were on the financial position and PCIP funding.

13.2   Mrs Jill Stacey welcomed the report as it would assist the Committee to focus on the most significant elements on a by exception basis.

13.3   Mr Kai Harrod enquired if there was any legal basis should directions not be achieved and he welcomed the report as an enabler for the Committee to focus on the matters that needed to discussed.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** approved the addition of a RAG feature to the Tracker, particularly focussing on whether the recommended action section made sense and was helpful to guide members in their review of the status of Directions.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted the contents of the Directions Tracker, particularly noting the ongoing challenging status of two Directions, and the intention to report on that to the IJB.
- PCIP (implementation of GP contract)
- Financial Recovery Plan (ideas being generated but the scale of the challenge is very significant.

14. AUDIT SCOTLAND REPORTS

14.1   Mrs Hazel Robertson provided a brief overview of the contents of the Audit Scotland report for the Committee's awareness.

14.2 Mrs Robertson advised that an additional report had been received which was an "Overview of the IJBs" and she would distribute it after the meeting and add it to the next meeting agenda.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted the Local Government 2023 Accounts Commission Report.

15. ANY OTHER BUSINESS

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

15.2 The Chair suggested that before the next meeting it should be agreed whether meetings would be held fully on MS Teams or in person given the difficulties with the technology in holding a hybrid meeting that day.

16. DATE AND TIME OF NEXT MEETING

16.1 The Chair confirmed that the next meeting of the IJB Audit Committee would be held on Monday 18 September 2023 at 2.00pm via Microsoft Teams.

Scottish Borders Health & Social Care Integration Joint Board Audit Committee

Action Tracker

Meeting Date: 19 December 2022

Item: IJB AUDIT COMMITTEE ANNUAL REPORT 2021/22

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2023-1	5	The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** agreed a joint session with the Audit Committee Chairs of the partner bodies should be expedited as soon as possible.	Jill Stacey	March 2023	**In Progress:** Agreement in principle with the Audit Committee Chairs of the partner bodies. Meeting Date to be arranged	R

Item: BEST VALUE

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2023-3	9	The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** recommended that it informally engaged with the process with Audit Scotland to map out activities and determine value and impact.	Hazel Robertson	June 2023	**In Progress**	A

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

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2023-5	13	The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** agreed that the Chair of the IJB Audit Committee should write to the Chair of the IJB to advise that although matters appeared to be progressing, no solution was emerging in regard to the funding issue and the impact that would have on delivery.	Chris Myers	~~March 2023~~ July 2023	**Update 20.03.23:** Mr Chris Myers advised that he had not drafted a letter for the Chair of the Audit Committee to send to the Chair of the IJB in regard to PCIP funding, as he was awaiting further clarification of funding from the Scottish Government. He anticipated that a letter was to be released to organisations later in the week. **Update:** The letter had been received and a formal conversation would take place on the way forward with the PCIP at the IJB meeting in July 2023.	A

Key:	
Greyscale = complete	
R	Overdue / timescale TBA
A	<2 weeks to timescale
G	>2 weeks to timescale

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**Scottish Borders Health and Social Care
IJB Audit Committee**

18 December 2023

PROGRESS ON IMPLEMENTATION OF INTERNAL AUDIT RECOMMENDATIONS FOR THE IJB

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

1. PURPOSE AND SUMMARY

1.1. **To provide an update to Members of the IJB Audit Committee on the status of the implementation by Management of recommendations within the Internal Audit Annual Assurance Report 2022/23 for the Scottish Borders Health and Social Care Integration Joint Board.**

1.2. Management has the responsibility for ensuring that agreed audit actions are implemented to address any identified weaknesses or improvement in governance and internal controls and to mitigate risks. At Internal Audit Final Report stage, the Audit Recommendations are input to IdeaGen (formerly Pentana), the Council's corporate performance management system. This is designed to assist with Management tracking of implementation, link with relevant risks, and evidence continuous improvement.

1.3. The Remit of the IJB Audit Committee includes the function to "receive reports and oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate", as part of its high level oversight of the framework of internal control, risk management and governance.

1.4. The IJB Chief Internal Auditor has met with the IJB Chief Officer and IJB Chief Financial Officer on a monthly basis to ensure awareness of the three in-progress Internal Audit recommendations. Good progress has been made by Management on implementing improvements and the current status as at October 2023, shown in Appendix 1, indicates that all three recommendations have been completed with satisfactory evidence of this provided. Internal Audit will continue to monitor the improvements arising from the Internal Audit recommendations, to ensure these are sustained.

2. RECOMMENDATIONS

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

   a) Note the current status of progress made by Management in implementing Internal Audit recommendations to improve internal controls and governance, and mitigate risks; and

   b) Notes that Internal Audit will continue to monitor the improvements arising from the Internal Audit recommendations, to ensure these are sustained, and will provide update reports to this Committee.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

3.1. It is expected that the Internal Audit work for the IJB on its systems of governance, risk and internal control 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.

5. BACKGROUND

5.1. The Internal Audit activity adds value to the organisation (and its stakeholders) when it considers strategies, objectives, and risks; strives to offer ways to enhance governance, risk management and control processes (by way of making audit recommendations); and objectively provides relevant assurance.

5.2. Management has the responsibility for ensuring that agreed audit actions are implemented to address any identified weaknesses or improvement in governance and internal controls and to mitigate risks. At Internal Audit Final Report stage, the Audit Recommendations are input to IdeaGen (formerly Pentana), the Council's corporate performance management system. This is designed to assist with Management tracking of implementation, link with relevant risks, and evidence continuous improvement.

5.3. The Remit of the IJB Audit Committee includes the function to "receive reports and oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate", as part of its high level oversight of the framework of internal control, risk management and governance within the Scottish Borders Health and Social Care Integration Joint Board. The Internal Audit Recommendations were included within the Internal Audit Annual Assurance Report 2022/23 for the Integration Joint Board that was presented to the IJB Audit Committee on 19 June 2023.

5.4. Internal Audit continues to perform its standard quarterly follow-up activity to check that audit recommendations have been implemented and to ensure that the new arrangements had the desired effect on improving internal control and governance, and reducing risk. Internal Audit meets regularly with the IJB Management to address any audit actions, and the IJB Chief Internal Auditor brings any matters to the attention of the IJB Audit Committee on a 6-monthly basis.

6. PROGRESS UPDATE

6.1. There were three in-progress Internal Audit recommendations for the IJB within the Internal Audit Annual Assurance Report 2022/23 that was presented to the IJB Audit Committee on 19 June 2023. Two of which were brought forward as still in progress from the previous years' reports 2020/21 (Progress review of MSG Actions / Best Value areas of improvement) and 2021/22 (Communications & Consultation Strategy refresh), and one new recommendation in 2022/23 (Introduce a Partnership Joint Staff Forum monitoring and reporting mechanism on Workforce Planning).

6.2. The IJB Chief Internal Auditor has met with the IJB Chief Officer and IJB Chief Financial Officer on a monthly basis to ensure awareness of the three in-progress Internal Audit recommendations. Good progress has been made by Management on implementing improvements and the current status as at October 2023, shown in Appendix 1, indicates that all three recommendations have been completed with satisfactory evidence of this provided.

6.3. Internal Audit will continue to monitor the improvements arising from the Internal Audit recommendations, to ensure these are sustained. A further update will be included within the Internal Audit Annual Assurance Report 2023/24 for the Integration Joint Board, which is scheduled for presentation to the IJB Audit Committee in June 2024.

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. The Internal Audit Annual Plan 2023/24 includes a range of work associated with the IJB's Financial Governance arrangements and Follow-Up on implementation of Recommendations.

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. Internal Audit work is carried out in compliance with relevant legislation.

Legislative considerations

7.4. The Scottish Borders Health and Social Care Integration Joint Board, 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 establishment of robust Risk Management and Audit arrangements is one of the key components of good governance and will be critical to the capacity of the IJB to function effectively.

Climate Change and Sustainability

7.6. The Internal Audit work for the IJB is carried out using a virtual platform MS Teams to minimise the need for business travel and reduce potential climate impact, with the SBC Internal Audit team predominantly working from home.

Risk and Mitigations

7.7. Internal Audit provides assurance to IJB Management and the Audit Committee on the adequacy and effectiveness of internal controls and governance within the Council, including risk management, highlights good practice and makes recommendations.

7.8. It is anticipated that improvements in the management and mitigation of risks will arise as a direct result of IJB Management implementing the Internal Audit recommendations made during the year or outstanding from previous years.

7.9. In addition to its own governance arrangements, the IJB places reliance on the governance arrangements adopted by NHS Borders and Scottish Borders Council, the Partners.

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.

Integration Joint Board Officers consulted

8.2. The IJB Chief Officer and the IJB Chief Financial Officer have been engaged during preparation of this report.

Approved by:

Jill Stacey, IJB Chief Internal Auditor

Author(s)

Jill Stacey, IJB Chief Internal Auditor (Scottish Borders Council's Chief Officer Audit & Risk)
Chris Hurt (SBC Interim Senior Internal Auditor)

Background Papers: Internal Audit Annual Assurance Report 2022/23 for the IJB

Previous Minute Reference: IJB Audit Committee 19 June 2023

For more information on this report, contact us at Internal Audit intaudit@scotborders.gov.uk

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Follow up of Internal Audit Recommendations

There were three in-progress Internal Audit recommendations for the IJB within the Internal Audit Annual Assurance Report 2022/23 that was presented to the IJB Audit Committee on 19 June 2023. Two of which were brought forward as still in progress from the previous years' reports 2020/21 and 2021/22, and one new recommendation in 2022/23. Since then, good progress has been made by Management on implementing improvements and the current status as at October 2023, shown below, indicates that all three recommendations have been completed, with satisfactory evidence of this provided.

Recommendation	Current Status, and Agreed action owner and timescale, as applicable
(2020/21) Corporate Governance – MSG Actions / Best Value Areas of Improvement	**Medium**
Updates on progress against the MSG Self Evaluation HSCP Action Plan and Best Value Areas of Improvement should be provided to the IJB Audit Committee every 6 months. (*AUDIT.141*)	The Improvement Service carried out a facilitated evaluation in April 2023 covering (a) IJB and (b) partnership including NHS Borders and Scottish Borders Council. The IJB Chief Officer, presented reports on 'Ministerial Steering Group Self-Evaluation' to IJB Audit Committee on 19 June 2023 and the IJB on 19 July 2023 to demonstrate oversight and monitoring. *Complete*
(2021/22) Corporate Governance – Communications/Consultation	**Medium**
The Communications Strategy requires review (last reviewed 2018) to ensure that it remains relevant in the current environment. (*AUDIT.175*)	The key principles of stakeholder consultation and engagement and new approach have been applied during the development of the Strategic Framework 2023-2026, which is working well. The IJB has commented on the notable improvement in communications and engagement. The Communications and Engagement Framework (item 5.2) was approved by the IJB on 20 September 2023 to formalise the new approach. *Complete*
(2022/23) Strategic Commissioning – Workforce Planning	**Medium**
The Partnership Joint Staff Forum monitoring and reporting mechanism regarding cross sector organisational development should be established and documented. (*AUDIT.203*)	The reporting schedule for workforce has been amended by the IJB Chief Financial Officer to include provision of oversight to the Joint Staff Forum. *Complete*

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**Scottish Borders Health and Social Care
IJB Audit Committee**

18 December 2023

**PROGRESS ON DELIVERY OF INTERNAL AUDIT ANNUAL
PLAN 2023/24 FOR THE INTEGRATION JOINT BOARD**

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

1. **PURPOSE AND SUMMARY**

   1.1. **To present an update on progress with the delivery of the Internal Audit Annual Plan 2023/24 for the Scottish Borders Health and Social Care Integration Joint Board (IJB), and to set out a list of Internal Audit reports by partners' Internal Auditors presented to their respective Audit Committees which are relevant to the IJB for assurance purposes.**

   1.2. Internal Audit is an independent appraisal function established for the review of the governance arrangements and internal control system of the IJB to provide the statutory Internal Audit annual assurance and opinion. The Internal Audit Annual Plan 2023/24 for the IJB, approved by the IJB Audit Committee on 20 March 2023, allocated 45 days to support the delivery of the Plan, which includes sufficient work to enable the IJB Chief Internal Auditor to prepare the statutory independent and objective audit opinion to the year ending 31 March 2024.

   1.3. The Appendix 1 to this report provides details of the half yearly progress by Internal Audit with its work activity to deliver the approved Internal Audit Annual Plan 2023/24 for the IJB. The Internal Audit service to the IJB is provided by Scottish Borders Council's Internal Audit team. The continuous audit approach which is applied to Internal Audit work for the IJB enables Internal Audit to provide added value advice on internal controls and governance and 'critical friend' consultancy services as the IJB continues to develop its governance and transforms its service delivery.

   1.4. The Appendix 2 to this report provides the list of Internal Audit reports by Partners' Internal Auditors presented to their respective Audit Committees that are relevant to the IJB for assurance purposes with a summary of assurances contained therein.

2. **RECOMMENDATIONS**

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

      a) Note the progress made in the first six months of the year to deliver the approved Internal Audit Annual Plan 2023/24 for the Scottish Borders Health and Social Care Integration Joint Board (Appendix 1); and

      b) Consider the list of Internal Audit reports by Partners' Internal Auditors presented to their respective Audit Committees that are relevant to the IJB for assurance purposes (Appendix 2), consider the assurances contained therein, and provide any commentary thereon.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

3.1. It is expected that the Internal Audit work for the IJB on its systems of governance, risk and internal control 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 Internal Audit work that has been carried out during 2023/24 included a range of work associated with the IJB's Directions Policy and procedures, and the assurances thereon are included within Appendix 1.

5. BACKGROUND

5.1. Internal Audit is an independent appraisal function established for the review of the governance arrangements and internal control system of the Scottish Borders Health and Social Care Integration Joint Board to provide the statutory Internal Audit annual assurance and opinion. It objectively examines, evaluates and reports on the adequacy of governance and internal control as a contribution to the proper, economic, efficient and effective use of resources and the management of risk.

5.2. The Internal Audit Annual Plan 2023/24 for the IJB, approved by the IJB Audit Committee on 20 March 2023, allocated 45 days to support the delivery of the Plan, which includes sufficient work to enable the IJB Chief Internal Auditor to prepare the statutory independent and objective audit opinion to the year ending 31 March 2024.

5.3. The Internal Audit service to the IJB is provided by Scottish Borders Council's Internal Audit team which reflects the Council's contribution of corporate support resources to partnership working. Staff assigned to perform the Internal Audit work for the IJB hold relevant professional qualifications and have the necessary experience, knowledge, skills and competencies (such as

the Code of Ethics set out in the Public Sector Internal Audit Standards (PSIAS)) needed to deliver the plan.

5.4. In addition to its own governance arrangements, the IJB places reliance on the governance arrangements adopted by NHS Borders and Scottish Borders Council, the partners. This includes the existing mechanisms embedded within both NHS Borders and Scottish Borders Council for provision of Internal Audit assurances to their respective Audit Committees.

6. PROGRESS UPDATE ON DELIVERY OF INTERNAL AUDIT ANNUAL PLAN 2023/24 FOR THE IJB

6.1. The Appendix 1 to this report provides details of the half yearly progress by Internal Audit with its work activity to deliver the approved Internal Audit Annual Plan 2023/24 for the IJB. Those audits which are underway to reflect their continuous audit approach are highlighted in light shading and those scheduled for the second half of the year are not shaded. The Internal Audit Annual Plan 2023/24 for the IJB should be considered to be flexible and has been periodically reviewed to ensure it reflects any new arrangement or changing risks and priorities. There are no amendments at this time relating to the Internal Audit Annual Plan 2023/24 for the IJB that require approval by the IJB Audit Committee.

6.2. The continuous audit approach which is applied to Internal Audit work for the IJB enables Internal Audit to provide added value advice on internal controls and governance and 'critical friend' consultancy services as the IJB continues to develop its governance and transforms its service delivery.

6.3. The Appendix 2 to this report provides the list of Internal Audit reports by Partners' Internal Auditors presented to their respective Audit Committees that are relevant to the IJB for assurance purposes with a summary of assurances contained therein. The IJB Chief Internal Auditor has taken account of these assurances from Partners' Internal Auditors to provide assurance to the IJB.

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.

7.3.   The Internal Audit work that is being carried out during 2023/24 includes a range of work associated with the IJB's Financial Governance arrangements, and the progress thereon is included within Appendix 1.

Equality, Human Rights and Fairer Scotland Duty

7.4.   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

7.5.   The Scottish Borders Health and Social Care Integration Joint Board, 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.

7.6.   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 establishment of robust Risk Management and Audit arrangements is one of the key components of good governance and will be critical to the capacity of the IJB to function effectively.

Climate Change and Sustainability

7.7.   The Internal Audit work for the IJB is being carried out during 2023/24 using a virtual platform MS Teams to minimise the need for business travel and reduce potential climate impact.

Risk and Mitigations

7.8.   The PSIAS require Internal Audit to evaluate the effectiveness of the IJB's Risk Management arrangements and contribute to improvements in the process.

7.9.   Internal Audit provides assurance to IJB Management, Audit Committee and the Board on the adequacy and effectiveness of internal controls and governance within the IJB, including risk management, and to highlight good practice and recommend improvements.

7.10.   The Internal Audit Annual Plan 2023/24 for the IJB has been informed by the risks, controls and mitigation actions as set out within the IJB's Strategic Risk Register to ensure that Internal Audit plans are risk-based and provide relevant assurance.

7.11.   Discussions with the IJB Chief Officer and Chief Finance Officer continue on a monthly basis to ensure Internal Audit assurance meets the needs of the IJB and Management and other key stakeholders. There are no amendments at this time relating to the IJB Internal Audit Annual Plan 2023/24 that require approval by the IJB Audit Committee.

7.12.   It is anticipated that improvements in the management and mitigation of risks will arise as a direct result of IJB Management implementing the Internal Audit recommendations.

7.13. In addition to its own governance arrangements, the IJB places reliance on the governance arrangements adopted by NHS Borders and Scottish Borders Council, the partners. One such areas is the risk management arrangements, which includes the establishment of an Integrated Risk Forum. Where appropriate, existing mechanisms embedded within both NHS Borders and Scottish Borders Council will continue to be used to provide assurance to the IJB.

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.

Integration Joint Board Officers consulted

8.2. The IJB Chief Officer has been consulted on the contents of this progress update report in advance of it being considered by the IJB Audit Committee.

Approved by:

Jill Stacey, IJB Chief Internal Auditor

Author(s)

Jill Stacey, IJB Chief Internal Auditor (Scottish Borders Council's Chief Officer Audit & Risk)
Chris Hurt (SBC Interim Senior Internal Auditor)

Background Papers: Internal Audit Annual Plan 2023/24 for the IJB

Previous Minute Reference: IJB Audit Committee 20 March 2023

For more information on this report, contact us at Internal Audit intaudit@scotborders.gov.uk

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Ref	Category	Audit	Commentary	Status on Progress of Delivery at Mid-Year 2023/24
1.	Assurance	Internal Control, Governance and Risk Management	Continuous audit approach to follow up on implementation of actions of areas of improvement set out in the Annual Governance Statement 2022/23. Assess the IJB's corporate governance and risk management arrangements in place to oversee the delivery of all delegated services and set aside to meet the needs of service users and the strategic priorities for health and social care integration set out in the Strategic Commissioning Plan 2023-26, ensuring that statutory and legislative requirements are met. Prepare an annual assurance report for IJB Management and IJB Audit Committee that includes the statutory Internal Audit opinion on the adequacy of the IJB's arrangements for risk management, governance and internal control for delegated resources. This will be used to inform IJB's Annual Governance Statement.	Ongoing follow-up on implementation of actions on Areas of Improvement set out in the IJB Annual Governance Statement 2022/23. Continuous audit approach on quarterly reviews of IJB Strategic Risk Register aligned to Strategic Framework. Internal Audit specific focus on review and refresh of the IJB's Local Code of Corporate Governance, referencing decision-making of the IJB in the first instance. Engagement with IJB Chief Officer, IJB Chief Financial Officer and relevant others in the HSCP to be scheduled to ensure collaborative approach in the conclusion of the review and refresh of IJB Local Code. Annual evaluation of compliance with and effectiveness of IJB's Local Code of Corporate Governance and annual evaluation of effectiveness of IJB's internal controls and governance arrangements scheduled 4th Quarter. Reliance will be placed on relevant work of partners' Internal Audit providers.
2.	Assurance	Financial Governance, including key Internal Financial Controls	Assess the IJB's processes in place to ensure appropriate accountability for financial management of financial resources delegated to the IJB to deliver efficient and effective services, including progress in achieving efficiencies and transformation, and to meet the priorities for health and social care integration set out in the Strategic Commissioning Plan. Review of improvements to the IJB Financial Regulations, processes and practices including the developing financial approach.	Consultation on the revisions to the IJB Financial Regulations in advance of their scrutiny and approval. Continuous audit approach on financial monitoring and reporting to the members of the IJB. Specific review of financial governance improvements scheduled 4th Quarter to enable time for improved processes and practices to embed.

Ref	Category	Audit	Commentary	Status on Progress of Delivery at Mid-Year 2023/24
3.	Assurance	Commissioning and oversight of Contract Management	Assess the IJB's corporate governance arrangements in place to redesign service delivery to meet the needs of service users and align with Strategic Framework priorities and outcomes, with a focus on strategic commissioning or decommissioning arrangements (Directions) to inform implementation plans, including oversight of operational contract management by partners.	Continuous audit approach – referencing consultation, engagement and proposals via the Strategic Planning Group, decision-making of the IJB on Directions, and monitoring of their implementation including scrutiny by the IJB Audit Committee.
4.	Other	Recommendations Follow Up Review	Follow-up progress by Management with implementation of Audit Actions by the agreed date relating to areas of improvement recommended in 2022/23 audit assurance work and check on the adequacy of new internal controls.	Continuous audit approach – Quarterly follow-up activity with IJB Chief Officer and IJB Chief Financial Officer to ensure awareness and appropriate action. Progress Update on implementation of Internal Audit recommendations to be presented to IJB Audit Committee in December 2023.
5.	Other	Advice and Consultancy	As a 'critical friend' to Management, provide advice and internal challenge on projects involving major change.	Continuous audit approach – Monthly audit update meetings with IJB Chief Officer and IJB Chief Financial Officer as a 'critical friend' on developments in progress.
6.	Other	Partners' assurance	Review assurance from partners' Internal Audit providers (i.e. Grant Thornton for NHS Borders and in-house team for Scottish Borders Council) through their work undertaken and presented to their respective audit committees that is relevant to health and social care integration.	Continuous audit approach – Six monthly reports scheduled for presentation to IJB Audit Committee in June and December. Reports by partners' Internal Audit providers presented in the second half of 2022/23 to their respective Audit Committees were listed in appendix to IJB Internal Audit Annual Assurance Report 2022/23 presented to IJB Audit Committee on 19 June 2023. Reports by partners' Internal Audit providers presented in the first half of 2023/24 to their respective Audit Committees to be included for information within the Mid-Year Progress Update on delivery of the Internal Audit Annual Plan 2023/24 for the IJB, scheduled to IJB Audit Committee in December 2023.
7.	Other	Administration of Audit Scotland Reports	Monitor publication of Audit Scotland and other national reports and co-ordinate submission by Management of relevant national reports to the IJB Audit Committee / Board that give rise to introducing best practice arrangements or lessons learned from other organisations to enable Management to evidence improvements in health and social care integration practices on a continuous basis.	Ongoing – Oversight of coordination by Management presenting reports to IJB or its Audit Committee to ensure transparency of best practice and lessons learned from other organisations as part of continuous improvement.

Ref	Category	Audit	Commentary	Status on Progress of Delivery at Mid-Year 2023/24
8.	Other	Audit Committee Self-Assessment	Provide assistance to the Chair of IJB Audit Committee in undertaking a self-assessment of the IJB Audit Committee against the CIPFA best practice guidance.	Chair's Report presented to IJB Audit Committee 19 June 2023, based on the March 2023 annual IJB Audit Committee Self-Assessments, and to IJB 15 November 2023 to outline how it is fulfilling its remit and identify any areas of improvement. Identified improvement actions in progress, including Development Sessions for IJB Audit Committee. IJB Chief Internal Auditor scheduled to facilitate annual IJB Audit Committee Self-Assessment in March 2024 – 4th Quarter.
9.	Other	Attendance at Boards / Committees	Attend IJB meetings and other relevant forums to observe planning, approval, monitoring and review activity of business and performance. Prepare for and attend IJB Audit Committee meetings.	Continuous audit approach – IJB Chief Internal Auditor joins IJB meetings virtually. Principal Internal Auditor or Senior Internal Auditor joins Strategic Planning Group meetings virtually. Cycle of Internal Audit reports presented to IJB Audit Committee.
10.	Other	Audit Planning for 2024/25	Review strategic risks and audit universe, develop and consult on proposed coverage within the IJB Internal Audit Annual Plan 2024/25.	Scheduled 4th Quarter in order to present IJB Internal Audit Annual Plan 2024/25 for approval by IJB Audit Committee in March 2024.
		Total 45 days		

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RISK MANAGEMENT POLICY STATEMENT

Introduction

What is a Risk

An uncertain event or set of events that, should they occur, will have an effect on the achievement of objectives.

It consists of a combination of the likelihood of a threat, or equally an opportunity, happening and the impact should it happen. Risks are scored and prioritised to ensure they are controlled and managed effectively.

What is Risk Management

The activities required to identify, understand and control exposure to uncertain events which may threaten the achievement of objectives**.** Equally, it reflects the activities required to capitalise on opportunities in order to progress the achievement of objectives.

Why is Risk Management Important to the IJB

The Integration Joint Board (IJB), like all organisations, faces a wide range of risks at all levels of the organisation. The aim of this policy is to communicate why risk management should be undertaken, provide a common risk management language and a description of the approach that will be adopted by the IJB to manage its strategic risks. This policy is supported by the Risk Management Strategy, which is underpinned by the framework, principles, approach and processes set out as professional standards in the Management of Risk (M_o_R) Guide and the UK Government Orange Book 'Management of Risks – Principles and Concepts (May 2023)'.

The IJB understands that effective Risk Management is one of the foundations of effective Corporate Governance which has been adopted in its Local Code of Corporate Governance. Compliance with the principles of sound corporate governance requires the IJB to adopt a coherent approach to the identification and effective management of the risks with the outcome that better and more assured risk management will bring many benefits to the IJB, its Partners and the people it serves.

Vision

Appropriate and effective risk management practice will be embraced throughout the Integration Joint Board as an enabler of success, whether delivering better outcomes for the people of the Scottish Borders, protecting the health, safety and well-being of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.

The IJB recognises that risk management should be aligned with strategic objectives and will therefore be considered within the strategic planning process. This ensures that the risks to achieving these objectives are identified and prioritised.

The IJB will continue to systematically identify, analyse, evaluate, control and monitor those risks where there is exposure to significant financial, strategic, and reputational damage in relation to the achievement of the IJB's objectives, either through commissioning services from its Partners or arising from its operation as a separate entity.

Roles and responsibilities

<u>Integration Joint Board</u>

The IJB as a board will:

- approve the Risk Management Framework (i.e. Policy and Strategy) for implementation
- receive and review risk reports on strategic risks to ensure risks to the achievement of objectives are being adequately managed.

The IJB Members will also need to assure themselves that they have adequate information on risks and mitigations linked to report recommendations, to ensure they are fully informed when making decisions covering new priorities, policies and directions.

<u>IJB Chief Officer (Joint Director Health & Social Care Integration)</u>

The IJB Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the strategic risks relating to the services delivered under the direction of the IJB. The IJB Chief Officer will:

- regularly review and report the most significant risks threatening IJB strategic objectives, in liaison with the IJB Chief Financial Officer;
- draw to the attention of the IJB any new or escalating strategic risks and associated mitigations to ensure appropriate oversight and action;
- ensure all major decisions, covering new priorities, policies and directions, are subject to a fully considered risk assessment which includes the identification of planned mitigation actions;
- engage with the Chief Executives of the partner organisations to discuss any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes and objectives of the Strategic Framework or the reputation of the IJB;
- foster a supportive culture where all health and social care partnership staff are openly able to discuss and escalate risks appropriately; and;
- support internal and external audits.

<u>Integrated Risk Forum</u>

The Integrated Risk Forum will review and maintain IJB risk management policy and strategy, ensure these are communicated effectively, and ensure processes are in place to embed these in the IJB's culture and working practices in collaboration with the Partners. The Integrated Risk Forum (comprised of risk professionals from Scottish Borders Council (SBC) and NHS Borders) will be led by the Chief Officer Audit & Risk (SBC).

<u>Corporate Risk Officer (SBC)</u>

The Corporate Risk Officer (SBC) will support the management of risk in the IJB by: ensuring that the processes and procedures are followed; ensuring that a strategic risk register is in place and reviewed; preparing management reports; offering training and support; and facilitating risk workshops.

<u>IJB Audit Committee</u>

The IJB Audit Committee will scrutinise the adequacy and effectiveness of the IJB's risk management arrangements and consider the assurances on compliance with an appropriate risk management strategy within annual governance reports.

Risk appetite, tolerance and capacity

Risk appetite is how much risk the IJB is willing to seek and accept, which must be compatible with the level of risk it can tolerate associated with its capacity to bear and manage the consequences of a risk should it materialise. A consistent approach to identifying and analysing risk will be followed, using the IJB Risk Matrix as a guide. This will be supported by the Risk Management Strategy to ensure that the IJB, nor its stakeholders, are exposed to an unknown, unmanaged or unacceptable degree of risk.

Risk management process

Risk management is not a one-off exercise. It is a continuous process because the decision-making processes it underpins are continuous. Risk management must become an integrated part of good management within the IJB, but not be over bureaucratic and a process for its own justification. To these ends it will be aligned with the strategic planning process and the performance monitoring and reporting schedule.

Risk management will be applied to every activity relating to the IJB. It will be part of the decision-making process when developing and reviewing strategic plans, and when commissioning services from Partners through the use of Directions. This will be supported by the Risk Management Strategy to ensure the consistent application of the risk management framework.

Reporting for Assurance Purposes

Reporting, to support fulfilment of roles and responsibilities set within the Policy, will include:
- Bi-annual strategic risk register update reports to the IJB.
- Annual assurance report to the IJB Audit Committee on the application of the risk management framework.

Policy Review

The Risk Management Policy, Strategy and process for the IJB will be reviewed annually to ensure their continued relevance and effectiveness. Assurances and any recommended areas for improvement received from Internal Audit and External Audit, as well as best practice and lessons learned shared across the public sector on risk management, will be considered as part of the annual review process. This policy will be subject to document control, version control, and will be revised every three years to reflect changes in legislation, risk management best practice, and significant changes in corporate governance.

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Scottish Borders Integration Joint Board

Risk Management Strategy

Version No.	2		
Date Effective:		Review Date:	10/02/20

CONTENTS

Document Title:	Risk Management Strategy	Owner:	Chief Officer
Version No.	2	Superseded Version:	1.10
Date Effective:		Review Date:	November 2023

1. Introduction to the Strategic Approach to and Benefits of effective Risk Management

1.1 The Scottish Borders Integration Joint Board (IJB), as the strategic commissioning authority, is committed to providing safe and effective care and treatment for service users, and a safe environment for everyone working within or interacting with commissioned services.

1.2 The IJB supports a culture where the workforce is encouraged to develop new initiatives, improve performance and achieve objectives safely, effectively and efficiently by appropriate application of good risk management practices.

1.3 The IJB believes that appropriate application of good risk management practices will assist in the prevention or mitigation/minimisation of negative impacts and will increase success in the achievement of objectives and targets set in the Strategic Framework and Annual Delivery Plans, and ensure decision-makers are risk aware.

> **Key benefits of effective risk management:**
> - appropriate, defensible, timeous and best value decisions are made;
> - risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
> - high achievement of objectives and targets;
> - high levels of morale and productivity;
> - better use and prioritisation of resources;
> - high levels of user experience/satisfaction with a consequent reduction in adverse incidents, claims and/or litigation; and
> - a positive reputation established for the Integration Joint Board.

1.4 The IJB purposefully seeks to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions. This means that the IJB can take an effective approach to managing risk in a way that both addresses significant challenges and enables positive outcomes.

1.5 The IJB promotes the pursuit of opportunities that will benefit the delivery of the Strategic Framework. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for service users, the IJB and other stakeholders.

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2. Risk Management Strategy - Implementing Health and Social Care Integration for the Scottish Borders

2.1   Objectives

This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, business objectives, opportunities or threats.

The primary objectives of this strategy are to:

- Ensure that the risk management framework is applied consistently and with appropriate oversight.

- Establish standards and principles for the efficient and effective management of risks affecting the delivery of the Scottish Borders Health and Social Care Strategic Framework, including regular monitoring, reporting and review.

- Identify how and what risk information will be reported to the Integration Joint Board (IJB).

2.2   Governance Structure

The Integration Joint Board (IJB) is responsible for the strategic planning of the functions delegated to it and the risks arising from that undertaking.

The IJB will identify any high level strategic risks.

The partner organisations Scottish Borders Council and NHS Borders will report any relevant risks via the reporting structures by having oversight of delivery and/or governance routes:
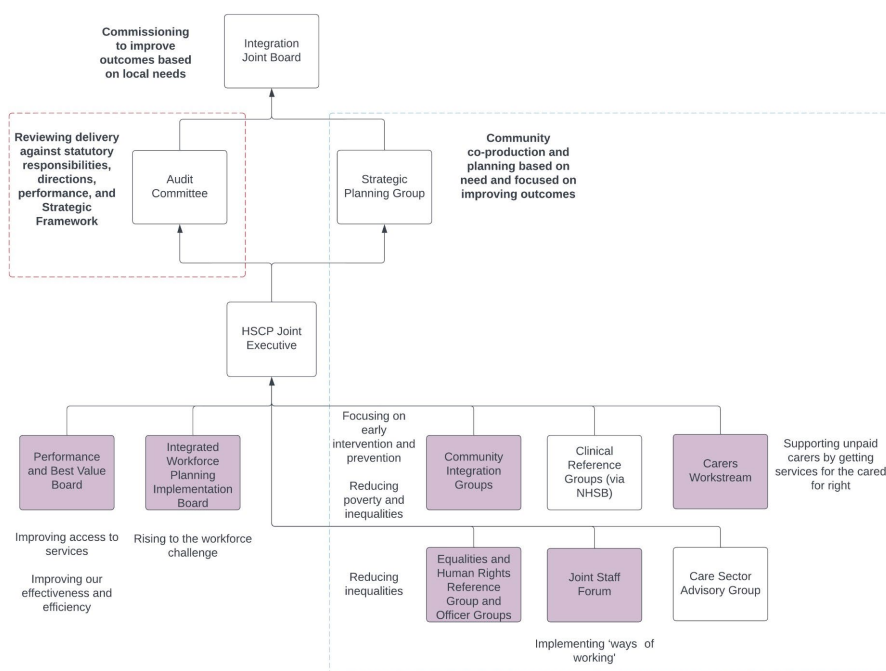

Diagram 1: Integration Joint Board Governance Arrangements Source: Strategic Framework

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2.3   Risk Management Framework and Process

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.

Risk Management is about the culture, processes and structuresthat are directed towards realising potential opportunities whilst managing adverse effects. It is proactive in understanding risk and uncertainty; it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.
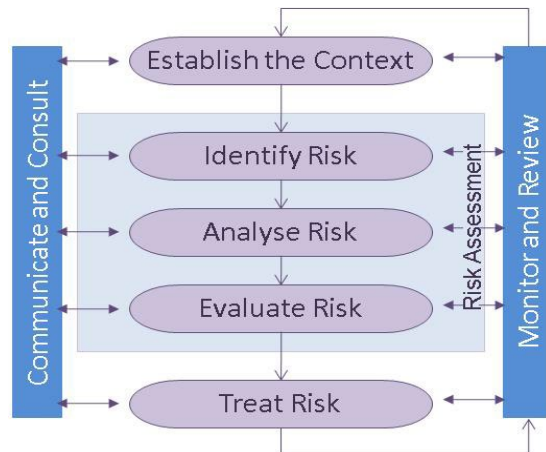
Diagram 2: Standard risk management process

For consistency the IJB will **adopt the standard risk management process** shown in the diagram 2. The standard as outlined makes clear that risk management is a dynamic process, with frequent review of existing risks and monitoring of the environment necessary to ensure the risks captured represent the current profile of the IJB.

Risk management tools for the purpose of supporting the risk management process (risk identification, analysis, evaluation, treatment and review) are being used by the IJB (i.e. Risk Identification Prompt List (PESTLE), Risk Matrix, and Process Guide). A **Risk Appetite** toolkit will be developed to ensure consistency of the approach to managing risks and to provide guidance on those levels of risks which are acceptable and those which are not in relation to any given Risk Category.

The strategic risk register will be held by the Integration Joint Board (IJB). Strategic risks represent the potential for the IJB to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Framework, and typically these risks require strategic leadership in the development of activities and the application of controls to manage the risks.

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2.4   Partners Organisations as Enablers - Risk Perspective

Effective communication of risk information across the services delivered under the direction of the Integration Joint Board is essential in developing a consistent and effective approach to managing the risks to the achievement of the IJB's strategic objectives.

It is the responsibility of the partner organisations to provide risk information as required by the IJB as part of monitoring arrangements and/or highlight any significant single risk arising that requires immediate notification to the IJB. This risk information will be communicated via the reporting structures and when necessary by the IJB Chief Officer.

An Integrated Risk Forum meets monthly, and is comprised of risk professionals from Scottish Borders Council (SBC) and NHS Borders, led by the Chief Officer Audit & Risk (SBC). The Forum enables its members to learn about the risk management arrangements in place within the Partner Organisations, share best practice knowledge and expertise, and undertake engagement on key pieces of work. The Forum, with the utilisation of risk information from partner organisations, will ultimately support and enhance the effective management of IJB Risks and the achievement of its Strategic Objectives.

It is the responsibility of the Partner Organisations to manage the following types of risks:

2.4.1 Operational risks associated with the delivery of services under the Direction of the IJB. These risks can arise from both an opportunity or threat. The development of actions and controls to respond to these risks will be led by managers and team leaders of the Partner Organisations. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership or significantly impact on the delivery of the IJB Strategic Framework, then these will be proposed for escalation to 'strategic risk' status for the IJB.

2.4.2 Business continuity and resilience risks associated with the delivery of services under the Direction of the IJB. Each Partner Organisation would be expected to have business continuity/resilience plans in place which are developed and tested in accordance with their respective internal corporate policies and arrangements.

Document Title:	Risk Management Strategy	Owner:	Chief Officer
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2.5   Reporting of Risks to the Integration Joint Board

The Chief Officer will deliver bi-annual strategic risk register updates to the Board, ensuring they have adequate oversight to fulfil their role and responsibility with regard to the management of risk.

The IJB will rely on assurance reports on the adequacy the effectiveness of risk management arrangements within the partner organisations, Scottish Borders Council and NHS Borders, pertaining to the relevant work streams under the strategic Directions of the IJB, presented to their respective Audit Committees (or equivalent).

2.6   Monitoring Risk Management Activity and Performance

Measuring, managing and monitoring risk management performance is key to the effective delivery of the objectives within the Strategic Framework helping to ensure that risk management adds value to the organisation's activities.

The Integration Joint Board (IJB) operates in a dynamic and challenging environment. The IJB Strategic Risk Register will be reviewed on a quarterly basis by the Chief Officer and Chief Financial Officer, with the input from Senior Managers as necessary. The quarterly review will include the identification and evaluation of any new or emerging risks. The regular risk review activity will ensure that any significant changes in the operating environment are reflected in the risk register.

As part of its planned assurance work for the IJB the Scottish Borders Council Internal Audit function will review the efficiency and effectiveness of Risk Management arrangements and associated internal controls put in place by Management and provide independent assurance on the effectiveness of the Risk Management Strategy and activities. This will form part of its assurance on the IJB's Corporate Governance arrangements that underpin the annual audit opinion reported to the IJB Audit Committee.

The IJB Audit Committee will scrutinise the adequacy and effectiveness of the IJB's risk management arrangements and consider the assurances on compliance with an appropriate risk management strategy within annual governance reports. Levels of assurance on the effectiveness of the management of IJB strategic risks, including any identified areas for improvement, will be reflected in the Annual Governance Statement.

