

Public Document Pack



A meeting of the **Health & Social Care Integration Joint Board** will be held on **Wednesday, 1st February, 2023 at 2.00 pm** via Microsoft Teams

AGENDA

Time	No		Lead	Paper
14:00	1	ANNOUNCEMENTS AND APOLOGIES	Chair	Verbal
14:02	2	DECLARATIONS OF INTEREST Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.	Chair	Verbal
14:05	3	MINUTES OF PREVIOUS MEETING 21.12.2022	Chair	Attached
14:10	4	MATTERS ARISING Action Tracker	Chair	Attached
14:15	5	FOR DECISION		
	5.1	Hawick Care Village Outline Business Case	Jen Holland Andrew Medley	Attached
14:40	6	FOR NOTING		
	6.1	Winter System Pressures Update	Director of Social Work and Practice, Chair of GP Subcommittee, Director of	Verbal

			Strategic Commissioning and Partnerships, Medical Director	
	6.2	Financial Outlook Update	Chief Financial Officer	Verbal
	6.3	Monitoring of the Health & Social Care Partnership Budget (Quarter 3 Report)	Chief Financial Officer	Attached
	6.4	Draft Strategic Framework	Chief Officer	Attached
	6.5	National Care Service Response	Chief Officer	Attached
	6.6	Directions Tracker	Chief Financial Officer	Attached
	6.7	Audit Committee Minutes 28.11.2022	Board Secretary	Attached
	6.8	Strategic Planning Group Minutes 12.12.2022	Board Secretary	Attached
15:55	7	ANY OTHER BUSINESS	Chair	
16:00	8	DATE AND TIME OF NEXT MEETING Wednesday 15 March 2023 10am to 12pm Scottish Borders Council and via Microsoft Teams Development session on Extra Care Housing Wednesday 15 February 2023 10am to 12noon At Wilkie Gardens, Glenfield Road West, Galashiels, TD1 2UD	Chair	Verbal



Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 21 December 2022** at **10am** via Microsoft Teams

Present:

(v) Cllr T Weatherston	(v) Mrs L O'Leary, Non Executive (Chair)
(v) Cllr R Tatler	(v) Mrs K Hamilton, Non Executive
(v) Cllr E Thornton-Nicol	(v) Mr T Taylor, Non Executive
(V) Cllr D Parker	(v) Mrs F Sandford, Non Executive

Mrs H Robertson, Chief Financial Officer
 Mrs S Horan, Director of Nursing, Midwifery & AHPs
 Mrs J Smith, Borders Care Voice
 Mrs L Gallacher, Borders Carers Centre
 Mr S Easingwood, Chief Social Work Officer
 Mr D Bell, Staff Side, SBC
 Ms G Russell, Partnership, NHS Borders
 Ms L Jackson, LGBTQ+
 Mr N Istephan, Chief Executive Eildon Housing
 Mrs J Amaral, BAVs
 Dr R Manson GP

In Attendance:

Miss I Bishop, Board Secretary
 Mrs J Stacey, Chief Internal Auditor
 Mr R Roberts, Chief Executive, NHS Borders
 Mr D Robertson, Acting Chief Executive, SBC
 Mrs J Holland, Director of Strategic Commissioning & Partnerships
 Dr S Bhatti, Director of Public Health
 Mrs J Smyth, Director of Planning & Performance, NHS Borders
 Mrs L Jones, Director of Quality & Improvement, NHS Borders
 Mr P Williams, Associate Director AHPs, NHS Borders
 Mrs C Oliver, Head of Communications & Engagement, NHS Borders
 Mrs F Doig, Strategic Lead ADP, NHS Borders
 Mrs S Elliott, ADP Co-ordinator, NHS Borders

1. APOLOGIES AND ANNOUNCEMENTS

- 1.1 Apologies had been received from Cllr Jane Cox, Elected Member, Mr John McLaren, Non Executive, Mr Chris Myers, Chief Officer Health & Social Care, Dr Lynn McCallum, Medical Director, Dr Rachel Mollart GP and Mr Andrew Bone, Director of Finance, NHS Borders.
- 1.2 The Chair welcomed Dr Robert Mason GP who deputised for Dr Mollart and Mrs Fiona Doig who would present item 6.5 on the agenda.
- 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 **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were none.

3. MINUTES OF THE PREVIOUS MEETING

3.1 The minutes of meeting of the Health & Social Care Integration Joint Board held on 16 November 2022 were approved.

3.2 The minutes of the Extraordinary meeting of the Health & Social Care Integration Joint Board held on 30 November 2022 were approved.

4. MATTERS ARISING

4.1 **EO Minutes 30.11.22: Minute 4.4:** Mr Tris Taylor asked that a breakdown of the the Carers Act Funding be provided showing how it was being spent and how that compared to what it was intended for. He asked that the matter be included on the Action Tracker.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to include a request for a breakdown of Carers Act Funding on the Action Tracker.

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

5. IJB AUDIT COMMITTEE ANNUAL REPORT 2021/22

5.1 Mrs Karen Hamilton provided a brief overview of the content of the report. She highlighted: the self assessment and knowledge and skills framework; and synergy of Chairs of the Audit Committees of the partners to meet to ensure all are working effectively.

5.2 Mrs Jill Stacey spoke to the questions posed by Mr Tris Taylor ahead of the meeting and explained that she has sent a full response to Mr Taylor but highlighted the answers she had provided to the Board which were: the guidance in regard to the nature and scope of the annual report was as described at point 1.2 in the cover paper; exceptional items referred to the IJB included the Audit Committee Annual Report, External Audit Annual Report and unaudited Annual Accounts; in accordance with governance arrangements the approval of the annual accounts was given by the IJB therefore the audit committee was able to recommend their approval to the IJB although the Audit Committee had not been quorate; in terms of skills and knowledge the framework provided in CIPFA guidance had been utilised; due to personal circumstances the lay member of the Audit Committee had been unable to be part of the committee's self assessment process; and in terms of good practice principles a copy of the self assessment checklist and effectiveness toolkit considered by the Audit Committee in December 2021 were forwarded to Mr Taylor.