2.7   Strategy Review

The Risk Management Policy, Strategy and process for the IJB will be reviewed annually to ensure their continued relevance and effectiveness. This strategy will be subject to document control, version control, and will be revised every three years to reflect changes in legislation, risk management best practice, and significant changes in corporate governance.

The Strategy (version 2) was approved by the Integration Joint Board at its meeting of……

Document Title:	Risk Management Strategy	Owner:	Chief Officer
Version No.	2	Superseded Version:	1.10
Date Effective:		Review Date:	November 2023

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

18 December 2023

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 IJB Audit Committee with a revised IJB Risk Management Policy statement and Risk Management Strategy 2023-2026 as an opportunity to scrutinise the risk management framework in advance of its presentation to IJB for approval.**

1.2. Effective Risk Management is one of the foundations of effective governance and is recognised in the IJB's Local Code of Corporate Governance. 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. Better and more assured risk management will bring benefits to the IJB, its Partners and service users. The current IJB Risk Management Policy and Risk Management Strategy were approved by the IJB on 19 August 2020.

1.3. Management, led by the IJB Chief Officer, have the primary responsibility to systematically identify, analyse, evaluate, control and monitor the strategic risks relating to the services delivered under the direction of the IJB.

1.4. Internal Audit is required to give independent assurance on the effectiveness of all internal controls and other arrangements put in place by Management to manage the strategic risks.

1.5. Part of the IJB Audit Committee's role is to scrutinise the adequacy and effectiveness of the IJB's risk management arrangements and consider the assurances on compliance with an appropriate risk management strategy within annual governance reports.

1.6. A refreshed IJB Risk Management Policy statement (Appendix 1) and updated 3-year IJB Risk Management Strategy 2023-2026 (Appendix 2) are included for consideration and endorsement by the IJB Audit Committee in advance of their presentation to IJB for approval. This will enable the IJB to refine its approach to managing its strategic risks and embed these key aspects into the management practices of the IJB and its Partners.

2. RECOMMENDATIONS

2.1. **The Scottish Borders Health and Social Care Integration Joint Boad Audit Committee is asked to: -**

a) Endorse the refreshed IJB Risk Management Policy Statement (Appendix 1) and the updated Risk Management Strategy 2023-2026 (Appendix 2) and recommend them to the full IJB for approval.

b) Acknowledges the role and responsibilities of the IJB Audit Committee within the IJB Risk Management Policy; and

c) Notes the reporting for assurance purposes on the efficacy of risk management arrangements within the IJB Risk Management Policy.

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 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 Framework. 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 Local Code of Corporate Governance.

5.2. Effective Risk Management is one of the foundations of effective governance and is recognised in the IJB Local Code of Corporate Governance. 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. Better and more assured risk management will bring benefits to the IJB, its Partners and the people it serves.

5.3. 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 current IJB Risk Management Policy and Risk Management Strategy were approved by the IJB on 19 August 2020.

5.4. Management, led by the IJB Chief Officer, have the primary responsibility to systematically identify, analyse, evaluate, control and monitor the strategic risks relating to the services delivered under the direction of the IJB.

5.5.   Internal Audit is required to give independent assurance on the effectiveness of all internal controls and other arrangements put in place by Management to manage risk, and to make recommendations designed to improve the management and mitigation of risks, in particular where there is exposure to significant financial, strategic, and reputational risk to the achievement of the IJB's objectives. Internal Audit assurance services are provided to the IJB by Scottish Borders Council's Internal Audit function, including the appointed IJB Chief Internal Auditor, to meet statutory internal audit requirements.

5.6.   Part of the Audit Committee's role is to scrutinise the adequacy and effectiveness of the IJB's risk management arrangements and consider the assurances on compliance with an appropriate risk management strategy within annual governance reports.

6.   IJB RISK MANAGEMENT POLICY STATEMENT

6.1.   The refreshed IJB Risk Management Policy Statement at Appendix 1 outlines the key objectives and states the roles and responsibilities in managing strategic risks. Management have the primary responsibility to systematically identify, analyse, evaluate, control, record and monitor strategic risks.

6.2.   The IJB Risk Management Policy has been reviewed and refreshed to reflect the Risk Management developments that have been introduced during the last 3 years and improvements identified to better align it to the IJB's strategic commissioning role, whilst also recognising the partnering dimension.

6.3.   The main changes in the IJB Risk Management Policy Statement can be summarised as follows:
   - Updating references to the IJB Strategic Framework and recognition of IJB as a separate entity (throughout the document);
   - The addition of definitions of 'Risk' and 'Risk Management' for information to provide clarity and context (Introduction);
   - The addition of the 'Vision' to reflect the risk maturity of the IJB as it is important to reflect strategic intent on managing risks whilst also recognising current position (Introduction);
   - Enhancing the descriptions of the specific roles and responsibilities to provide clarity of the remits of the Integration Joint Board, IJB Chief Officer, Integrated Risk Forum, SBC Corporate Risk Officer, and IJB Audit Committee in respect of managing strategic risks and maintaining oversight (Roles and Responsibilities section);
   - Re-ordering and re-naming some of the sections in the Policy to better reflect the risk management process (Risk Appetite, Tolerance and Capacity; Reporting for Assurances Purposes; and Policy Review sections); and
   - Providing clear timescales for the monitoring and review of the Policy (Policy Review section).

7.   IJB RISK MANAGEMENT STRATEGY 2023-2026

7.1.   The updated 3-year IJB Risk Management Strategy 2023-2026 at Appendix 2 outlines the approach that will be adopted for the IJB to systematically identify, analyse, evaluate, control, record and monitor risks, in support of the Risk Management Policy Statement.

7.2.   The IJB Risk Management Strategy 2023-2026 has been reviewed and refreshed to reflect the Risk Management developments that have been introduced during the last 3 years and improvements identified to better align it to the IJB's strategic commissioning role, whilst also recognising the partnering dimension to managing risks.

7.3.   The main changes in the 3-year IJB Risk Management Strategy 2023-2026 can be summarised as follows:

- Updating references to the IJB Strategic Framework and recognition of IJB as a separate entity (throughout the document);
- Including the updated Integration Joint Board Governance Arrangements diagram in line with the Scottish Borders Health and Social Care Partnership Strategic Framework 2023-2026;
- Expanding the descriptions of the Risk Management Framework and Process to better reflect practices being applied to demonstrate good governance;
- The addition of a new section 'Partners Organisations as Enablers - risk perspective' to provide clarity on the risk management remits of the Partners (Scottish Borders Council and NHS Borders) and to more clearly recognise the IJB as a separate legal entity;
- Removing the Role and Responsibilities section that is covered within the Policy;
- Re-ordering the Reporting and Monitoring sections; and
- Providing clear timescales for the monitoring and review of the Strategy (Strategy Review section).

8. Community Health and Wellbeing Outcomes

8.1.   The refresh of the IJB Risk Management Policy and Strategy provides a framework for managing the IJB strategic risks in alignment with the Health and Social Care Strategic Framework 2023-2026. This 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.

8.2.   The purpose of this report is to present the revised IJB Risk Management Policy and Strategy for approval. 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.   The Scottish Borders Health and Social Care Integration Joint Board, 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.

8.6.   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 establishment of robust Risk Management and Audit arrangements is one of the key components of good governance and will be critical to the capacity of the IJB to function effectively.

8.7.   A specific Risk Management Policy and Strategy for the IJB will enable the IJB to pursue its vision effectively, as well as underpinning that vision with mechanisms for the control and management of risk which is an expected component of good governance.

Climate Change and Sustainability

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

Risk and Mitigations

8.9.   This report is concerned with providing the IJB with its updated Risk Management Framework, as reflected within the revised IJB Risk Management Policy and Strategy 2023-2026. The application of sound Risk Management arrangements will assist the IJB in making informed business decisions and provide options to deal with potential problems as they arise.

9.   **CONSULTATION**

Communities consulted:

9.1.   While there has been no requirement to undertake formal consultation regarding this report, feedback on risk practices has been considered in the review and update of both the IJB Risk Management Policy and IJB Risk Management Strategy 2023-2026. For example, feedback from those within the health and social care partnership who are involved in managing risks, as well as comments / observations arising during formal meetings of the IJB Audit Committee and IJB during their consideration of risk update reports.

Integration Joint Board Officers consulted:

9.2.   The review and update of the IJB Risk Management Policy and Strategy 2023-2026 has been undertaken by those officers within the Integrated Risk Forum (SBC Chief Officer Audit & Risk (lead), SBC Corporate Risk Officer, and the Risk Manager of NHS Borders) in collaboration with the IJB Chief Officer.

Approved by:

Chris Myers, Integration Joint Board Chief Officer

Author(s):

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

Background Papers: IJB Risk Management Policy and Strategy (approved on 19 August 2020).

Previous Minute Reference:

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

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

18 December 2023

Directions Policy

Report by Chris Myers, Chief Officer Health & Social Care

1. **PURPOSE AND SUMMARY**

   1.1 To seek review and discussion of the enclosed Directions Policy and Procedure which was developed in line with the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014 and statutory guidance from the Scottish Government and approved by the IJB on 15 December 2021.

2. **RECOMMENDATIONS**

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

      a) Discuss and review the Directions Policy.
      b) Note that all directions are now worked up via the Joint Executive Team (JET).
      c) Note that due to risk or urgency some directions are submitted directly to the IJB without review by SPG.
      d) Note the suggestion that the review of directions is including in the new HSCP Delivery Report for reporting by exception rather than to the IJB Audit Committee.
      e) Note the timescales for review are often ambitious.
      f) Note the governance routes to the IJB need to be streamlined.

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 –	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Inclusive co-productive and fair with openness,

	Team Borders approach				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 Directions are a legal mechanism intended to clarify responsibilities requirements between partners. Directions are the means by which the SBIJB directs NHS Borders and the Scottish Borders Council how services are to be delivered using the integrated budget (i.e. the budget which is allocated to the SBIJB and for which the SBIJB is responsible).

5.2 Directions provide the mechanism for delivering the strategic plan, for conveying and enacting the decisions of the SBIJB, clarifying responsibilities between partners, and improving accountability.

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.	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. However the use of Directions should improve the Integrated Joint Board's financial oversight.

Equality, Human Rights and Fairer Scotland Duty

    6.3   When required, Equality and Diversity Impact Assessments will be carried out as part of the planning and implementation processes undertaken by the IJB, and the Health and Social Care Partnership.

Legislative considerations

    6.4   The policy ensures compliance with the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014

Climate Change and Sustainability

    6.5   None relevant.

Risk and Mitigations

    6.6   Appropriate use of the Directions Policy and Procedure should reduce the level of risk to the Integrated Joint Board, NHS Borders and the Scottish Borders Council

7   CONSULTATION

Communities consulted

    7.1   The new policy and procedure will ensure consultation through the Strategic Planning Group on new Directions before they are considered by the Integration Joint Board, unless they are escalated due to urgency or high level risk.

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.

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

- HSCP Joint Executive

Approved by:

Chris Myers, Chief Officer Health & Social Care

Author(s)

Iris Bishop, Board Secretary

Background Papers: Directions Policy and Procedure appended below.

Previous Minute Reference: 15.12.21 IJB meeting

For more information on this report, contact us at chris.myers2@borders.scot.nhs.uk

<u>Directions Policy and Procedure</u>

<u>Scottish Borders Integration Joint Board</u>

1.   Purpose

The Policy and Procedure seeks to enhance the governance, transparency and accountability between the Scottish Borders Integration Joint Board (SBIJB) and partner organisations NHS Borders and the Scottish Borders Council, by clarifying responsibilities. The Policy and Procedure has been developed to ensure compliance with Scottish Government statutory requirements and guidance on Directions. This policy sets out the process for formulating, approving, issuing and reviewing Directions.

This Policy and Procedure has been developed in line with the provisions set out in the Public Bodies (Joint Working) (Scotland) Act 2014[1] and Scottish Government best practice guidance[2].

2.   Policy

2.1.   Legislative and policy framework

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board must give a Direction to a constituent authority to carry out each function delegated to the integration authority.

The responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sits wholly with the IJB as a statutory public body.

The Act further places a duty on Integration Authorities to develop a strategic plan for integrated functions and budgets under their control. Integration Authorities require a mechanism to action these strategic commissioning plans and this mechanism takes the form of binding Directions from the Integration Authority to one or both of the Health Board and Local Authority.

In February 2016, the Scottish Government issued a 'Good Practice Note' on the use of Directions. The final report of the Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration, published February 2019, proposed enhanced governance and accountability arrangements.

2.2.   Definition and purpose of Directions

Directions are a legal mechanism intended to clarify responsibilities requirements between partners. Directions are the means by which the SBIJB directs NHS Borders and the Scottish Borders Council how services are to be delivered using the integrated budget (i.e. the budget which is allocated to the SBIJB and for which the SBIJB is responsible).

The primary purpose of Directions are to set a clear framework for the operational delivery of the functions that have been delegated to the SBIJB and to convey the decision(s) made by the SBIJB about any given function(s)[3].

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[1] Public Bodies (Joint Working) (Scotland) Act 2014. Available from:
https://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf
[2] Scottish Government. Good Practice Note. Directions from integration authorities to health boards and local authorities: guidance. Available from: https://www.gov.scot/publications/good-practice-note-directions-integration-authorities-health-boards-local-authorities/
[3] Scottish Government. Directions from integration authorities to health boards and local authorities: statutory guidance. Available from: https://www.gov.scot/publications/statutory-guidance-directions-integration-authorities-health-boards-local-authorities/

In line with national guidance on good practice, clear Directions must be given in respect of every function that has been delegated to the SBIJB. They must provide sufficient detail to enable NHS Borders and the Scottish Borders Council to discharge their statutory duties under the Act. Specific Directions can be given to NHS Borders, the Scottish Borders Council or both organisations depending on the services to be provided (Appendix B includes the Direction template to be used). However, Directions should not be issued unnecessarily and should be proportionate.

Directions must identify the integrated health and social care function it relates to and include information on the financial resources that are available for carrying out this function. The financial resource allocated to each function is a matter for the SBIJB to determine. The Act makes provision for the allocations of budgets for the sums 'set aside' in relation to commissioned services within large hospitals and finance statutory guidance published in 2015 provides detail[4].

Directions must also provide information on the delivery requirements. Directions may, if appropriate, specify a particular service or services to be provided.

In summary, the purpose of Directions is to set a clear framework for the operational delivery of the functions that have been delegated to the SBIJB and therefore all Directions must be in writing. Functions may be described in terms of delivery of services, achievement of outcomes and/or the strategic plan priorities.

The legislation does not set out fixed timescales for Directions. A Direction will stand until it is revoked, varied or superseded by later Direction in respect in the same function.

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

3.   Procedure

3.1.   Formulating Directions

As noted in the policy section, Directions provide the mechanism for delivering the strategic plan, for conveying and enacting the decisions of the SBIJB, clarifying responsibilities between partners, and improving accountability.

Moving forward, Directions will be clearly associated with an SBIJB decision, for example to approve a specific business case or to transform a service. Directions are formulated at the end of a process of decision-making which has included wider engagement with partners as part of commissioning and co-production. This will include consideration by the Strategic Planning Group prior to issuing to the SBIJB for review. A Direction should therefore not come as a surprise to either partner.

The development of new or revised Directions will be informed by a number of factors, including but not limited to:

-    Content of the SBIJB's strategic plan which is reviewed annually and produced every 3-5 years
-    Specific service redesign or transformation programmes linked to an approved business case
-    Financial changes or developments (eg additional funding opportunities, matters relating to set-aside budgets or requirement to implement a recovery plan)
-    A change in local circumstances
-    A fundamental change to practice or service

The SBIJB's Strategic Planning Group (SPG) has responsibility for considering all draft business cases before submission to the SBIJB and overseeing the delivery of the strategic plan and therefore will play a key role in helping to shape Directions.

As Directions will continue to evolve in response to service change/redesign and investment priorities, new or revised Directions may be formulated at any point during the year and submitted to the SBIJB for approval. Please refer to the section below 'Approving and issuing Directions' for further detail.

3.2.   Approving and issuing Directions

The SBIJB is responsible for approving all Directions. All reports to the SBIJB will identify the implications for Directions and will make a clear recommendation regarding the issuing of Directions, for example if a new Direction is required, or an existing Direction is to be varied or revoked. The detail of the new or revised Direction will be appended to the SBIJB report using the agreed tracker template and will be submitted to the SBIJB for approval.

Once approved, written Directions will be issued formally by the Chief Officer, on behalf of the SBIJB, to the Chief Executives of both partner organisations (NHS Borders and the Scottish Borders Council) as soon as practicably possible. Partners will be asked to acknowledge receipt of Directions and advised of performance reporting arrangements (as indicated in the section below).

Best practice denotes that Directions will be reviewed and issued at the start of the financial year. However, in order to provide flexibility and take account of strategic and financial developments and service changes, or a change in local circumstances, Directions may be issued at any time, subject to formal approval by the SBIJB.

3.3.   Implementation of Directions

NHS Borders and the Scottish Borders Council are responsible for complying with and implementing SBIJB's Directions. Should either partner experience difficulty in implementing a Direction, or require further detail regarding expectations, this should be brought to the attention of the Chief Officer in the first instance.

Initially, the Chief Officer will seek to resolve issues, liaising with and involving the SBIJB Chair or Vice-Chair accordingly. If resolution proves difficult, for example if issues are particularly complex, the SBIJB will be informed prior to initiating the dispute resolution mechanism outlined in the SBIJB's Code of Corporate Governance[5].

3.4. Monitoring and review of Directions

A Directions tracker will be used as the template for monitoring progress on the delivery of each Direction on a six monthly basis. The SBIJB's Audit Committee will assume responsibility for maintaining an overview of progress with the implementation of Directions, requesting progress reports from NHS Borders and the Scottish Borders Council, and escalating key delivery issues to the SBIJB. Directions issued at the start of the year should be subsequently revised during the year in response to developments. The responsibility for maintaining an overview of Directions and ensuring that these reflect strategic needs and priorities sits with the Planning and Performance support team to the SBIJB.

The Chief Officer and Chief Financial Officer will ensure that all Directions are reviewed annually through the work of the Audit Committee. Recommendations for variation, closure and new Directions will be brought to the SBIJB at the start of each financial year.

This annual process does not preclude in-year development, formulation or revision of Directions. It is expected that new Directions will be brought forward throughout the year to reflect strategic developments and service transformation.

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[5] Scottish Borders Health & Social Care Integration Joint Board Code of Corporate Governance. Available from: https://www.scotborders.gov.uk/downloads/file/1988/code_of_corporate_governance

4.   Review of Directions Policy and Procedure

This Directions Policy and Procedure will be reviewed every two years or sooner in the event of new guidance or good practice becoming available.

Date of policy approval:	TBC
Date of implementation:	ON DAY OF APPROVAL
Date of review:	2 YEARS AFTER DATE OF APPROVAL

5.   Appendices

Appendix 1:   Summary of Directions Procedure

Appendix 2:   Template to accompany SBIJB Directions

Appendix 1: Summary of Directions Procedure

Scottish Borders
Health and Social Care
PARTNERSHIP

Example prompts for Directions

Formulation of Directions.
Analyse: Assess the evidence to determine local needs and changing demand.
Plan: Co-produce plans with partners in line with strategic objectives to set out how services will be designed and delivered for improved outcomes

Approval and issuing of Directions

Do

IJB Strategic Plan

Service redesign

Financial changes

Significant change in practice / operations

Report setting out change or business case

Future Strategy Group consider and develop Direction

Strategic Planning Group consider report/case and associated Direction

IJB consider and approve Direction

Issued to Chief Executive of SBC +/- NHSB

Implement agreed Directions, assessing against original objectives

IJB Audit Committee review implementation progress

Monitoring of implementation.
Review: Use of the evidence of assessment and outcomes to determine the continued development of services, and provide the IJB with assurance

Appendix-2023-AC-26

Figure 1 Directions Procedure, including reference to Strategic Commissioning cycle phases (Plan, Do, Review, Analyse)
Appendix 2: Template to accompany SBIJB Directions

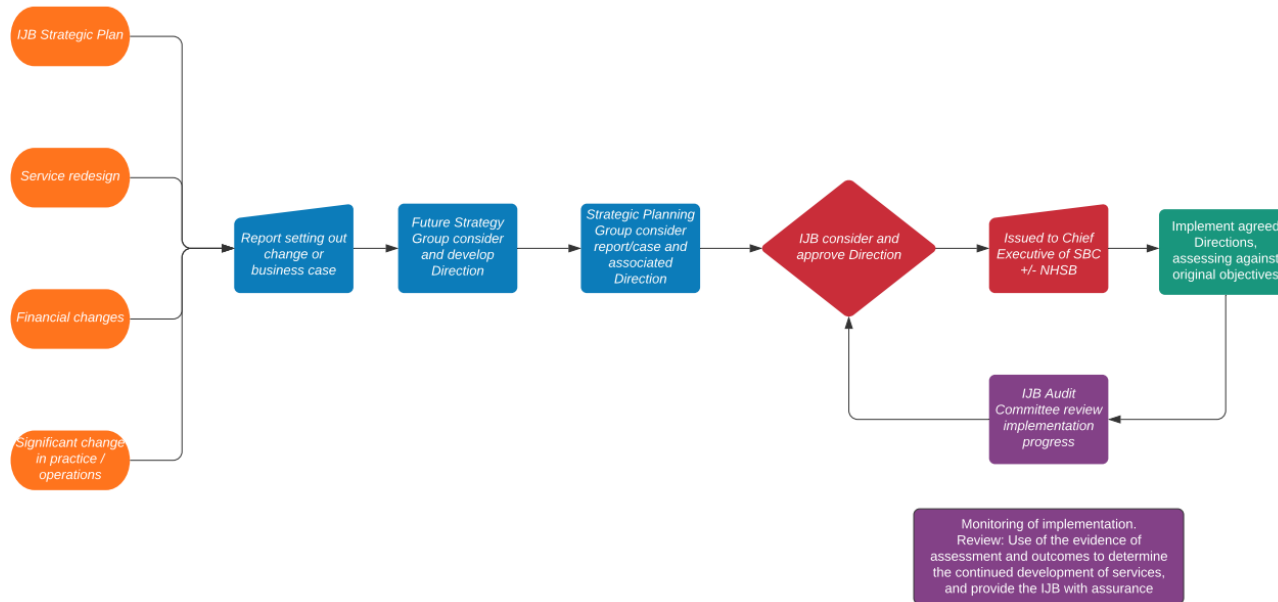| DIRECTIONS FROM THE SCOTTISH BORDERS INTEGRATION JOINT BOARD	
Directions issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014	
Reference number	Use format SBIJB-Date of IJB Meeting where Direction approved [DDMMYY] - Sequential number e.g. SBIJB-151221-1
Direction title	Insert brief Direction title
IJB Approval date	Insert date of IJB meeting when Direction was approved
Does this Direction supersede, revise or revoke a previous Direction – if yes, include the reference number(s)	No Yes (Reference number:_____) Supersedes / Revises / Revokes (delete as appropriate)
Services/functions covered by this Direction	List all services/functions covered by this Direction (e.g. palliative care, older adult social care etc)
Full text of the Direction	Outline clearly what the IJB is directing the Council, Health Board or both to do. The level of specificity is a matter of judgement to be determined by the IJB in relation to each Direction.
Timeframes	To start by: To conclude by: Consider and note the deadlines by when the Direction is expected to be commence and conclude carried out at the latest
Links to relevant SBIJB report(s)	Insert hyperlinks here
Budget / finances allocated to carry out the detail	State the financial resources allocated to enable NHS Borders or the Scottish Borders Council or both to implement the Direction. Provide sufficient detail especially if the Direction relates to multiple functions or services
Outcomes / Performance Measures	Detail of what the Direction is intended to achieve, or hyperlink to the appropriate document. Include reference to the link to the Strategic Plan, the National Health and Wellbeing Outcomes and IJB Performance Measures
Date Direction will be reviewed	Provide month / year to be reviewed by Audit Committee. No more than 6 months from date of approval

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Directions process: Key considerations

IJB Audit Committee

Key changes in process to consider for revised policy

- All papers with directions that go to the IJB now go via the HSCP Joint Exec Team
  - Most of these papers then go to the IJB via the SPG or Audit Committee
  - However.. 2 have been escalated directly (due to risk and urgency)
- New HSCP Delivery Report – does this give us the opportunity to review Directions by exception rather than review all Directions?
- Challenges around timescales – operational teams have set themselves tight deadlines which can drift
- Routes for governance to the IJB operationally need to be streamlined

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

18 December 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) Audit Committee 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	Delivering quality,	Dignity and respect	Care and compassion	Inclusive co-productive and

everything we do	ways of working – Team Borders approach	sustainable, seamless services			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.   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 31st 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.

<u>Review of Care Home Support Teams</u>

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.

<u>Review of the Local Area Coordination Service</u>

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.

<u>A Joint Health and Care Record – a test of change</u>

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

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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
• More time with clients and less time in systems	• Self serve reports – less time and more up to date data	• Reduced cost of reporting
• Access to the right information, at the right time, in the right place	• Drillable dashboards deliver greater service insight	• One source of data eliminates duplicated reporting and allows for one version of the truth
• Update records live – remove duplicated reprocessing	• Better holistic and detailed views of their service performance	• Greater opportunity to spot patterns and anomalies and avoid risk
• Eliminate unnecessary travel	• Repeatable Trend Analysis – better informed, more proactive decision making	• Greater ability to use predictive analytics to inform future planning
• Safe working with Lone Worker protection	• Better able to understand the communities they support	
• Make better decisions – more timely, more meaningful interventions		

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 6th 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:
  o Discharge planning starts in the community
  o Every older person should have the greatest opportunity to return to their own home
  o Decisions about future care needs should not be made when a patient is in crisis
  o Older people are not assessed for their future care needs in acute hospital, and;
  o 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.

<u>Whole Systems Operational Pressures Group review</u>

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
- Elke Fabry, Project Manager
- Philip Grieve, Chief Nurse
- Claire Griffiths, Assistant Service Manager
- Kirsty Kiln, Consultant in Public Health
- Lynne Morgan-Hastie, Quality Improvement Facilitator
- 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:
Chris Myers, Chief Officer at chris.myers@scotborders.gov.uk

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

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SBIJB-150622-4 Budget	16/06/22	All	Budgetary framework	To deliver services within the budgets and under the framework outlined in Item 5.7 of the 15 June 2022 Integration Joint Board			
SBIJB-151221-3	21/09/22	Care Home Hawick update	Development of FBC	Hawick Outline Business Case		present business case	
SBIJB-150622-5	16/06/22	Health Board Oral Services	Development of plan	To provide support for the production of an Oral Health Plan	As per SoI	Focussed on planning principles, health improvement plan, and be financially sustainable	on AC agenda
SBIJB-21-09-22-01	21/09/22	Hospital at home	Scope the development of Hospital at home	Develop a business case to come back to IJB for approval	300	To be discussed at range of groups prior to IJB in March	recruitment and start up
SBIJB-210922-2	21/09/22	Integrated home based reablement service	Report to IJB with business case for integrated SB Cares and Home First Service	Develop a business case to come back to IJB for approval	expected that costs will reduce	To review by SPG before IJB in December	

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

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Scottish Borders HSCP IJB Audit Committee Financial Performance Management Period 7

To 31 October 2023

20 September 2023

Total Delegated Functions	Base Budget £'000	Revised Budget £'000	Actual To Date £'000	Projected Outturn £'000	Outturn Variance £'000
Joint Learning Disability Service	24,147	26,015	14,026	27,359	(1,344)
Joint Mental Health Service	21,323	26,433	14,282	26,354	79
Joint Alcohol and Drug Service	431	856	672	856	0
Older People Service	24,735	16,776	1,433	16,776	0
Physical Disability Service	2,698	3,202	1,815	3,202	0
Prescribing	23,432	25,839	15,998	27,969	(2,130)
Generic Services	56,284	64,764	36,714	64,231	533
Independent Contractors	31,480	35,478	21,731	35,678	(200)
Adult Social Care	16,341	16,927	10,290	17,816	(889)
Unidentified Savings	(4,333)	(3,442)	0	0	(3,442)
	196,538	212,848	116,961	220,241	(7,393)

Delegated Social Care Functions	Base Budget £'000	Revised Budget £'000	Actual To Date £'000	Projected Outturn £'000	Outturn Variance £'000
Joint Learning Disability Service	20,404	21,791	10,531	21,791	0
Joint Mental Health Service	2,178	2,262	1,105	2,262	0
Joint Alcohol and Drug Service	0	0	0	0	0
Older People Service	24,735	16,776	1,433	16,776	0
Physical Disability Service	2,698	3,202	1,815	3,202	0
Prescribing	0	0	0	0	0
Generic Services	8,639	9,203	3,561	9,203	0
Independent Contractors	0	0	0	0	0
Adult Social Care	16,341	16,927	10,290	17,816	(889)
Unidentified Savings	0	0	0	0	0
	74,995	70,161	28,735	71,050	(889)

Delegated Social Care Functions

•*Learning Disability Services forecasting a balanced position for 23-24 although increasing client specific care costs showing a pressure of c. £0.300m which can be addressed by savings elsewhere in the service on a temporary basis for 23-24. There is a risk that the upward trend in Learning Disability costs will result in a budget pressure in 2024-25. Ongoing fortnightly resource panel meetings in place to scrutinise new or increases to care packages.*

•*Pressure of £0.496m in Adult Social Care reported at September month end has increased by £0.393m at the end of October resulting from further increases to overtime and agency staff cost projections as well as leased vehicle pressure amounting to £0.240m which is currently is being investigated. It is anticipated an element of the pressure can be met from a mix of residual temporary and recurring 2023-24 Scottish Government additional funding. Work is also ongoing to look at the creation of or increase to Relief Staff and Overtime budgets as well as a review of staff rostering in care homes and homecare services in order to reduce the reliance on agency costs.*

Delegated Healthcare Functions	Base Budget £'000	Revised Budget £'000	Actual To Date £'000	Projected Outturn £'000	Outturn Variance £'000
Joint Learning Disability Service	3,743	4,224	3,495	5,568	(1,344)
Joint Mental Health Service	19,145	24,171	13,177	24,092	79
Joint Alcohol and Drug Service	431	856	672	856	0
Older People Service	0	0	0	0	0
Physical Disability Service	0	0	0	0	0
Prescribing	23,432	25,839	15,998	27,969	(2,130)
Generic Services	47,645	55,561	33,153	55,028	533
Independent Contractors	31,480	35,478	21,731	35,678	(200)
Adult Social Care	0	0	0	0	0
Unidentified Savings	(4,333)	(3,442)	0	0	(3,442)
	121,543	142,687	88,226	149,191	(6,504)

Delegated Healthcare Functions

• Improved position from M03 by £1.500m.

• Learning Disability pressures as a result of increased high-tariff placements which are likely to continue during 2023/24

• Mental Health Medical budget pressures (agency and locum and drugs costs) offset by savings in pay due to vacancies across nursing and psychology. Proposed workforce model for Medical staff will have a significant impact on overall cost going forward.

• Prescribing pressures due to increased volumes and, in particular, unit costs of key medicines. Reduced forecast cost by c. £0.300m from M03 position previously reported to the IJB.

• Generic Services savings in pay due to vacancies within Dental and AHP services offset by additional costs within Vaccinations and Leadership in Care Homes in addition to further pressures within District Nursing, Home First and Out of Hours services. Significant reduction of £0.700m from M03 position due to further vacancies and implementation of increased grip and control.

• Forecast pressure in General Medical Services Independent Contractors arising from Duns operating as a 2c practice in addition to other small pressures

• Nearly £3.5m of savings remain unidentified at M07 across delegated functions against 2023/24 Financial Plan requirements – Board-set 2% minimum recurring targets have largely been met (£0.700m improved position from M03), but this is significantly short of overall Financial Plan targeted level.

Set Aside Healthcare Functions	Base Budget £'000	Revised Budget £'000	Actual To Date £'000	Projected Outturn £'000	Outturn Variance £'000
Accident & Emergency	3,630	4,147	3,300	5,990	(1,843)
Medicine of the Elderly	7,032	7,840	4,915	8,759	(919)
Medicine & Long-Term Conditions	18,155	20,890	12,559	21,863	(973)
Unidentified Savings	(944)	(944)	0	0	(944)
	27,873	31,933	20,774	36,612	(4,679)

Healthcare Functions Retained and Set-Aside

- *Similar position to M03.*

- *Accident & Emergency pressures arising from additional nursing and medical staff due to increased activity and the requirement to bed ED overnight. The requirement to bed ED is due to there being insufficient patient flow in the hospital due to the number of delayed patients in the system.*

- *Medicine for the Elderly (DME) is normally funded to function with 48 acute beds. Currently Ward 14 is running at 30 beds and Borders View (Ward 12) is staffed to 24 beds non acute beds and used for delayed patients only. There are also 2 additional beds open in Borders Stroke Unit, therefore DME has been running with 8 additional beds. The main element of the overspend is related to the additional beds but is further increased due to there being maternity leave within DME which has resulted in the use of agency/NHS locums which has come at an additional cost.*

- *As with DME Medical and Longer Term conditions has continuously been running with additional inpatient beds open within the Medical Assessment Unit (MAU). 7 additional beds have been open continuously throughout 23/24 and these require 5.19wte registered staff and 5.19wte healthcare support workers.*

- *The year end projected detailed in this report is currently predicted to be in the region of £3.600m with the return of consultants from maternity leave and the reduction in agency staff to staff the additional beds the year end projection has been revised to £2.900m. This revised projection assumes that the additional beds remain open until 31 March 24. However, the winter surge plan details additional capacity out-with the Acute hospital which may allow closure of the additional capacity towards the end of the financial year. Currently the projection does not reflect this.*

- *Progress on savings continues to be slow with a significant element remaining unidentified.*

- *Savings progress remains slow and there remains a significant balance unidentified.*

Scottish Borders Health and Social Care Partnership
INTEGRATED JOINT BOARD AUDIT COMMITTEE

18/12/2023

CARE VILLAGE UPDATE MONITORING OF DIRECTIONS

Report by Chris Myers, Chief Officer Health & Social Care

1. **PURPOSE AND SUMMARY**

    1.1.   To appraise the Integration Joint Board Audit Committee of progress on Tweedbank and Hawick Care Villages.

    1.2.   Section 6 sets out progress to date with Tweedbank and Hawick Care Villages, per the direction from IJB.

2. **RECOMMENDATIONS**

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

        a)   Note progress on Hawick Care Village
        b)   Note progress on Tweedbank Care Village

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

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

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

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

4. INTEGRATION JOINT BOARD DIRECTION

A direction is not required as this is an update following initial directive.

5. **BACKGROUND**

5.1   On 19th March 2020, Council agreed the allocation of £22.679M for "new residential care provision" for Tweedbank and Hawick within the Draft Revenue & Capital Investment Plan (Revenue 2021/22 - 2025/26, Capital 2021/22-2030/31). Thus allowing £11.339M per facility.

5.2   The outline business case to develop a care village at Tweedbank to replace the existing Waverley Care Home and Garden View facility was agreed by Council and IJB in November 2021. This will see a single site with provision for 60 beds providing dementia, long stay residential care, respite care and reablement.

5.3   The outline business case to develop a care village at Hawick to replace the existing Deanfield facility was agreed by Council in January 2023 and IJB in February 2023. This residential care facility will be located at Stirches alongside extra care housing provided by Eildon Housing Association with opportunities for collaborative service delivery.

5.4   A further report for Tweedbank will be presented to Council and IJB in the Spring of 2024.

5.5   A needs assessment is currently underway to consider the impact of private care provision, and building Extra Care Housing, on the number of care home beds that will be required in Hawick.

6. **CURRENT PROGRESS**

6.1.   Tweedbank
   - Governance in place through Care Village Programme Board and onward reporting
   - Risk register and other project documentation in place
   - Vision agreed
   - Extensive stakeholder engagement to inform requirements and design carried out
   - Detailed design for village completed and agreed by the Board and now in pre-planning
   - Agreement by Council in September to progress to procurement and full planning
   - Board approval in December of the procurement route for Tweedbank care village through Hub South East
   - Development of an Integrated Model of care is underway and a report will be presented to the IJB in Spring 2024
   - Revenue Business case ion development and will be presented to IJB in Spring 2024

6.2.   Hawick
   - Joint IJB/SBC/EHA working group in place that will report into the Care Village Programme Board and then onto IJB and other relevant governance groups
   - Community engagement sessions held to understand the communities view of what is required in the area
   - Options appraisal carried out to determine the most suitable, acceptable and feasible site for development
   - Outline business case including preferred option and rational, agreed by council and IJB
   - Needs assessment in progress to help determine bed types and numbers required alongside Extra Care Housing
   - Vision and guiding principles developed with Eildon Housing Association
   - Early engagement with the Care Inspectorate initiated.

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.	Increased
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.	Increased
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Increased
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Increased
5	Health and social care services contribute to reducing health inequalities.	No change
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 change
7	People who use health and social care services are safe from harm.	Increased
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.	Increased
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increased

Financial impacts

7.2.1 The financial impacts for Tweedbank are currently being analysed and a revenue report will be presented to IJB in the Spring on 2024.

7.2.2 The financial impacts for Hawick will be analysed during 2024 following completion of the needs assessment.

Equality, Human Rights and Fairer Scotland Duty

7.3.1 Tweedbank Stage 1 has been completed May 2022. Stage 2 is in progress. Stage 3 will be completed and submitted along with Capital and revenue business case updates in the Spring of 2024 for both opening of the new facility and the closure of Waverley and Garden View.

7.3.2 Hawick stage 1 has been completed (May 2022) and stage 2 commenced. Stage 2 will continue through the development of the proposals for Hawick.

Legislative considerations

7.2. Care Inspectorate and all required legislative bodies around the design and build of the Care Villages have been consulted to ensure requirements are met.

Climate Change and Sustainability

7.3.   Relevant climate change and sustainability requirements have been taken account of in the care village design.

Risk and Mitigations

7.4.   A full risk register is in place for both Hawick and Tweedbank Care Villages with risks managed by the Care Village Programme Board. Any relevant risks are highlighted in reports to Council and IJB as required.

8.   **CONSULTATION**

Communities consulted

8.1.   The National Development Team for Inclusion carried out extensive engagement with staff, families, residents, the community and various groups within Hawick and the Tweedbank area and full reports are available. Details of the consultees are included in the reports. The details have been incorporated into the IIA Stage 2.

In addition, the following groups have been consulted:
- Unpaid Carers – Carers Workstream
- Localities – Locality Working Groups
- Clinical Groups – NHS Borders Clinical Reference Groups (GP Subcommittee, Area Clinical Forum, Area Dental Committee, Area Pharmacy Committee, Area Optometry Committee)
- IJB Strategic Planning Group – if supported by the Strategic Planning Group
- Dementia Groups

In relation to the Tweedbank development, in line with regulatory requirements, two pre-planning drop ins were held in September 2023.

Approved by:

Chris Myers, Chief Officer Health & Social Care

Author(s)

Andrew Medley; Lynn Medley

Background Papers: None

Previous Minute Reference: None

For more information on this report, contact us at Residentialcareprogramme@scotborders.gov.uk

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

18 December 2023

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) Audit Committee is asked to:-**

   a) Discuss the content of the report and reflect any views back to the IJB.

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
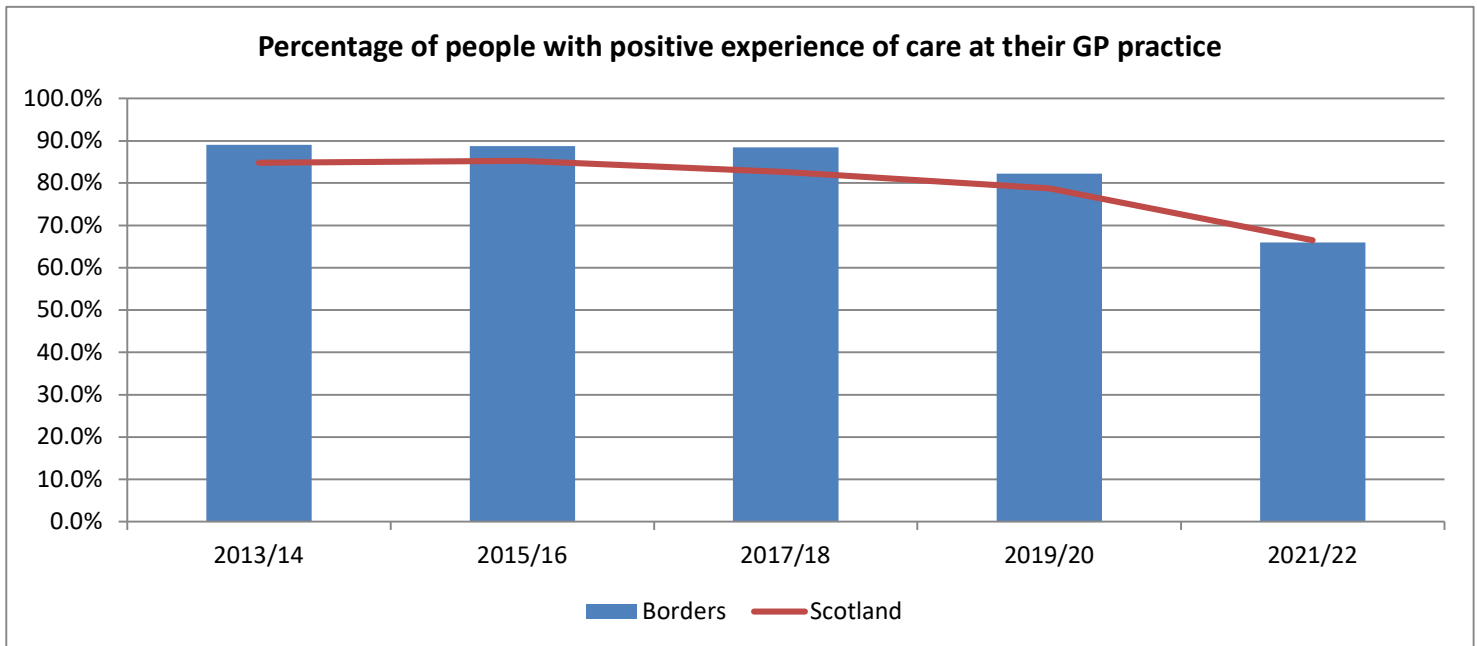**Objective 5:** Improving effectiveness and efficiency
Objective 6: Reducing Proverty and Inequalities

Objective 1. Improving Access

Percentage of people with positive experience of care at their GP

Source: Core Suite Indicator workbooks

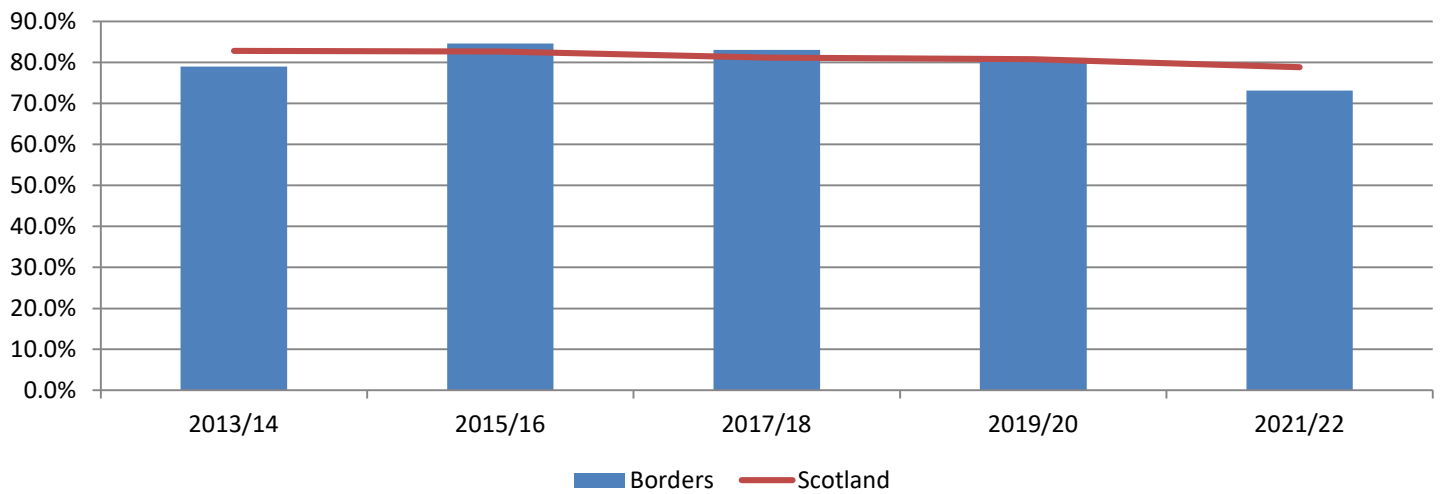|	2013/14	2015/16	2017/18	2019/20	2021/22
Borders	89.0%	88.7%	88.5%	82.3%	65.9%
Scotland	84.8%	85.3%	82.7%	78.7%	66.5%

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
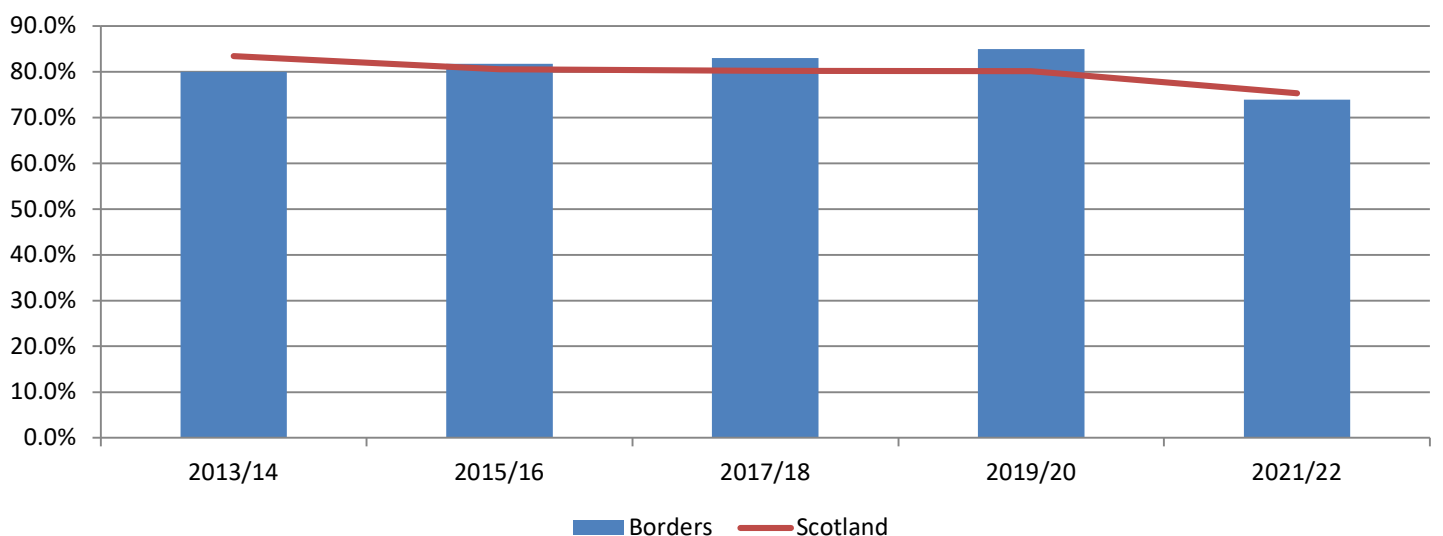

How are we performing?

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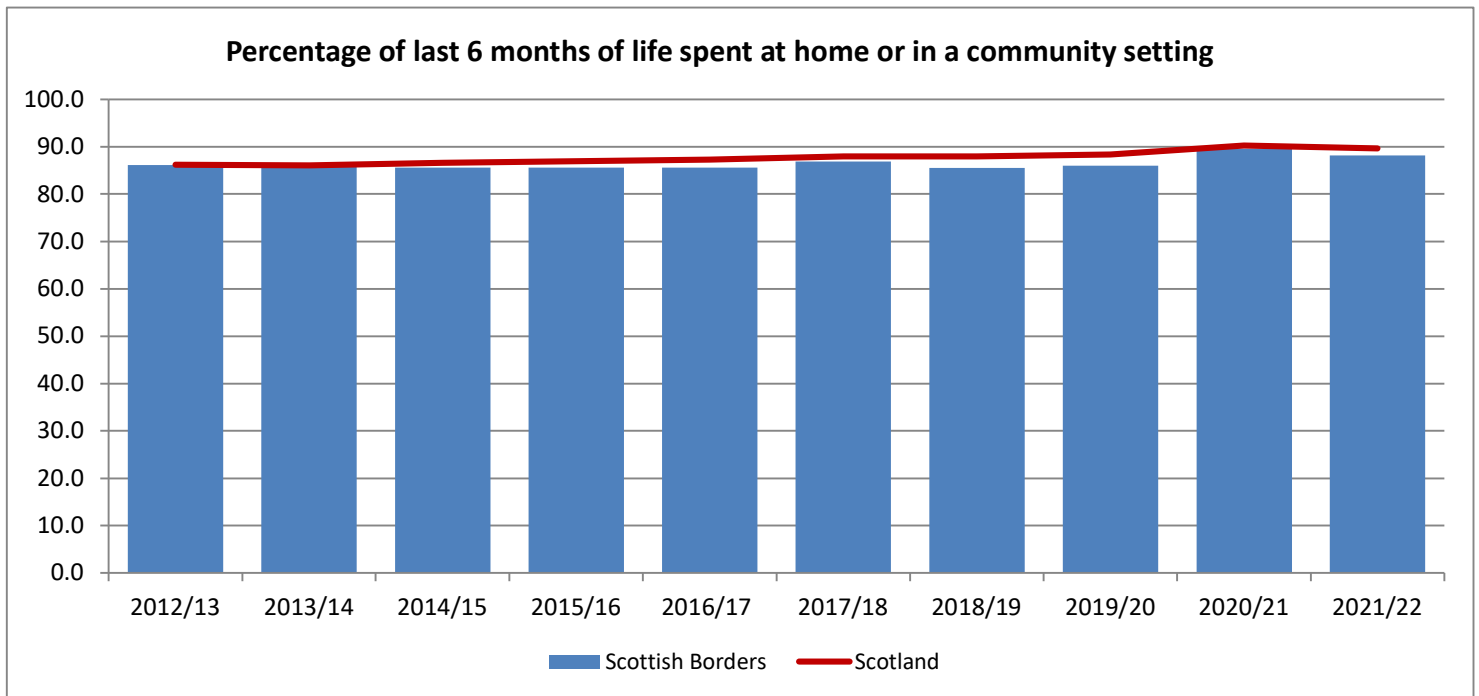
Percentage of last 6 months of life spent at home or in a community setting

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

| | 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 |

Legend: ◆ % last 6 months of life spent at home / community setting ▪▪▪ Upper Limit ▪▪▪ Lower Limit ━━ Average over last 12 Qrtrs
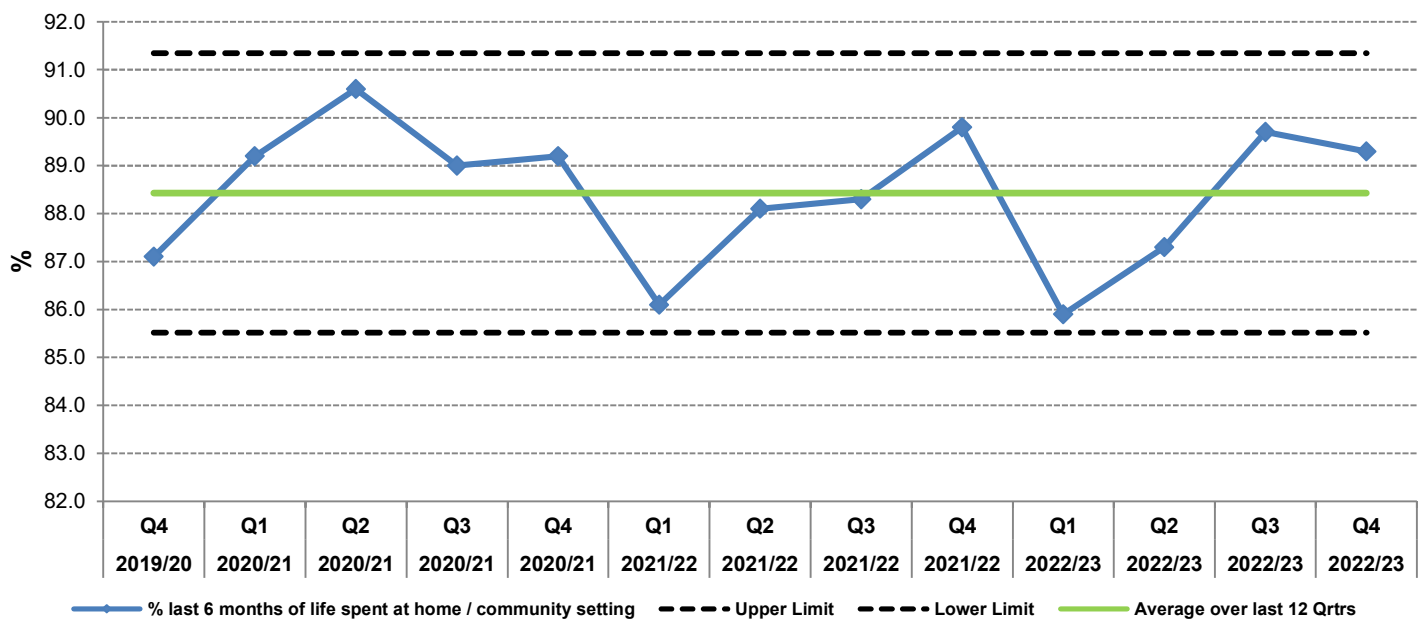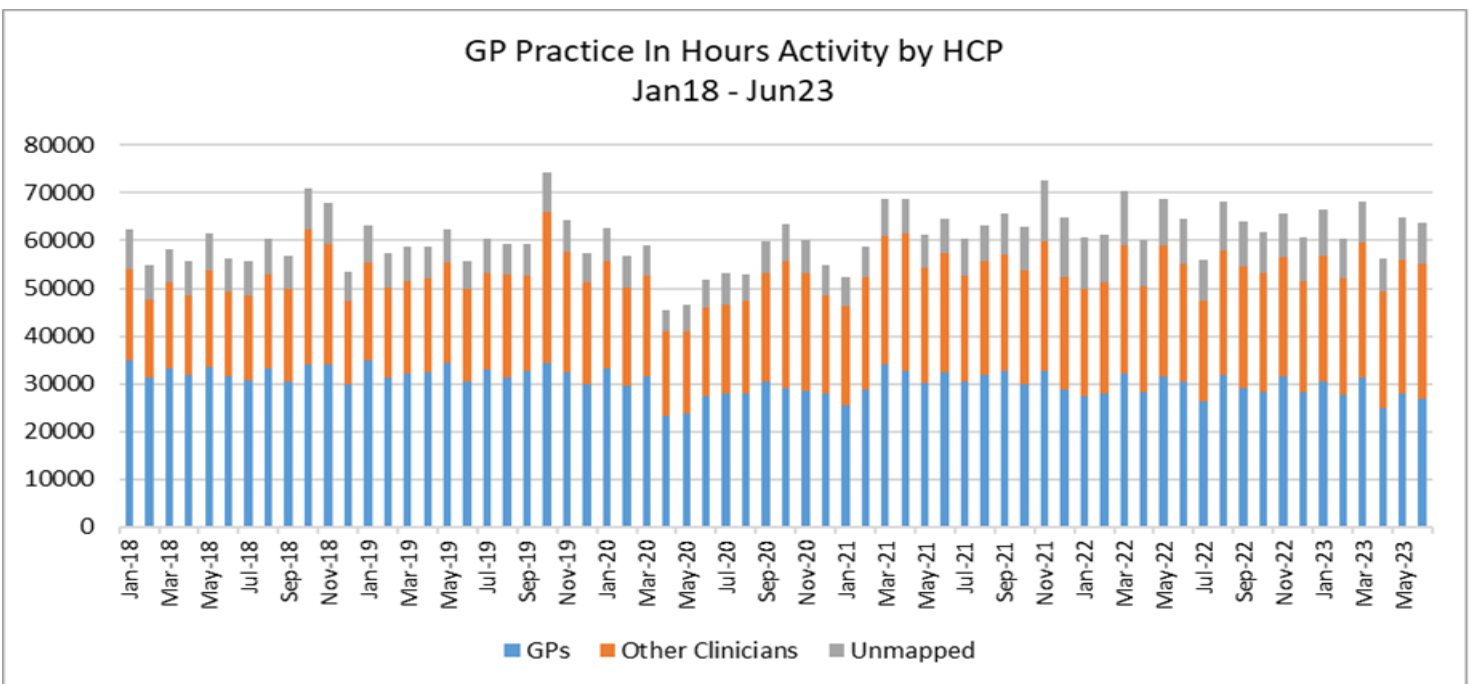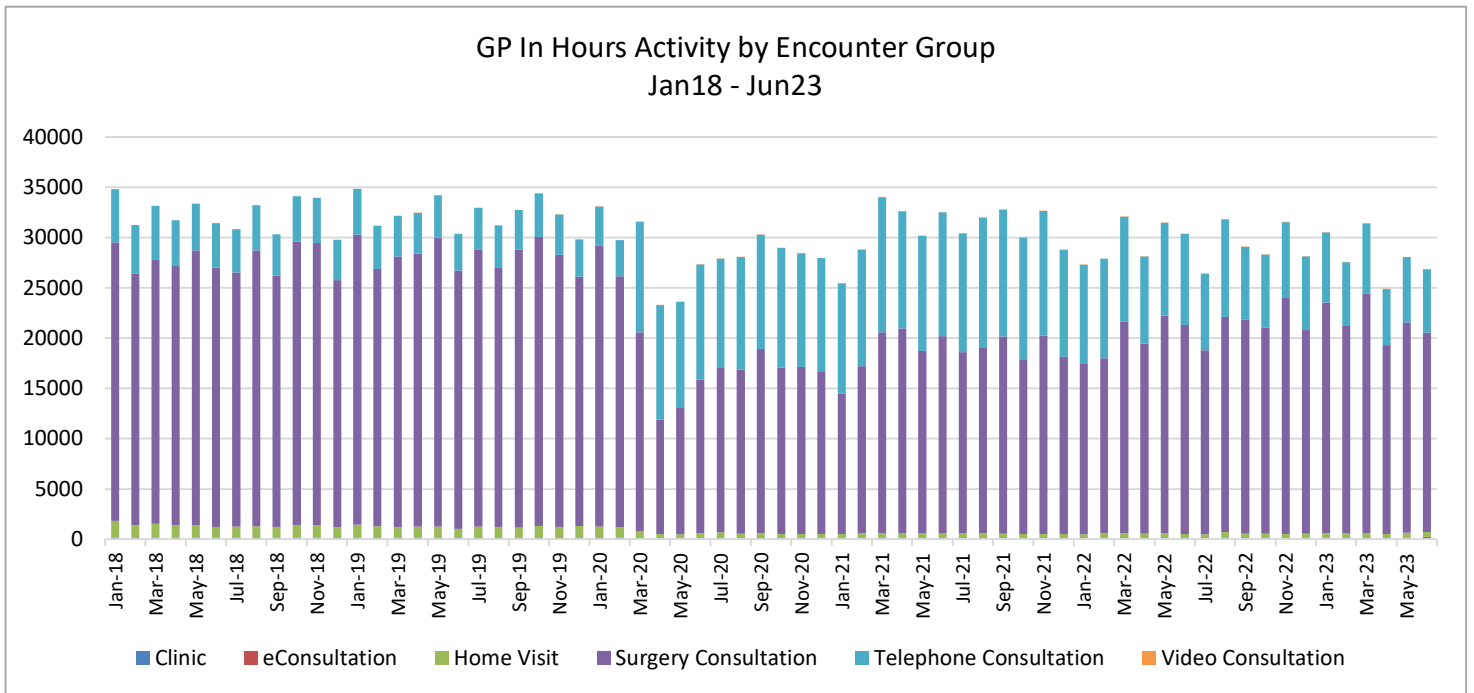
How are we performing?

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

28 August 2023
Latest Week

No. waiting for Assessment	No. Assessed and Waiting for POC	No. Receiving POC & Waiting for Review
185	114	31

Total No. of Clients Awaiting Assessment or Review

● No. waiting for assessment ● No. Assessed and waiting for POC ● Receiving POC and waiting for Social Care review

28 August 2023
Latest Week

Hours yet to be provided - Community	Hours yet to be provided - Hospital	Hours yet to be provided - currently in receipt of homecare
503	402	110

Total No. of Hours yet to be provided

● Hours to be provided - Community ● Hours to be provided - Hospital ● Hours to be provided - currently in receipt of Homecare

GP In Hours Activity

Source: GP Encounters Dataset, PHS

GP In Hours Activity by Encounter Group
Jan18 - Jun23

Legend: Clinic, eConsultation, Home Visit, Surgery Consultation, Telephone Consultation, Video Consultation

GP Practice In Hours Activity by HCP
Jan18 - Jun23

Legend: GPs, Other Clinicians, Unmapped

CAMHS Referral to Treatment

Source: CAMHS RTT national return to PHS

CAMHS RTT - Actual Wait to First Treatment Appointment

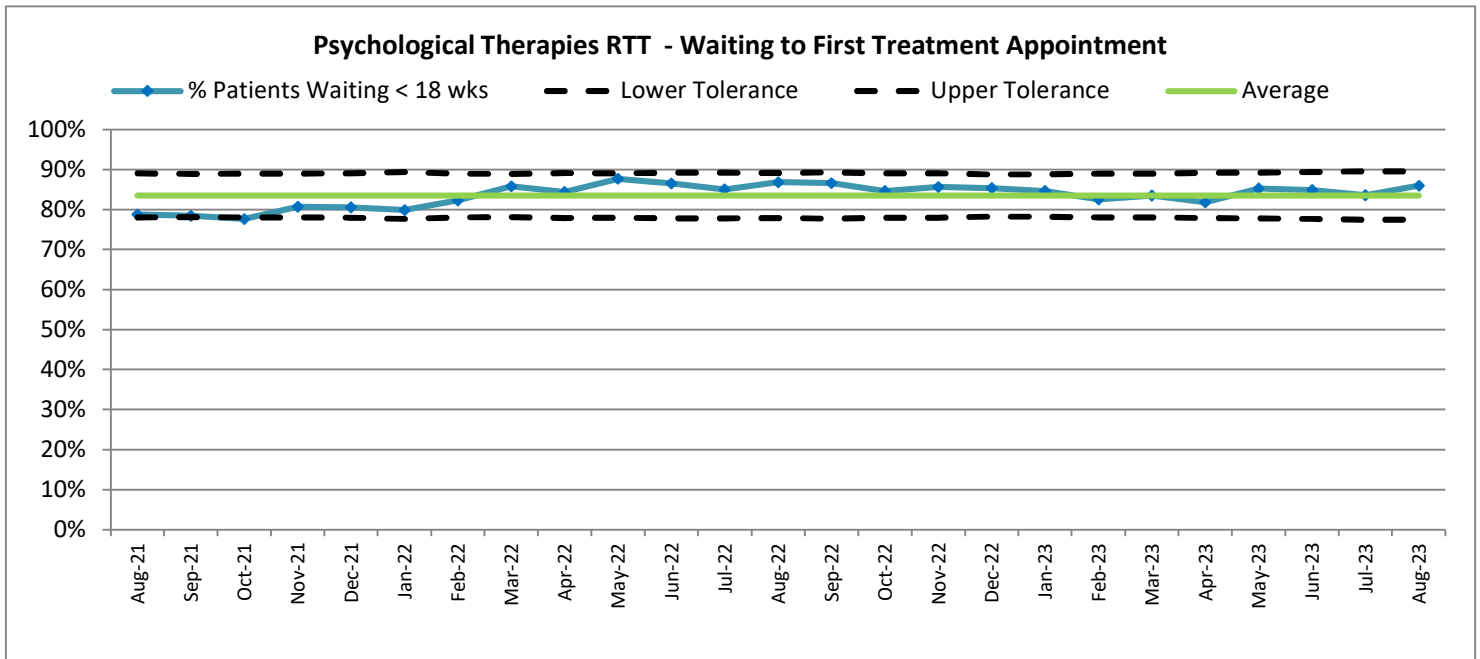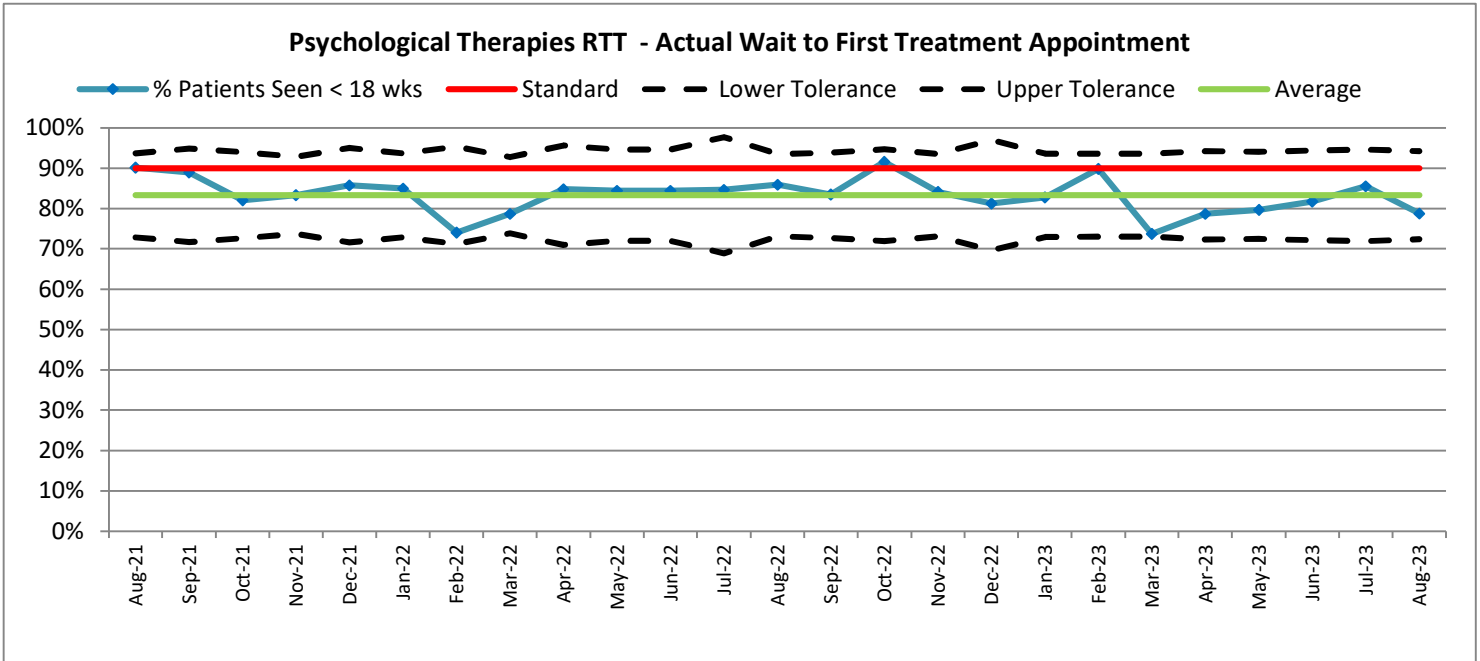### CAMHS RTT - Waiting to First Treatment Appointment
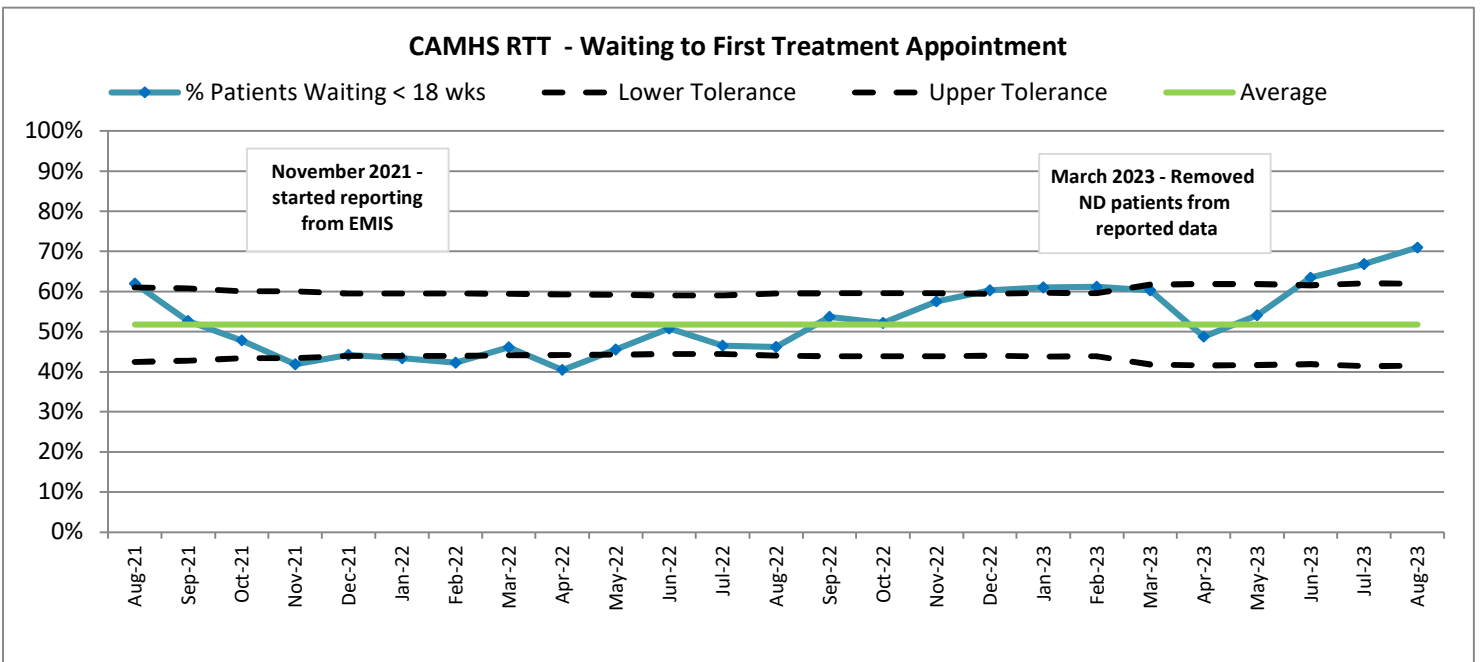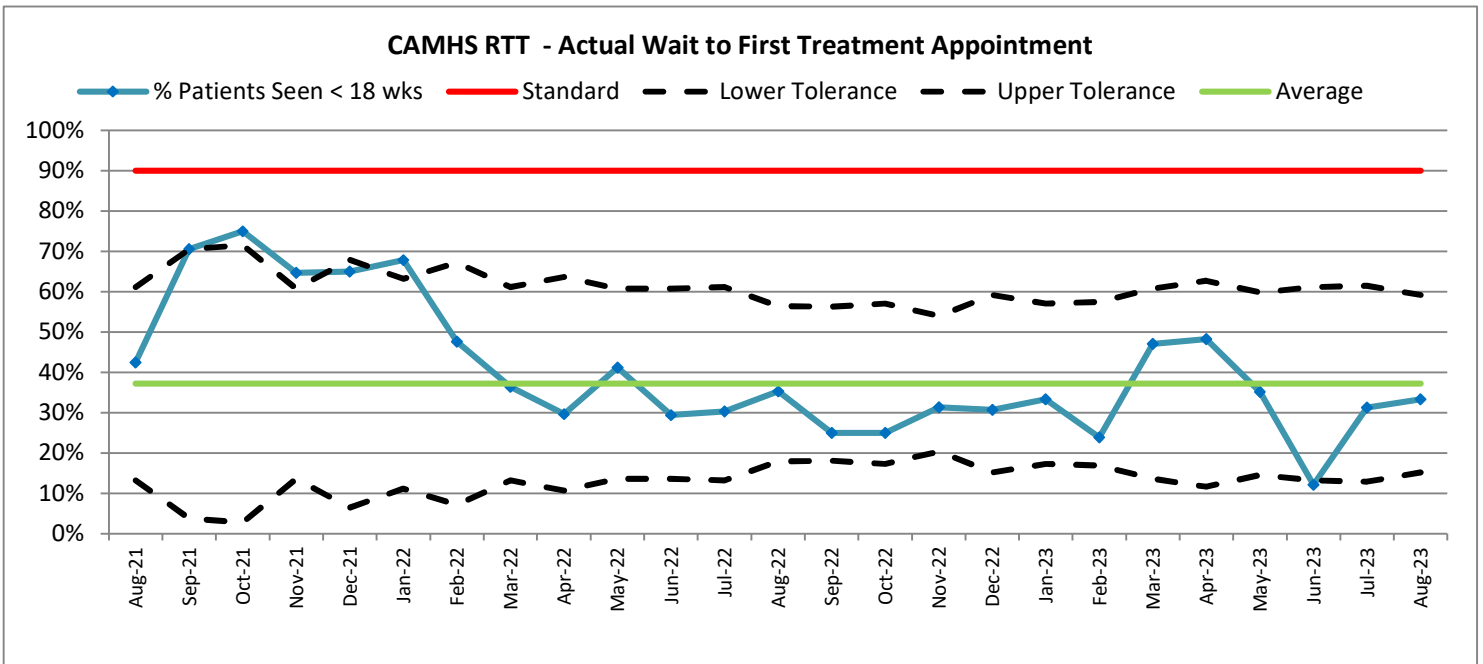
How are we performing?

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

Psychological Therapies RTT - Actual Wait to First Treatment Appointment

Psychological Therapies RTT - Waiting to First Treatment Appointment

How are we performing?

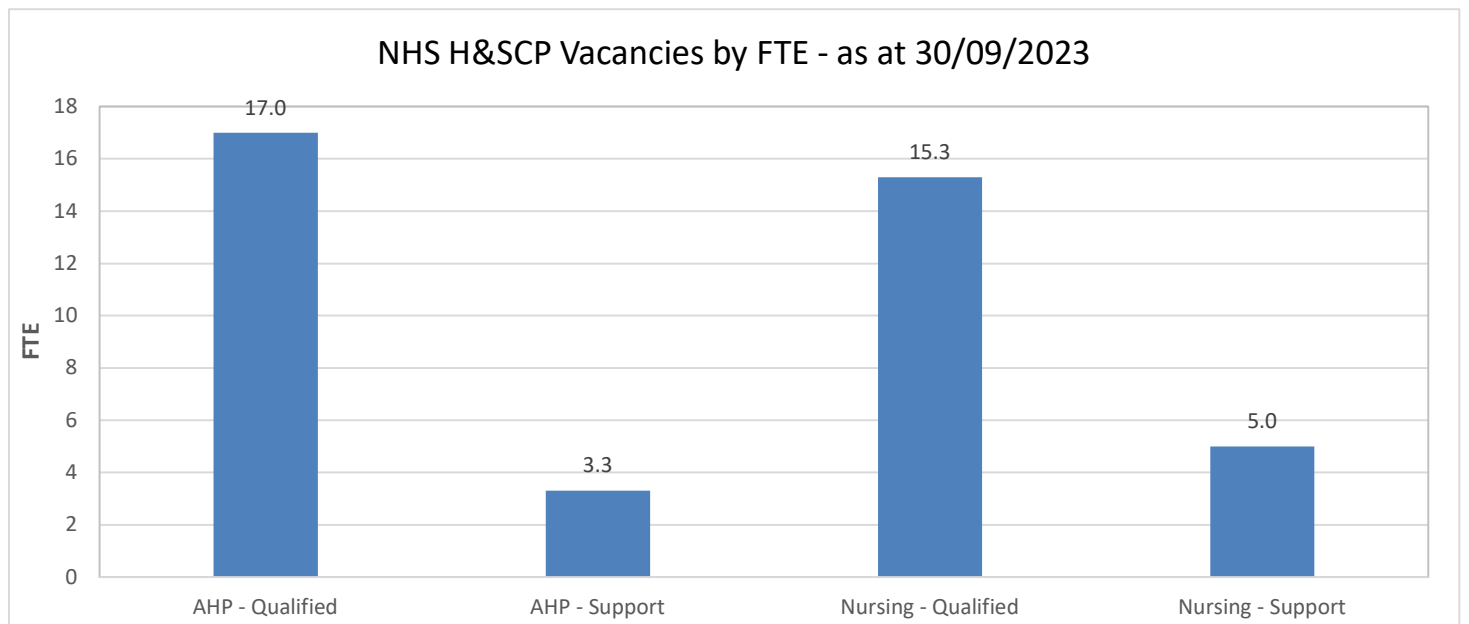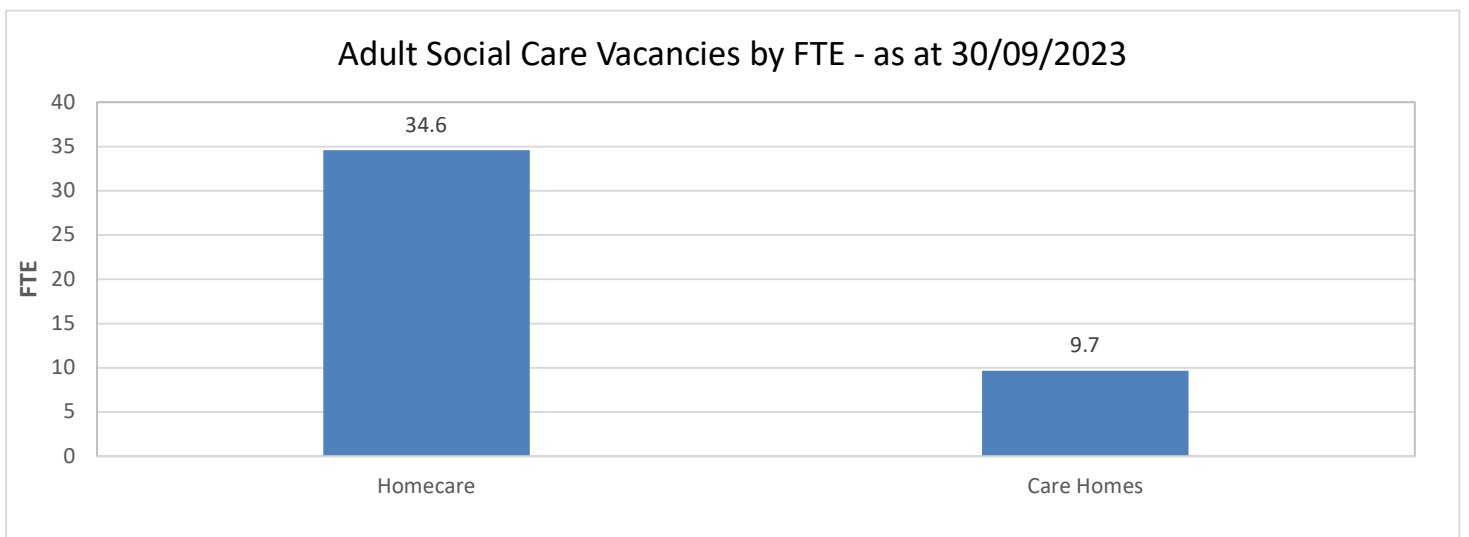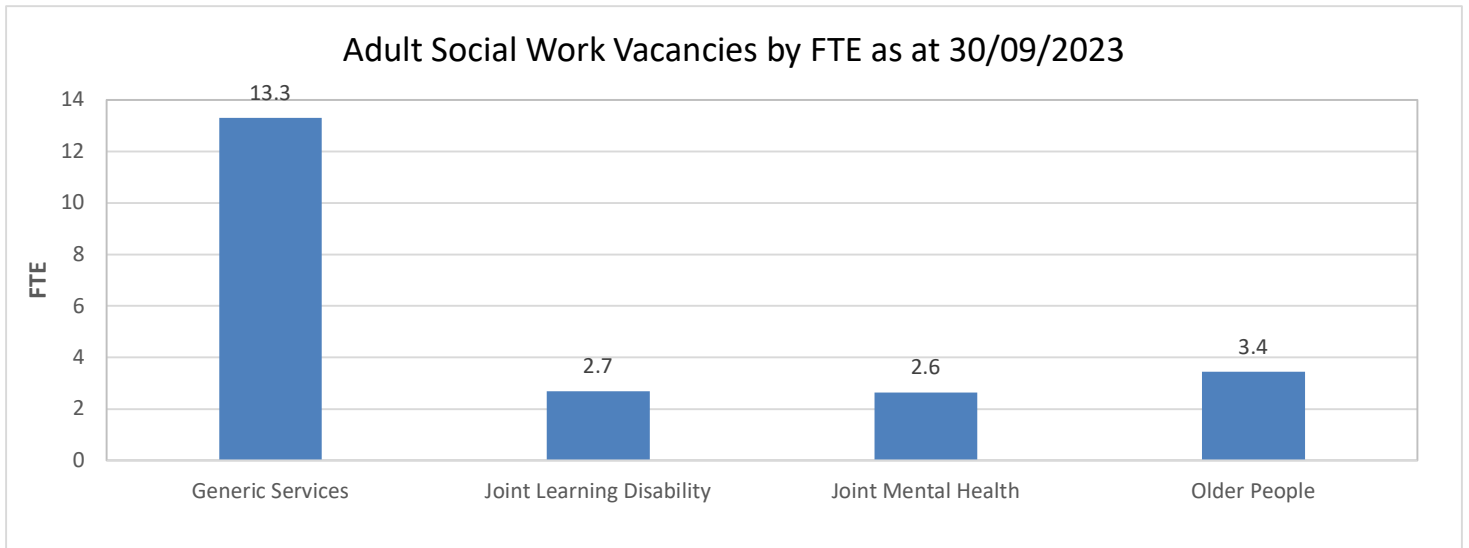The percentage of waits for first treatment appointment in Psychological Therapies seen within 18 weeks from August 2021 onwards have been fluctuating around the mean average of 83% against the target of 90%. The target was achieved in October 2022 and February 2023.