5.3 Mr Taylor thanked Mrs Stacey for her clarification of the issues he had raised and commented that he had been keen to dig into the detail to understand more about how risk was managed and performance was audited and scrutinised in the context that the IJB had some issues around the judicial review and in the context of

continued financial overspend and the role of the IJB in bringing that back into balance. He suggested the narrative around exceptional matters being referred to the IJB was rather ambiguous. In terms of the lay member attendance he commented that a self assessment without their input seemed to be risking the balance that was to be achieved by having a lay member on the committee and in regard to skills and knowledge he was pleased to see that it would be referenced in future reports.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the IJB Audit Committee Annual Report 2021/22 (Appendix 1) which sets out the performance in relation to its Terms of Reference and the effectiveness of the Committee in meeting its purpose and the assurances therein.

6. RESERVES POLICY

- 6.1 Mrs Hazel Robertson provided an overview of the content of the policy and highlighted that the current level of reserve was in the region of £10m. the policy had been considered by the Audit Committee in detail earlier in the week and was recommended by that Committee for approval by the IJB. She further commented that in approving the policy it would provide the IJB with some additional flexibility around how it identified reserves and held them in the IJB accounts. In regard to the current reserve it was entirely comprised of ear marked funds from allocations from NHS Scotland and the policy would allow the IJB to set aside up to £8m of ear marked reserves from other sources.
- 6.2 Mrs Fiona Sandford enquired why such high levels of reserves were held. Mrs Robertson advised that the primary reason for the reserves was the late notification of allocations in the last financial year from the Scottish Government in regard to COVID-19 and the reserve was drawn down against for in year costs related to COVID-19. There would still be an in year balance to be carried forward in regard to COVID-19 funding unless the Scottish Government sought its return. The remaining amounts were much smaller and related to other programmes of work.
- 6.3 Mrs Robertson advised that she intended amending the financial reports format to provide the IJB with more clarity and visibility of what was in the reserves account.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the revised Reserves Policy.

7. SCOTTISH GOVERNMENT MULTI-DISCIPLINARY TEAM FUNDING

- 7.1 Mrs Hazel Robertson provided an overview of the content of the report. She explained that the allocation had been taken to the Urgent and Unscheduled Care Programme Board (UUCPB) for consideration and 2 projects had been identified, the community equipment store (CES) and the rapid assessment and discharge (RAD) service. There were potential projects identified for the remaining £205k for consideration by the UUCPB.
- 7.2 Mrs Fiona Sandford enquired if there would be difficulties in recruiting to the RAD service. Mr Paul Williams commented that in regard to the RAD workforce the majority of staff were on fixed term contracts and the investment into the service would enable permanent contracts to be issued and would also provide for stability

and consistency within the service. He did not have concerns in regard to recruitment to that service.

- 7.3 Mr Nile Istephan enquired if minor adaptations would be part of the CES service. Mr Williams commented that the CES utilised an MDT approach to assess what people needed to return home or remain in their home and that could be minor adaptations or significant pieces of equipment.
- 7.4 Mr Tris Taylor commented that the funding was specifically about funding posts and enquired if the funding of the CES was an appropriate use of funds. Mr Williams commented that whilst the equipment in the CES sat in one place it was accessed through an MDT approach with the end goal of benefits to the entire team by the improvement in the independence or ability that people had to stay in their own homes and increasing the capacity of the MDT.
- 7.5 The Chair commented that the UUCPB had not included wider stakeholders such as GPs and carers, in its membership and she enquired how they would be involved in looking at the remainder of the funding. Mrs Robertson confirmed that Mr Chris Myers was in dialogue with the GP executive in regard to GP involvement in the UUCPB and he would also be picking up the inclusion of carers.
- 7.6 Mr David Robertson supported the recommendations to fund the CES and RAD service and spoke of their effect on the whole system in addressing: prevention to admission; ensuring people could stay in or return to their own homes or the community; support to reduce delayed discharges; and supporting the flow of patients through the whole system.
- 7.7 Mr Taylor commented that he was keen to understand how the funding would be spent to build capacity for the third sector and also suggested an inclusion in the performance report to indicate performance against the 3 metrics.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the new recurrent funding allocation, its scope and desired impacts.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the process undertaken to rapidly review potential initiatives.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the limitations outlined to the process within the paper.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** agreed in principle to the earmarking of £312k recurrent funding from the allocation for the Community Equipment Store (£159k), and the Rapid Assessment and Discharge Service (£153k), pending further review by the Integration Joint Board's Strategic Planning Group. The Strategic Planning Group would also review associated directions.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** agreed to the approach of prioritising the £205k remaining MDT funding following further engagement at the Urgent and Unscheduled Care Programme Board with key stakeholders including GPs and carers.

The **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** asked that Mr Chris Myers clarify that GPs and carers had been granted membership of the UUCPB.

8. MONITORING OF THE HEALTH & SOCIAL CARE PARTNERSHIP BUDGET

- 8.1 Mrs Hazel Robertson provided an overview of the content of the report and advised that there was a projected outturn adverse variant of £6.7m which was a slight improvement compared to the same period the previous year. She commented that there had been little progress on savings targets in the partnership and the forecast position included projections for COVID-19. Any remaining unspent COVID-19 funding would be carried forward in the reserves with the caveat that the Scottish Government might ask for its return. In practice if at the end of the year the partnership was in an overspent situation then additional contributions would be sought from the partner bodies in line with the Scheme of Integration.
- 8.2 Mrs Robertson further advised that the set aside budgets remained under pressure and the annual audit from 2021/22 had highlighted that the partnership were not complying with the guidance on how to deal with set aside budgets. Discussions were being held with NHS Borders on how to implement that guidance more fully.
- 8.3 In regard to the financial position Mrs Robertson advised that she would be using a programme budgeting marginal analysis methodology in the future to look at individual pieces of investment and make comparisons to identify those that would provide the most benefit to the partnership in terms of the strategic planning approach.
- 8.4 The Chair enquired about a timescale for the new approach to be taken and Mrs Robertson commented that it would be taken forward as part of the strategic commissioning planning process to cover that 3 year period.
- 8.5 Mr Tris Taylor welcomed the refresh of the report that would make it more meaningful and engaging and he welcomed a more explicit visibility of carers act funds and also enquired if the risk was recorded that the partners might expect repayment of any additional monies they might have to provide to the IJB. Mrs Robertson advised that the Scheme of Integration was clear that any additional monies provide by the partner bodies could be subject to payback and that was a risk that was carried until such point as the partnership operated within its funding limits.
- 8.6 In regard to the carers funds, Mrs Robertson advised that she was pulling together a presentation for the next Carers Group meeting to show how the Carers Act funding had been utilised over the past number of years and she would subsequently share that with the IJB for information.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the forecast adverse variance of (£6.740m) for the H&SCP delegated services for the year to 31 March 2023 based on available information.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the forecast position includes costs relating to mobilising and remobilising in respect of Covid-19, and assumes that all such costs will be funded via Scottish Government monies held in the earmarked reserve.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that a recovery plan is in development and that any expenditure in excess of delegated budgets in 2022/23 will require to be funded by additional contributions from the partners in line with the Scheme of Integration. Previously, additional contributions have not been repayable.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that set aside budgets continue to be under significant pressure as a result of activity levels, flow and delayed discharges.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed the importance of ensuring that the strategic commissioning and planning process currently in progress is used to identify options for change which will improve the long term financial sustainability of the partnership whilst at the same time addressing priority needs.