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
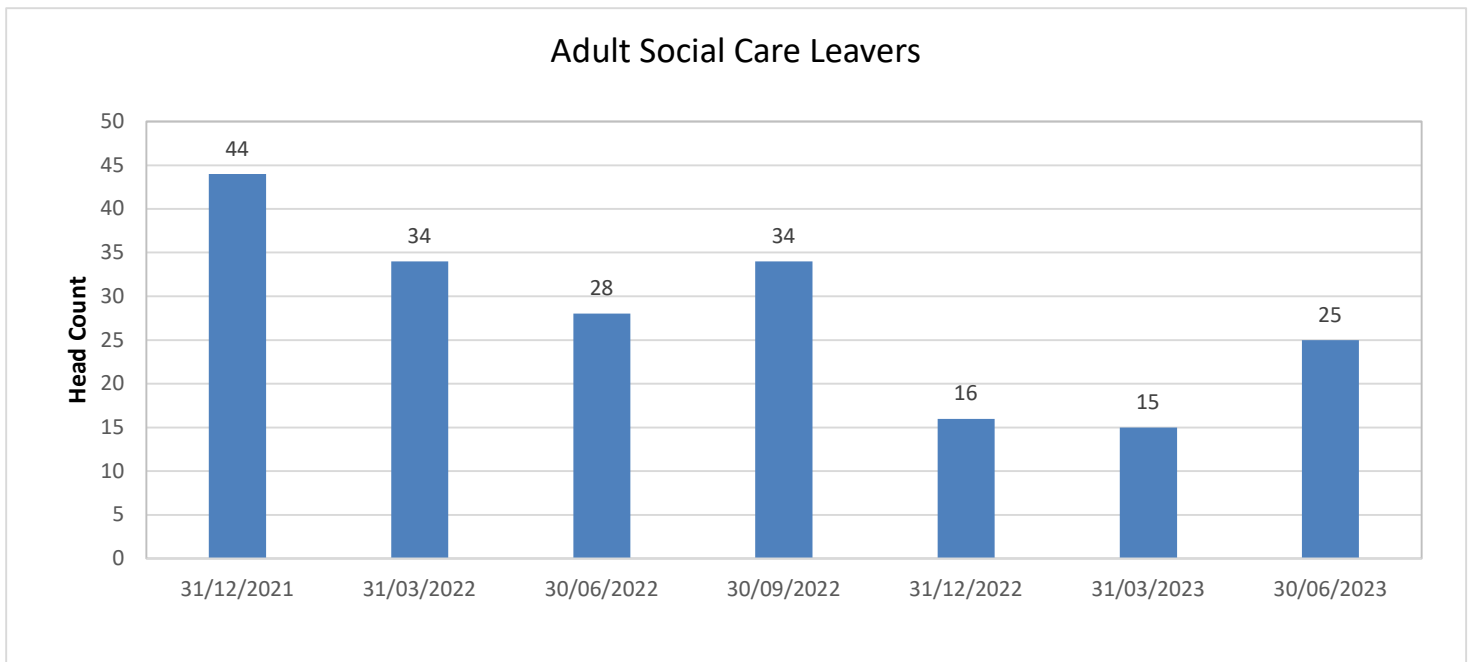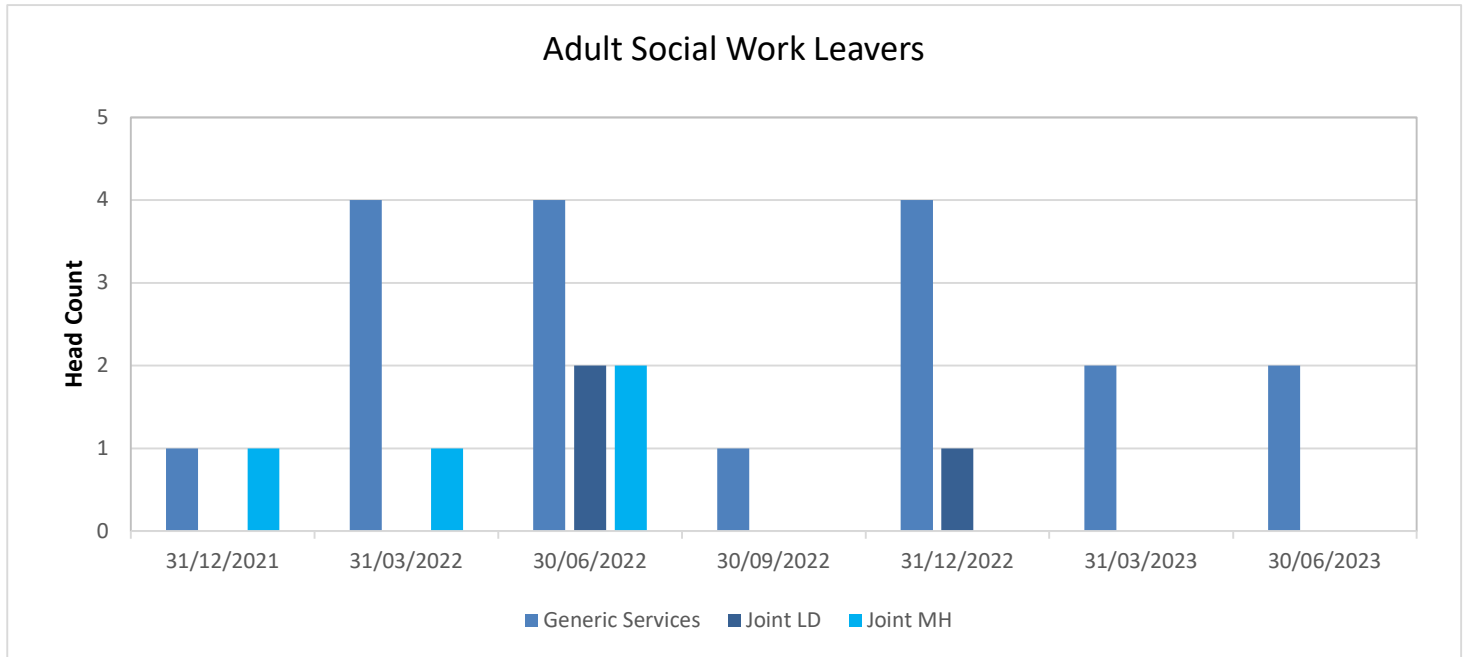
Adult Social Work Vacancies by FTE as at 30/09/2023

Category	FTE
Generic Services	13.3
Joint Learning Disability	2.7
Joint Mental Health	2.6
Older People	3.4

Adult Social Care Vacancies by FTE - as at 30/09/2023

Category	FTE
Homecare	34.6
Care Homes	9.7

NHS H&SCP Vacancies by FTE - as at 30/09/2023

Category	FTE
AHP - Qualified	17.0
AHP - Support	3.3
Nursing - Qualified	15.3
Nursing - Support	5.0

Leavers

Adult Social Work Leavers

Legend: ■ Generic Services ■ Joint LD ■ Joint MH

Adult Social Care Leavers

NHS H&SCP - Leavers

Bar chart showing No of Leavers by quarter for AHP (light blue) and Nursing (teal):

	Jun22	Sep22	Dec22	Mar23	Jun23
AHP	8	5	7	7	2
Nursing	18	30	32	24	19
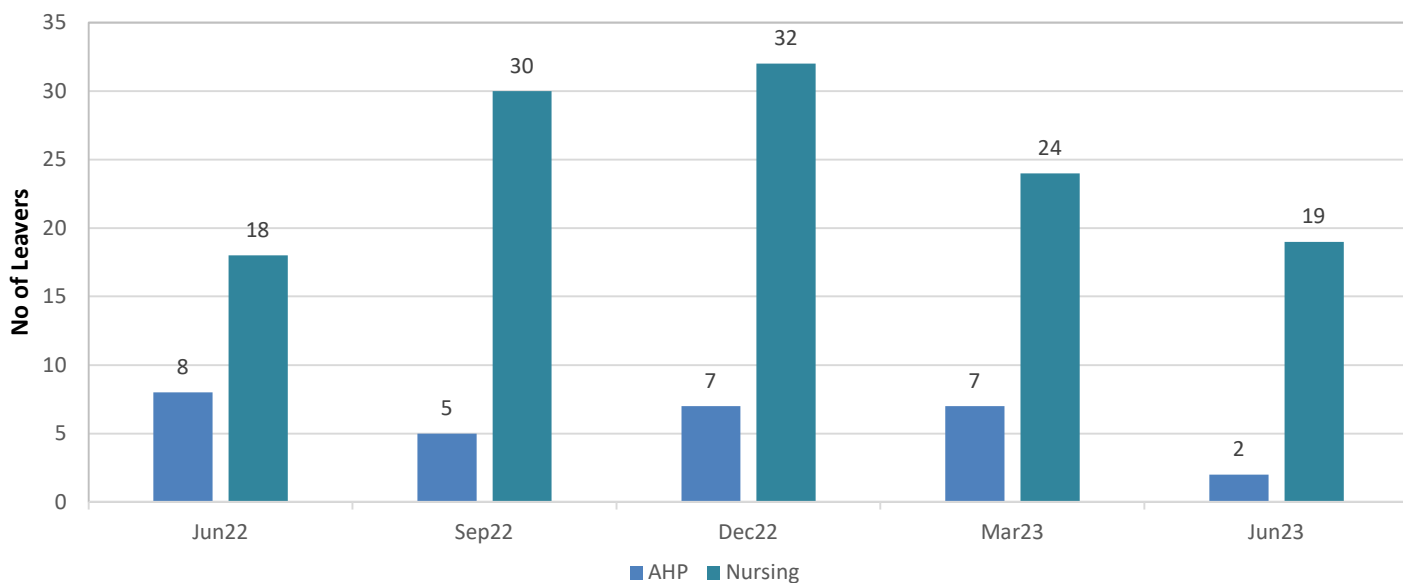
Sickness Absence Rates

Adult Social Work Sickness Absence Rates

Bar chart showing sickness absence rates for Generic Services, Joint LD, and Joint MH:

	31/12/2021	31/03/2022	30/06/2022	30/09/2022	31/12/2022	31/03/2023	30/06/2023
Generic Services	3.2%	5.0%	5.3%	7.0%	3.7%	4.3%	3.4%
Joint LD	6.8%	8.9%	8.3%	6.6%	8.6%	4.6%	3.9%
Joint MH	4.0%	1.5%	6.9%	4.4%	3.0%	1.5%	3.1%

Adult Social Care Sickness Absence Rates

Date	Rate
31/12/2021	10.3%
31/03/2022	10.8%
30/06/2022	10.4%
30/09/2022	10.9%
31/12/2022	10.3%
31/03/2023	12.9%
30/06/2023	10.9%

NHS H&SCP Staff Sickness Absence Rates

% Sick Hours of Total Hours

Month	AHPs	Nursing
Apr 22	3.8	4.9
May 22	3.4	5.0
Jun 22	2.4	5.2
Jul 22	2.1	4.9
Aug 22	3.5	6.2
Sep 22	4.1	6.3
Oct 22	4.2	6.6
Nov 22	5.3	8.5
Dec 22	4.7	7.0
Jan 23	4.2	8.0
Feb 23	2.9	7.4
Mar 23	3.6	7.2
Apr 23	2.7	6.2
May 23	3.2	6.4
Jun 23	3.5	6.6

■ AHPs ■ Nursing

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

|	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%
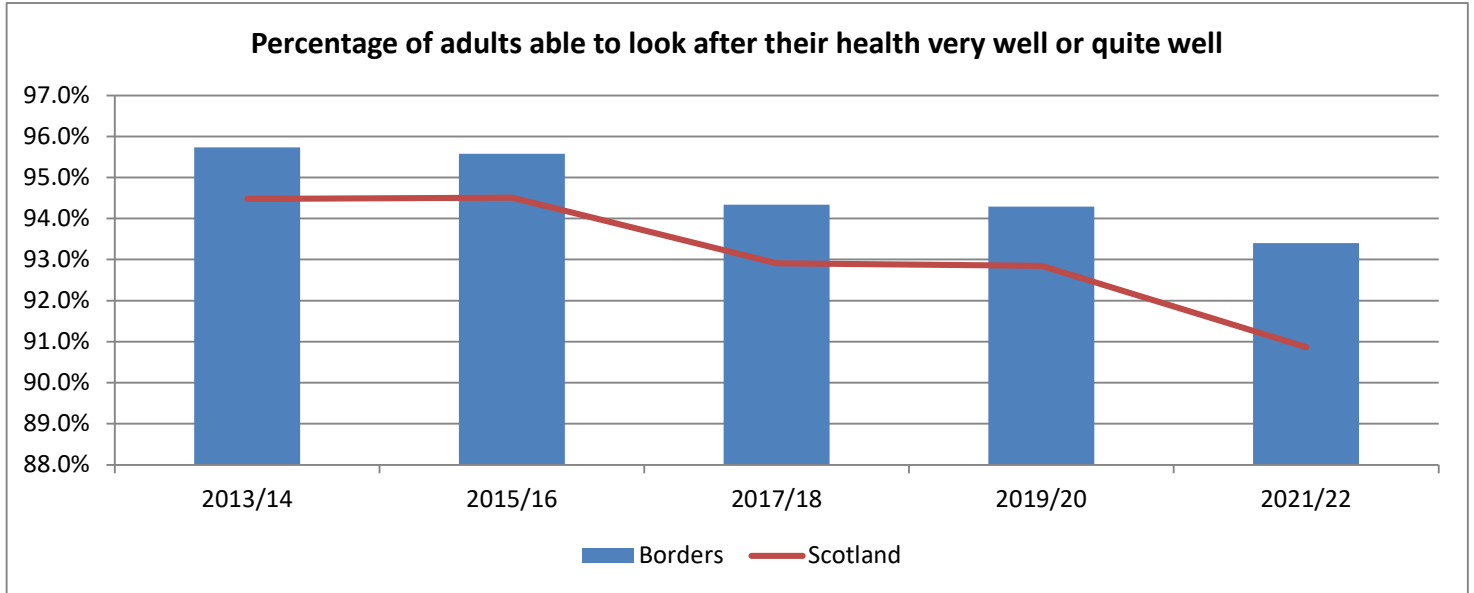
How are we performing?

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

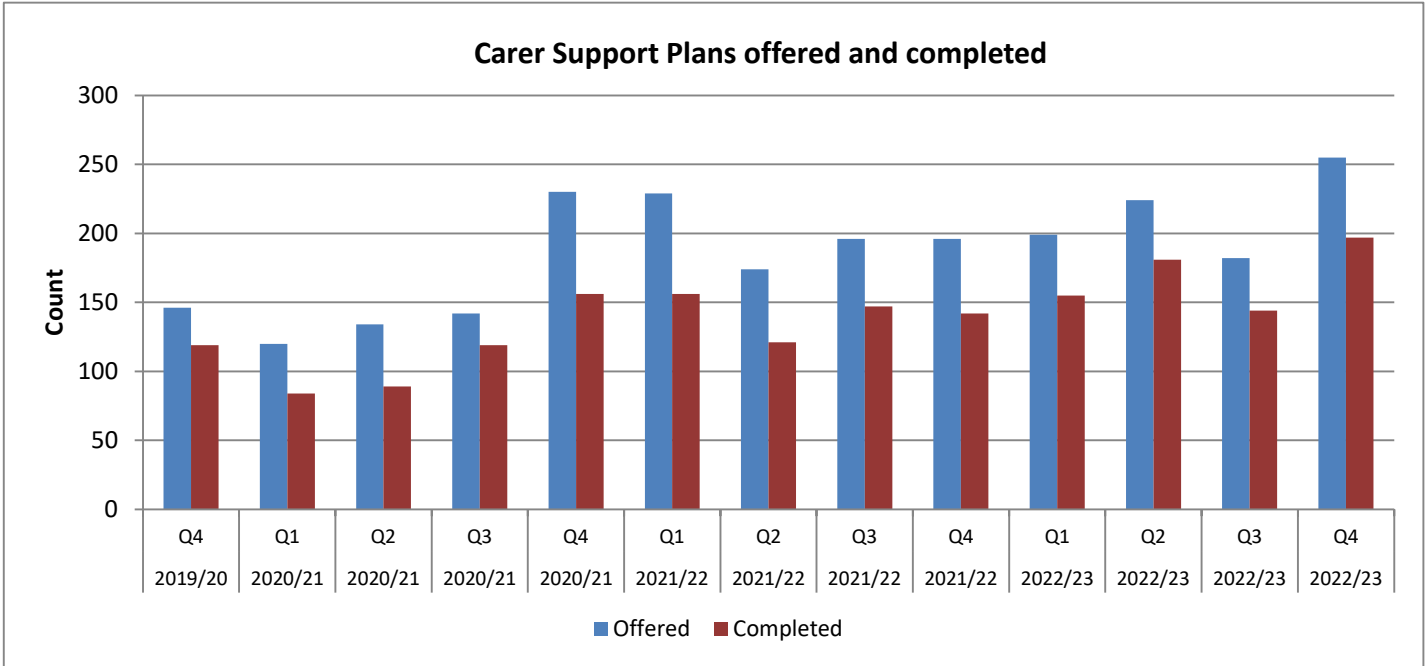|	2013/14	2015/16	2017/18	2019/20	2021/22
Borders	41.0%	41.0%	36.1%	32.1%	29.4%
Scotland	43.0%	40.0%	36.6%	34.3%	29.7%
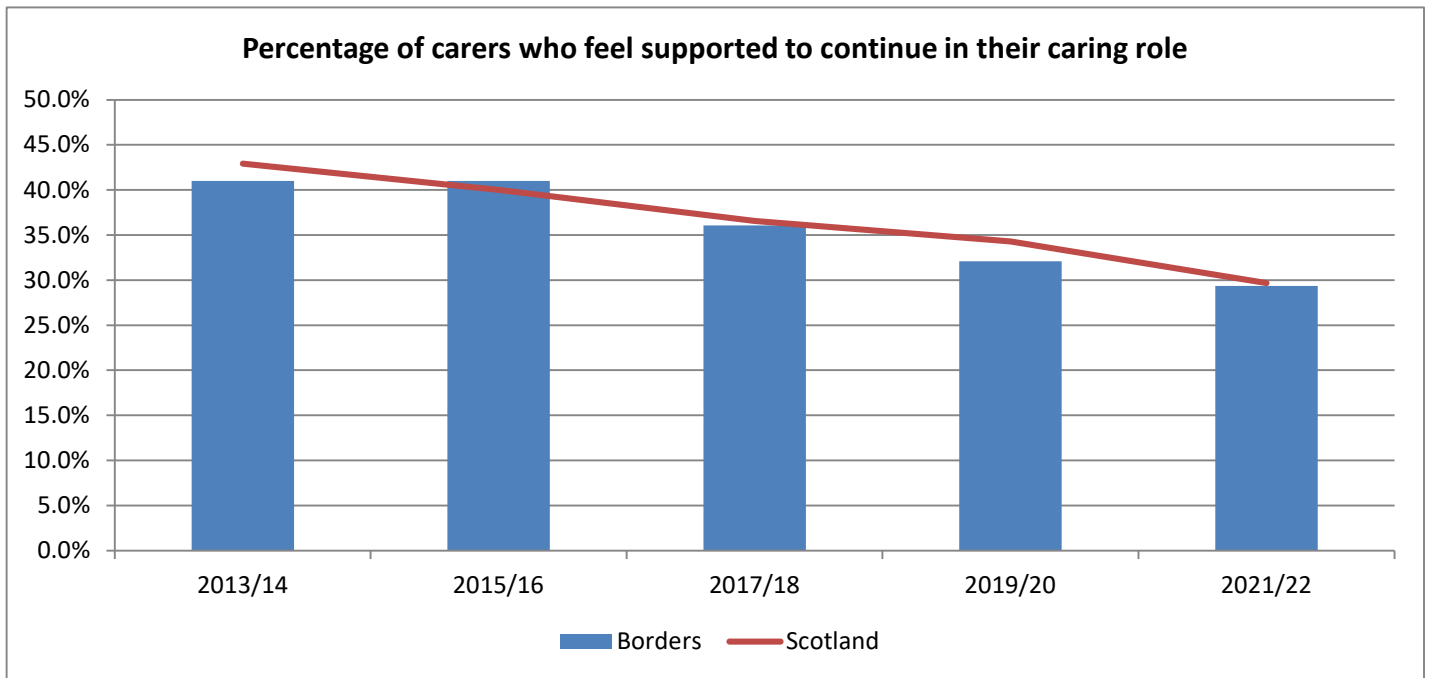
How are we performing?

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

	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

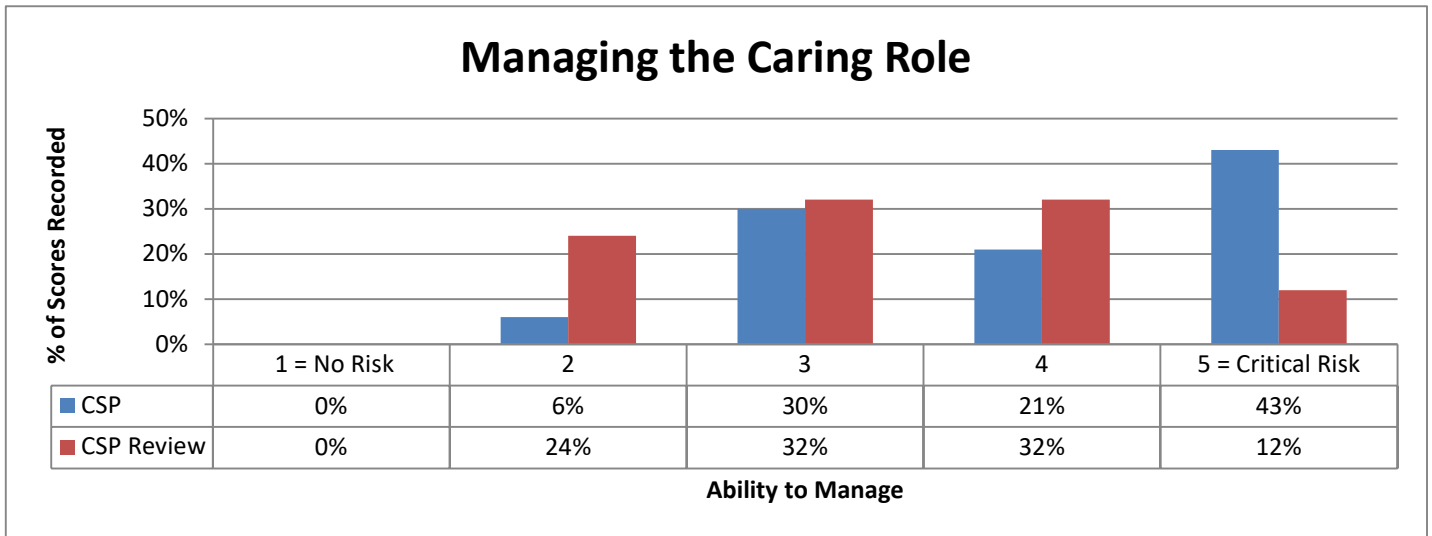## Carer Support Plans offered and completed

	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
Offered													
Completed													

Health and Wellbeing (Q4 2022/23)

Health & Wellbeing

	1 = No Risk	2	3	4	5 = Critical Risk
CSP	0%	8%	21%	35%	36%
CSP Review	0%	24%	43%	22%	11%

Quality of Life
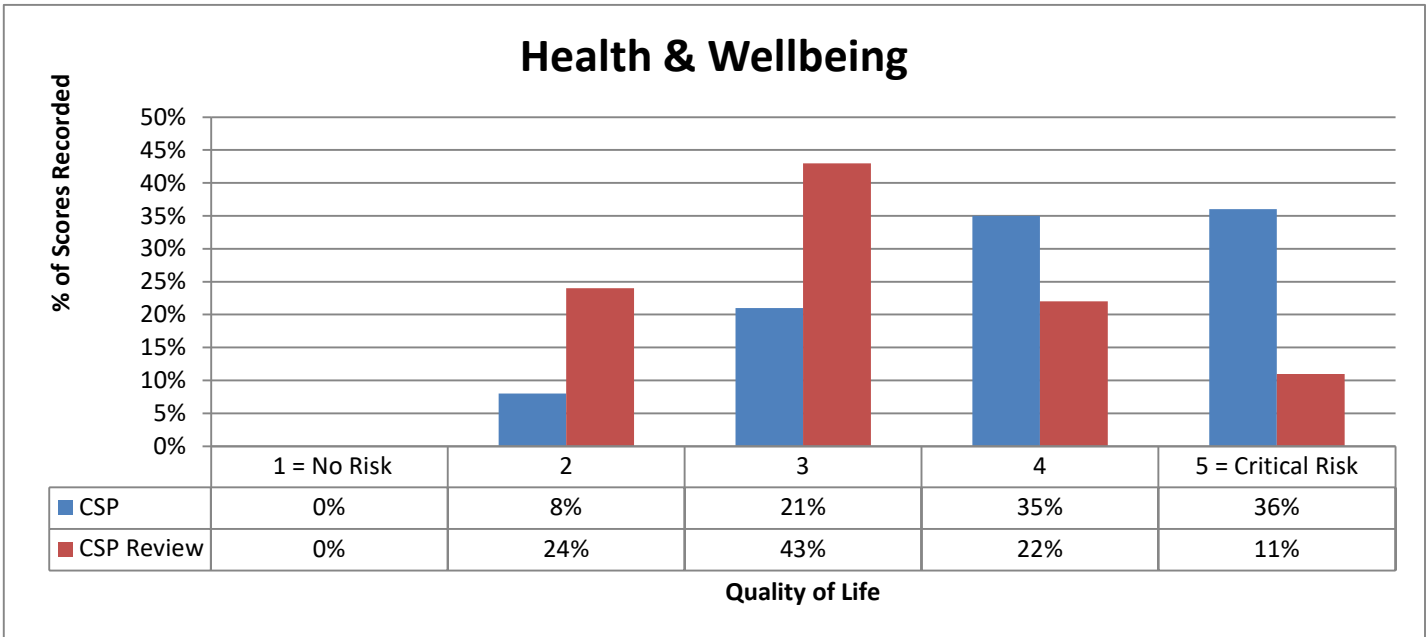
Managing the Caring role (Q4 2022/23)

Managing the Caring Role

% of Scores Recorded

	1 = No Risk	2	3	4	5 = Critical Risk
CSP	0%	6%	30%	21%	43%
CSP Review	0%	24%	32%	32%	12%

Ability to Manage

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

How are you valued by Services

% of Scores Recorded

	1 = No Risk	2	3	4	5 = Critical Risk
CSP	6%	43%	24%	22%	5%
CSP Review	16%	40%	29%	12%	3%

Extent to which valued
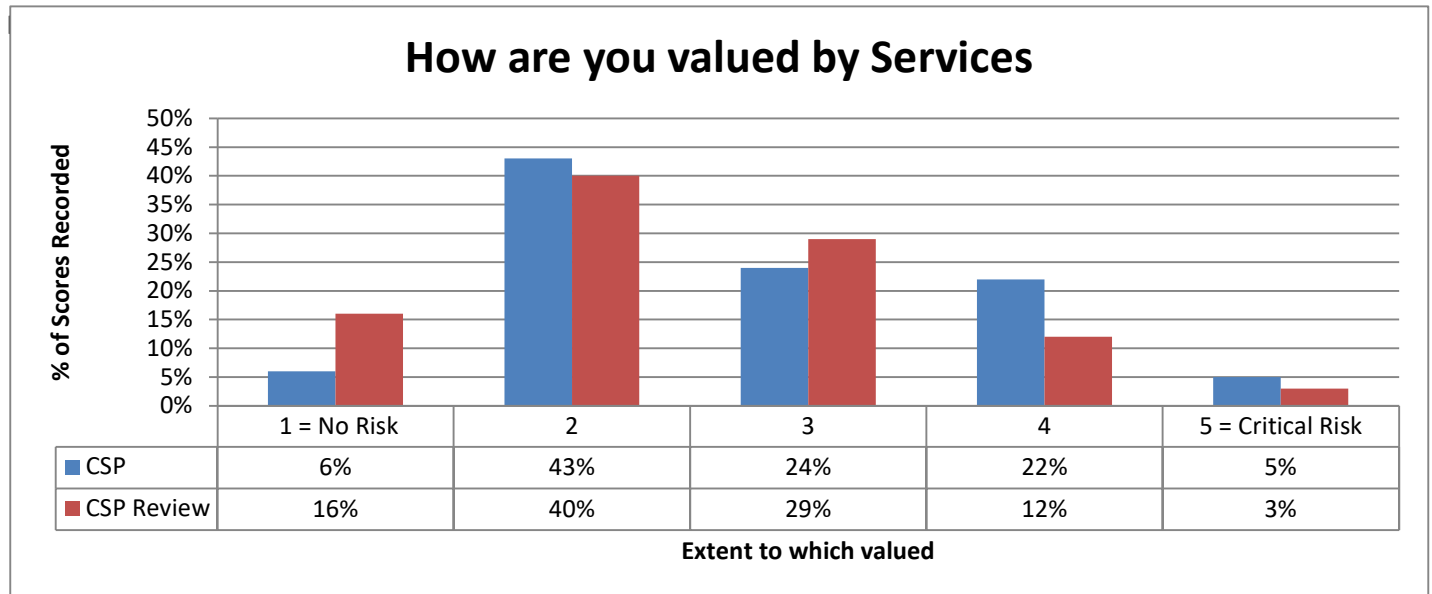
Planning for the Future (Q4 2022/23)

Planning for the Future

% of Scores Recorded

	1 = No Risk	2	3	4	5 = Critical Risk
Baseline No	0%	22%	41%	21%	16%
Review No	3%	41%	29%	19%	8%

Where I am with planning
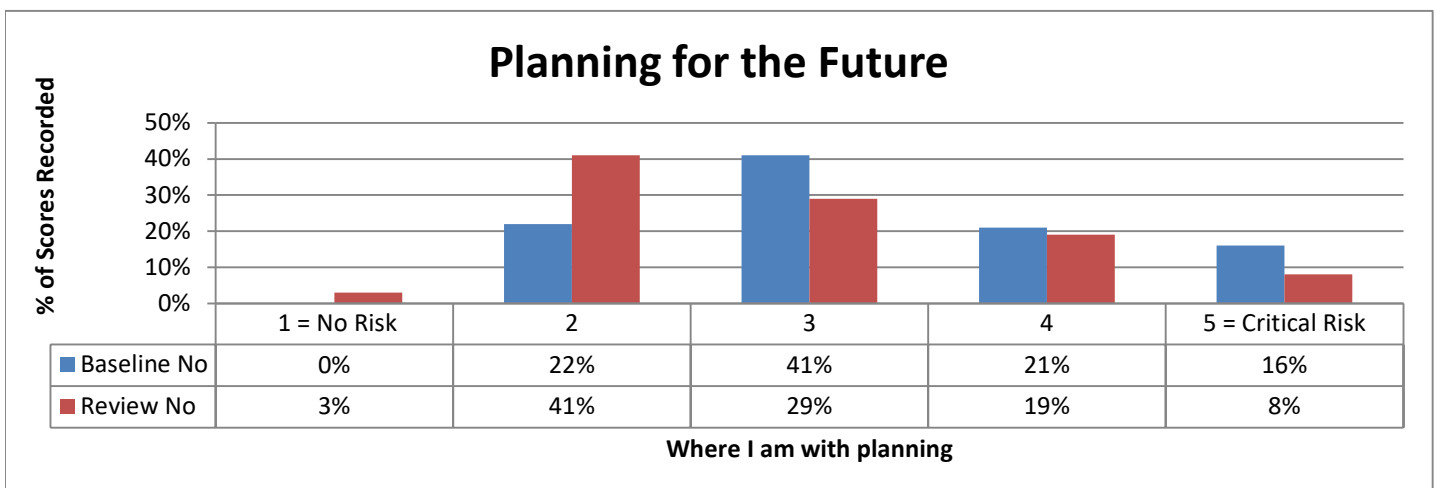
Finance & Benefits (Q4 2022/23)

Finance & Benefits

	1 = No Risk	2	3	4	5 = Critical Risk
■ CSP	8%	36%	37%	13%	6%
■ CSP Review	3%	57%	29%	11%	0%

Finances in order

(Y-axis: % of Scores Recorded)
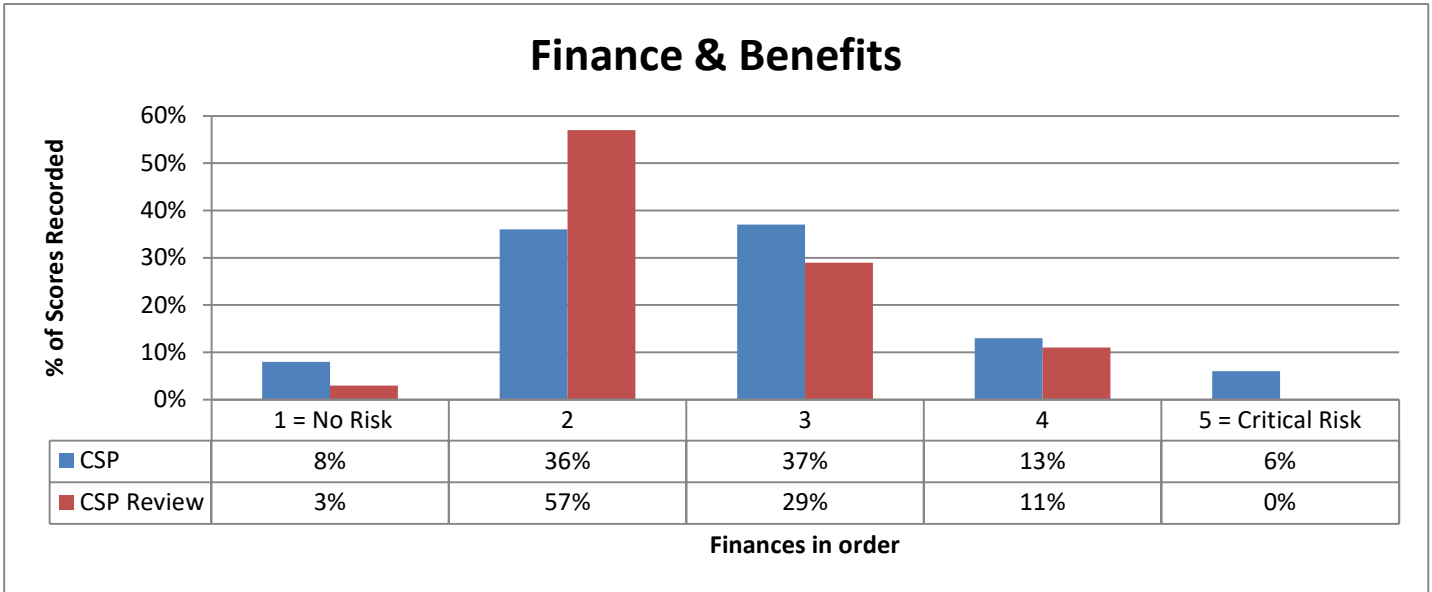
How are we performing?

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

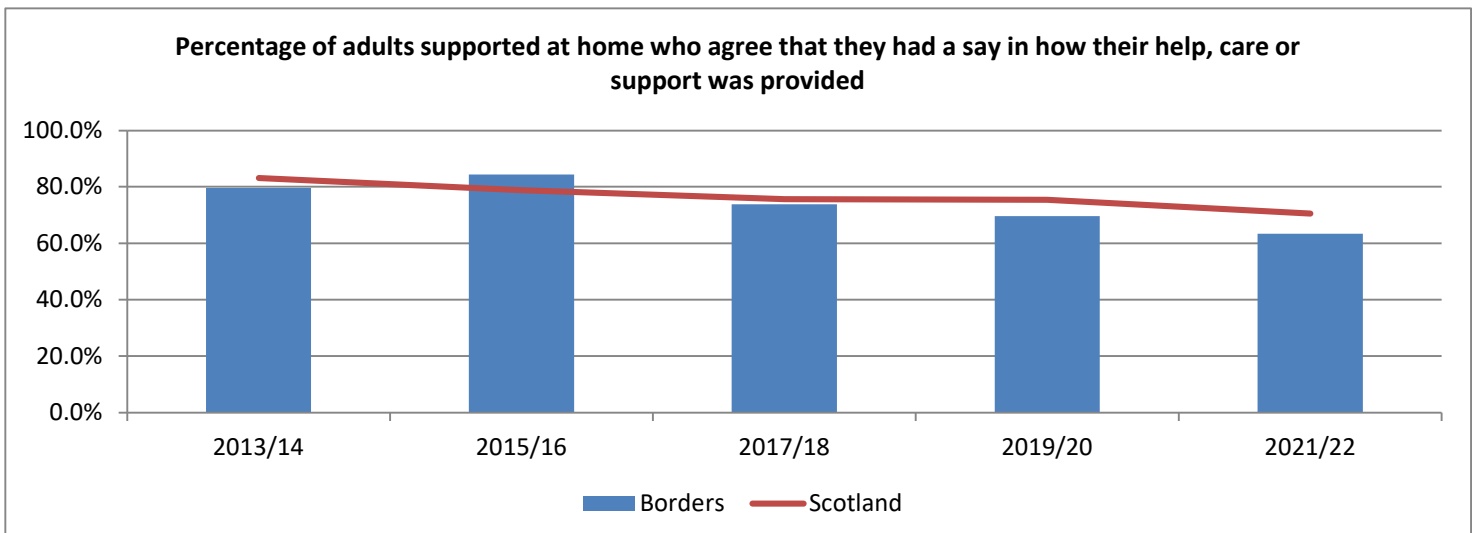|	2013/14	2015/16	2017/18	2019/20	2021/22
Borders	81.4%	86.3%	86.1%	80.5%	77.3%
Scotland	84.6%	83.2%	83.3%	82.8%	79.7%
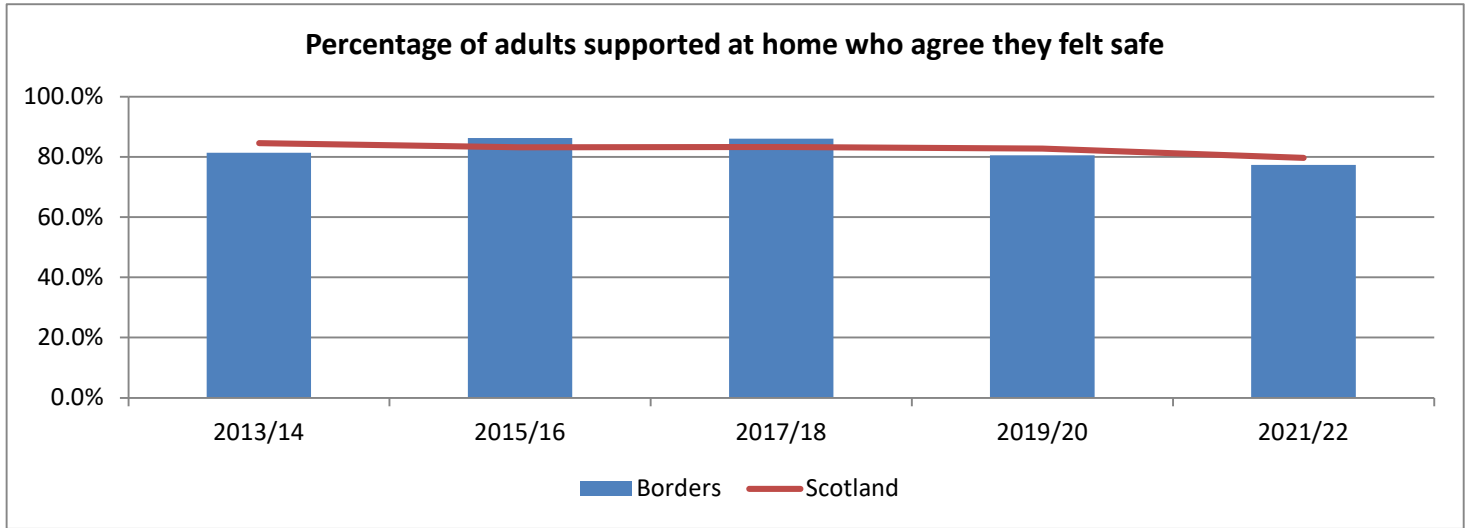
How are we performing?