9. QUARTERLY PERFORMANCE REPORT

- 9.1 Mrs Hazel Robertson highlighted the hospital activity data within the report.
- 9.2 Dr Sohail Bhatti reflected that whilst the report produced overarching data for comparisons across Scotland, there may be benefit in looking into health inequalities and gender through that same lens going forward.
- 9.3 Mrs Fiona Sandford commented that the fact that really good data was available was very encouraging and she enquired about a narrative around the deteriorating position of occupied bed days. The Chair advised that Mr Chris Myers was keen to develop the report further and was currently undertaking a piece of work in regard to length of stay and occupied bed days before they become delayed discharge figures.
- 9.4 Mr Ralph Roberts welcomed the report and commented that emergency admissions to hospital were not at the pre COVID-19 levels however it was clear that length of stay in hospital had increased. Even though more input had been put into social care hours the number of delayed discharges had increased, so there was something within the whole system that had to be multi factorial that was failing. He urged using the data to address the drivers of the pressure that was being seen across the whole partnership.
- 9.5 Dr Robert Manson welcomed the data within the report and commented that in primary care demands and expectations were far exceeding those experienced pre COVID-19. With a 24 hour society where people could order and have deliveries made the following day he surmised the general public were of the expectation that health services operated within the same time sphere. Primary care were the front door for all health services and had reached saturation point which meant people would circumvent NHS24 or GPs and go directly to A&E adding pressure on the hospital system. He emphasised the issues leading to delayed discharges and the knock on effects of patient deterioration and added stress on carers and unpaid carers.
- 9.6 Mr Tris Taylor commented in terms of carers indicators the latest data showed the highest number of completed carers support plans and he enquired if there were numbers for unmet need. He enquired if there was data available to show if the

position as improving or worsening and he sought clarification that the legend on the Y axis was correct for all of the charts and he noticed that there was little shift in terms of how people felt about finance and benefits in regard to carers support plans.

- 9.7 Mrs Lynn Gallacher advised that in regard to carers support plans the data reported was captured through the carers census. There was however further data available that could be included in the report. In terms of waiting lists for carers support plans there was no waiting list as all requests were met quickly with a liaison officer allocated to all referrals on receipt and resources were currently stretched to the limit to cope with the increased demand.

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

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the key challenges highlighted.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** directed actions to address the challenges and to mitigate risk.

10. DRAFT STRATEGIC PLAN PROGRESS UPDATE

- 10.1 Mrs Hazel Robertson updated the Board in regard to the work underway on the strategic commissioning framework and highlighted engagement with the public, staff and other stakeholders and the identification of 6 overarching strategic priorities. The suite of documents would be presented to the Strategic Planning Group before being shared with the IJB by the end of March 2023. In discussions with both SBC and NHS Borders it had been agreed that the plan would be used as a single plan by all those services affected.

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

11. CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2021/22

- 11.1 Mr Stuart Easingwood provided an overview of the content of the report and highlighted the various elements of the report that related to service quality and performance. He advised that the format of the report was dictated by the Scottish Government and that it was a reduced report compared to that produced pre COVID-19 under the original 2017 regulations, which had been revised.
- 11.2 Dr Sohail Bhatti suggested the report should bear the name of the author and Mr Easingwood agreed to take that suggestion forward for the future.
- 11.3 Cllr Tom Weatherston recorded his thanks to Mr Easingwood and his Team for the great work that they undertook and the Chair echoed those comments.
- 11.4 Mrs Laura Jones suggested the data for referrals to social work teams should be included in the IJB performance report.
- 11.5 Dr Robert Manson commented that as a GP and on behalf of the GP community who worked closely with the social work team, he wished to acknowledge and thank the team for all of their efforts in dealing with many difficult situations and the

positive impact they had on people. He noted that the waiting list figures to the end of March 2022 were 405 and he enquired of the current waiting list figure. Mr Easingwood advised that he would draw down the data and share that with the IJB. He also commented that Mr Chris Myers was pursuing a dashboard to show data for the hospital and community.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Annual Report.

12. BORDERS ALCOHOL AND DRUGS PARTNERSHIP ANNUAL REPORT 2021-22

- 12.1 Mrs Fiona Doig provided an overview of the content of the report and highlighted the positive performance of services during the period 2021/22 for the first 5 standards and that the next 5 standards were expected to be in place by the end of the 2022/23 reporting year. There had been challenges during the year in terms of funding however all waiting times targets had been maintained.

The **HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the Annual Report.

13. STRATEGIC PLANNING GROUP MINUTES: 01.11.22

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

14. ANY OTHER BUSINESS

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

15. DATE AND TIME OF NEXT MEETING

- 15.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 18 January 2023, from 10am to 12noon through MS Teams and in person in the Council Chamber, Scottish Borders Council.

SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD

ACTION TRACKER

Meeting held 19 December 2022

Agenda Item: Matters Arising






Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2022-4	4.1	The SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD agreed to include a request for a breakdown of Carers Act Funding on the Action Tracker.	Hazel Robertson	March 2023		

Page 4
Agenda Item: Scottish Government Multi-Disciplinary Team Funding

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2022-5	7	The HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD asked that Mr Chris Myers clarify that GPs and carers had been granted membership of the UUCPB.	Chris Myers	January 2023		

Agenda Item 4

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

*Scottish Borders Health & Social Care
Integration Joint Board*



Meeting Date: 15th February 2023

Report By:	Jen Holland, Director of Strategic Commissioning and Partnerships, Scottish Borders Health & Social Care Partnership
Contact:	Andrew Medley – Programme Manager (SBC)
Telephone:	MS Teams. amedley@scotborders.gov.uk
CARE VILLAGE DEVELOPMENT – HAWICK OUTLINE BUSINESS CASE	
Purpose of Report:	To present the Outline Business Case (OBC) to the IJB for Hawick Care Village provision
Recommendations:	The Health & Social Integration Joint Board is asked to: <ul style="list-style-type: none"> a) Endorse the Outline Business Case (Appendix 1) and agree the preferred option of a new build in partnership with Eildon Housing Association on their Stirches site b) Direct the Scottish Borders Council to progress to the development of a Full Business Case c) Direct the Scottish Borders Council and NHS Borders to consider the wider model of integrated health and social care delivery for the Care Villages
Personnel:	None identified at this time
Carers:	Engagement/consultation/inclusion of carers is a part of the Care Village programme, and the IJB carers workstream are also being engaged.
Equalities:	Stages 1 (Proportionality and Relevance) and 2 (Empowering People) of the Equality Human Rights and Fairer Scotland Duty Impact Assessment have commenced and are in the process of being completed for Hawick Care Village. All stages including stage 3 (Findings and Recommendations) will be completed as part of the final OBC and FBC. The latest IIA is attached at Appendix 2
Financial:	<p>The project is proposed to be funded via the Council's Capital Plan. The total budget available in SBC's Capital Plan at 30th September 2022 for the Hawick care village is £11.180m. Work is ongoing to confirm the forecast project costs as part of the 2023/24 capital planning process.</p> <p>There will be revenue implications of the new development which will be partially met through the proposed closure of Deanfield Residential Care Home and the associated revenue funding transferred to the care village. Due to the requirement for increased provision in Hawick as identified through the needs assessment, it is anticipated that additional revenue will be required. The revenue implications will be met through current IJB budgets with a pressure of £0.794m identified.</p> <p>The development of a Full Business Case for the care village and its associated service model will enable a more detailed revenue funding model to be developed.</p>
Legal:	Legal and legislative requirements will be met as required as the project for Hawick provision progresses.

Risk Implications:	The key risk identified at this stage is that the capital funding could be insufficient to meet expectations.
Direction required:	No – a Direction has already been issued by the Integration Joint Board and accepted by the Scottish Borders Council. The programme continues to work in line with this Direction.

Scottish Borders Health and Social Care Partnership



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

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

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

The IJB Strategic Plan 2023-26

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

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

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

Education	Work	Living Standards	Health	Justice and Personal Security	Participation
Higher education Lifelong learning	Employment Earnings Occupational segregation Forced Labour and trafficking*	Poverty Housing Social Care	Social Care Health outcomes Access to health care Mental health Reproductive and sexual health* Palliative and end of life care*	Conditions of detention Hate crime, homicides and sexual/domestic abuse Criminal-civil justice Restorative justice Reintegration, resettlement and rehabilitation*	Political and civic participation and representation Access to services Privacy and surveillance Social and community cohesion* Family Life*

*Supplementary indicators

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
Services provided by the Partnership are used by people who have the 9 protected characteristics.	The Strategic Plan seeks to improve impacts on all communities in the Scottish Borders	Significant
The Strategic Plan seeks to reduce poverty by decreasing health inequality and improving health outcomes in the borders.	Positive	Significant
The Strategic Plan will work with Housing to reduce negative impacts on health such as fuel poverty.	Positive	Significant
The Strategic Plan looks to improve access to and delivery of services, including social care, mental health, reproductive and sexual health, and palliative and end of life care.	Both – to improve services, this may require decommission of another service.	Significant
As part of social work services which the IJB commissions, restorative justice and	Both – to improve services, this may require decommission of another service.	Significant

reintegration, resettlement and rehabilitation will be impacted.		
From engaging with communities, we have learned we need to be better at participation when designing services.	Positive – the stated aim of the Partnership is to deliver person centred decision making by working with people who have experienced our services, the wider public and our partners. We are committed to ensuring that the experiences of patients, service users and the public are central to the development and delivery of services through a constant cycle of feedback, evaluation and involvement in service design and change.	Significant

Is the proposal considered strategic under the Fairer Scotland Duty?	Yes, considered strategic because it's a Strategic Plan
---	---

IA to be undertaken and submitted with the report – Yes or No If no – please attach this form to the report being presented for sign off	Proportionality & Relevance Assessment undertaken by:
---	--

This page is intentionally left blank

Equality Human Rights and Fairer Scotland Duty Impact Assessment (IA)

Stage 2 Empowering People - Capturing their Views

Care Village Hawick

(What will change because of this report/proposal?)

Equality Human Rights and Fairer Scotland Impact Assessment Team

Role	Name	Job title	Date of IA Training
HER&FSD Advisor	Wendy Henderson	Independent Sector Lead	
Service Lead	Chris Myers/Jen Holland		
Responsible Officer	Lynn Medley	Business Manager	
Main Stakeholder (NHS Borders)	Chris Myers	Chief Officer Scottish Borders Health & Social Care Partnership	
Mains Stakeholder (Scottish Borders Council)	Jen Holland	Service Director	

Consultation/Engagement/Community Empowerment Events

Event 1

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
June & July	various	113 including professionals and service users as well community groups. Men's Shed and Women's Craft groups, Dementia Café, Cuppa and Chat (Burnfoot Community Centre), mental health and learning disability representatives, and health and social care staff including the District Nursing Team.	As per stage 1
<ul style="list-style-type: none"> • Initial stakeholder workshop: Hawick Town Hall 27th June • Online workshop: Third & Independent sector 18th July • Online workshop: Health & Social Work professionals 22nd July • Online workshop: Community Groups 25th July • Online workshop: Mental Health 1st August <p>Locality drop ins:</p> <ul style="list-style-type: none"> • Session 1 on 14th July between 10 and 2 at the Heart of Hawick Community Café • Session 2 on 19th July between 10 and 2 at the Heart of Hawick Community Café <p>Deanfield Care Home</p> <ul style="list-style-type: none"> • Staff – 12th July, 13th July • Families – 12th July, 19th July • Residents – 13th July 			
Views Expressed		Officer Response	
Accessibility of proposed site, transport and associated costs		Discussion with those who have physical disability, using public transport and those on low incomes as well as transport providers and explore options for transport provision	
Support for people with dementia		To explore further with dementia working group	

language, dietary and cultural needs will be considered in the development of the village and model of care and ensure that multicultural faith spaces are available, meals options are appropriate and prepared designated areas to avoid stress and distress. Options to remove language barriers will be investigated. This will be done collaboratively with the appropriate group

Note:

Despite reaching out to a broad range of people and groups and our engagement providing a wide range of perspectives, we recognise that this report underrepresents some protected characteristic groups including the direct voice of lived experience with:

- Learning Disability people
- LGBTQ+ people
- Minority ethnic communities including the Gypsy Traveller community and Eastern European people (predominately Polish, Romanian and Roma) who stay in Hawick

Event 2

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
08/09/22	Teams meeting	Model of care sub group – 8 officers from NHS, SBC, IJB Voluntary Sector	Deaf, Blind, ???
Views Expressed		Officer Response	
Need to consider requirements to assist the deaf community to live independently		Seek specialist input to ensure requirements are met and investigate installation of a loop system. Work in partnership with Deaf Action to deliver Staff training and awareness	
Need to consider requirements to assist the blind community to live independently		Seek specialist input to ensure requirements are met and look at brail requirements for signage Seek specialist input to lighting options for partially sighted residents and visitors	
Requirement to meet human rights in relation to shared rooms where required by couples or families		Rooms have been designed to ensure this is possible	

Food preparation & menu planning needs to take account of specific dietary requirements	Segregation of food prep areas/utensils for specific dietary requirements, e.g. allergens, halal Training to ensure better knowledge around menu planning Display of allergens and ingredients on menu
---	--

Event 3

Date	Telephone Conversations	Number of People in attendance by category*	Protected Characteristics Represented

Views Expressed	Officer Response

SCOTTISH BORDERS COUNCIL

Hawick Care Village

Appendix 1 - Outline Business Case

January 2023

DOCUMENT CONTROL

Version Control

Version	Amendments	Issued by	Issued to	Date
v1	Initial Draft	AM/LM		
v1.1	Comments from finance included	AM/LM		24/11/22
v1.2	Comments from CM/JH	AM/LM		04/01/23
v1.3	Comments from Finance & CM	AM/LM		06/0122

Table of Contents

1. INTRODUCTION	4
2. THE STRATEGIC CASE	6
3. ECONOMIC CASE	9
4. COMMERCIAL CASE	12
5. FINANCIAL CASE	13
6. MANAGEMENT CASE	14

CASE FOR CHANGE

1. Introduction

The Scottish Borders Health & Social Care Partnership proposes an innovative new model of residential care, designed specifically to better support the changing needs of older people alongside providing high-quality care and support through proactive early intervention and preventative action aimed at those with complex needs, frailty and dementia.

The concept of the care village model supports unique needs, lifestyles and personal preferences for living, care and well-being for people living mainly with dementia and frailty. The focus is on possibility rather than disability and will be supported by 24-hour care, delivered by trained professionals.

Following work already underway in enabling a Care Village setting in Tweedbank, this proposal is looking to establish the provision of a similar facility in Hawick. This new facility will re-provision the existing Deanfield Care Home.

This case for change describes the proposals for delivering change and the potential options for further development and appraisal. Future work will be undertaken to demonstrate value for money; sustainability; affordability; feasibility; acceptability. The procurement strategy for the successful delivery of the project has been outlined at section 4.

The scope of the care village facility will be informed by the work carried out by NDTi engagement activities carried out in the Hawick Community and with residents, families and staff. A summary of the engagement carried out is as follows:

Engagement session 27 June Hawick Town Hall –

- Local groups, GP's, the Borders Carers Centre, Health and Social Care representatives were invited to attend
- People were asked what they would like to see in terms of care village/facility in Hawick and outcomes for people
- People were also asked specifically to consider equalities and human rights and how we cater for these in the new facility – these will be fed into IIA and Business case as it develops

This was followed by NDTi engagement activity in Hawick throughout July, asking the same questions at:

- 2 Drop-in sessions Heart of Hawick;
- Staff drop-in sessions in Hawick Town Hall;
- Deanfield families and residents sessions;
- On-line workshops with specific groups – Community Groups, Third and Independent Sector, Health and Social Work professionals, Mental Health;
- Conversations with key specific groups in Hawick – e.g. Burnfoot Cuppa and Chat group, Men’s Shed, Women’s Craft groups, Dementia Café, mental health and learning disability representatives, health and social care staff including the District Nursing Team.