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%

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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%
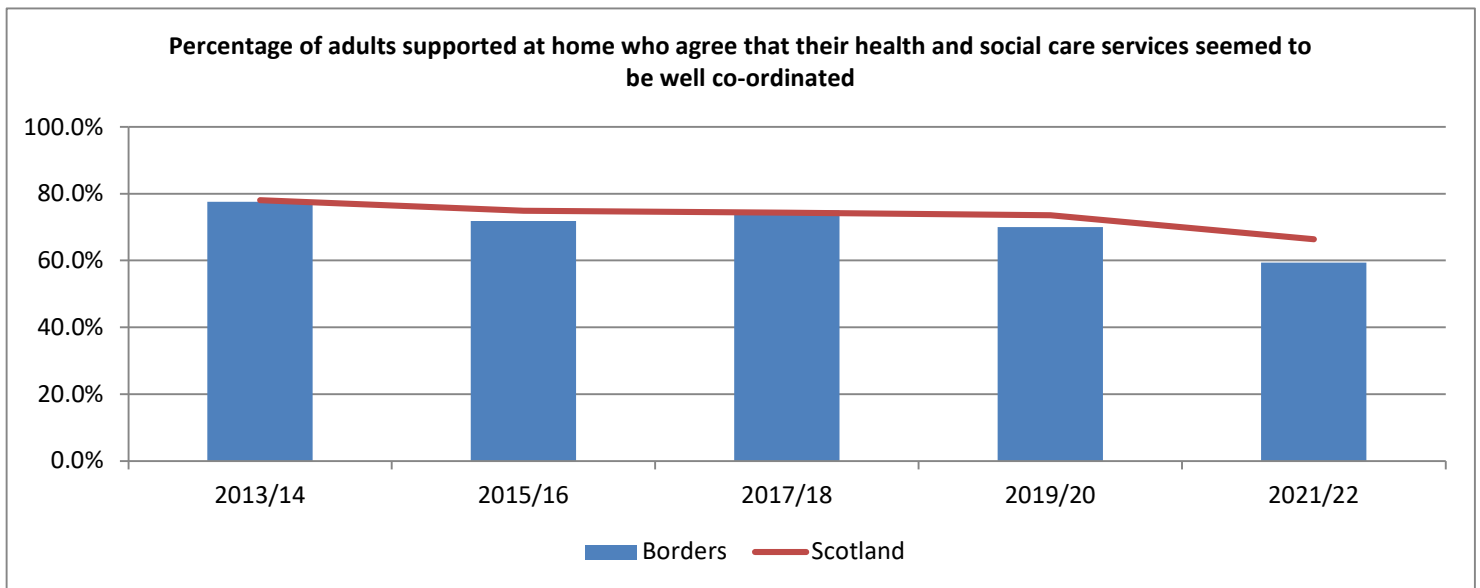
How are we performing?

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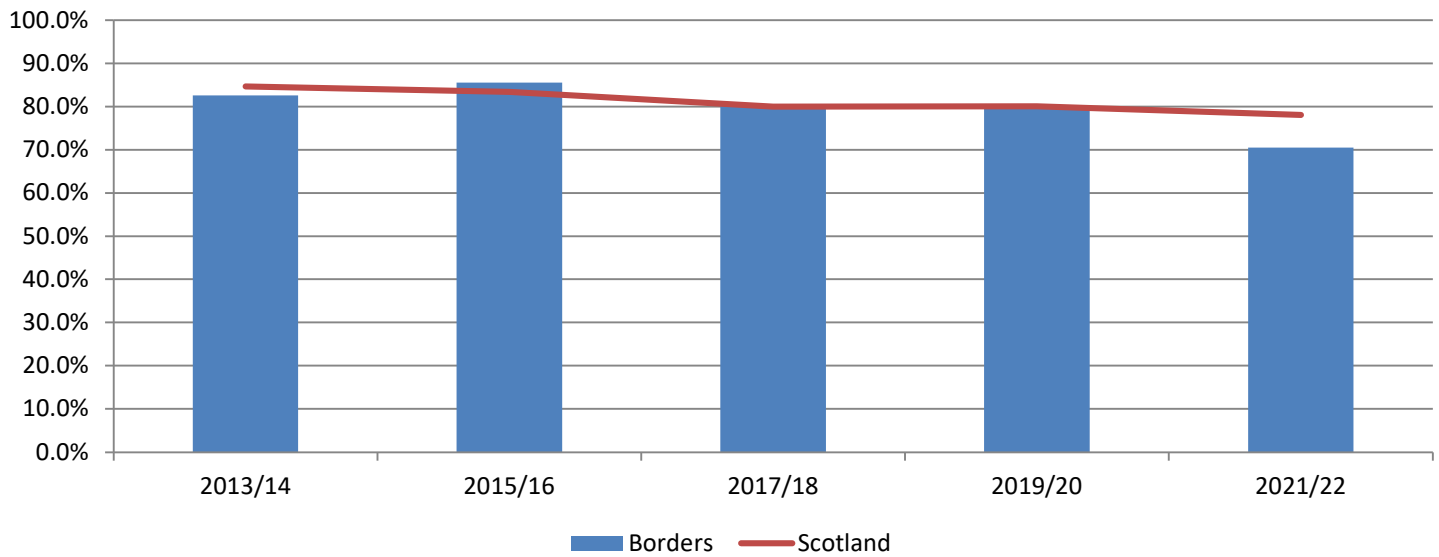
Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life

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

Borders ■ Scotland ▬
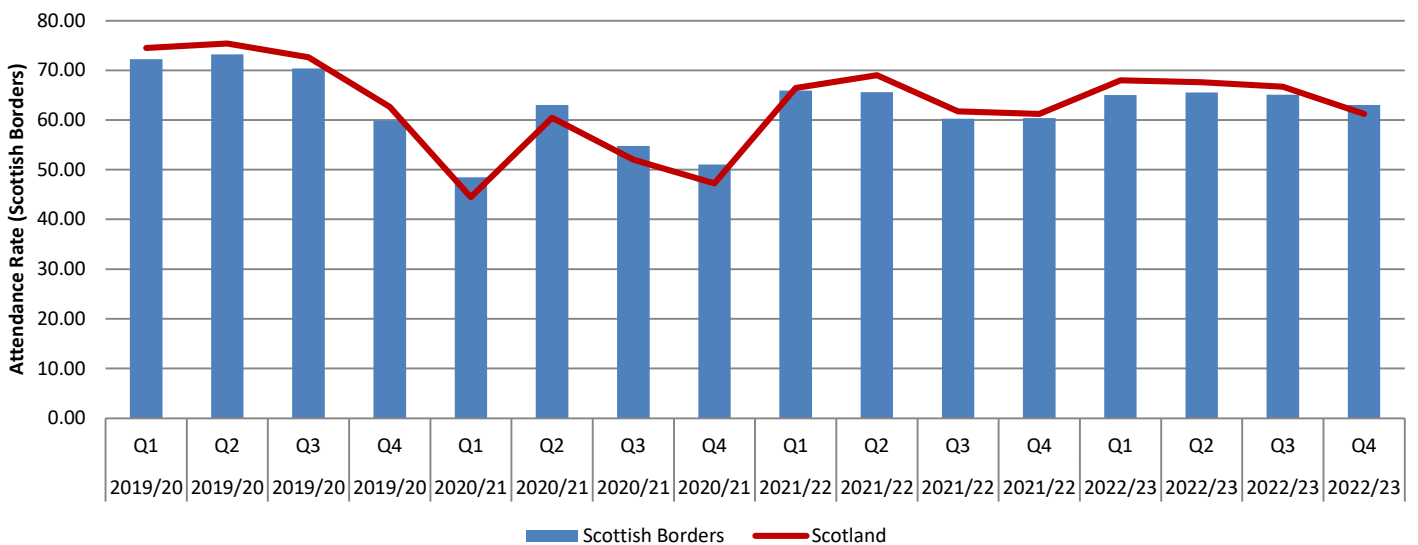
How are we performing?

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

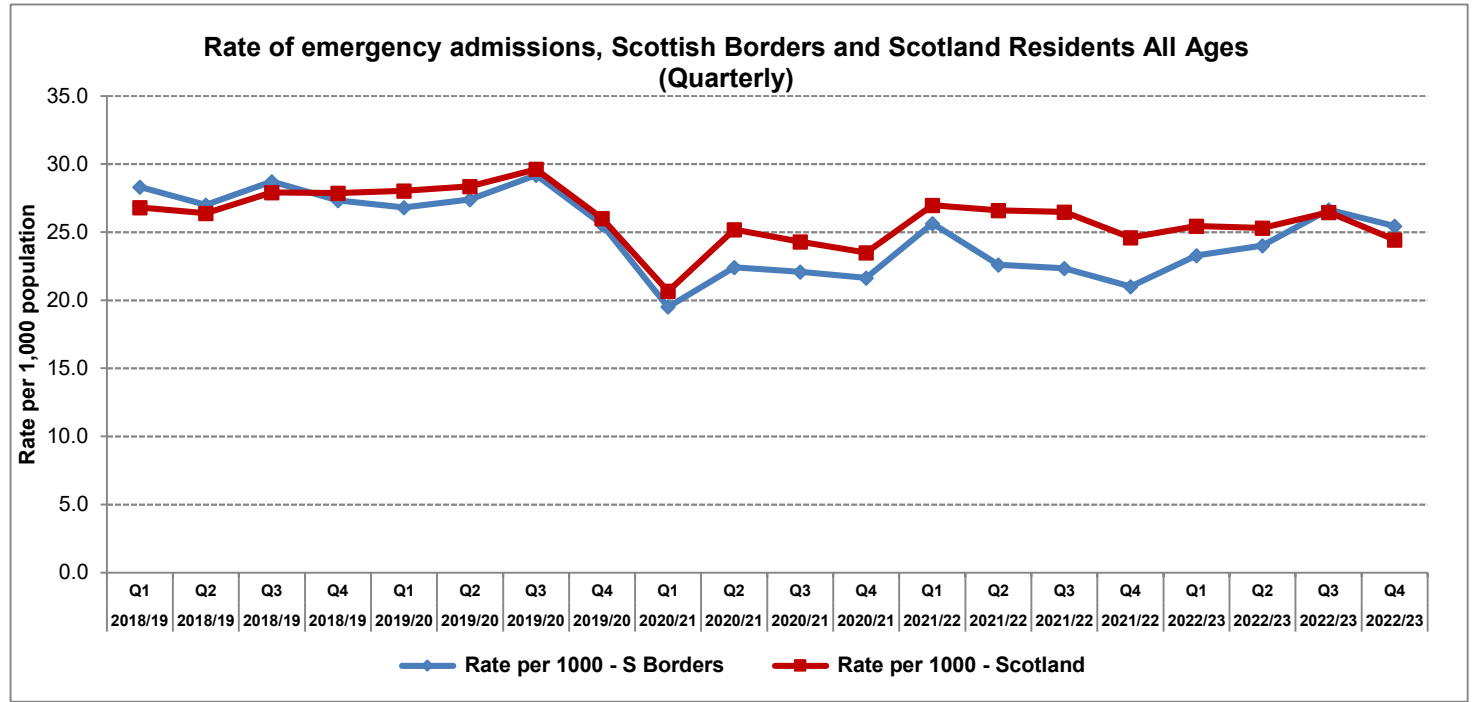|	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23
Borders	48.5	63.0	54.7	51.0	65.9	65.6	60.2	60.4	65.5	65.7	65.1	63.0
Scotland	44.6	60.5	52.3	47.3	66.4	69.0	61.7	61.2	68.2	68.3	66.7	61.2

Scottish Borders ■ Scotland ▬

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

	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

Rate of emergency admissions, Scottish Borders and Scotland Residents All Ages (Quarterly)

Number of Emergency Admissions in Scottish Borders residents - all ages (quarterly figures)
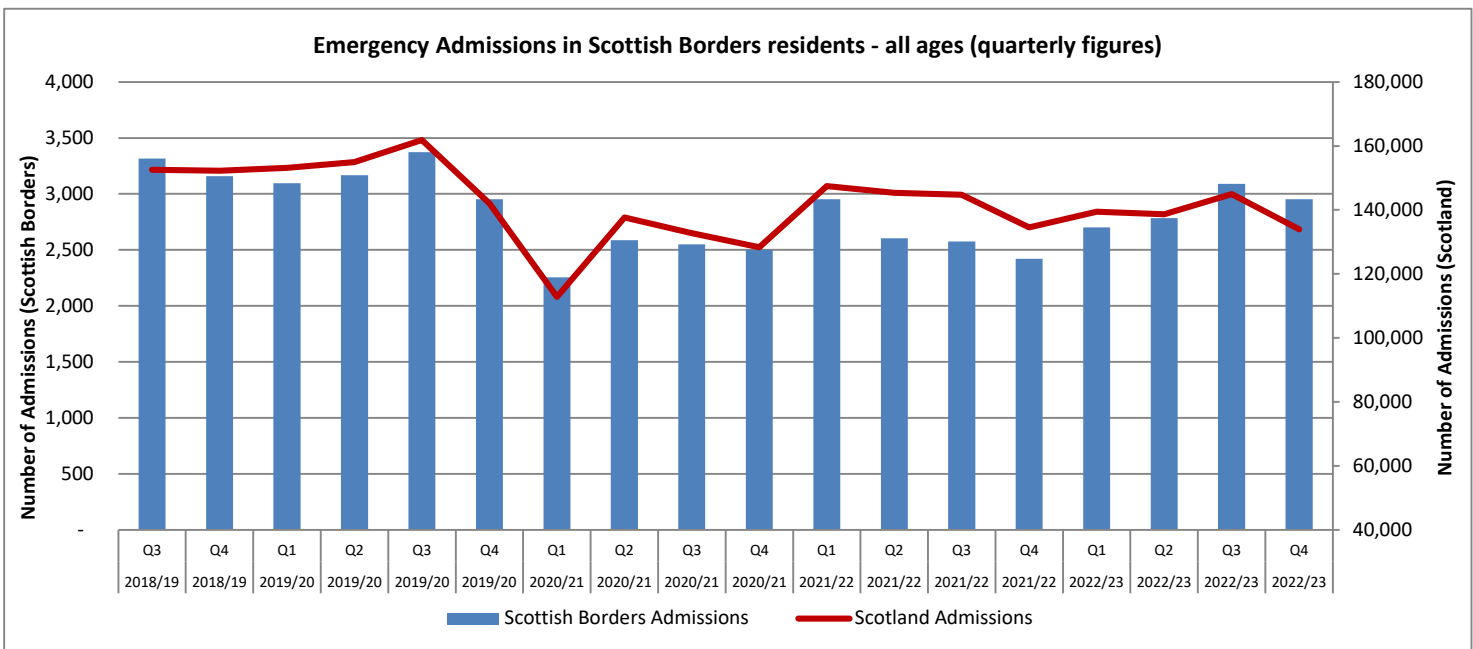
	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23
Borders	2,254	2,586	2,547	2,500	2,954	2,605	2,574	2,421	2,702	2,785	3,091	2,953
Scotland	112,034	133,783	132,773	128,364	147,480	145,393	144,776	134,532	139,490	138,640	144,957	133,908

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

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

<table>
<tr><td colspan="2">How are we performing?</td></tr>
<tr><td colspan="2">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.</td></tr>
</table>

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

Rate of emergency admissions, Scottish Border Residents age 75+ (Quarterly Figure)
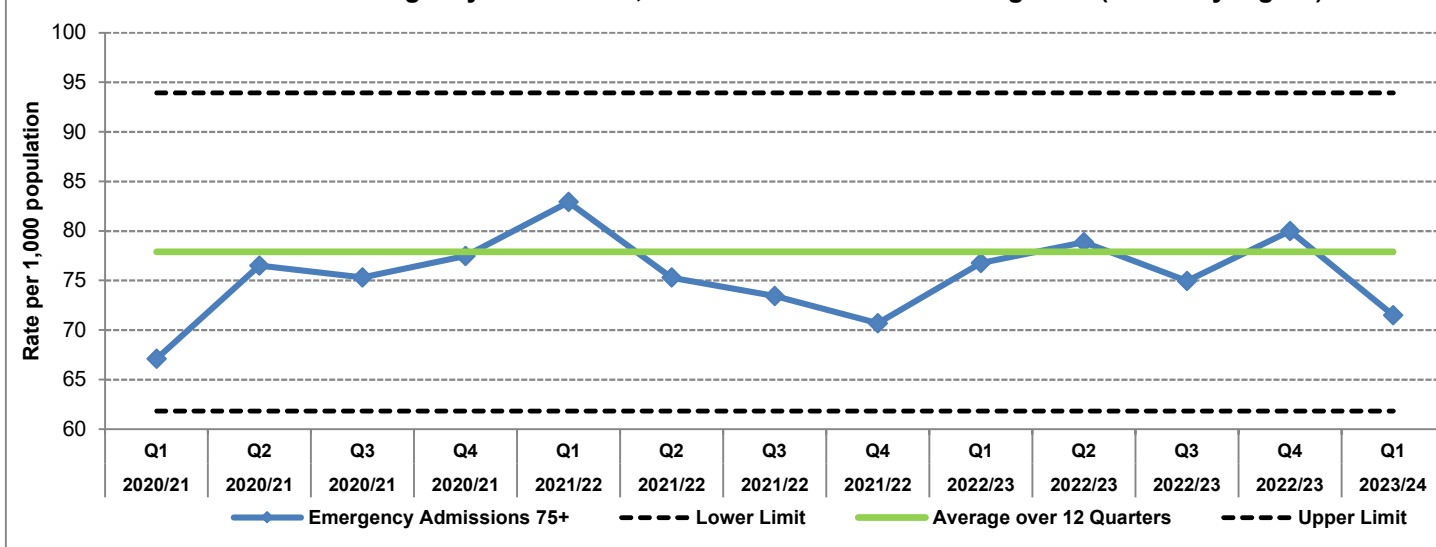
Emergency Admissions comparison, Scottish Borders and Scotland residents age 75+

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

Rate of Emergency Admissions per 1,000 population 75+ Scottish Borders and Scotland
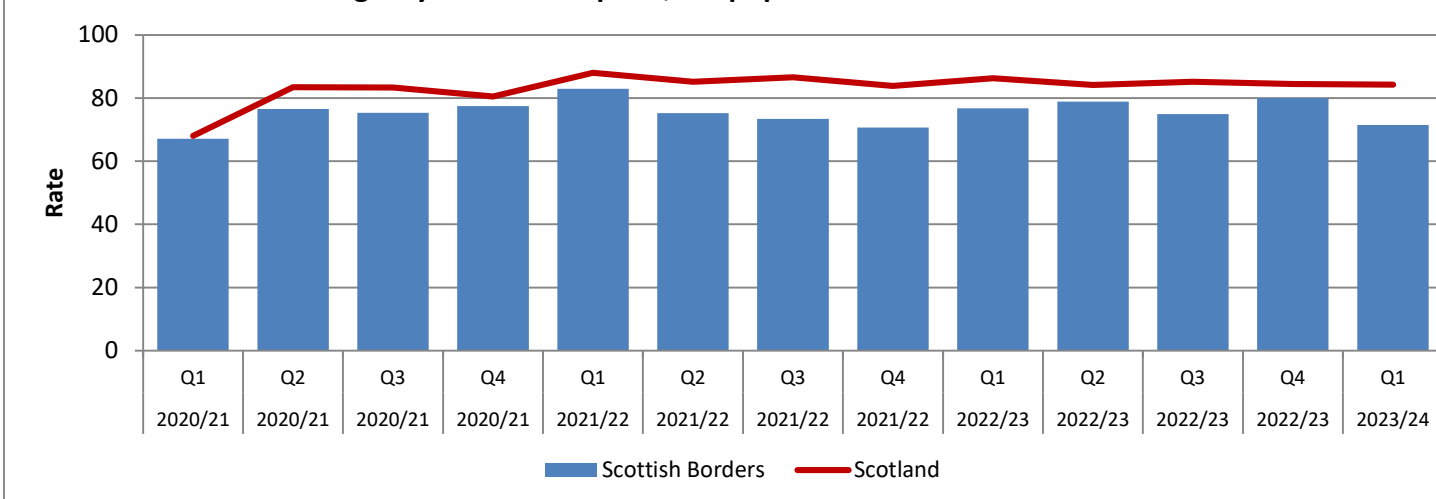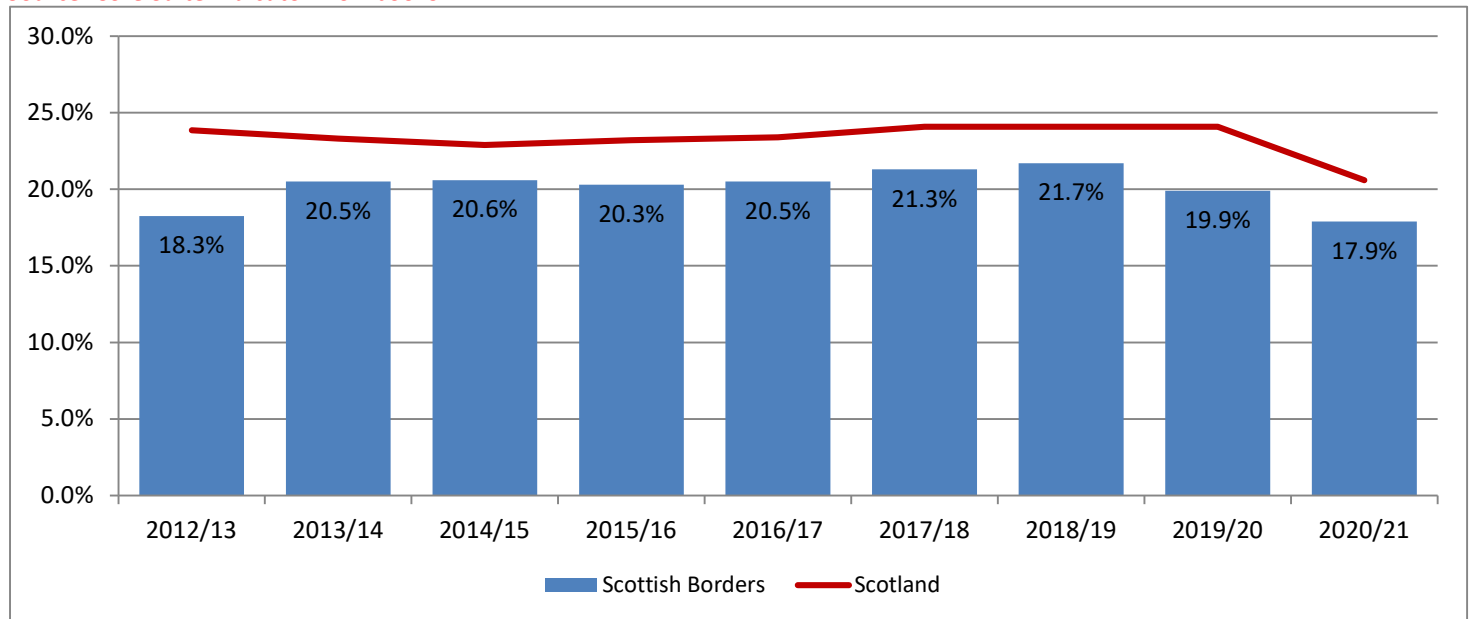
Please Note: where two areas are concerned it is not possible to show values as a control chart.

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+

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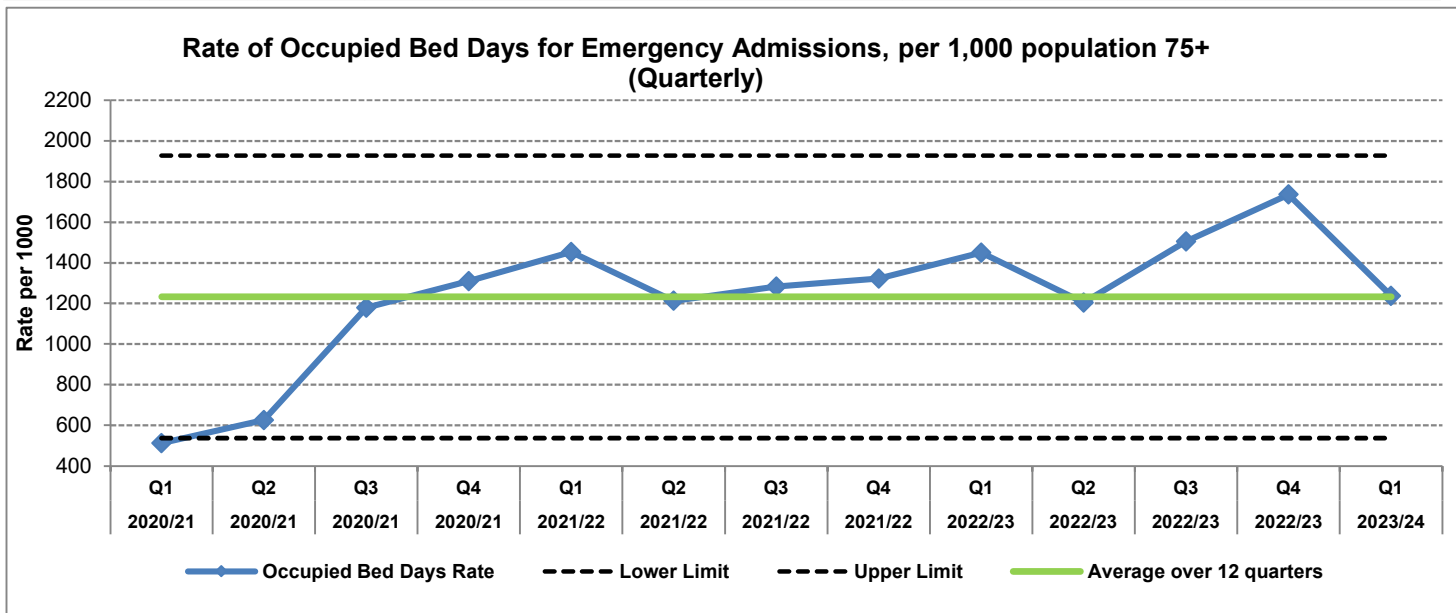
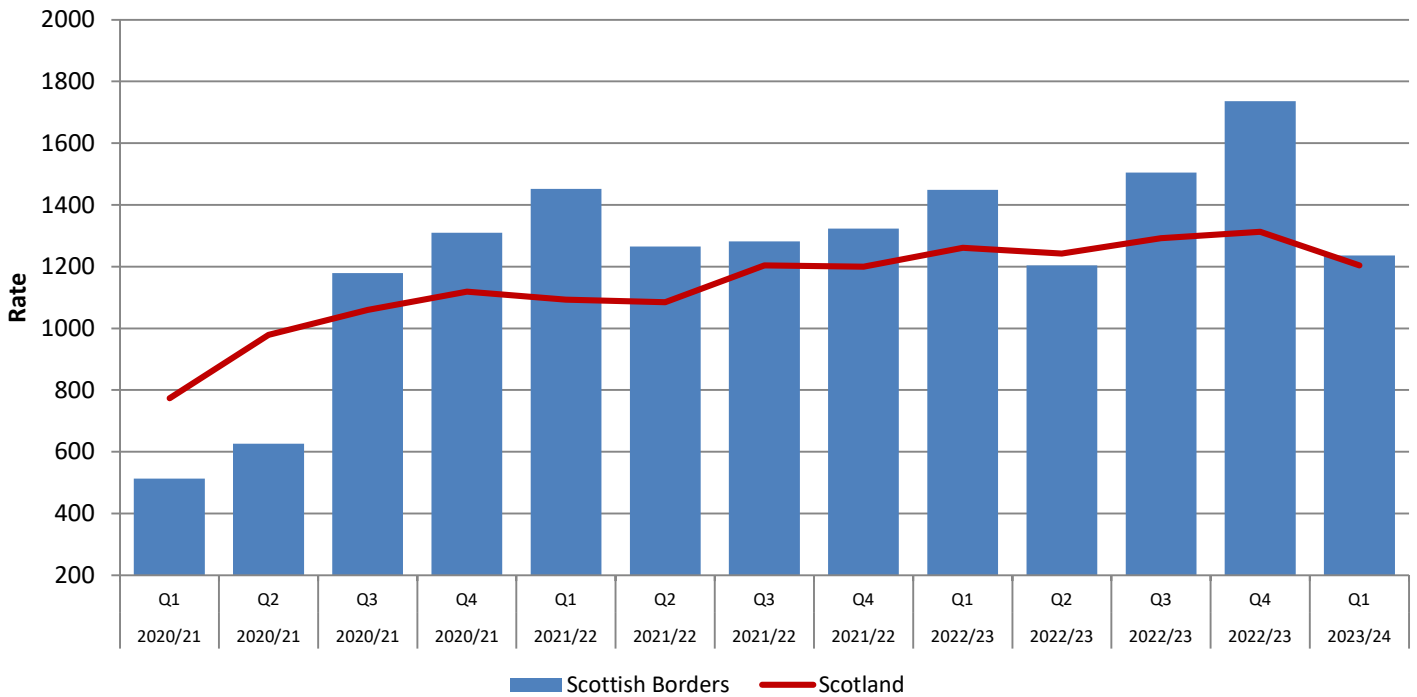Rate of Occupied Bed Days for Emergency Admissions, per 1,000 population 75+ (Quarterly)

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

	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)

Legend: Scottish Borders | Scotland

Emergency admissions: Rate of Occupied Bed Days for 'non-delayed' and 'delayed' patients, per 1,000 population, Scottish Borders
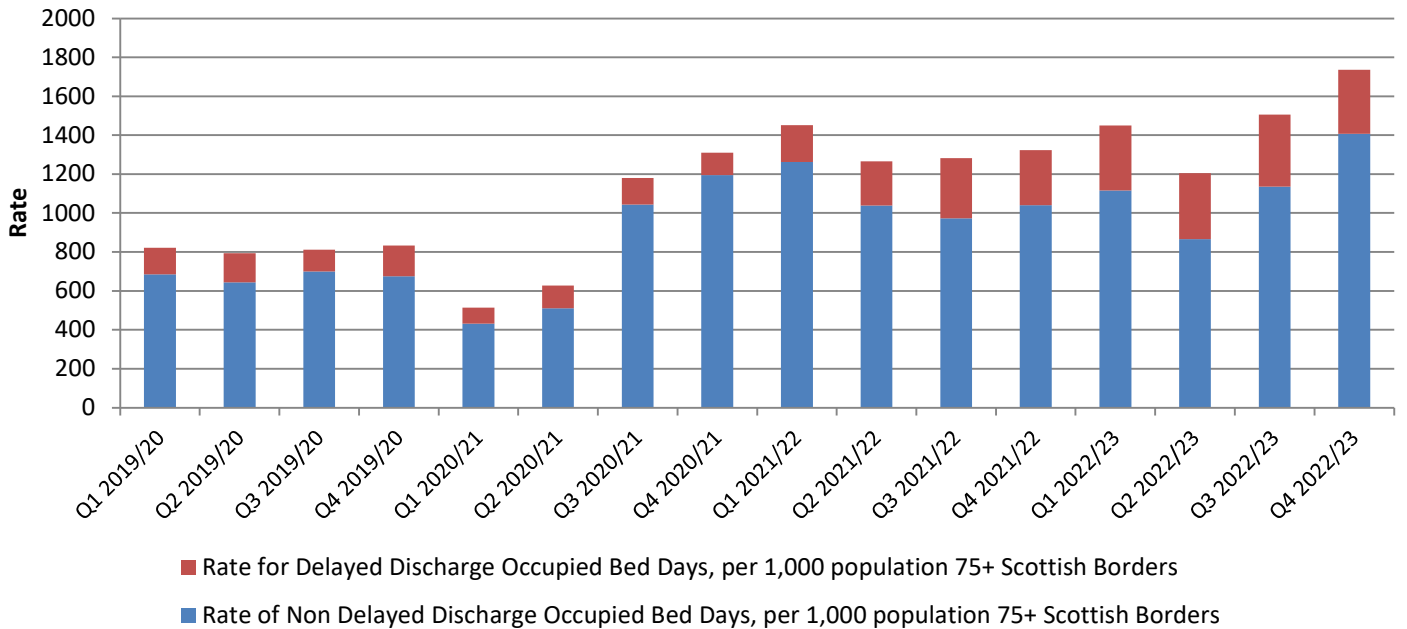
Legend:
- Rate for Delayed Discharge Occupied Bed Days, per 1,000 population 75+ Scottish Borders
- Rate of Non Delayed Discharge Occupied Bed Days, per 1,000 population 75+ Scottish Borders

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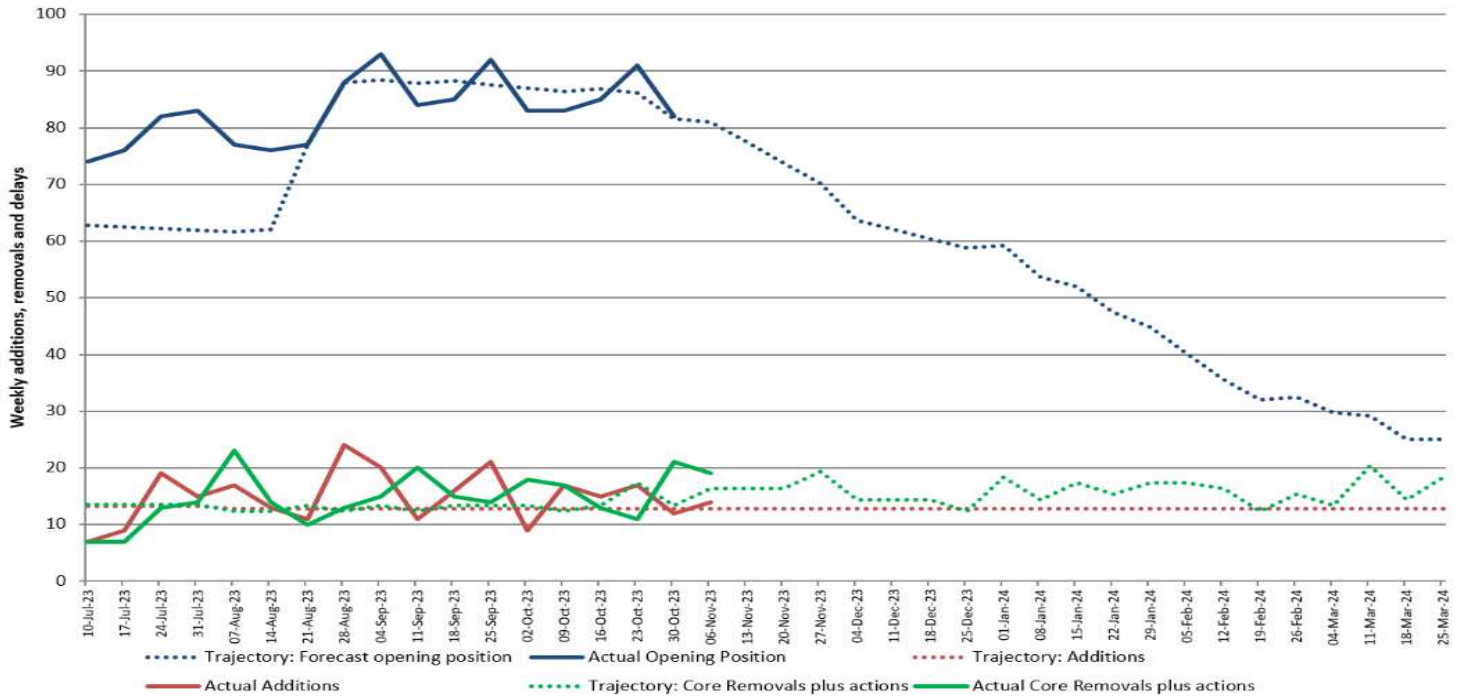
How are we performing?