NDTi findings

- It’s how the service is delivered that is key – joined up services
- A range of accommodation types are required to maintain independence – linked up
- Accommodation needs to allow couple with differing needs to stay together
- Respite provision required for carers
- More community involvement and not “shut away”
- More training for staff
- More trained volunteers to enhance service provision

The NDTi findings are in line with the agreed vision for the care villages. The full published NDTi report can be found at [NDTi Hawick Care Village Final Report August 2022 | Scottish Borders Council \(scotborders.gov.uk\)](https://www.scotborders.gov.uk/ndti-hawick-care-village-final-report-august-2022)

2. The Strategic Case

In May 2021 the HSCP and SBC Strategic Leadership Team requested further evidence in relation to care home demand and modelling of the Scottish Borders older population. A Stakeholder Care Home modelling group was established with a specific ask to: Provide a 10-year forward projection of 24-hour care demand for older people and describe the expected changes in 24-hour care demand broken down by residential care, nursing care and specialist care provision with worse case and best case scenarios. If possible, the group were also asked to include potential for mid-range scenario. Several assumptions were applied to predicted future demand, these were

- Expected changes in population frailty or dependency levels will increase demand
- Expected changes in dementia prevalence and need for 24-hour care will increase demand
- Impact of changes in older peoples integrated preventative models of care may decrease demand for future 24-hour care

The outcomes of this study highlighted that the demographic projection and 30% increase in older people predicted the need for an additional 188 care home places by 2030, this represents between **8-11** additional care home places per year however:

- Scottish Borders benchmarks in lowest 4 Local Authorities for care home places
- There has been no change in Scottish Borders care home places 2009-2019 despite 20% increase in >75 Borders population
- The number of SBC-funded residents out with the Scottish Borders has been steady at 20% over the past 5 years
- Scottish Borders benchmarks in lowest 6 Local Authorities for home care packages
- Suggestion that rurality and community/family support is maintaining more people at home
- The % of residents who remain in their own locality is directly related to the number of care home beds in a locality (0.91 correlation)

- Based on demographic change only, we can expect an increase of 188 beds by 2030. This has been broken down to a 28% increase in residential care beds and 29% nursing care beds
- This in numbers can be interpreted as an increased requirement of 14-17 beds per year by 2023-2026 and 19-23 beds per year in 2027-2029

High Level Data / Needs Analysis

	Bed Types		
	Long Stay /Dementia	Interim Care	Respite
Current position	21	9	0
Deanfield Waiting list	15		
Demographic Increase @30% by 2030	11	3	
Total beds required	59		

The outcomes of this proposal align closely with the identified population/demographic demand, and allows for the required revenue migration, through the transfer of existing provision from Deanfield, which will ultimately be closed, to the new development. Depending on the model of care, the supporting revenue model may require to be reviewed.

There has been extensive engagement with the communities in Hawick on the Care Village development to determine the requirement for the care facility and to seek the views of the Hawick communities regarding the type of provision they would like to see in the town.

National and Local Policy

Adult Social Care: Independent Review February 2021: The Feeley Review

The principal aim of this review was to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. The review takes a human-rights based approach.

The Hawick Care Village is an innovative alternative social and health care support model for the future which prioritises the principles of Feeley and supports the recommendations of the Feeley Review. This will ensure that the citizens of Scottish Borders Council can maintain and develop rich social connections and to exercise as much autonomy as possible in decisions about their lives

Scottish Borders Health & Social Care Partnership Strategic Plan: Changing Health & Social Care For You 2018- 2022

The Partnership Strategic Plan provides the local strategic context for taking forward the care village development. Following a review in April 2021 by the Scottish Borders Strategic Planning Group, at the end of April 2021, the decision was taken to continue with the plan and with the three agreed existing objectives, and to build in lessons learned from COVID-19 and update existing priorities. The strategy and its priorities aim to deliver a vision where NHS Health and Council Social Care Services are joined-up and work in new partnerships together, with communities, residents and third sector providers to:

- improve the health of the population
- reduce the number of hospital admissions
- improve the flow of patients into, through and out of hospital
- improve the capacity within the community for people who have been in receipt of health and social care services to better manage their own conditions and support those who care for them.

The Hawick Care Village development will help to deliver these objectives and ensure services and care are:

- Accessible
- Closer to home (*and offering greater support for care at home*)
- Delivered within an integrated model
- Give greater choice and control
- Optimise efficiency and effectiveness
- Reduce health inequality

Scottish Borders Council, “Council Plan 2022 – 2023” describes SBC’s commitment to reshaping and improving services. The Hawick Care Village will contribute to the Council Plan Outcomes in relation to:

- a) Good Health and Wellbeing – People of the Scottish Borders have the opportunities and are supported to take control of their health and wellbeing, enjoying a high quality of life.
- b) Empowered, Vibrant Communities – The Scottish Borders has thriving, inclusive communities where people support each other and take responsibility for their local area
- c) Clean Green Future – A modern environmentally designed and built building will contribute to tackling climate change and the surrounding grounds will enhance our local environment

3. Economic Case

3.1 Options Considered

Initially there were 5 options but one was removed in the Initial Assessment leaving 4 options, ‘Refurbish Deanfield’, ‘Build on the Stirches site with Eildon Housing Association’, ‘a partnership with a private provider or engage a Housing Management Company to carry out the design, build and care service on our behalf’. Since then, the private provider has withdrawn their interest leaving 3 options: ‘Refurbish Deanfield’; ‘New Build in partnership with Eildon at Stirches’; ‘New Build via Housing Management Company.’

Renovation of Deanfield

Renovation of Deanfield will reduce the number of rooms available and will not allow for the Care Village vision to be fully met. The implications of reduced rooms would mean an increase in the current waiting list and costs elsewhere in the system. Refurbishment will still leave an aging care home that does not fully meet modern standards of quality and energy efficiency or new Care Inspectorate standards in relation to building better care homes guidance. For these reasons, it is proposed that refurbishment of Deanfield should be discounted. This option also scored significantly lower than the preferred option.

Housing Management Company

Precise financial information has not been provided however they have proposed 60 one and two bedroom self-contained accommodation units at an affordable rent. SBC would need to cover this cost in addition to the commissioned care cost and management free. The model proposed would mean their soon to be registered, Scottish RSL would deliver the ongoing landlord and housing management functions and through their Support Living service deliver the required care and support on site. It is recommended to reject this option as it does not align with the residential care model. Furthermore the available land is owned by Eildon Housing Association who would be required to agree to another RSL building on their site. This option also scored significantly lower than the preferred option.

Eildon Housing Association

The vision for this partnership is to build a care village alongside EHA's extra care housing and learning disability provision. This would provide economies of scale which would help reduce both capital and revenue costs through a shared staffing model and cost reduction arising from building shared communal spaces. This model would provide an integrated approach to the provision of care on this site which aligns with the views given during the Hawick Care Village consultation exercise carried out in July 2022. Full details would be worked up with Eildon Housing Association to develop a full business case if this is confirmed as the preferred option for Hawick.