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 72 hours, Scottish Borders
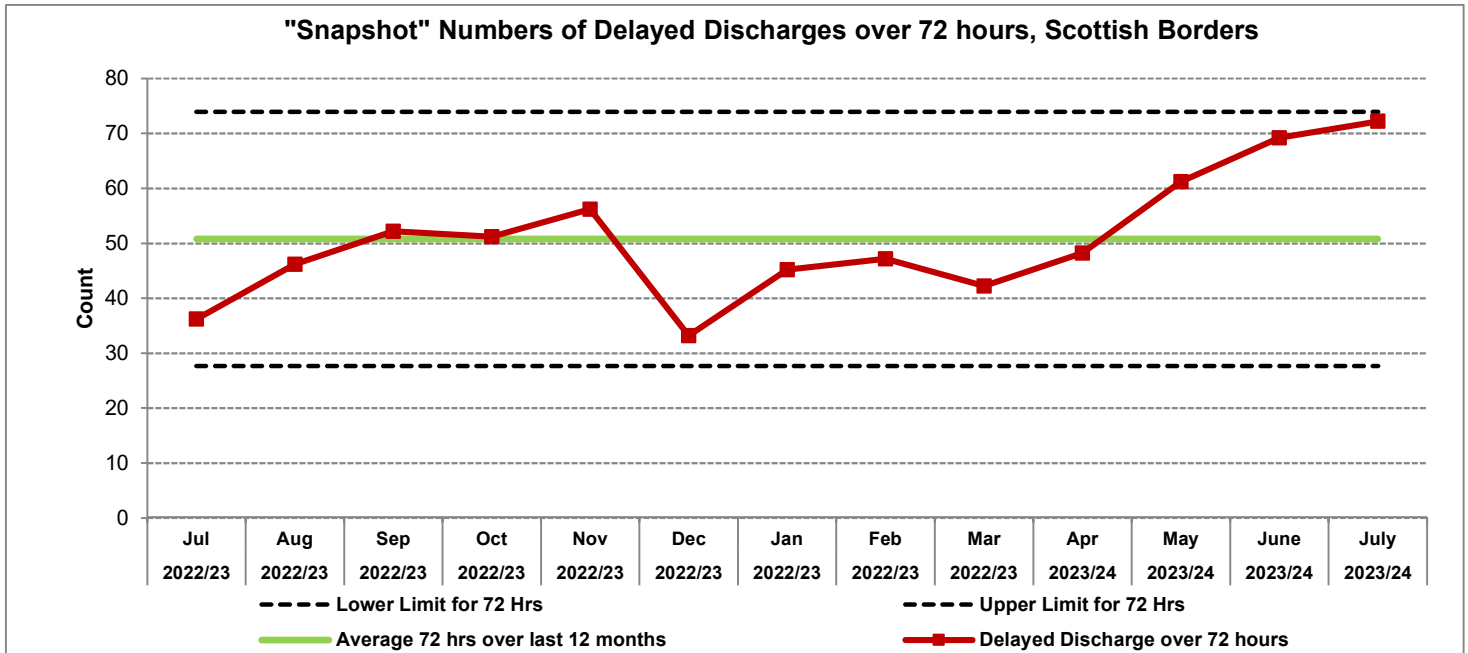
"Snapshot" Numbers of Delayed Discharges over 2 weeks, Scottish Borders
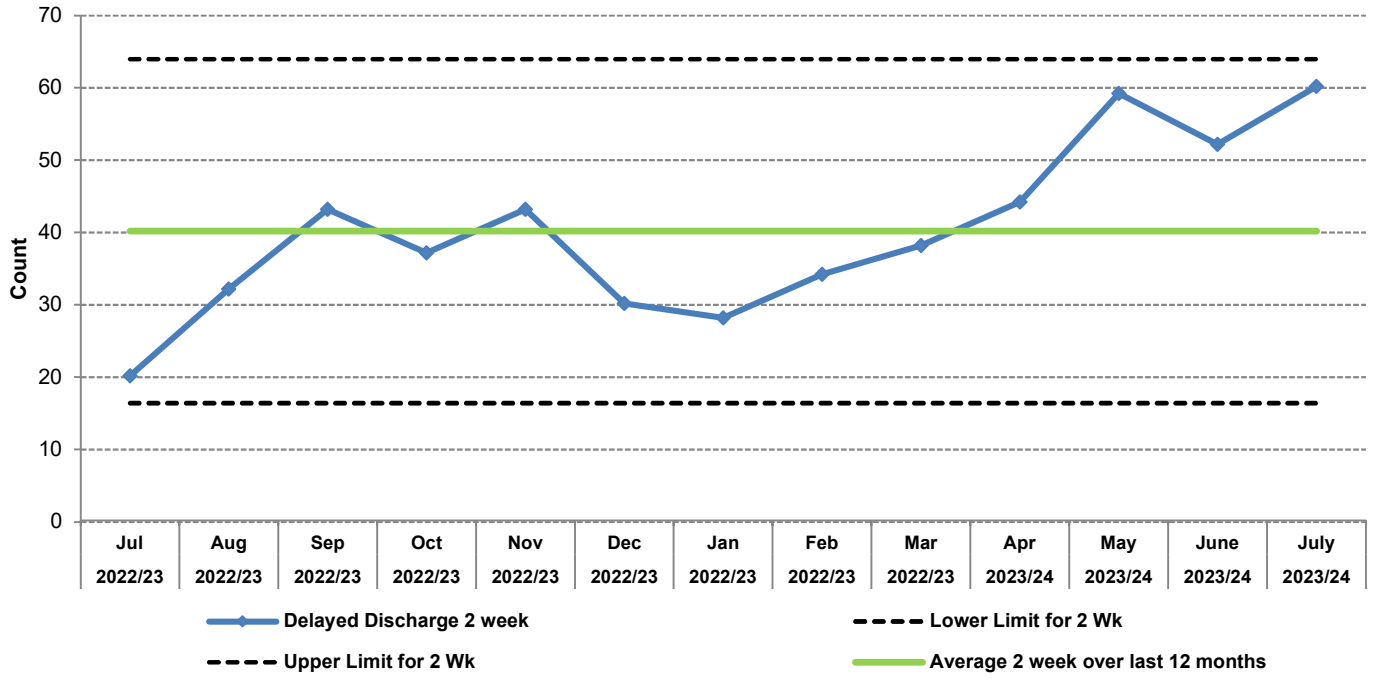
Bed days associated with delayed discharges in residents aged 75+; rate per 1,000 population aged 75+

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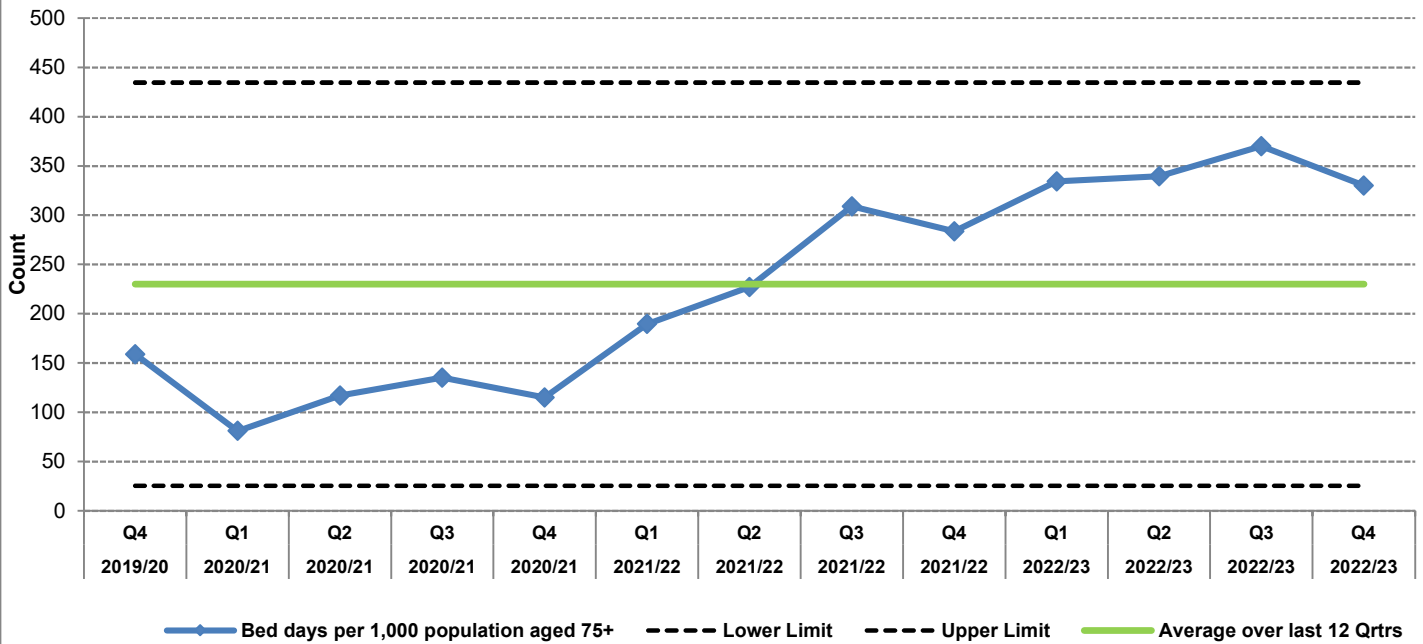
Scotland / Scottish Borders comparison of bed days associated with delayed discharges in residents aged 75+

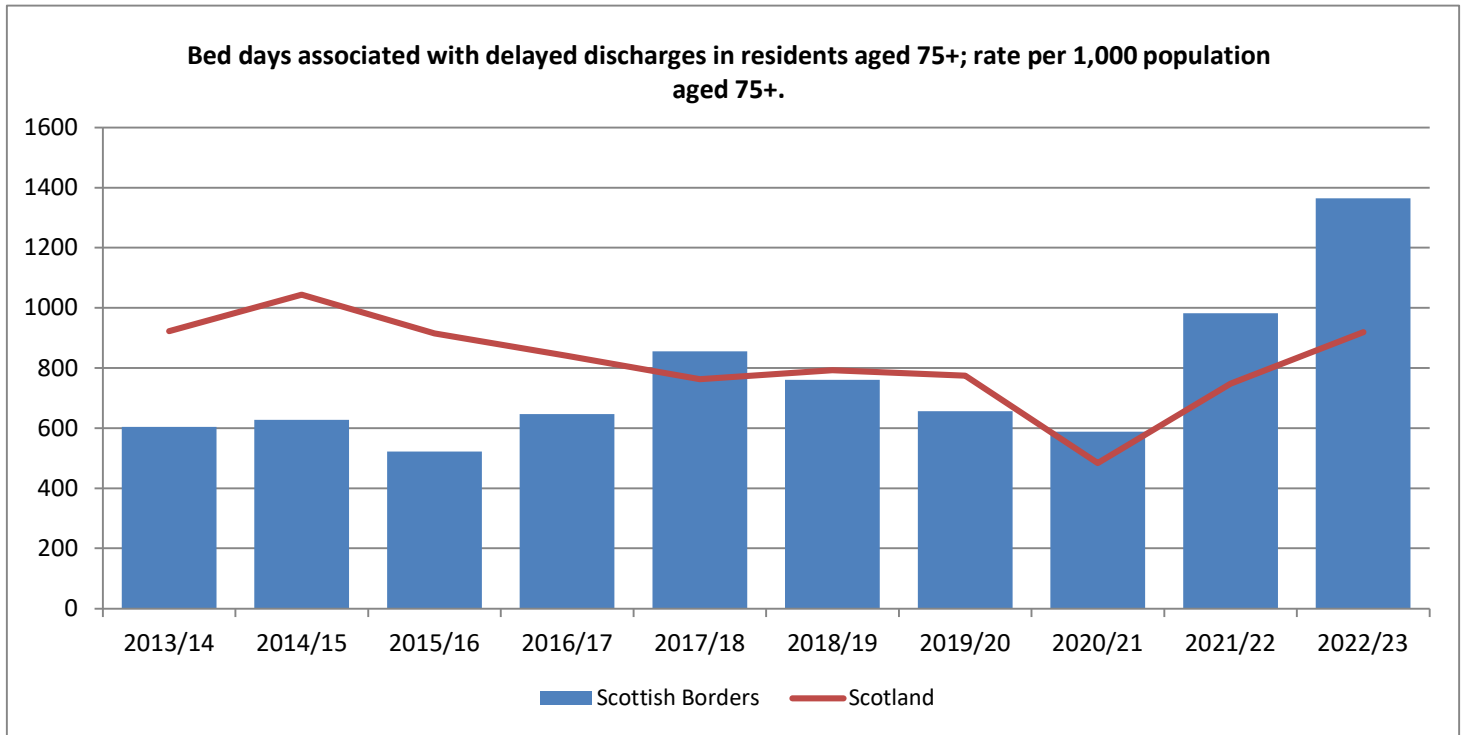|	2016/17	2017/18	2019/20	2020/21	2021/22	2022/23
Borders	647	855	656	588	982	1364
Scotland	841	762	774	484	748	919

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

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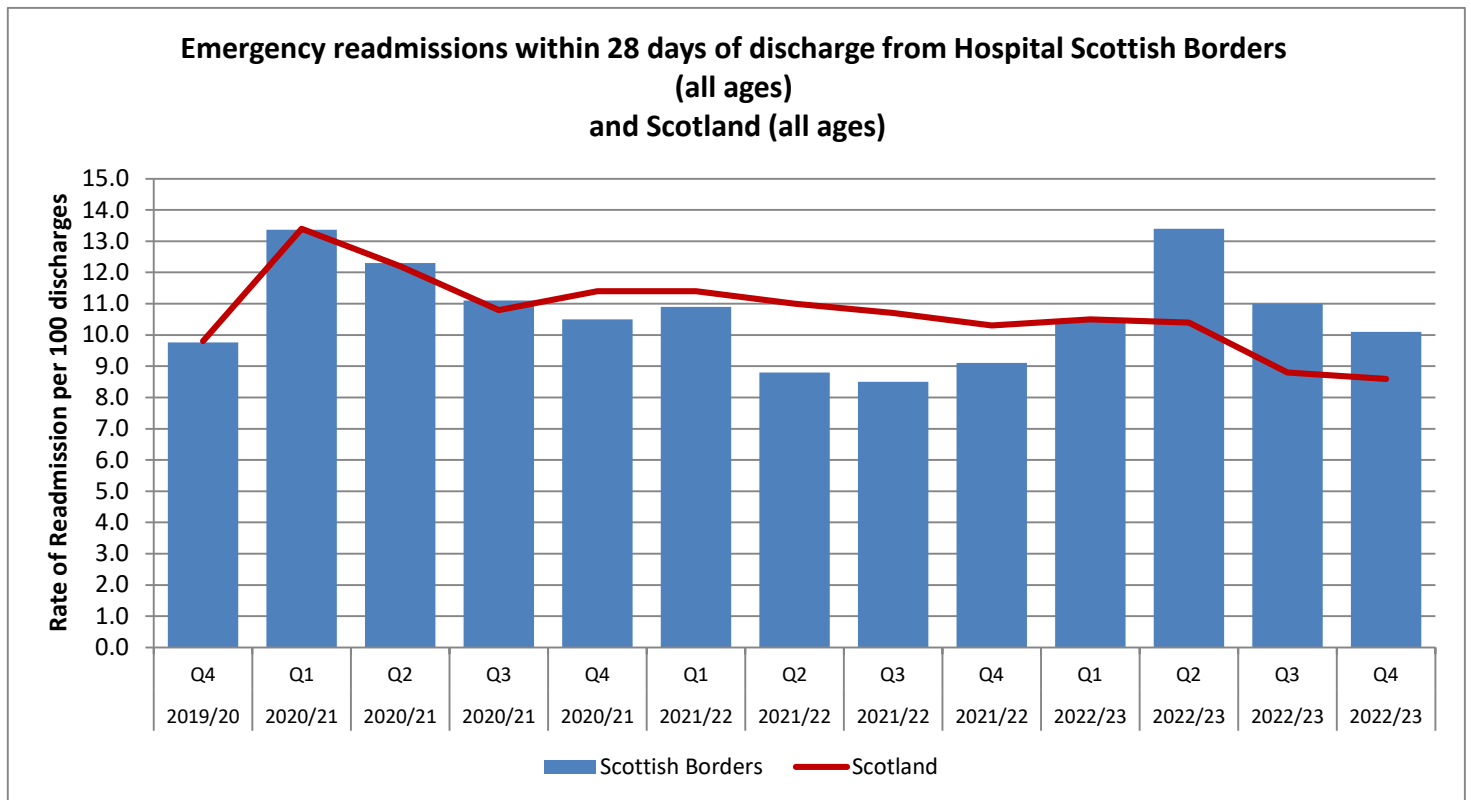
How are we performing?

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)

	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

Emergency readmissions within 28 days of discharge from Hospital Scottish Borders (all ages) and Scotland (all ages)

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.

Adult mental health
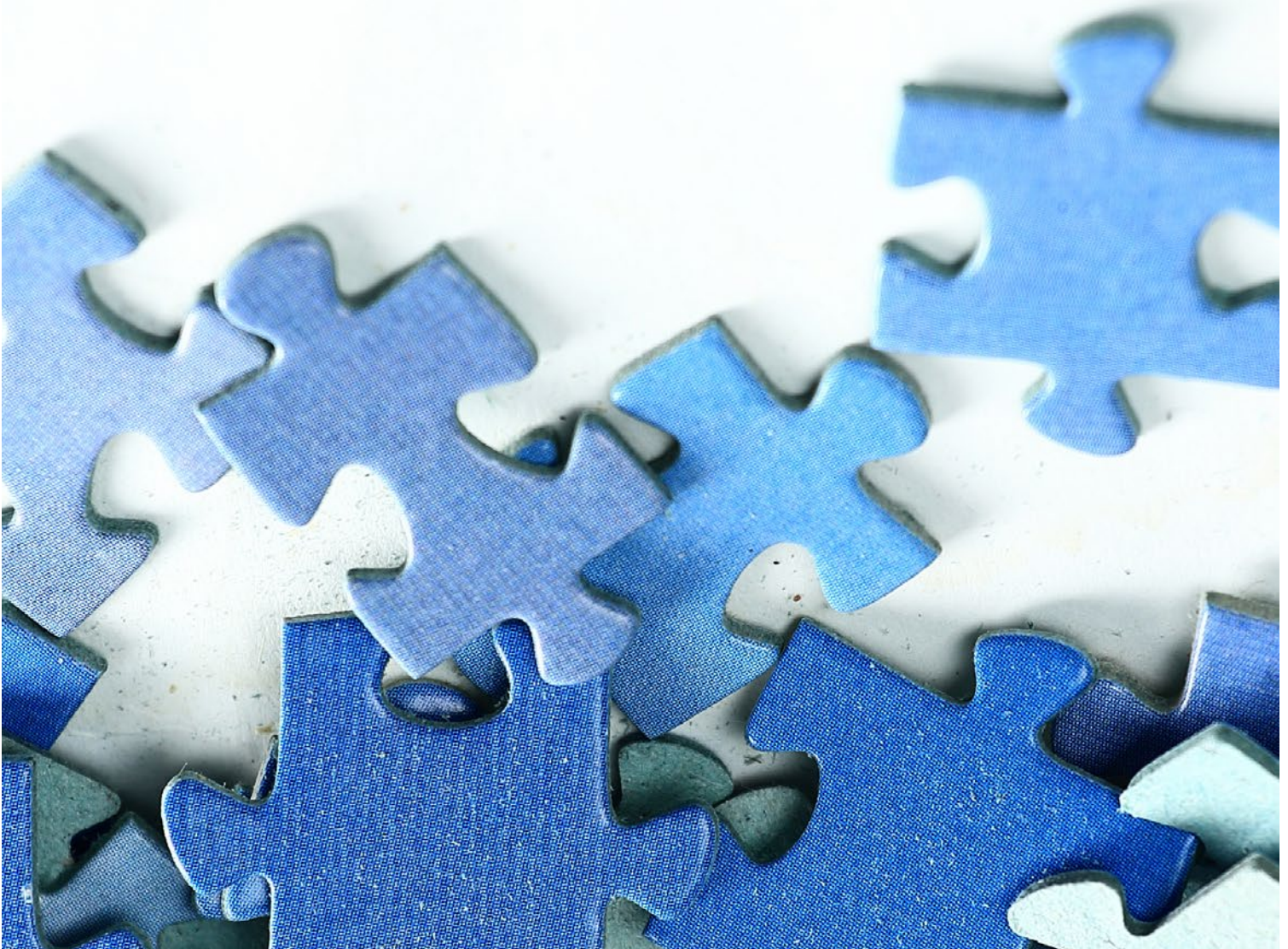
ACCOUNTS COMMISSION

AUDITOR GENERAL

Contents

Audit team

The core audit team consisted of:
Leigh Johnston, Eva Thomas-Tudo, Claire Tennyson and Jason Carter, with support from other colleagues and under the direction of Mark MacPherson.

Accessibility

You can find out more and read this report using assistive technology on our website.

For information on our accessibility principles, please visit: www.audit-scotland.gov.uk/accessibility.

Key facts

About **one in four people** experience mental health problems in any given year.

People with lifelong mental illnesses are more likely to die **15-20 years** prematurely because of physical health problems.

80.8 per cent of people started psychological therapies within 18 weeks of being referred for treatment in 2022/23.

2,742 people waited more than a year to start psychological therapies in 2022/23.

£8.8 billion was the reported cost of poor mental health to the Scottish economy in 2019.

NHS boards spent **£1.2 billion** on adult mental health in 2021/22.

Councils spent **£224.7** million on adult mental health in 2021/22.

The Scottish Government's Mental Health Directorate budget is **£290.2 million** in 2023/24.

Key messages

1 Funding for adult mental health services has increased significantly since 2017. But a lack of data makes it hard to see what impact this increased spending has had. Accessing services remains slow and complicated for many people. The Covid-19 pandemic made this situation worse, particularly limiting access to face-to-face support. NHS boards are still not all routinely offering face-to-face appointments as a choice. The mental health workforce is under pressure, with high vacancy rates and turnover. And progress towards increasing the mental health support available from primary care, which is essential to improving access and relieving pressure on specialist services, has been delayed.

2 Accessing mental healthcare is more difficult for some people, for instance people from ethnic minorities, people living in rural areas and people living in poverty. People living in the most deprived areas are also three times more likely to end up in hospital for mental health issues than those in the least deprived areas. This is a long-standing problem and progress in tackling it has been slow. Mental health services cannot address this alone, and they are not yet working closely enough with other sectors, such as housing, welfare, and employability support services, to address and prevent some of the causes of poor mental health.

3 The Scottish Government does not have sufficient oversight of most adult mental health services because of a lack of information. It does not measure the quality of care or the outcomes for people receiving it. The Scottish Government focuses on only waiting times for psychological therapies to

assess how adult mental health and wellbeing services are performing. Performance against this measure has improved, but NHS boards are still struggling to meet waiting times standards. The system is fragmented, and accountability is complex, with multiple bodies involved in funding and providing mental health services. This causes complications and delays in developing services that focus on individuals' needs.

4 The Scottish Government's progress against commitments in its Mental Health Strategy 2017–2027 is mixed. It has since made further financial, operational and workforce commitments, but it is not currently on track to achieve them. These include increasing mental health funding by 25 per cent, ensuring that ten per cent of front-line health spending is on mental health, and giving all GP practices access to primary care mental health and wellbeing services.

Recommendations

The Scottish Government should:

- implement the recommendations of the independent evaluation of the Distress Brief Intervention (DBI) programme as part of rolling out the DBI programme across Scotland by March 2024 (Case study 1, page 21)

- before the end of 2023, publish its guidance on measuring and evaluating outcomes from mental health and wellbeing services in primary care, which was expected to be published in April 2022 (paragraph 30)

- publish a costed delivery plan, as soon as possible, setting out the funding and workforce needed to establish and accommodate primary care mental health and wellbeing services across Scotland by 2026, including how these services will work with other sectors to provide holistic, person-centred support (paragraphs 31 , 32 and 43)

- in the next 12 months, work with Public Health Scotland to start routinely publishing, at least quarterly, how the Scottish Government's psychological therapies specification and quality standards for secondary mental health services are improving the experiences and outcomes for people who use these services (paragraph 52)

- in the next 12 months, work with Public Health Scotland to start routinely publishing psychological therapies performance at Health and Social Care Partnership (HSCP) level as well as NHS board level to improve transparency and accountability for psychological therapies services (paragraph 55).

The Scottish Government and Integration Joint Boards (IJBs) should:

- urgently progress work to improve the availability, quality, and use of financial, operational and workforce data so that:

  - service and workforce planning, particularly in primary, community, and social care, is based on accurate measures of existing provision and demand **(paragraphs 14 , 90 and 97)**

  - information can be shared between health and social care partners more easily **(paragraphs 56–58)**

  - they can routinely measure, monitor and report on the quality of mental health services and patient outcomes; the difference that investment is making to patients' outcomes; and how much is being invested in preventative programmes of work and their impact **(paragraphs 97–99)**.

IJBs, HSCPs and NHS boards should:

- provide people with a choice about whether they access mental health services remotely or face-to-face, in line with the commitment in the Digital Health and Care Strategy **(paragraphs 25 and 26)**.

IJBs and councils should:

- urgently improve how mental health, primary care, housing, employability, and welfare support services work together to address and prevent the causes of poor mental health, by developing shared goals and targets, sharing data and jointly funding services **(paragraphs 42 and 43)**.

Introduction

Background

1. Supporting and improving mental health and wellbeing is a significant public health challenge that requires a coordinated response from a wide range of organisations. There is a need to focus on prevention and early intervention while maintaining access to specialist services for those with severe mental health issues. This is a difficult balance to achieve.

2. Mental health problems are very common. About one in four people experience mental health problems in any given year.[1] The Covid-19 pandemic brought additional pressures on the population's mental health (paragraph 15). National lockdowns meant that people were more isolated from family and friends, and access to support and services was impacted.

3. The Scottish Government and the Convention of Scottish Local Authorities (COSLA) identified mental wellbeing as one of six public health priorities for Scotland in 2018.[2] The Scottish Government aimed to give equal priority to physical health and mental health in its Mental Health Strategy 2017–2027.[3] It reported that people with lifelong mental illnesses are more likely to die 15-20 years prematurely.

4. The Mental Health Foundation reported that poor mental health cost the Scottish economy £8.8 billion in 2019.[4] Most of these costs were not incurred by the healthcare sector. For example, 72 per cent can be accounted for by the lost productivity of people living with mental health conditions and costs incurred by unpaid informal carers. £8.8 billion is also likely to be a significant underestimate because of a lack of data. For instance, the figure does not include costs associated with the impact of poor mental health on areas including the criminal justice system, housing, and addictions services.

About this report

5. This report has been prepared on behalf of the Auditor General for Scotland and the Accounts Commission. In 2018, we reported on children and young people's mental health and made a commitment to further audit work on mental health-related issues. This performance audit focuses on mental health services for adults in Scotland.

6. The overall aim of the audit is to answer the question: How effectively are adult mental health services across Scotland being delivered? We have focused on the progress made since 2017, when the Scottish Government published its Mental Health Strategy 2017–2027. This report is in four parts:

- Part 1. Access to mental health support and services

- Part 2. Progress towards improving mental health services

- Part 3. How well resources for adult mental health are managed

- Part 4. Plans and strategic direction.

7. Our findings and recommendations are based on evidence gathered through document review, data analysis, interviews and focus groups. We also carried out more in-depth fieldwork in three geographical areas to better understand local pressures and challenges, and to highlight areas of good practice. These areas were: Grampian – Aberdeen City, Aberdeenshire and Moray; Lanarkshire – North Lanarkshire and South Lanarkshire; and the Scottish Borders. Appendix 1 sets out more detail on our audit methodology.

8. We carried out three focus groups with people with lived experience of mental health problems. We have included quotes from these focus groups throughout the report to help illustrate our audit findings. We would like to thank the participants of these focus groups, and Vox Scotland and the Health and Social Care Alliance Scotland for facilitating the focus groups.

9. The audit focused on mental health support and services for adults in Scotland. The audit was not able to look in detail at specific mental health conditions, or significant topics that require distinct, specific types of support, such as:

- transitions between services for children and young people to adult mental health services

- dementia care

- mental healthcare for prisoners.

10. The independent review of mental health law in Scotland published its final report in September 2022.[5] The Scottish Government published its response to the recommendations in June 2023.[6] This may lead to changes in mental health law, but in this audit we have examined mental health services as they currently stand.

1. Access to mental health support and services

The support that people need for their mental health varies considerably

11. Mental health problems are very common and have a considerable impact on people's lives. These problems can vary from poor mental wellbeing and periods of emotional distress to severe and persistent, diagnosable mental illness. Many factors affect people's mental health including genetics, life experiences, upbringing and environment. For instance, experiencing poverty, homelessness, and living in poor-quality housing all increase the risk of having mental health problems (paragraph 37).

12. The support that people need can also vary considerably, and not all mental health problems require a medical response. Adults access mental health support and services in a variety of settings. Exhibit 1 (page 11) outlines some of the main types of mental health support available in Scotland, although the services available vary throughout the country.

13. The system is complex (paragraphs 56–57). Services are provided by HSCPs, NHS boards, councils and the charity and voluntary sectors. Integration Joint Boards (IJBs) are responsible for planning, commissioning, and monitoring adult mental health services provided in the community and in hospitals. Some IJBs are also responsible for secure mental health services, with NHS boards having that responsibility in other areas.

Exhibit 1.
Examples of mental health support in Scotland
Support for mental health problems varies from self-help to support mental wellbeing, through to highly specialised treatment for severe and enduring mental illnesses.

Patient journey

Prevention and mental wellbeing – Self-help

Support for the population's mental wellbeing.

Types include:

- Promotion of mental wellbeing
- Websites such as NHS inform and Clear Your Head
- Helplines such as Samaritans and Breathing Space
- Community-based activities and peer support groups
- Wider support such as employability and homelessness services.

Primary care – Mostly self-referral

Usually the first points of access for people seeking help for their mental health.

Types include:

- Appointments with GPs and other primary care staff
- NHS 24 Mental Health Hub
- Some psychological therapies
- Distress Brief Interventions Case study 1.

Secondary care – Requires a referral from primary care

Treatment for people with longer-term or complex mental health conditions that cannot be managed by their GP or other primary care services.

Types include:

- Psychiatry services
- Psychology services
- Inpatient mental healthcare
- Community mental health services
- Crisis resolution services.

Tertiary care – Highly specialised treatment

Highly specialised treatment for people with complex mental illnesses that cannot be managed by primary or secondary services.

Types include:

- Forensic psychiatry – for people who have been, or are at risk of being, violent
- Specialist perinatal mental health services
- Specialist clinics for specific disorders such as eating disorders, mood disorders and personality disorders.

Source: Audit Scotland

The Scottish Government, IJBs and others have insufficient data to fully understand demand for mental healthcare

14. Comprehensive, good-quality data is essential for assessing demand and planning services. Information about demand for mental healthcare in Scotland only covers people already accessing, or trying to access, some mental health services. The Scottish Government estimated that only one in three people who would benefit from treatment for a mental illness was receiving it.[7] This means there is potentially much higher demand for mental health support and services than the available data shows. For instance:

- Data is not available to determine how many people have severe and enduring mental health conditions in Scotland.[8]

- Information is not available to accurately assess demand for mental health support in primary care in Scotland, but it is likely that demand is high. In 2018, a survey of more than 1,000 GPs across England and Wales estimated that 41 per cent of appointments relate to mental health.[9]

- Community mental health teams (CMHTs) provide specialist mental health services, but information on demand, such as referrals and caseloads, is not routinely collected.

- No information is available that shows demand for psychiatric services. The number of appointments taking place is published, but no information is available on the number of referrals, the number of people on waiting lists, how long people are waiting for treatment or the length of treatment.

- The quality, completeness and consistency of NHS boards' submissions to the psychological therapies data set vary significantly, affecting the robustness of information that is available.

There are indications that demand for mental healthcare has increased

15. The Covid-19 pandemic had a detrimental impact on the population's mental health. Results from the Scottish Health Survey showed that mental wellbeing among adults was lower in 2021 than in 2019, and that 22 per cent of adults may have a psychiatric disorder, an increase from 17 per cent in 2019.[10]

16. Referrals to psychological therapies and admissions to inpatient mental healthcare have remained broadly stable since 2017/18. But other measures show that demand for mental healthcare has increased:

- The number of people detained using the Mental Health Act because of an urgent need for treatment for a mental health

disorder increased from 104 to 120 per 100,000 people between 2017/18 and 2021/22. It peaked in 2020/21 during the pandemic.[11]

- The number of police incidents relating to mental health increased by 62 per cent between 2018 and 2022, from 14,394 incidents to 23,259.[12] [13]

- The Scottish Association for Mental Health (SAMH) reported a 50 per cent increase in demand for its information service during the pandemic.[14]

- The number of calls to NHS 24's 111 Mental Health Hub increased by 436 per cent between 2019/20 and 2022/23, from an average of 2,136 calls per month, to an average of 11,457 calls per month. The increase can partly be explained by its expansion from operating eight hours per day to 24 hours per day from July 2020.[15]

17. Referrals for psychological therapies decreased temporarily at the start of the pandemic, but this could have been caused by a reduction in the availability of services during this time and fewer people contacting their GPs.

'Waiting lists even pre-Covid were really ridiculous and at the moment waiting lists are horrendous... a lot of services have been withdrawn or shut down, it's leaving a lot of really vulnerable people with no help and support.'
Focus group participant

Accessing mental health services is slow and complicated for many people

18. Many people find accessing mental health and wellbeing services to be a slow and complicated process. SAMH surveys found that six out of ten people who had tried to access mental health support from their GP or specialist services since March 2021 reported facing challenges.[16]

19. People typically access mental health support in Scotland by visiting GPs for support and onward referral to specialist services. This can be slow, and many people who need mental health support do not meet the thresholds for specialist services. Moreover, the availability and awareness of other support, such as primary care mental health services (paragraphs 27–33), third sector services and peer support, varies across Scotland.

'People seem to go for appointments and be put onto a pathway. That pathway either comes abruptly to an end, through no fault of anyone's – perhaps funding runs out, or one pathway leads to another pathway, but nothing seems to lead anywhere.'

'I was on the waiting list for two years to see a psychologist. I wasn't aware if there were any other people within the NHS I could see or if there was any other help, I was just told about the psychologist.'

'I do really like working with my clinical psychologist but in terms of getting the support in the first place and the waiting times, I found that very, very difficult and it was not a good experience for me.'

Focus group participants

20. People can get information about mental health services through websites such as NHS Inform – Scotland's national health information service – or through third sector organisations such as Samaritans or SAMH. But people can find accessing this information difficult, particularly when they are experiencing poor mental health. Results from a SAMH survey estimated that 800,000 adults in Scotland do not know where to go to get help for their mental health.[17]

'I've asked and asked and I'm getting no help anywhere whatsoever.'

'I think I know more about what's out there than my GP does, even though she's sympathetic and she does her best to help. I just don't know what's out there or what can best help me.'

'I got referred to a community psychiatric nurse but got a letter a couple of weeks later to say that it had been rejected so I was left in the middle of the pandemic looking at all these services online just totally overwhelmed.'

Focus group participant

The Covid-19 pandemic led to a reduction in access to services, particularly face-to-face support

21. Access to mental health services decreased during the Covid-19 pandemic. The number of appointments across a range of mental health services dropped significantly during the first few months of the pandemic (Exhibit 2, page 16). For most services, this has since recovered to at least pre-pandemic levels. For general psychiatry however, the number of appointments has decreased again since mid-2021, after an increase between July 2020 and June 2021. Data is not available to explain this decrease (paragraph 14), for example, whether it is caused by decreasing demand or capacity. The Royal College of Psychiatrists told us that demand for psychiatry services is high.

22. During the pandemic, face-to-face support was offered only where clinically necessary. SAMH published two reports covering the experiences of people trying to access mental health support during the pandemic. The first one found that there was widespread loss of face-to-face support during the pandemic.[18] The second report, based on surveys carried out in late 2021 and early 2022, found that most mental health support was still being provided remotely.[19] In 2022, most psychological therapies appointments took place digitally or by telephone (Exhibit 3, page 17).

23. Views about receiving mental health care and treatment remotely are mixed. SAMH reported that more than three-quarters of people felt that face-to-face support was far better than remote options, both telephone and video consulting.[20] We found that remote options worked well for some people in our focus groups, but not for others.

'You've got vulnerable people who are desperate to access treatment, but they don't want to access treatment because it's being done online when they don't want to do it online. You have to give people the choice.'
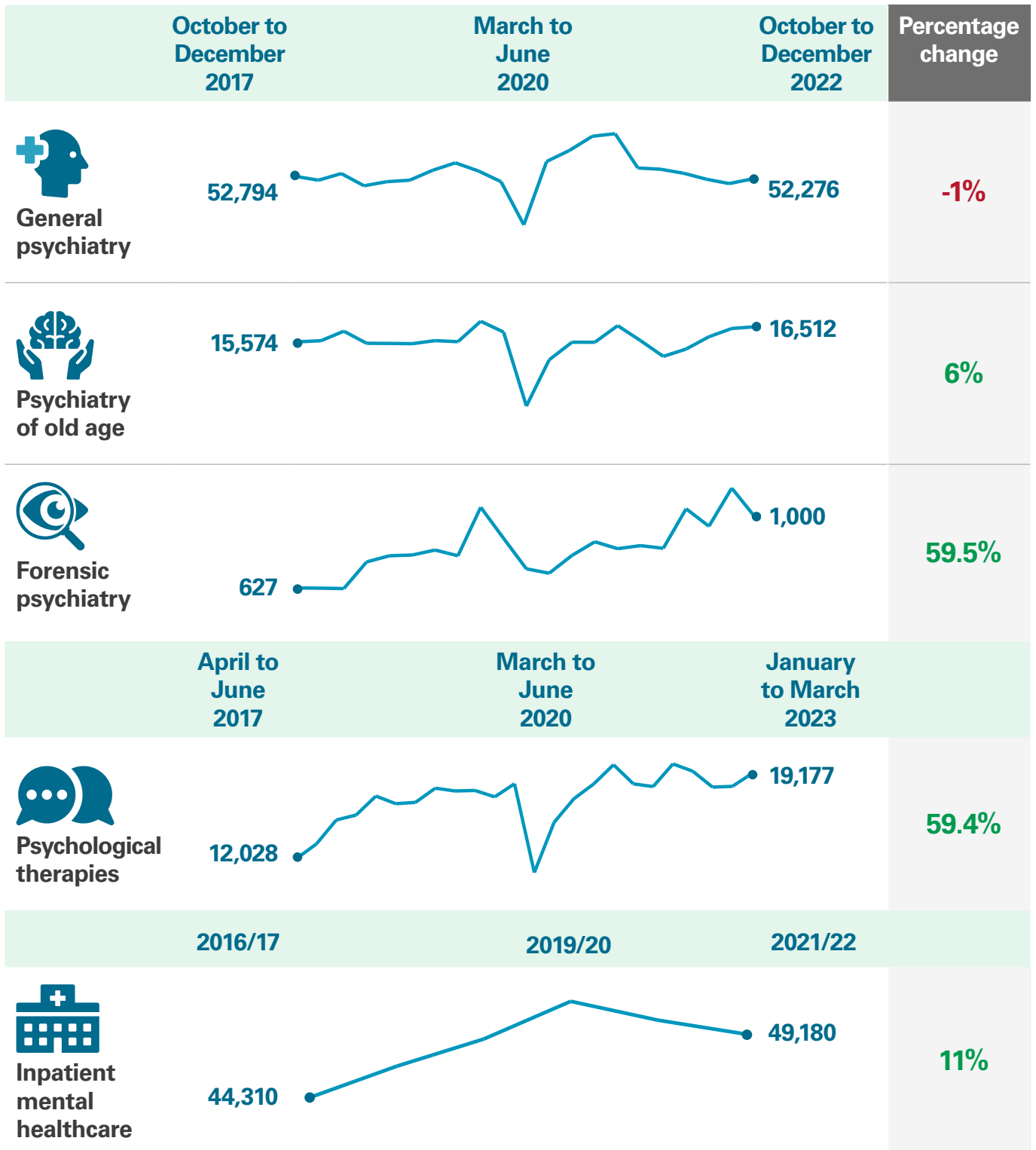
'I did find it good because with my disability it's really hard to leave the house. So in some ways it was actually really good to have it and still physically see them and talk to them. But it's also difficult because of connection issues.'

'Being online can be good because it does allow you a bit more flexibility.'

Focus group participants

Exhibit 2.
Mental health services activity

Activity across a range of mental health services decreased during the first few months of the Covid-19 pandemic but most have since returned to at least pre-pandemic levels.

	October to December 2017	March to June 2020	October to December 2022	Percentage change
General psychiatry	52,794		52,276	**-1%**
Psychiatry of old age	15,574		16,512	**6%**
Forensic psychiatry	627		1,000	**59.5%**

	April to June 2017	March to June 2020	January to March 2023	
Psychological therapies	12,028		19,177	**59.4%**

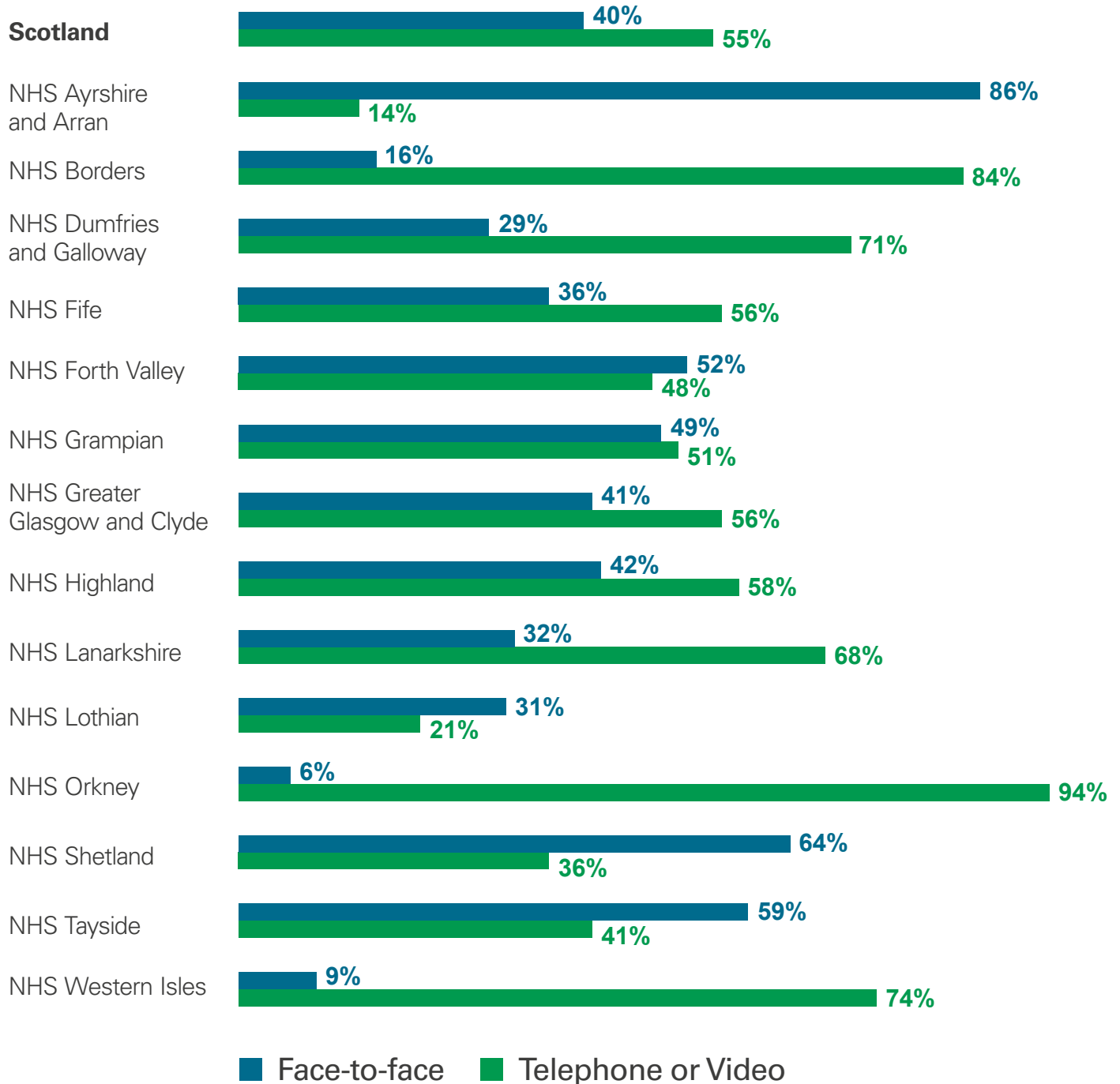|	2016/17	2019/20	2021/22	
Inpatient mental healthcare	44,310		49,180	**11%**

Note: Psychological therapies only includes new appointments; psychiatry specialties include new and return appointments.

Source: Audit Scotland and Public Health Scotland

Exhibit 3.
Psychological therapies appointment types in 2022
The known proportion of appointments taking place remotely varies widely across NHS boards.

Scotland
- Face-to-face: 40%
- Telephone or Video: 55%

NHS Ayrshire and Arran
- Face-to-face: 86%
- Telephone or Video: 14%

NHS Borders
- Face-to-face: 16%
- Telephone or Video: 84%

NHS Dumfries and Galloway
- Face-to-face: 29%
- Telephone or Video: 71%

NHS Fife
- Face-to-face: 36%
- Telephone or Video: 56%

NHS Forth Valley
- Face-to-face: 52%
- Telephone or Video: 48%

NHS Grampian
- Face-to-face: 49%
- Telephone or Video: 51%

NHS Greater Glasgow and Clyde
- Face-to-face: 41%
- Telephone or Video: 56%

NHS Highland
- Face-to-face: 42%
- Telephone or Video: 58%

NHS Lanarkshire
- Face-to-face: 32%
- Telephone or Video: 68%

NHS Lothian
- Face-to-face: 31%
- Telephone or Video: 21%

NHS Orkney
- Face-to-face: 6%
- Telephone or Video: 94%

NHS Shetland
- Face-to-face: 64%
- Telephone or Video: 36%

NHS Tayside
- Face-to-face: 59%
- Telephone or Video: 41%

NHS Western Isles
- Face-to-face: 9%
- Telephone or Video: 74%

■ Face-to-face   ■ Telephone or Video

Note: NHS Ayrshire and Arran includes data from August to September 2022. Some appointment types are unknown, and so totals may not add up to 100 per cent. NHS Lothian has a particularly high rate of unknown appointment types because of limitations with how their systems recorded this information. The full list of data quality issues can be found in Public Health Scotland's Psychological Therapies Waiting Times data quality publication (March 2023).

Source: Audit Scotland and Public Health Scotland.

Remote options have increased access but not all NHS boards routinely offer face-to-face appointments as a choice

24. The Scottish Government has committed to expanding digital mental health services and self-help resources and increasing access to evidence-based psychological therapies and other support.[21] There are also examples of new services being set up that will be provided entirely remotely, such as the Renew service in the Scottish Borders. Renew is a remote primary care service that offers assessment and treatment for patients experiencing mild to moderate anxiety and depression.

25. The Scottish Government and COSLA's Digital Health and Care Strategy (2021) states that people will not be forced to use a digital service if it is not right for them. However, NHS boards reported a range of factors that affected the type of appointment that was offered, including the availability of clinical space, clinical need, and whether people are affected by digital exclusion.[22]

26. Increasing access to mental health support and services is necessary and welcome. But the Scottish Government, NHS boards and others who provide services must ensure that people are routinely given a choice about whether they access services remotely or face-to-face.

Increasing the availability of mental health and wellbeing services in primary care is essential for improving access

27. GPs and wider teams based in primary care play a key role in providing mental healthcare. An estimated 41 per cent of GP appointments involve a mental health issue (paragraph 14). Increasing the availability of mental health and wellbeing services in primary care could help to prioritise prevention and early intervention and decrease pressure on specialist services.

'My GP has done more for me than most psychiatrists have, and she's not a trained psychiatrist. That tells me it's not necessarily to do with the training and the qualifications that these people have.'
Focus group participant

28. The Royal College of General Practitioners told us that GPs need more support to address the mental health needs of patients. At March 2022, only 45 per cent of GP practices across Scotland reported having full access to mental health workers, and 66 per cent reported having full access to **community link workers**.[23] This information was not available in the 2023 publication – GP practices were only asked whether they had any access to these workers, this could vary from minimal access to

Community link workers work with GP practices to help patients access non-medical support for personal, social, emotional and financial issues.

full access. At March 2023, 17 per cent of GP practices across Scotland reported having no access to mental health workers, and 20 per cent reported having no access to community link workers (down from 22 per cent and 24 per cent respectively in March 2022).[24]

'My GP surgery does have a counsellor who works alongside the GP practice but it's mainly working with people who have addiction issues, rather than people with other emotional or psychological issues. More multi-disciplinary team support like that in GP practices would help free up NHS hospital services for people who are more seriously ill.'

Focus group participant

29. The Scottish Government has committed to ensuring that every GP practice has access to a mental health and wellbeing service by 2026.[25] In January 2022, the Scottish Government issued planning guidance to IJBs on developing mental health and wellbeing in primary care services (MHWPCS).[26]

30. The planning guidance outlined that MHWPCS should offer assessment, advice, support, and treatment, provided by a multidisciplinary team. A key part of this guidance that would set out how to measure and evaluate outcomes from MHWPCS was expected to be published in April 2022, but it has still not been published. The Scottish Government should publish this as soon as possible. This is important, as it will allow data to be collected on how these services are improving people's mental health and whether they are supporting the aims of the General Medical Services contract to refocus GPs' roles as expert medical generalists.[27]

31. The planning guidance states that funding for MHWPCS is intended mainly for employing new staff and not for providing additional space to accommodate teams. Two of our in-depth fieldwork sites, North Lanarkshire and Moray, have expressed concerns about a lack of accommodation for their mental health primary care teams. This makes it difficult for staff to complete routine tasks, such as seeing clients and managing caseloads.

32. The Scottish Government's Emergency Budget Review (EBR) delayed progress towards increasing the number of mental health workers and link workers in primary care. It cut funding for improving primary care services by £65 million and mental health funding by £38 million in 2022/23.[28] The Scottish Government should publish a costed delivery plan that sets out the funding and workforce that will be needed to achieve its aim of establishing sustainable and effective MHWPCS across Scotland by 2026.

33. Initiatives across Scotland have successfully increased both in-person and remote access to mental health support in primary care. Examples include the Distress Brief Intervention (DBI) programme (Case study 1, page 21) and the NHS 24 111 Mental Health Hub. The hub was established in 2019 but expanded considerably during the Covid-19 pandemic.

Accessing mental healthcare is disproportionately more difficult for some people

34. Some people, such as people with complex care needs and people with severe and enduring mental health problems, experience inequality in accessing mental healthcare. For example:

- The Mental Welfare Commission reported that some GPs found that referrals to psychiatry services were rejected in the case of patients with substance misuse problems. GPs were advised to refer these patients to addictions services, even when the patient's main problem is their mental illness.[29]

- The Scottish Mental Illness Stigma Study found that people with severe and enduring mental health problems experienced stigma and discrimination when trying to access mental healthcare. For instance, 71 per cent of respondents felt that they had been unfairly denied help for their mental illness because of stigma.[30]

35. Some groups also face practical barriers to accessing mental health and wellbeing services. For instance, access to specialist services in sign language, for people with hearing problems, is limited.[31] Mental health services are less accessible for minority ethnic groups because of language and cultural barriers to communication.[32] Long journeys and limited internet connectivity can make access for rural communities difficult.

'If you live in a rural community or outside of a catchment area you have no services available. You try to access the services where they are available but you're up against a brick wall.'

'Mental health services should be available to everybody when they need it. I wouldn't go around with a broken leg for 20 years, it just wouldn't happen, but you can have mental ill-health for that amount of time. It shouldn't be any different. Mental health should be treated the same as any other part of your body, which just now it isn't.'

Focus group participants

Case study 1.
The Distress Brief Intervention (DBI) programme

The DBI programme is effective at supporting people experiencing distress.

The Scottish Government developed the DBI programme as it recognised that there was a lack of support available for people experiencing distress, who did not require an emergency medical response. The Scottish Government tested the DBI programme between November 2016 and March 2021 across four sites: Aberdeen, Inverness, Lanarkshire, and the Scottish Borders.

The DBI programme takes a two-level approach. Level 1 interventions are provided by trained front-line staff from primary care, Police Scotland, the Scottish Ambulance Service (SAS), Accident and Emergency departments (A&E) and NHS 24. Level 1 interventions aim to help people to cope with their immediate distress and offers the opportunity to be referred within 24 hours to a Level 2 intervention. Level 2 interventions are provided by trained third sector staff who work with individuals, for up to 14 days, to provide support and a personalised action plan for distress management. During the intervention, staff can help people access other services for follow-up support.

An independent evaluation of the DBI programme pilot reported that DBIs work well for most people. Distress decreased during the DBI for 90 per cent of people. A key strength of the DBI programme was its ability to be tailored to individuals' needs, and the Scottish Government's DBI central team was essential to the programme's success. This team coordinated services and communication, and enabled problem-solving.

The evaluation also identified some challenges, including that some existing operational systems could not include DBI referrals. Some staff of existing services doubted the added value of the DBI programme and saw it as a replacement for more specialist services that they considered of greater value. Convincing existing services of the value of the DBI programme is likely to be an ongoing challenge during wider rollout, and effective engagement with them will be important for success.

The DBI programme is now being rolled out nationally. The Scottish Government expects NHS boards to have embedded the DBI programme by March 2024. However, the Scottish Government will no longer provide local areas with dedicated funding for the programme, so partners will be expected to fund this using existing budgets. This creates the risk that the quality and availability of the DBI service could vary across the country, as partners manage increasingly tight budgets.

The Scottish Government and partners involved in providing DBIs should implement the recommendations of the independent evaluation as part of the programme's roll-out across Scotland.

Source: Audit Scotland and Scottish Government

36. People with mental health problems also experience inequality in accessing physical healthcare. People with lifelong mental illness have a 15–20-year-shorter life expectancy because of physical health problems.[33] The Royal Pharmaceutical Society reported that reasons for this include poorer access to, or uptake of, physical healthcare.[34]

Mental health inequality is a long-standing problem and progress addressing this has been slow

37. Many inequalities in mental health arise because of inequalities in society. For instance, the Mental Health Foundation reported that experiencing poverty, homelessness, living in poor-quality housing and having limited access to green space all increase the chances of having a mental health problem.[35] Experiencing prejudice, discrimination, bullying and social exclusion also increases the risk.

38. Mental health inequalities are a long-standing problem and have been made worse by the Covid-19 pandemic and cost-of-living crisis.[36] The Mental Health Foundation reported that the cost-of-living crisis could have a negative effect on mental health on a similar scale to the Covid-19 pandemic. Our Local government in Scotland overview 2023 highlighted that persistently high levels of poverty and financial hardship is increasing pressure on local services, at a time when councils' finances are under severe strain. Some people have a much greater risk of experiencing poor mental health. Exhibit 4 (page 23) provides some examples of this.

Exhibit 4.
Examples of mental health inequalities
Some people are at greater risk of experiencing poor mental health.

Deprivation

People living in the most deprived areas are three times more likely to receive inpatient mental healthcare than people living in the least deprived areas.

Deprivation

39% of emergency detentions using the Mental Health Act happened to people from the 20% most deprived areas of Scotland

Long-term illness

Mental wellbeing is lower among people with a long-term illness that limits their activities than for people with no long-term illness.

Young people

Younger people are more likely to experience anxiety – 22% of people aged 25-34 years reported experiencing at least two symptoms of anxiety, compared with 6% of people aged 65-74 years.

LGBT+

54% of LGBT+ people have a self-reported mental health problem.

Learning disabilities

Mental ill health is significantly more prevalent in adults with learning/ intellectual disabilities than in the general population.

Note: In the Scottish Health Survey 2021, long-term conditions are defined as a physical or mental health condition or illness lasting, or expected to last, 12 months or more.

Source: Audit Scotland, Mental Health Foundation, See Me, Mental Welfare Commission, Scottish Government, NHS Greater Glasgow and Clyde, NHS Lothian and Public Health Scotland, Scottish Learning Disabilities Observatory

39. The Scottish Government recognises the importance of addressing inequalities in mental health, but the impact of its commitments is not always clear:

- Its Mental Health Strategy 2017–2027 highlights the importance of taking a human rights-based approach (HRBA) to the actions set out in the strategy and improving access to mental health services for people most in need. But the Scottish Government is not clear about how it will adopt a HRBA in practice. For example, there is limited reference to incorporating the voices of lived experience throughout the commitments in the strategy.

- Its Mental Health Transition and Recovery Plan (MHTRP), published in October 2020, aims to tackle inequalities through actions targeting employment, socio-economic inequalities and women and girls' mental health.[37] However, the plan did not outline timescales for all the actions and the Scottish Government has not carried out a review of progress towards meeting the plan's objectives.

40. In 2021/22 the Scottish Government allocated £21 million, through the Communities Mental Health and Wellbeing Fund (CMHWF), to support some of the aims of the MHTRP. Third Sector Interfaces were responsible for distributing this funding. One of the key aims of the CMHWF is to prioritise 'at risk' groups, such as women, adults with a long-term health condition or disability and people facing socio-economic disadvantage. The Scottish Government allocated a further £15 million for 2022/23 and £15 million for 2023/24.

41. The Scottish Government has made good progress in considering mental health equalities and human rights in policy and practice:

- It established a Mental Health Equalities Forum in February 2021, which aimed to ensure that equality and human rights are a central part of mental health policy and provision of services. The forum has contributed to key pieces of work, such as the CMHWF.

- It also developed internal equality champions in its **Mental Health Directorate** to raise awareness of mental health inequalities. It has not yet, however, shown that mental health inequalities are being considered enough outside of the Mental Health Directorate.

The Scottish Government's Mental Health Directorate leads on mental health policy and on delivering the Scottish Government's commitments relating to mental health.

The social factors that lead to poor mental health must be addressed to decrease mental health inequalities

42. Mental health services cannot address mental health inequalities alone. They need to work more closely with other sectors, such as housing, employment, and welfare support, to address and prevent the causes of poor mental health. To do this effectively, these sectors need to develop shared goals and targets, share data and information, and

jointly fund services. This work should be informed by people with lived experience of mental health issues and the third sector.

'People develop addictions or mental health issues because of unemployment or poverty or other social issues. It's important to recognise the more holistic influences on our mental, emotional, and physical health and wellbeing and start to address them properly.'
Focus group participant

43. Primary care services have an important role to play. It is vital that work to increase MHWPCS (paragraphs 27–33) involves considering how these services will work jointly with other sectors to provide holistic, person-centred support. Scotland could also learn from good practice around the world, such as the person-centred model used in Trieste, Italy (Case study 2, page 26).

44. The Scottish Government and COSLA recognise the need for a more collaborative approach. In June 2023, they signed up to a new agreement that aims to support better joint working.[38] It sets out how the Scottish Government and councils will work together, including by focusing on achieving better outcomes, collaborating as early as possible on relevant policy areas and increasing the flexibility of how funding can be spent on local priorities. This agreement has the potential to enable a more joined-up approach in areas such as mental health, but it is too soon to see how well this will work in practice.

Case study 2.
Trieste model of mental healthcare

The Trieste model provides timely, person-centred and holistic mental healthcare.

The public, community-based mental healthcare system in Trieste, Italy, takes a person-centred, human rights-based approach to care. It has been recognised by the World Health Organization as an example of best practice.[39] [40]

The main point of entry into mental health services in Trieste is through a network of community mental health centres (CMHCs). They operate 24 hours a day and provide holistic, comprehensive mental health support for anyone who asks for it. There are no waiting lists and no referral criteria – anyone can access this support.

CMHCs provide services including walk-in clinics, home treatment, day care, psychological and social support, medication, overnight crisis care, rehabilitation services and residential services including supported housing. Use of inpatient care is very low, people are supported in their own homes and neighbourhoods as much as possible.

The Trieste model recognises the value of including people in daily activities in their communities and of interpersonal relationships. CMHCs have links with other services, community organisations and peer and social networks, and connect people with education and employment opportunities and recreational activities.

Each person using a CMHC is assigned a small multidisciplinary group of staff responsible for their care and support. Services are provided by a range of professionals, including psychiatrists, psychologists, social workers and nurses, and involve family members, friends, volunteers, and local organisations.

People are actively involved in their own care. They help to develop personalised care plans, which consider a wide range of needs, not only clinical needs, including housing support, personal hygiene, finances and work.

The model has improved user satisfaction and health outcomes for people with mental health conditions. Suicide rates and involuntary admissions have fallen, and stigma about mental health has decreased. The CMHC network is also significantly cheaper than the service provided before, costing just 37 per cent of the cost of the asylum it replaced.

Source: Audit Scotland and the World Health Organization

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2. Progress towards improving mental health services

Waiting times for psychological therapies have improved but NHS boards are still struggling to meet waiting times standards

45. Scotland's performance against the national waiting times standard for patients referred to psychological therapies being seen within 18 weeks has improved from 76.5 per cent to 80.8 per cent between 2017/18 and 2022/23 (Exhibit 5, page 28). But it remains below the standard of 90 per cent. Despite an overall improvement in performance, the number of people who waited over a year to start treatment more than doubled from 1,171 people in 2017/18 to 2,742 in 2022/23. Numbers steadily increased from 2017/18, peaking in 2020/21, during the pandemic, at 3,837 people.

46. The proportion of people who waited over a year to start psychological therapies varies considerably between NHS boards. In 2022/23, 17.6 per cent of patients waited over a year in NHS Forth Valley, compared with zero per cent in NHS Lanarkshire and NHS Orkney.

'It's almost like you have to predict when you're going to be ill. If you go to your GP and ask to be referred for something like talking therapies, you need help at that point not two years later.'
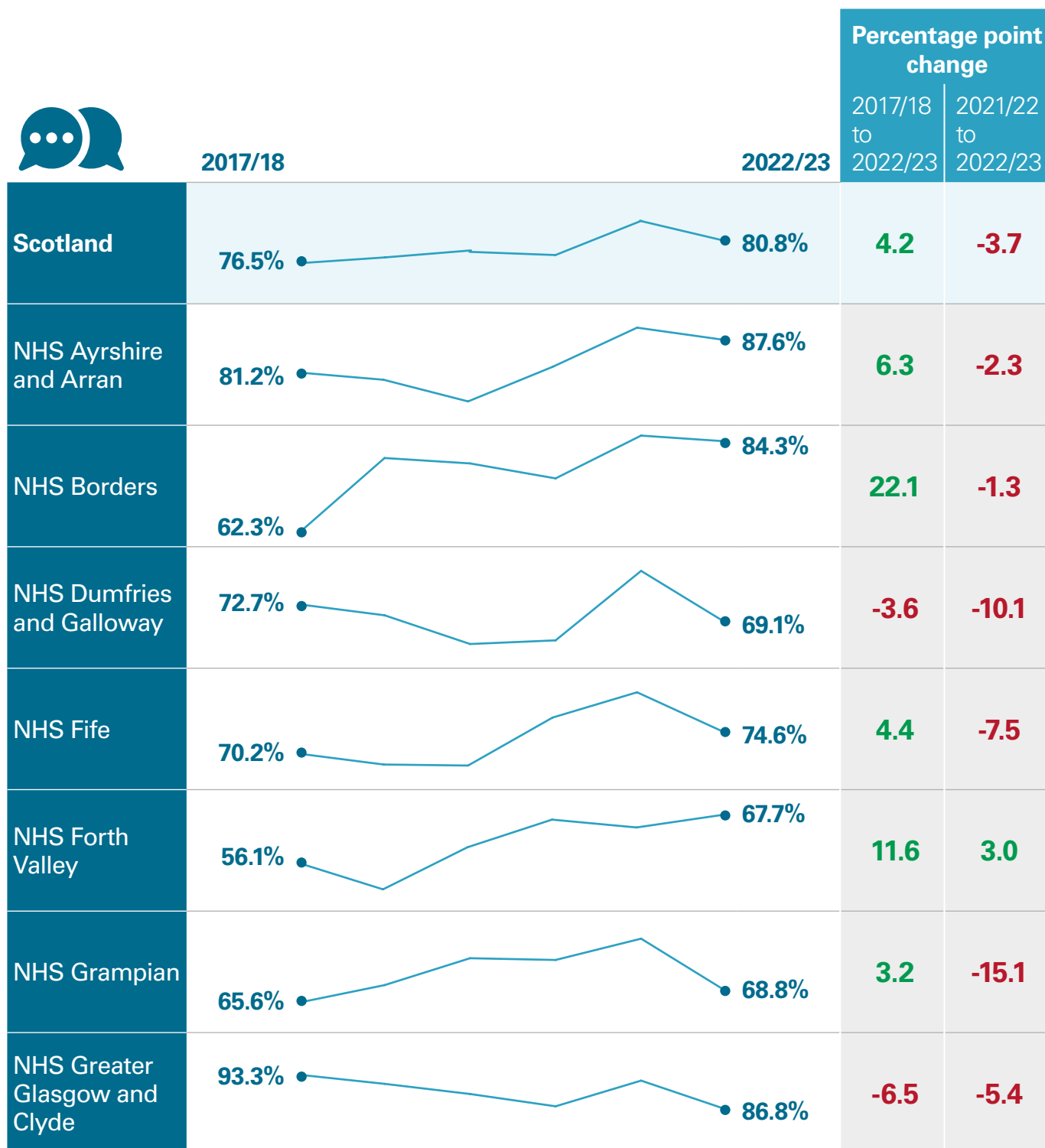
Focus group participant

47. The Scottish Government has been providing support to NHS boards to help them meet the psychological therapies waiting times standards, particularly to help them address long waits. It identified four NHS boards in spring 2022 in need of tailored support: NHS Forth Valley, NHS Grampian, NHS Highland and NHS Lothian. The Scottish Government told us that the tailored support for the identified boards had started but work in Grampian was delayed because of a vacant position of director of psychology (Case study 3, page 30).
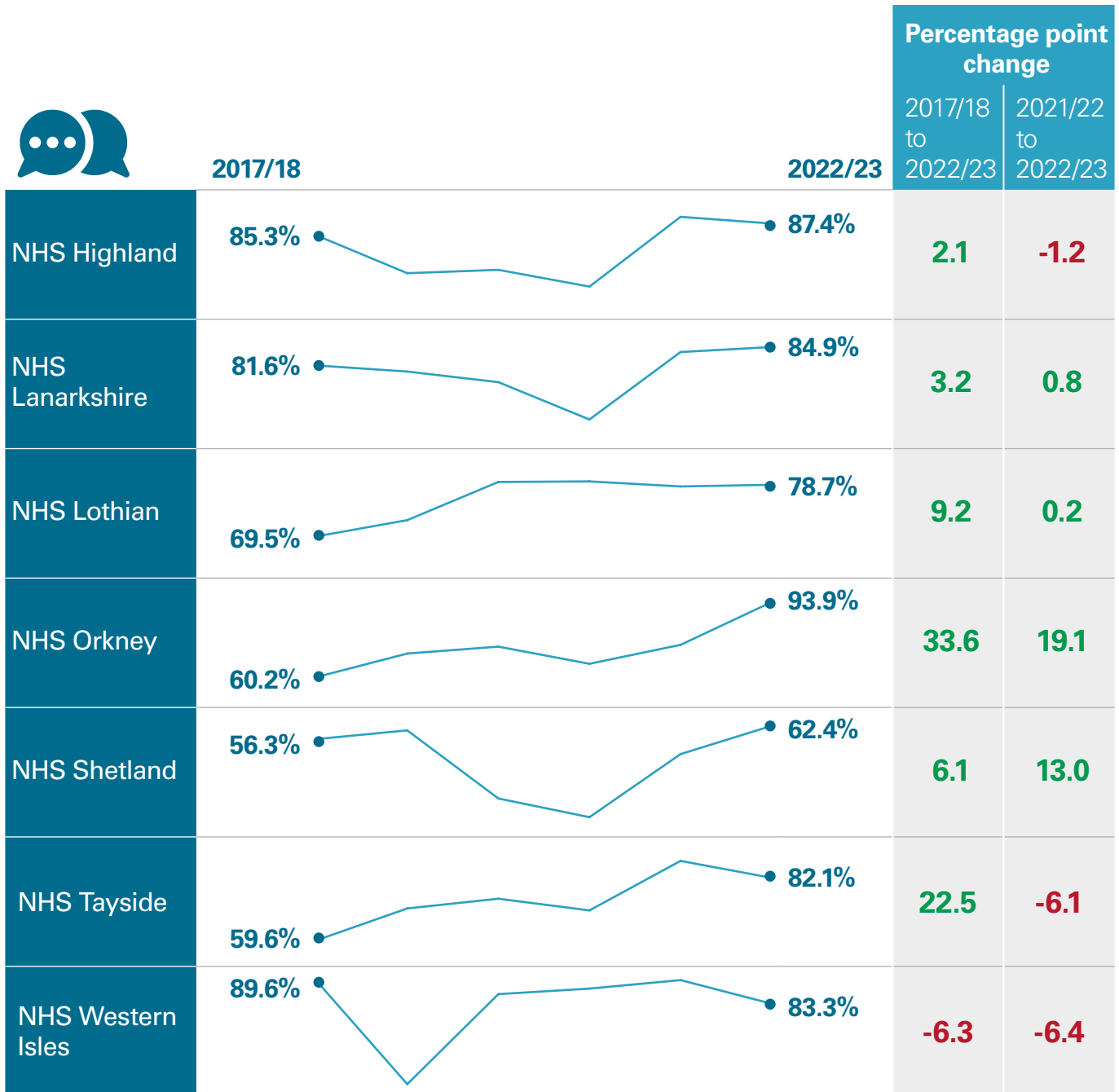
Exhibit 5.
Psychological therapies waiting times performance: percentage of patients seen within 18 weeks 2017/18–2022/23
Most NHS boards have improved their waiting times performance since 2017/18 but are still struggling to reach the 90 per cent standard.

	2017/18	2022/23	Percentage point change	
			2017/18 to 2022/23	2021/22 to 2022/23
Scotland	76.5%	80.8%	4.2	-3.7
NHS Ayrshire and Arran	81.2%	87.6%	6.3	-2.3
NHS Borders	62.3%	84.3%	22.1	-1.3
NHS Dumfries and Galloway	72.7%	69.1%	-3.6	-10.1
NHS Fife	70.2%	74.6%	4.4	-7.5
NHS Forth Valley	56.1%	67.7%	11.6	3.0
NHS Grampian	65.6%	68.8%	3.2	-15.1
NHS Greater Glasgow and Clyde	93.3%	86.8%	-6.5	-5.4

Cont.

	2017/18	2022/23	Percentage point change	
			2017/18 to 2022/23	2021/22 to 2022/23
NHS Highland	85.3%	87.4%	2.1	-1.2
NHS Lanarkshire	81.6%	84.9%	3.2	0.8
NHS Lothian	69.5%	78.7%	9.2	0.2
NHS Orkney	60.2%	93.9%	33.6	19.1
NHS Shetland	56.3%	62.4%	6.1	13.0
NHS Tayside	59.6%	82.1%	22.5	-6.1
NHS Western Isles	89.6%	83.3%	-6.3	-6.4

Note: From April 2019 NHS Ayrshire and Arran has been reporting on only psychological therapies as defined by Public Health Scotland, with wider services included before April 2019. NHS Greater Glasgow and Clyde, NHS Orkney and NHS Tayside did not submit all data for every month in 2017. The full list of data quality issues can be found in Public Health Scotland's Psychological Therapies Waiting Times data quality publication (June 2023).

Source: Audit Scotland and Public Health Scotland

Case study 3.
Grampian's psychological therapies performance

A review of psychological services across Grampian was delayed, but improvement work is now under way.

Grampian's performance against the psychological therapies waiting times standard has improved slightly, from 65.6 per cent of people being seen within 18 weeks in 2017/18 to 68.8 per cent in 2022/23. This is still lower than the Scottish average. Like in many other board areas, the number of people experiencing long waits in NHS Grampian increased between 2017/18 and 2022/23. In 2017/18, 25 people waited more than a year to be seen, increasing to 181 in 2022/23. Grampian has since made good progress with reducing long waits throughout 2023.

A review of psychological services was delayed because the director of psychology position was vacant for two years, but this work has now started. The position has now been filled on an interim and part-time basis. The director of psychology from NHS Lothian is supporting the NHS Grampian interim director.

NHS Grampian established a Psychological Therapies Improvement Board in September 2022 to monitor progress with Grampian's psychological therapies improvement plan. The plan identified actions that needed to be taken to meet the national waiting times standard for psychological therapies, with a particular focus on addressing long waits. The plan highlighted several risks to achieving the waiting times standard, including demand pressures and recruitment and retention challenges, particularly for clinical psychologist posts.

NHS Grampian also faced issues with the quality of its psychological therapies data. For instance, some areas were not entering details of psychological therapies appointments into the waiting times data set. NHS Grampian has been working to improve the quality of the data. For instance, it is rolling out a new system for recording and reporting activity data. It expects to complete this rollout by 2024. This will improve the reliability of the data and make it possible to monitor other things, such as length of treatment.

Source: Audit Scotland, Public Health Scotland and NHS Grampian

The Scottish Government does not measure the quality of mental healthcare or the outcomes for people receiving it

48. The Scottish Government does not measure the quality of services or outcomes for people receiving mental healthcare. For instance, it does not track whether services or interventions improve people's mental health and wellbeing. There are some examples of local services measuring mental health outcomes, but this is not happening routinely across Scotland:

- Aberdeenshire's Mental Health Improvement and Wellbeing service uses a tool to assess progress in outcome measures including patients' lifestyle, family and friends and feeling positive, following targeted work with a community link worker.

- Lanarkshire's Assessment Plus service uses clinical outcome measures, such as level of psychological distress, before and after the patient receives support from an assistant psychologist for up to four sessions. An internal evaluation found that it was effective in improving patients' symptoms.

49. Scotland can learn from performance measures used elsewhere. For instance, NHS England uses a 'recovery rate' to assess a person's experience of anxiety or depression after a talking therapy service, with the target that a minimum of 50 per cent of people who complete a course of treatment should recover.[41]

The Scottish Government lacks sufficient oversight of most adult mental health services

50. The Scottish Government does not have sufficient oversight of most adult mental health services because of a lack of information. The only national performance measure of adult mental health services is waiting times for psychological therapies. This means that insufficient focus is given to the wide range of mental health support and services that people with mental health problems rely on.

51. The Scottish Government recognises that psychological therapies waiting times do not provide sufficient information to assess how well adult mental health services are performing. It has been working to improve the way performance is measured and to improve the experiences of and outcomes for people accessing psychological therapies and secondary mental health services. To do this, it is developing the following:

- **National specification for psychological therapies and interventions (psychological therapies specification)** – this aims to ensure that people who use these services receive the right information, care and support, at the right time, with the

individual being involved in decisions. Measuring the quality of services is a key aim of the specification.

- **Quality standards for adult secondary mental health services** – these aim to ensure that secondary mental health services meet the needs of everyone. The standards are focused on key themes including access to services; assessment, care planning, treatment, and support; moving between and out of services; workforce; and governance and accountability, that is, the way services are managed and who is accountable for this.

52. The psychological therapies specification and the quality standards are expected to be published in autumn 2023. The Scottish Government must work with NHS boards and HSCPs to embed these and start routinely publishing data on their impact on patients' outcomes.

53. These pieces of work have the potential to improve transparency about how psychological therapies and secondary mental health services are performing. The Scottish Government must also improve its oversight of mental health support provided in primary care (paragraph 30) and by the third sector.

Limited information about the performance of mental health services affects the extent to which IJBs are held accountable

54. The Scottish Government's lack of oversight of most adult mental health services means that there is limited transparency and accountability nationally for how they are performing. Even for psychological therapies services, where more performance information is available than for most adult mental health services, the Scottish Government does not attribute accountability to the appropriate bodies. The Scottish Government holds NHS boards accountable, even though IJBs are responsible for planning, funding and overseeing the provision of these services, and operationally they are managed by HSCPs. For instance:

- Public Health Scotland publishes psychological therapies data by NHS board area, meaning IJBs are not held publicly accountable for psychological therapies waiting times performance

- the Scottish Government identified NHS board areas for tailored support, rather than IJB areas, that were struggling to meet waiting times standards

- the Scottish Government provided funding so that all NHS boards could have a director of psychology who is professionally responsible for psychological therapies services.

55. The Scottish Government should work with NHS boards and IJBs to improve accountability arrangements, by scrutinising services

performance at the appropriate level, and publishing performance data of mental health services, including psychological therapies waiting times, at HSCP level as well as NHS board level. This would:

- allow people to see how mental health services in their local area are performing, making it easier to hold IJBs to account

- make it easier to identify where additional support and resources are needed the most, for example if one HSCP area has consistently higher waiting times than others.

Adult mental health services are fragmented, making it more difficult to develop person-centred services

56. Multiple organisations are involved in planning, funding and providing adult mental health services, including IJBs, HSCPs, NHS boards, councils and third sector organisations. Challenges that arise from this fragmented structure, including issues with information sharing and complicated governance and approval processes, make it more difficult to develop and provide person-centred services.

57. The arrangements for managing and providing adult mental health services in our in-depth fieldwork sites vary, but we identified some common challenges. Some of these challenges are not specific to mental health services. For example, representatives across our in-depth fieldwork sites told us the following:

- The roles and responsibilities of health and social care partners are not always clearly distinct. This means that there is a lot of duplicate reporting through different governance and approval routes, which is inefficient, delays improvement projects, and delays patients' access to appropriate support.

- Sharing data and information between health and social care partners is a barrier and can cause significant delays to improvement projects in some areas. Problems arise when health and social care partners use different IT systems that are incompatible with each other. This makes truly integrated working more difficult.

58. Sharing data is a long-standing problem. In our 2018 report, Health and social care integration: Update on progress, we recommended that the Scottish Government address problems with data and information sharing, recognising that national solutions are needed. The Scottish Government has planned improvements as part of the development of the National Care Service, but these improvements will take several years to implement.

59. Case study 4 (page 34) summarises the progress made in Tayside since an independent inquiry into mental health services identified issues across a range of themes, including complex and unclear governance arrangements and challenging relationships between partners.

Case study 4.
Independent inquiry into mental health services at NHS Tayside

Complex governance arrangements and challenging relationships between partners were identified in the independent inquiry of NHS Tayside's mental health services.

In September 2018, NHS Tayside commissioned an independent inquiry into mental health services, following widespread concerns raised in the Scottish Parliament in May 2018 regarding the accessibility, safety and standard of Tayside's mental health services. In February 2020, the independent inquiry published its final report, which made 51 recommendations across five themes:

- **Strategic service design** – services had focused on inpatient services and short-term issues, to the detriment of wider community services, and less priority had been given to early intervention and prevention.

- **Clarity of governance and leadership responsibility** – governance arrangements for the planning and provision of services were complex and unclear.

- **Engaging with people** – staff, including in the third sector, and patients and carers felt that they were not listened to or respected.

- **Learning culture** – there was a culture of blaming and attributing fault rather than fostering a supportive environment for staff.

- **Communication** – trust between partners, staff, patients, families, carers and communities had broken down.

In October 2021, the Scottish Government appointed an independent oversight and assurance group to assess the progress towards addressing the issues that were identified. The group's final report, published in January 2023, found that good progress had been made in some areas. It noted significant changes to the leadership of mental health services, with a new integrated leadership group that is working well.

In addition, it found that reviewing and revising the three integration schemes across Tayside improved the clarity of health and social care partners' roles and responsibilities for mental health services. The planning and commissioning for inpatient mental health services is delegated to the three IJBs, and one IJB has taken a leading role in coordinating this across Tayside.

The report also outlined areas where little progress had been made, including an urgent need to improve governance and public performance reporting, and to develop greater trust with communities.

Source: Audit Scotland, The Independent Inquiry into Mental Health Services in Tayside and the Independent Oversight and Assurance Group on Tayside's Mental Health Services

The Scottish Government's progress towards implementing its Mental Health Strategy 2017–2027 is mixed

60. The Scottish Government's Mental Health Strategy 2017–2027, published in March 2017, aims to 'prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems'. Of the 40 actions in the strategy, 25 relate to adult mental health.

61. The strategy has a clear ambition but the intended outcomes of most of the strategy's actions are not clear. For instance, actions that commit funding or support do not make it clear what impact this funding or support is intended to have. Many actions do not include planned completion dates, which makes it difficult to assess whether the Scottish Government is on track to achieve them.

62. The Scottish Government has published three progress reports, the second of which was published in November 2019, just before the start of the Covid-19 pandemic. At this time, the Scottish Government reported that nine of the 25 actions relating to adult mental health had been completed. The Scottish Government is not clear in these progress reports about the impact of completing many of these actions or how they have contributed to achieving the overarching aim of the strategy. For instance:

- **Action 15: Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings**. By April 2022, 958.9 whole time equivalent (WTE) staff were recruited using Action 15 funding, exceeding its target. The Scottish Government is not, however, able to demonstrate that this has achieved the ambition of giving all A&Es, every police custody suite, and prisons, access to dedicated mental health staff. It did not achieve the aim in relation to all GP practices. In March 2022, 22 per cent of GP practices in Scotland had no access to mental health workers.[42]

- **Action 29: Work with partners who provide smoking cessation programmes to target those programmes towards people with mental health problems.** Guidance, developed by Action on Smoking and Health (Scotland), was issued to all NHS boards, and training was being provided for staff. Progress reports do not make clear what difference this has made to the number of people with mental health problems who smoke.

- **Action 38: Develop a quality indicator profile in mental health which will include measures across six quality dimensions – person-centred, safe, effective, efficient, equitable and timely.** The quality indicator profile was launched in 2018. The second progress report committed to regularly report on all 30 quality indicators by January 2021. In the latest release in April 2023 however, just 19 indicators were published, and just 12 of those included updated data. The publication is marked as experimental and there are several data quality problems. It is not clear when these indicators will be sufficiently robust and regularly reported.

63. In some cases, the Scottish Government has gone further than its commitments in the 2017–2027 strategy. For instance, the Scottish Government has made a lot of progress in improving perinatal mental health services across Scotland .

64. The Covid-19 pandemic affected the progress and priorities of the strategy. The Scottish Government published its MHTRP in October 2020. This included more than 100 actions, including updated outstanding actions from the 2017–2027 strategy. It is not clear what progress has been made towards the commitments in the MHTRP . In its third progress report, published in March 2021, the Scottish Government outlined five actions from the 2017–2027 strategy that it continued to prioritise during the pandemic. Three of these relate to adult mental health.

Case study 5.
Perinatal and infant mental health

Access to perinatal and infant mental health support has improved since 2019.

Perinatal mental health problems are very common and include a wide range of conditions, from postnatal depression to postnatal psychosis. They are estimated to affect up to one in five mothers, and one in ten fathers. Ten to 22 per cent of babies and young children are also estimated to experience mental health problems.

In March 2019, the Scottish Government committed £50 million, across four years, to improve perinatal and infant mental health services in Scotland. The Perinatal and Infant Mental Health Programme Board was established to oversee and manage this investment until 2023.