3.2 Non Financial Appraisal

Scoring was carried out to assess acceptability, viability and suitability of each option, using feedback from the public consultation events and Councillors. This resulted in the following:

	Land Available	Councillors Preference	Acceptable to the public/community (NDTI findings)	Acceptable to users	Acceptable to Care Inspectorate	Meets needs assessment (size of build)	Meets operational requirements	Meets the vision				scoring
Significance Rating/Priority Score	1	1	1	1	1	1	1	1				
	Impact Rating	Impact Rating	Impact Rating	Impact Rating	Impact Rating	Impact Rating	Impact Rating	Impact Rating	Impact Rating	Impact Rating		
Refurbish Deanfield	1	0	1	1	2	0	2	1				8
Stirches - Eildon	2	2	2	2	2	2	2	2				16
Housing Management Company	1	0	2	1	2	2	0	1				9

Weighting - Requirements Rationale: None applied

Option Scoring Rationale:

- 2 = option fully meets the requirements
- 1 = option partially meets requirements or is doubtful
- 0 = option does not meet requirements

Acceptability criteria for the community and users which will influence the choice of location and partner.

- Future proofing when repurposing /designing care provision
- Better integration between housing, care and health services
- Partnership approach between agencies for integrated, flexible housing and care. Housing, home care, day support, respite and residential care delivered from one place.
- It must be possible to have two-way contact with the town
- A garden, space outside – somewhere to grow things
- Location important – many preferred to be near centre of Hawick – to continue meeting friends, for shopping etc.
- Accommodation that could be easily adaptable as needs changed or new ways of delivering support and care developed

Acceptability criteria for the councillors which will influence the choice of location and partner.

- Future proofing when repurposing /designing care provision
- Quality of care before profit

3.3 Financial Appraisal

The total budget available in SBC’s Capital Plan at 30th September 2022, for the two care villages was £22.829 million.

- Refurbish Deanfield

Costs for the refurbishment of Deanfield in 2019 were £3.3 million. Allowing for inflation from 2019 until the point of commencing the build, this figure based on a starting date in 2025 is estimated to be £4.7 million. This would only provide 30 beds and there is also limited ability to provide other on-site facilities in line with the care village ethos.

- New build in partnership with Eildon Housing Association on their Stirches site

The available capital for this option at 30th September 2022 was £11.180m.

- Housing Management Company

It has not been possible to carry out a financial appraisal as no financial data was provided by the company. Consideration was given to how we could estimate the financial costs but due to the model being offered by the company, we have no comparative figures.

Value for money assessment

Option	Full Cost	Beds	Cost per bed	Quality score	Cost per bed per quality score point	Rank
Deanfield Refurb	£ 4,700,000.00	30	£156,666.67	8	£ 19,583.33	2
New build with EHA/Stirches	£11,180,000.00	60	£186,333.33	16	£ 11,645.83	1

Preferred Option based on value for money assessment is the new build in partnership with Eildon Housing Association on their Stirches site.

4. Commercial Case

This section highlights the procurement routes to be considered for appointing a contractor to provide the facility and include:

Open Market

Since SBC are a government funded body they will have to comply with stringent procurement rules. This will include advertising the contract with the European Union via OJEU. This sets the limit for a contract of £4,733,252 (net of VAT) so anything above this has to be marketed via the OJEU process. This process can be time consuming and can be very labour intensive in terms of reviewing the submitted returns. In some cases it can add between 3 – 6 months to the programme.

However, this process can begin early in the project to mitigate programme risks where possible. SBC has previously used Public Contracts Scotland to advertise projects above and

below OJEU limits. It would be advisable to meet with the procurement team in the early stages of the project to establish the requirements.

Existing Framework

There are a number of existing frameworks that could be accessed to procure the project. The use of frameworks provides a rapid access to a list of pre-qualified contractors, who have been engaged on a competitive basis, complied with the necessary public procurement rules and proven to demonstrate value for money. By virtue of these contractors having pre-qualified, a level of assurance of service delivery can be taken; this fact can also save time within the tender process. With most frameworks, elements of terms and conditions can be pre-agreed at framework award, therefore time and effort is saved not having to manage this as heavily.

Possible framework options include:

- Hub (South East Scotland)
- SCAPE
- CCS Framework
- SPA Framework

A final decision is to be made, however **utilising an existing framework** is likely to result in the procurement of the suitable contractor to deliver best value in the shortest time frame.

5. Financial Case

5.1 Introduction

This section sets out the financial case for the preferred option including the capital and revenue implications for the project.

5.2 Capital Funding Constraints

The project is proposed to be funded via the Council's Capital Plan. The total budget available in SBC's Capital Plan, for the two care villages was agreed at £22.829 million.

Work is ongoing to confirm the forecast project costs as part of the 2023/24 capital planning process.

5.3 Revenue Funding Constraints

It is proposed that the revenue implications of the new development will partially be met through the closure of Deanfield Care Home and revenue funding transferred to the Care Village. Due to the increased size of the care village provision identified as required for Hawick through the needs assessment, there will be additional revenue required over and above that transferring from Deanfield. The revenue implications will be met through current IJB budgets with a pressure of £794k identified.

Staffing - There may also be an increased workforce requirement if moving towards the provision of nursing/clinical care. As the model develops, specific workforce modelling will be required taking into consideration anticipated demands on the village and the skill mix required to support the proposed model.

To deliver the new model of care, requires key elements to be examined in more detail:

- transitioning the existing workforce to a new type of working model
- ability to recruit necessary workforce
- recognition of likely requirements within the proposed Health and Social Care Staff Bill
- Understanding dependency and the ratio of staffing to achieve personal outcomes

The Care Village concept is dependent upon the collaboration and inclusion of other partner organisations, such as the local GP practices, Allied Health Professionals, community nursing, community hospital services, local care providers, local charities and the voluntary Sector, all of which will enhance the Care Village concept.

6. Management Case

This section summarises the planned management approach setting out key personnel, the organisation structure and the tools and processes that will be adopted to deliver and monitor the scheme as well as the expected objectives from the new model of care.