By December 2022, over £18 million had been allocated to fund 23 new perinatal and infant mental health services and expand four existing services. A further 11 services were in development. The Scottish Government has not published information on the remaining £32 million. From 2023, NHS boards will receive £8 million in recurring funding for these services.

In October 2020, the Scottish Government launched the Perinatal and Infant Mental Health (PIMH) fund. This fund provided 34 charities with a total of £2.5 million to provide one-to-one and group-based support to parents, carers, and new babies between October 2020 and March 2023. An additional £1 million has been committed for 2023/24. Feedback from Inspiring Scotland from early 2022 showed that the PIMH fund is helping charities make a difference in people's lives:

- 5,444 people have been supported

- 86 per cent of people said that they were less isolated

- 77 per cent of people felt better able to meet the needs of their infants and children

- 80 per cent of parents and carers received information or training about building a warm relationship with their infants.

Although the availability of perinatal and infant mental healthcare has improved across Scotland, a 2023 report from the Maternal Mental Health Alliance found that only two out of 14 boards currently meet UK-wide quality standards for specialist perinatal mental healthcare. Since the Programme Board formally ended in March 2023, it is unclear how future service improvements will be monitored.

Source: Audit Scotland, Scottish Government, Inspiring Scotland, and the Maternal Mental Health Alliance

3. How well resources for adult mental health are managed

## Adult mental health spending has increased since 2017/18

65. In 2021/22, NHS boards reported that they spent £1.2 billion on adult mental health services, a 16 per cent increase in real terms since 2017/18 Exhibit 6.[43] In 2021/22, councils reported that they spent £224.7 million on adult mental health services, a 14 per cent increase in real terms since 2017/18.

66. These figures do not include spending by NHS 24 and SAS. NHS 24 recorded that it spent £10.8 million in 2022/23, a 472 per cent increase since 2017/18 in real terms.[44] SAS recorded that it spent £570,877 in 2021/22, a 253 per cent increase since 2019/20 in real terms.[45] NHS 24 and SAS spending on mental health has increased significantly in recent years because they have expanded the mental health services that they provide. The estimated cost to policing of incidents relating to mental health in Scotland is £14.6 million per year.[46]

Exhibit 6.
NHS boards spending on adult mental health services 2017/18–2021/22
Spending on adult mental health services has increased in real terms.
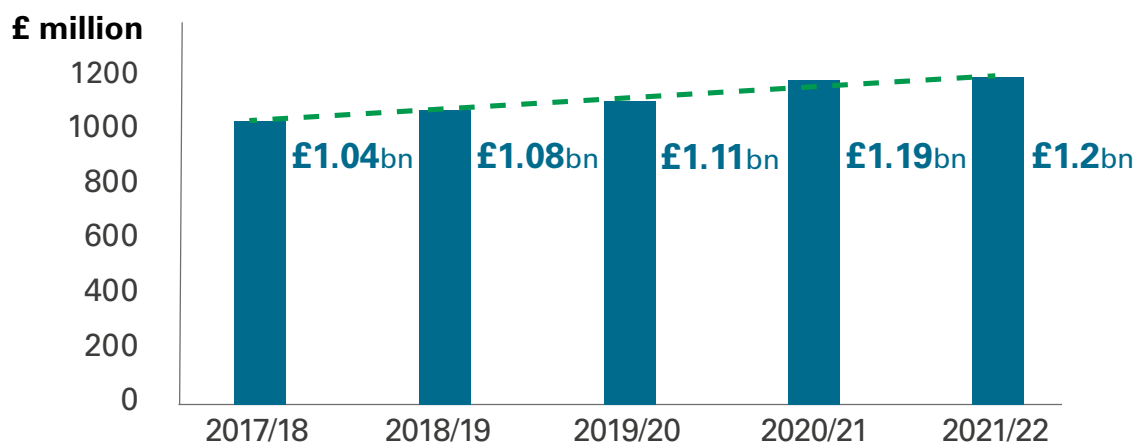
Note: A small proportion of the totals presented include spending on children and young people's mental health; information is not available to split this spending between child and adult services. Spending data for clinical psychology is not available for 2020/21 and 2021/22, so is not included in totals for those years. This accounted for five per cent of total spending in 2019/20.

Source: Audit Scotland and Public Health Scotland

67. The Scottish Government has set the target that, by 2026, ten per cent of front-line health spending by NHS boards should be on mental health services (paragraph 92). In their 2023/24 Annual Delivery Plans, NHS boards were required to include their current percentage of frontline spending on mental health, and their planned trajectory towards the ten per cent target. However, NHS boards highlighted challenges in completing this work. For instance, the Scottish Government did not define front-line spending and mental health spending in guidance to NHS boards, so boards were not clear about what spending should be included. Further work is therefore taking place to collect and collate the information from NHS boards.

Limited data and inconsistency in how spending is categorised make it difficult to track spending on adult mental health

68. Long-standing issues with the availability, consistency and quality of data make it difficult to track spending on adult mental health. For instance, there is variation in the way that mental health spending is reported, and detailed spending data has not been available since 2019/20 because of pressures caused by the Covid-19 pandemic. These issues need to be addressed. More detail about these issues can be found in Appendix 2.

69. Public Health Scotland should include spending by all services that provide adult mental healthcare in its reporting of NHS spending on adult mental health. This should include spending on clinical psychology and spending by NHS 24 and SAS. This will enable the Scottish Government to report more accurately on progress towards meeting its commitment to increase spending on mental health.

'There's all this information about X amount of money has been allocated to whatever service it is, and it sounds like an astronomical figure and yet you wonder how that money is spent and where that money goes, and what accountability there is for those spending decisions.'
Focus group participant

The Scottish Government has significantly increased funding for mental health and wellbeing

70. Between 2017/18 and 2023/24, the Scottish Government's Mental Health Directorate budget increased significantly, from £63.6 million to £290.2 million, a 356 per cent increase in real terms (Exhibit 7, page 40). This budget is used to fund national programmes and commitments, such as the Scottish Mental Health Law Review and the Mental Health Recovery and Renewal Fund.

71. The Scottish Government allocated £120 million Recovery and Renewal funding in 2021/22 to support the commitments in the MHTRP. Examples of this include:

- £21 million for supporting community mental health and wellbeing through the CMHWF (paragraph 40)
- £9 million for psychological therapies
- £4.5 million for emergency Covid funding for eating disorders
- £1.5 million for mental health and wellbeing services in primary care.

72. Initially, this funding was provided on a one-off basis. This made it difficult to fill vacancies as many positions were available only on a fixed-term basis, which can be less desirable to applicants. The funding has now been incorporated into the recurring mental health budget and represents a significant increase in overall funding for mental health.

73. In November 2022, the Scottish Government announced a £38 million reduction in its Mental Health Directorate's budget for 2022/23 as part of the EBR (paragraph 32). This means that the budget was 13 per cent lower, in real terms, than in 2021/22. The Scottish Government is considering the implications of these funding cuts on work to achieve waiting times standards, and on progressing the commitments within the new mental health strategy.

Exhibit 7.
The Scottish Government's Mental Health Directorate budget 2017/18–2023/24 in real terms
The Scottish Government's Mental Health Directorate budget has increased substantially.
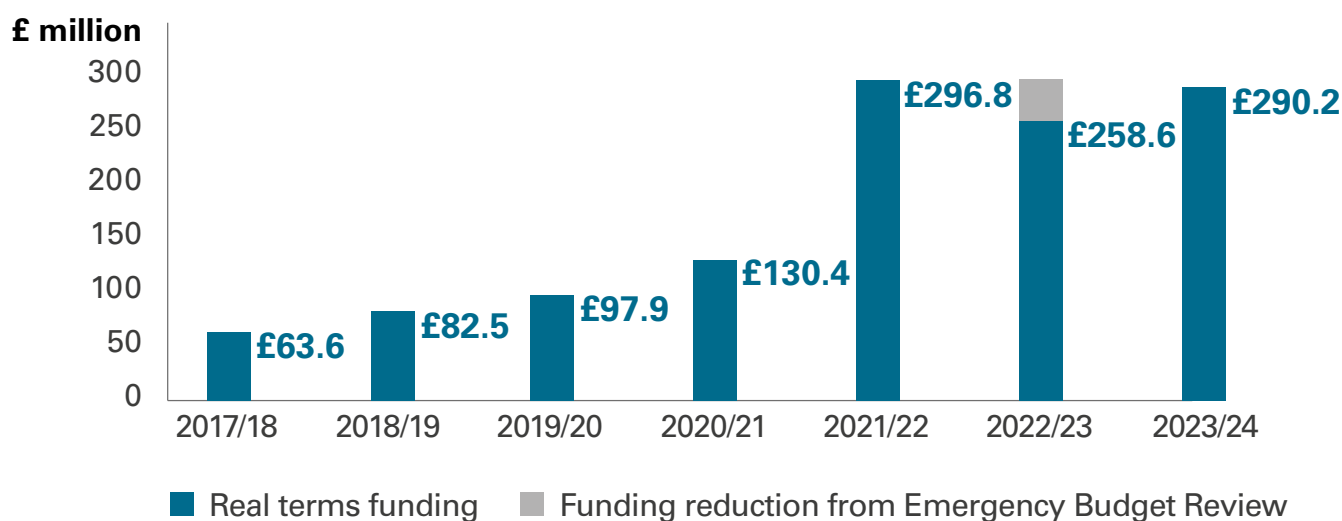
Note: Mental health funding reduced by £39 million in real terms in 2022/23 (£38 million in cash terms) as part of the emergency budget review.

Source: Audit Scotland and Scottish Government

Spending on medicines used for mental health has decreased over the last five years

74. NHS boards report on five types of medicines that are used to treat mental health problems. These are hypnotics and anxiolytics; drugs used in psychosis and related disorders; anti-depressant drugs; drugs for attention deficit hyperactivity disorder; and drugs for dementia.[47] Spending on mental health prescribing should be interpreted with caution, as medicines used for mental health problems can also be used to treat other conditions.

75. Spending on mental health medicines within the community fell in real terms from £117.7 million in 2017/18 to £90.4 million in 2021/22.[48] [49] More items were dispensed in 2021/22, meaning that the fall in spending was caused by a decrease in the cost of these medicines. For instance, the cost per item for antipsychotics and related drugs was significantly higher in 2017/18 because of shortages of these medicines. Anti-depressants account for 43 per cent of total spending on mental health prescribing, a total of £38.8 million in 2021/22.

Recruitment difficulties and high vacancy and turnover rates are putting pressure on the mental health workforce

76. Between 2017 and 2023, the WTE workforce increased for mental health nursing and psychological services roles, but the number of WTE general psychiatrists decreased (Exhibit 8, page 42). In addition, the estimated shortfall in WTE mental health officers (MHO) doubled between 2017 and 2021.[50]

77. Pressure on staff is increasing because of high vacancy and turnover rates and difficulties in filling vacancies Exhibit 8. Recent decreases in vacancies are only partly explained by increases in the number of WTE employed. NHS boards are having to compete with one another to recruit people for these roles. For example, there is a national shortage of psychologists and vacancies for general psychiatry consultants are the highest of all medical and dental consultant roles in Scotland. The Royal College of Psychiatrists also raised concerns that most NHS boards rely on locums who are not consultants to fill vacant consultant psychiatry posts.

78. Vacancies for mental health nurses have more than doubled between March 2017 and March 2023, and the turnover rate has reached a record high. The Scottish Government told us that not enough students are coming into mental health nursing despite an increase in funded places. The third sector also plays an important role in providing mental health services, but short-term funding and contracts affects their ability to recruit and retain staff.[51]

Exhibit 8.
The mental health workforce: March 2017 – March 2023
The mental health nursing and psychological services workforce has grown since March 2017, but so have the number of vacancies.
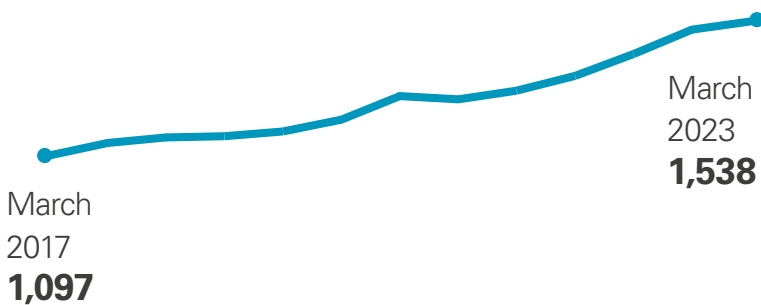
Mental Health Nursing Staff (WTE)

March 2023
9,923

March 2017
9,466
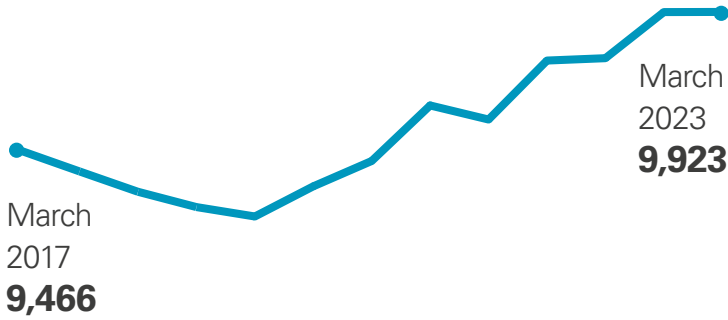
8% Vacancy Rate

12% Turnover Rate

Vacancies (WTE)

March 2017
381

March 2023
868

Psychological Services Staff (WTE)

March 2023
1,538

March 2017
1,097

9% Vacancy Rate

10% Turnover Rate

Vacancies (WTE)

March 2017
82

March 2023
157

General Psychiatrists (WTE)

March 2017
330

March 2023
316
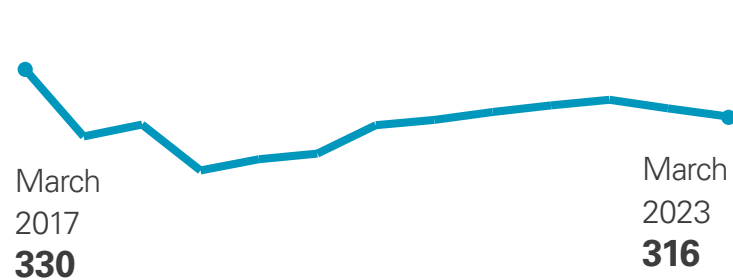
9.5% Vacancy Rate

9% Turnover Rate

Vacancies (WTE)

March 2017
36

March 2023
33

Note: Data collection of nursing and midwifery and consultant vacancies was disrupted during the Covid-19 pandemic. Some data providers were not able to supply this data, therefore figures for mental health nursing and general psychiatrists will be under-reported.

Source: Audit Scotland and NHS Education for Scotland (NES)

79. The workforce plans of our in-depth fieldwork sites reflect these pressures. Borders is having difficulty recruiting to psychiatry posts and is relying on locums to fill gaps.[52] Grampian is relying on locums to provide inpatient mental health services, and its spending on agency mental health nurses has increased.[53] Lanarkshire has concerns about its ability to recruit to psychiatry, psychology and mental health nursing posts.[54] It has also struggled to recruit nursing and dietetics staff to offer specialist treatment for adults with eating disorders.

80. The Scottish Government has not made progress with its commitment to help councils to address the shortfall in MHO capacity.[55] From 2019 to 2022, the Scottish Government provided £1.89 million in funding to councils to train an additional 47 WTE MHOs. In 2021/22, a further £2.78 million was allocated to increase available MHO capacity by 53 WTE. Despite additional funding, the estimated shortfall grew. The Scottish Government has allocated a further £3.71 million in 2022/23 to address the shortfall.

Some progress has been made with investing in innovative workforce roles

81. Since 2017, the Scottish Government has made progress towards reforming mental health services by investing in new mental health workforce roles. These new roles include:

- enhanced psychological practitioners, who are trained on a six-month graduate-level course to provide psychological interventions for mild to moderate mental health difficulties

- trained DBI staff from the third sector, who provide timely and efficient help for people experiencing distress (Case study 1, page 21)

- psychological wellbeing practitioners, who provide telephone-based support at the NHS 24 111 Mental Health Hub

- community link workers, who help patients to access a range of local, non-clinical services in the community to get support for issues that affect their mental health or wellbeing (for example financial or housing issues).

82. Our in-depth fieldwork sites are also introducing innovative workforce roles that could improve the way services are provided. Borders is introducing advanced nurse mental health practitioners and has already introduced peer support workers with lived experience of mental health problems. Aberdeen City has introduced a wellbeing practitioner as part of its GP practice-based mental health and wellbeing service and wants to expand this role further. Lanarkshire is planning to develop a remote psychological therapies team to help address difficulties with recruitment. It is too soon to be able to assess what impact these roles are having.

Gaps in mental health workforce data limit the ability to effectively plan future workforce needs

83. Data on the mental health workforce in Scotland is fragmented and limited to only some roles providing mental healthcare. For instance, data on the mental health workforce in primary care, community mental health teams and the third sector is not routinely collected.

84. The Scottish Government commissioned the NHS Benchmarking Network to establish a baseline position on the composition of Scotland's adult mental health workforce. This one-off piece of work found that, in March 2021, 12,351 WTE mental health staff were working across Scotland's 14 regional NHS boards. This includes staff in adult mental health inpatient services, adult community mental health services and psychological services. It does not include staff working in primary care and Child and Adolescent Mental Health Services.[56]

85. The Scottish Government has asked NHS Education for Scotland (NES) to develop a dedicated NHS mental health workforce statistical publication. This would cover all staff involved in providing mental healthcare across the NHS, including primary care staff. NES would then look into ways of collecting and publishing data on mental health staff in social care and the third sector.

86. This work would significantly improve the information available on, and understanding of, the mental health workforce in Scotland, enabling more effective planning and monitoring. The NHS statistical publication was originally expected to be completed in 2023 but has been delayed. The Scottish Government has not provided NES with funding for this work because of reductions in funding following the EBR. NES told us that this work, once under way, will take about two years to complete.

Workforce planning for mental health roles remains inadequate

87. Workforce planning for mental health roles has not improved since the publication of the Mental Health Strategy in 2017. The Scottish Government and COSLA's Integrated Workforce Plan for Health and Social Care (2019) only includes modelling for how demand for MHOs and clinical psychologists is likely to grow.[57] But this modelling is flawed:

- It does not consider the difference between the time available for MHO work by exclusive MHOs, who work on only MHO duties, and by non-exclusive MHOs, who have other social work duties. This means that the number of WTE MHOs needed to meet shortfalls is likely to be significantly greater than predicted in the plan.

- For clinical psychologists, it assumes an unrealistically low rate of annual growth in demand for psychological therapies, of 2.5 per cent, despite the historical trend of demand growing by an average of four per cent each year since 2013.

88. The workforce plans of our in-depth fieldwork sites do not provide clear or detailed projections of the size or composition of the mental health workforce that will be needed in the future.

89. The Scottish Government plans to publish a mental health workforce action plan setting out immediate, medium- and longer-term actions for the mental health workforce, and timeframes for achieving outcomes. Its approach to workforce planning will be based on the National Workforce Strategy for Health and Social Care in Scotland – to plan, attract, train, employ and nurture.[58]

90. The Scottish Government's mental health workforce action plan should be informed by modelling of the numbers and roles of mental health workers that will be needed across primary and secondary care and the third sector. This modelling should include estimated numbers of staff for newly created roles, such as community link workers.

4. Plans and strategic direction

The Scottish Government has made ambitious commitments, but it is not on track to achieve them

91. The Scottish Government has made ambitious commitments relating to adult mental health services. For example, it has committed to significantly increasing funding for mental health, and to ensuring that all GP practices have access to primary care mental health and wellbeing services by 2026 (paragraphs 27–33).

92. The Scottish Government has committed to increasing the Mental Health Directorate budget by 25 per cent and ensuring that ten per cent of the front-line NHS budget is spent on mental health by the end of the current parliament, in 2026.[59] [60] The Scottish Government is facing considerable financial constraints (paragraph 96), and it is not currently on track to meet these commitments:

- Before accounting for inflation, the Scottish Government's Mental Health Directorate budget would need to reach £342 million by 2026/27. But the 2022/23 and 2023/24 budgets are lower than it projected would be needed to meet this target.

- The Scottish Government's own projections showed that mental health spending would decrease as a proportion of front-line NHS spending by 2026, from 9.8 per cent in 2021/22 to nine per cent in 2026/27.

93. The Scottish Government and COSLA published a new, joint, mental health and wellbeing strategy in late June 2023. The strategy outlines its vision 'of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible'.[61] The strategy being published jointly is a positive and promising development. It recognises the importance of a whole-system approach to supporting mental health and wellbeing and provides a foundation for better joint working.

94. The strategy sets out high-level outcomes and priorities to support the delivery of its vision. But there is no detail in the strategy about how and when the priorities will be achieved. The Scottish Government plans to publish a delivery plan and mental health workforce plan to set out this detail. These documents are not expected to be published until autumn 2023.

95. In these documents, the Scottish Government needs to be transparent and realistic about what it can achieve, particularly given that the Scottish Government, IJBs, NHS boards and councils are facing increasingly tight budgets. The messages in our NHS in Scotland 2022 report and Local government in Scotland overview 2023 were similar, and our Integration Joint Boards financial analysis 2021/22 report also outlined the financial challenges that IJBs are facing.

96. Our briefing paper, Scotland's public finances: challenges and risks, reported that the Scottish Government will face difficult choices setting the 2023/24 budget. It highlights that a balance must be struck between short-term necessities and longer-term priorities. It also states that the Scottish Government will need to revisit its priorities if the economic and fiscal conditions worsen.

The lack of comprehensive, good-quality financial, workforce and operational data makes it difficult for the Scottish Government and others to make informed decisions about priorities

97. In this report, we have highlighted the impact of limited or poor-quality financial, workforce and operational data. The Scottish Government should work with health and social care partners and the third sector to address this, to enable it to make informed decisions about priorities. This will allow the Scottish Government to effectively monitor its progress against the commitments in its new strategy. Improvement work should focus on demonstrating how it is measuring and monitoring:

- the quality of mental health services and patient outcomes

- what difference investment is making to patient outcomes

- how much is being invested in preventative programmes of work and the impact of this on demand for mental health and wellbeing support.

98. The Scottish Government and health and social care partners should learn from NHS England, which publishes more detailed information on mental health services regularly. Although data quality and completeness are still problems that NHS England needs to address, information is now routinely published on service activity and performance, spending and inequalities.[62] For example, NHS England publishes a mental health dashboard that covers:

- access to, and associated spending on, a range of mental health services, including talking therapies, perinatal mental health services, crisis and acute care, and uptake of physical health checks

- a recovery rate for patients accessing talking therapies (paragraph 49) which demonstrates the proportion of people accessing this service who recover following treatment

- progress towards its commitment to increase the share of mental health spending, indicated by local spending on mental health and the proportion of areas that are meeting the commitment.

99. The Scottish Government and health and social care partners should consider how they can incorporate similar measures as part of regular reporting of activity, performance and spending on mental health services.

Endnotes

1   Scottish Health Survey 2021 edition, Scottish Government, November 2022.

2   Public health priorities for Scotland, Scottish Government and Convention of Scottish Local Authorities, June 2018.

3   Mental Health Strategy: 2017–2027, Scottish Government, March 2017.

4   The economic case for investing in the prevention of mental health conditions in the UK, Mental Health Foundation and London School of Economics and Political Science, February 2022.

5   Final report, Scottish mental health law review, September 2022.

6   Scottish mental health law review: our response, Scottish Government, June 2023.

7   Mental Health Strategy: 2017–2027, Scottish Government, March 2017.

8   The Scottish Mental Illness Stigma Study, Mental Health Foundation and See Me, September 2022.

9   GP mental health training survey summary, Mind, 2018.

10 Scottish Health Survey 2021 edition, Scottish Government, November 2022.

11 Mental Health Act monitoring report 2021-22, Mental Welfare Commission, November 2022.

12 Freedom of Information response, Police Scotland, February 2023.

13 The number of incidents relating to mental health in 2018 may be slightly higher than the number recorded because one police division only started using the reporting system from February 2018.

14 We won't wait – strategy 2021-24, Scottish Association for Mental Health, October 2021.

15 Annual report and accounts for the year ended 31 March 2022, NHS 24, June 2022.

16 Still forgotten? Mental health care and treatment during the coronavirus pandemic, Scottish Association for Mental Health, October 2022.

17 Know where to go – A SAMH survey of general practitioners in Scotland, Scottish Association for Mental Health, March 2014.

18 Forgotten? Mental health care and treatment during the coronavirus pandemic, Scottish Association for Mental Health, March 2021.

19 Still Forgotten? Mental health care and treatment during the coronavirus pandemic, Scottish Association for Mental Health, October 2022.

20 Ibid.

21 Care in the digital age: delivery plan 2022 to 2023, Scottish Government, November 2022.

22 Psychological services waiting times in Scotland: data quality, Public Health Scotland, March 2023.

23 Primary Care Improvement Plans – Summary of Implementation Progress at March 2022, Scottish Government, June 2022.

24 Primary Care Improvement Plans – Summary of Implementation Progress at March 2023, Scottish Government, June 2023.

25 A Fairer, Greener Scotland: Programme for Government 2021-22, Scottish Government, September 2021.

26 Planning guidance for mental health and wellbeing in primary care services, Scottish Government, January 2022.

27 The 2018 general medical services contract in Scotland, Scottish Government, November 2017.

28 Emergency Budget Review: 2022 to 2023, Scottish Government, November 2022.

29 Ending the exclusion: care, treatment, and support for people with mental ill health and problem substance use in Scotland, Mental Welfare Commission, September 2022.

30 The Scottish Mental Illness Stigma Study, Mental Health Foundation and See Me, September 2022.

31 Priorities for access to treatment and joined up accessible services in Scotland, Scottish Parliament Cross Party Group on Mental Health, Scottish Association for Mental Health, November 2020.

32 Racial inequality and mental health in Scotland, Mental Welfare Commission, September 2021.

33 Management of physical health conditions in adults with severe mental disorders, WHO Guidelines, World Health Organization, November 2018.

34 Improving care of people with mental health conditions: how pharmacists can help, Royal Pharmaceutical Society, October 2020.

35 Tackling social inequalities to reduce mental health problems, Mental Health Foundation, April 2022.

36 Mental health and the cost-of-living crisis: another pandemic in the making? Mental Health Foundation, January 2023.

37 Mental health – Scotland's transition and recovery, Scottish Government, October 2020.

38 New deal with local government – Verity House Agreement, Scottish Government, June 2023.

39 Guidance on community mental health services: promoting person-centred and rights-based approaches, World Health Organization, June 2021.

40 World mental health report: Transforming mental health for all, World Health Organization, June 2022.

41 A guide to IAPT data and publications, version 2.1 guidance document, NHS Digital, 2021.

42 Primary Care Improvement Plans – Summary of Implementation Progress at March 2022, Scottish Government, June 2022.

43 We refer to 'real terms' changes in this report. This means that we are showing financial information from past and future years at prices for the most recent year of data being presented (2021/22 and 2022/23), adjusted for inflation so that they are comparable. Real terms spending has been calculated using average gross domestic product deflators for 2020/21 and 2021/22.

44 A small proportion of NHS 24 spending on mental health contains spending on children and young people.

45 SAS spending on mental health includes some spending on child and adolescent mental health.

46 Criminal Justice Committee, 16th Meeting 2022 (Session 6), Policing and mental health, May 2022.

47 Medicines used in mental health – years between 2010 to 2011 and 2019 to 2020, Public Health Scotland, February 2021.

48 Ibid.

49 Dispenser payments and prescription cost analysis – financial year 2021 to 2022, Public Health Scotland, September 2022.

50 Mental Health Officers (Scotland) Report 2021, Scottish Social Services Council, August 2022.

51 Looking ahead to the Scottish Government's draft budget 2020-21: valuing the third sector, Equalities and Human Rights Committee, Scottish Parliament, November 2019.

52 Integrated Workforce Plan 2022–2025, Scottish Borders Health and Social Care Partnership, October 2022.

53 Workforce Plan 2022–2025, NHS Grampian, October 2022.

54 Lanarkshire health and social care integrated workforce plan 2022–2025, NHS Lanarkshire, Health and Social Care North Lanarkshire and South Lanarkshire Health and Social Care Partnership, November 2022.

55 An integrated health and social care workforce plan for Scotland, Scottish Government and COSLA, December 2019.

56 Scotland mental health workforce analytics: national census results, Scottish Government, August 2021.

57 An integrated health and social care workforce plan for Scotland, Scottish Government and COSLA, December 2019.

58 Health and social care: national workforce strategy, Scottish Government, March 2022.

59 A Fairer, Greener Scotland: Programme for Government 2021-22, Scottish Government, September 2021.

60 NHS Recovery Plan 2021–2026, Scottish Government, August 2021.

61 Mental Health and Wellbeing Strategy, Scottish Government and COSLA, June 2023.

62 Progress in improving mental health services in England, National Audit Office, December 2022.

Appendix 1
Audit methodology

This performance audit covers the whole system of adult mental health and wellbeing services in Scotland, including the services provided by NHS boards, HSCPs, councils and their partners. It covers:

- access to mental health and wellbeing support

- progress towards improving mental health and wellbeing services

- how well resources for mental health services are managed

- plans and strategic direction for mental health and wellbeing services.

Our findings are based on evidence from sources that include:

- the Scottish Government's Mental Health Strategy 2017–2027 and associated documents

- other relevant Scottish Government strategies, plans and internal documents

- activity and performance data published by Public Health Scotland

- workforce data published by NHS Education for Scotland

- publicly available information, including Mental Welfare Commission reports, third sector organisation reports and survey results

- interviews with stakeholders from organisations including the Scottish Government, Public Health Scotland, the Mental Welfare Commission, Royal College of General Practitioners, Royal College of Psychiatrists, NHS boards, HSCPs, the third sector and councils

- Three focus groups with people with lived experience of mental health problems, and two focus groups with community link workers.

We also carried out more in-depth fieldwork in three areas to gain a better understanding of local pressures and challenges, and to identify areas of good practice. We covered mental health and wellbeing services provided by the NHS boards, HSCPs and councils across these areas. We interviewed staff and reviewed local documentation and data. The in-depth fieldwork sites were:

- Grampian: Aberdeen City, Aberdeenshire and Moray

- Lanarkshire: North Lanarkshire and South Lanarkshire

- Scottish Borders.

Appendix 2

Problems with the quality of data reporting on mental health spending

NHS spending data

NHS spending is reported annually by Public Health Scotland, using submissions from NHS boards. The information submitted by boards and how this spending is categorised vary. Many of the categories have not been updated for many years, so no longer reflect the way that services are being provided. Submissions were much less detailed than usual in 2020/21 and 2021/22 because of pressures caused by the Covid-19 pandemic. For instance, data on spending on clinical psychology is not available for these years, which means that reported spending on adult mental health is not comparable with previous years.

Councils' spending data

The Local Financial Return (LFR) data set on social work includes spending on mental healthcare for adults aged 18-65. The Scottish Government and councils have identified problems with the quality of this data. There are no criteria for what should be included under adult mental health and councils' submissions are based on best estimates. There is possible duplication between data recorded on adult mental health and other categories, such as adults with learning disabilities. Information is also not available on how much is spent on mental healthcare for adults aged over 65 years. In 2021/22, information on specific services within the adult social care data set, including spending on adults with mental health needs, was published separately because of data quality concerns. It was recognised as less robust than the rest of the LFR.

IJB spending data

The level and detail of data on spending on adult mental health and wellbeing services in IJBs annual accounts vary across Scotland. Some IJBs record mental health within the same category as spending on other services, such as large hospital services, and addictions services. This means it is not possible to use IJB accounts information for reporting spending on adult mental health and wellbeing across Scotland.

Adult mental health

Auditor General for Scotland (AGS) and Accounts Commission report on Adult Mental Health,.

13 September 2023

Aim and focus

- The overall aim of the audit is to answer the question: How effectively are adult mental health services across Scotland being delivered?

- We have focused on the progress made since 2017, when the Scottish Government published its Mental Health Strategy 2017–2027

- This report is in four parts:

- Part 1. Access to mental health support and services

- Part 2. Progress towards improving mental health services

- Part 3. How well resources for adult mental health are managed

- Part 4. Plans and strategic direction.

Key messages

- Funding for adult mental health services has increased significantly since 2017.
- But a lack of data makes it hard to see what impact this increased spending has had.
- Accessing services remains slow and complicated for many people. The Covid-19 pandemic made this situation worse, particularly limiting access to face-to-face support.
- NHS boards are still not all routinely offering face-to-face appointments as a choice.
- The mental health workforce is under pressure, with high vacancy rates and turnover.
- And progress towards increasing the mental health support available from primary care, which is essential to improving access and relieving pressure on specialist services, has been delayed

Key messages

- Accessing mental healthcare is more difficult for some people, for instance people from ethnic minorities, people living in rural areas and people living in poverty.

- People living in the most deprived areas are also three times more likely to end up in hospital for mental health issues than those in the least deprived areas. This is a long-standing problem and progress in tackling it has been slow.

- Mental health services cannot address this alone, and they are not yet working closely enough with other sectors, such as housing, welfare, and employability support services, to address and prevent some of the causes of poor mental health.

Key messages

- The Scottish Government does not have sufficient oversight of most adult mental health services because of a lack of information.

- It does not measure the quality of care or the outcomes for people receiving it.

- The Scottish Government focuses on only waiting times for psychological therapies to assess how adult mental health and wellbeing services are performing.

- The system is fragmented, and accountability is complex, with multiple bodies involved in funding and providing mental health services. This causes complications and delays in developing services that focus on individuals' needs.

Key Messages

- The Scottish Government's progress against commitments in its Mental Health Strategy 2017–2027 is mixed.

- It has since made further financial, operational and workforce commitments, but it is not currently on track to achieve them.

- These include increasing mental health funding by 25 per cent

- Ensuring that ten per cent of front-line health spending is on mental health

- Giving all GP practices access to primary care mental health and wellbeing services.

Scottish Government response to date:

- On 7 November 2023, the Scottish Government and the Convention of Scottish Local Authorities (COSLA) published two plans linked to its joint Mental Health and Wellbeing Strategy, published in June 2023:

- Delivery Plan - 2023-2025 - sets out the actions that will be taken to progress the outcomes and priorities in the joint strategy.

- Workforce action plan 2023-2025 - sets out how the Scottish Government and the Convention of Scottish Local Authorities (COSLA) PA/S6/23/30/1 3 will progress a range of activities to address key workforce issues raised by delivery partners.

- Alongside these plans, the Scottish Government and COSLA also published on 7 November 2023 their Outcomes Framework, which is intended to set out "the range of changes needed across society to improve mental health and wellbeing in Scotland, and will help monitor and evaluate progress as Strategy is implemented".

- The Scottish Government published its Core Mental Health Standards 29th Sept 2023. SG are taking a phased approach to the measurement and implementation of the standards. This will include a pilot and the development of a self-assessment tool.

Recommendations: Scottish Government

- Implement the recommendations of the independent evaluation of the Distress Brief Intervention (DBI) programme as part of rolling out the DBI programme across Scotland by March 2024

Update:

- DBI pilot ends March 24 – SAMH

- Funding committed from 2024 recurring from Action 15

- Positive outcomes locally, high numbers supported, clinical lead, reduction in distress levels, good links (unscheduled care, Police Scotland, SAS etc)

- Difficulties recruiting leading to high contact via telephone and not F2F

- Extend contract 2024 – 2026

- Review and recommission 26 onwards

Recommendations: Scottish Government

- Before the end of 2023, publish its guidance on measuring and evaluating outcomes from mental health and wellbeing services in primary care, which was expected to be published in April 2022

Update:

- Guidance awaited

- Some local outcome's measured e.g. PT/ Renew and DBI

- Scottish Government and COSLA also published on 7 November 2023 their Outcomes Framework

Recommendations: Scottish Government

- Publish a costed delivery plan, as soon as possible, setting out the funding and workforce needed to establish and accommodate primary care mental health and wellbeing services across Scotland by 2026, including how these services will work with other sectors to provide holistic, person-centred support

Update

- Local work undertaken to scope gaps in service – Gaps include:
- Under 18s anxiety and depression
- EUPD
- NDD
- No funding committed to date
- PCIP withdrawn CLW funding locally

Recommendations: Scottish Government

- In the next 12 months, work with Public Health Scotland to start routinely publishing, at least quarterly, how the Scottish Government's psychological therapies specification and quality standards for secondary mental health services are improving the experiences and outcomes for people who use these services

Update:

- PT Specification published

- Reviewing local PT services against Specification

- Little additional investment in secondary care PT

Recommendations: Scottish Government

- In the next 12 months, work with Public Health Scotland to start routinely publishing psychological therapies performance at Health and Social Care Partnership (HSCP) level as well as NHS board level to improve transparency and accountability for psychological therapies services

Update (Caroline do you want to add/amend?)

- PT data reported via Access Board

- Performing higher than national average against HEAT (84% Oct 23)

- Renew (Primary care MH service commissioned via PCIP and Action 15) – evaluates well – high referral rate 300+ per month.

The Scottish Government and Integration Joint Boards (IJBs) should:

• Urgently progress work to improve the availability, quality, and use of financial, operational and workforce data so that:

– service and workforce planning, particularly in primary, community, and social care, is based on accurate measures of existing provision and demand

– information can be shared between health and social care partners more easily

– they can routinely measure, monitor and report on the quality of mental health services and patient outcomes; the difference that investment is making to patients' outcomes; and how much is being invested in preventative programmes of work and their impact

The Scottish Government and Integration Joint Boards (IJBs) should: Update

National

- Workforce action plan 2023-2025 - sets out how the Scottish Government and the Convention of Scottish Local Authorities (COSLA) PA/S6/23/30/1 3 will progress a range of activities to address key workforce issues raised by delivery partners.

Local

- SB HSCP Integrated Workforce plan Oct 22

- Implementation Board est Jan 2023

- Quarterly performance reports to the Integration Joint Board

- Quarterly performance reports to the HSCP Joint Executive Team

- To take monthly reports from the workstream leads

- High level – little focus on specific MH workforce across primary and secondary care

- MH service reviews developing/collecting D&C data

The Scottish Government and Integration Joint Boards (IJBs) should: Update

- MH Medical Workforce plan proposed
- CAMHS workforce Plan developed (R&R funding)
- Skills mix e.g. ANPs, AHPs, CAAPS, Asst Psychologists, Peer workers, SW Para professionals, Band 5 – 6 development programmes
- Some measurement of quality –ad hoc- requires development
- Developing service dashboards – Wards, CAMHS, BCT….
- Access Board reports CAMHS, Addictions, PT
- Reviewing Commissioned Services
- Contract reviews standard
- Investment in early intervention and prevention : LACS, DBI, Recovery College, Shared Lives, Digital interventions psychology…

IJBs, HSCPs and NHS boards should:

Provide people with a choice about whether they access mental health services remotely or face-to-face, in line with the commitment in the Digital Health and Care Strategy

Update:

- All secondary care predominantly F2F
- Renew predominantly on line with option of F2F if unable to access on line (rurality and ltd resources) – Good outcomes
- DBI having to use some on line/telephone access due to demand and resource limitations
- Public health (Health Improvement Steering Group (looking to develop new web resource detailing self help and services)

IJBs and councils should:

- Urgently improve how mental health, primary care, housing, employability, and welfare support services work together to address and prevent the causes of poor mental health, by developing shared goals and targets, sharing data and jointly funding services

Local Position:

- Mental health services, housing and employability services are all working together via the Mental Health Improvement and Suicide Prevention steering group and have contributed to developing shared goals in the <u>Creating Hope in the Scottish Borders Action Plan</u>.

- Eildon Housing Association, Berwickshire Housing Association and SBHA are all members of the steering group and have engaged in our training and capacity building to improve how they support the mental health of their tenants including crisis support and appropriate signposting.

- DWP (JobCentre Plus) has been an active partner in the steering group for a number of years and along with Skills Development Scotland has accessed our training and capacity building as well as contributing to the shared goals in the action plan.

- Key areas of action within the action plan include developing Mentally Healthy Communities and Suicide Safer Communities which are aimed at promoting the conditions that protect against poor mental health and suicide risk, and we will be working with partners including mental health, primary care, housing, employability and welfare support services as we take this work forward in 2024.

- Also the poverty and mental health issue needs a bigger focus which I hope will come through the Health Inequalities strategy (in development).

Questions