On the basis that the proposed service model is put in place, the following identifies the key benefits likely to be attributable to achievement of each investment objective: As part of the project board deliverables a full benefits realisation of existing /status quo and business scope is required.

6.1 Investment objectives

Investment Objective: Increase integration & communication between health & social care services and delivery to service users			
Outcome	Relative Value	Relative Timescale	Type
Delivery of more effective care with improved user outcomes	High	Medium & longer term	Qualitative and quantitative
Greater collaboration between partner organisations to improve effectiveness of preventative and intermediate care	High	Medium & longer term	Qualitative
Improved staff engagement & communication between partner organisations	Medium	Medium & longer term	Qualitative
More service users able to return home following hospital care (based on draft intermediate care performance measures)	High	Medium	Quantitative
Shared use of partner resources	Low	Medium term	Cash & resource releasing
Improved working arrangements and facilities for staff resulting in greater job satisfaction and less turnover / sickness	Medium	Medium term	Qualitative & resource releasing

Investment Objective: Improve user experience of local health & social care service provision			
Outcome	Relative Value	Relative Timescale	Type
Positive experience of health and social care	High	Medium term	Qualitative

More people able to access care from their preferred location (i.e. at home)	High	Medium term	Quantitative
More people able to return home following hospital care (following rehabilitation and reablement)	High	Medium term	Quantitative & resource releasing
Better transition through each care journey	High	Medium term	Qualitative
Positive experience of the environment in which services are provided	Medium	Medium term	Qualitative

Investment Objective: Improve access to care			
Outcome	Relative Value	Relative Timescale	Type
Maximised range of health and social care services available locally	High	Medium term	Qualitative
Point of access to care is less confusing	Medium	Medium term	Qualitative
More likely to receive the most appropriate care	High	Medium term	Qualitative
Ability to access care at home	High	Medium term	Quantitative
Better physical access to care facilities	Medium	Medium term	Qualitative
Flexible bed usage enables more user focused care	High	Medium term	Qualitative

Investment Objective: Improve care pathways, capacity and flow management			
Outcome	Relative Value	Relative Timescale	Type
More people treated on a scheduled rather than unscheduled basis	High	Medium & longer term	Quantitative
Service capacity meets service demands	High	Medium & longer term	Quantitative
Flexible use of beds better meets service user needs	High	Medium term	Qualitative
Reduction in overall number of beds (from the baseline high of 161 in 2011)	High	Medium term	Quantitative & cash
Services users don't have to stay in hospital longer than necessary	High	Medium term	Quantitative

Investment Objective: Maximise flexible, responsive and preventative care - at home, with support for carers			
Outcome	Relative Value	Relative Timescale	Type
More people able to access care from their preferred location i.e. at home	High	Medium term	Quantitative
More people able to return home following hospital care	High	Medium term	Quantitative & resource releasing
Providing care at home is more cost effective than institutional care	High	Medium term	Cash & resource releasing to
Carers feel better supported in their role	High	Medium term	Qualitative
Increase in visits and involvement from relatives and wider family, including children, to the residents and within the care village	High	Medium term	

Investment Objective: Make best use of available resources			
Outcome	Relative Value	Relative Timescale	Type
Affordable service delivery	High	Short, medium & longer term	Quantitative
Service capacity meets service demands	High	Medium & longer term	Quantitative
Service model is more flexible to future changes in demand	Medium	Medium term	Qualitative
Reduction in overall number of beds (from the baseline high of 161 in 2011)	High	Medium term	Cash & resource releasing to NHS &

Reduced demand for more expensive care pathways (through shift from health to social care models of care)	High	Medium to longer term	Cash releasing to NHS & Council
---	------	-----------------------	---------------------------------

Investment Objective: Improve quality & effectiveness of accommodation used to support service delivery			
Outcome	Relative Value	Relative Timescale	Type
Improved user perception of quality of care	Medium	Medium term	Qualitative
Improved condition of available accommodation	Medium	Medium term	Qualitative
Accommodation meets modern service needs & enables flexibility of use	High	Medium term	Qualitative
Improved functionality of accommodation improves service effectiveness	High	Medium term	Qualitative

Investment Objective: Improve safety of health & social care, advice, support & accommodation			
Outcome	Relative Value	Relative Timescale	Type
Reduced risk of HAI incidents	High	Medium term	Qualitative
Reduced risk of harm from property related incidents	High	Medium term	Qualitative

6.2 Technology

Information Management and Information Communication Technology is a key enabler for the new village model, particularly to deliver:

- Integrated systems and care records – access to a shared clinical and care management system, joint information governance and data sharing arrangements; in and out of hours
- Connected infrastructure - mobile working solutions; shared domains

- Self-management and signposting – technology enabled care; health monitoring systems;
- Business Analytics for evaluation
- Access to STRATA referral pathways
- Access to Datix for reporting of adverse events and incidents
- Attend Anywhere for Virtual Consultation with GP and other services
- WIFI access for patients and families
- information, advice and guidance

Assessment and planning to deliver these component and operations are necessary and will be addressed further within the project planning and commissioning arrangements and a sub group has been set up to facilitate this work.

6.3 Project Management Arrangements

A Project Board is established and chaired by the Chief Officer Health and Social Care, the Chief Officer is also the Project Sponsor. The Project Manager will submit monthly highlight reports to the Programme Board.

The Project Board will be expected to represent the wider ownership interests of the project and maintain co-ordination of the development proposal.

The Project Board comprises representatives from the:

- Scottish Borders Council
- NHS Borders
- Key stakeholders from Health & Social Care Partnership
- SBC Capital Planning team.
- Finance Officer/representative
- Commissioner representation/function
- Independent Provider Representation

- Care Inspectorate
- External Consultant

6.4 Communications and engagement

A communications strategy has been developed and approved by the Programme Board and will be utilised throughout the life of the project.

DIRECTIONS FROM THE SCOTTISH BORDERS INTEGRATION JOINT BOARD

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

Reference number	SBIJB-010223-1	
Direction title	Continuation of the development of the Tweedbank Full Business Case and development of Full Business Case for the Care Village in Hawick. Scoping of the associated integrated service models of delivery and associated costs for the Full Business Cases for the Hawick and Tweedbank Care Villages.	
Direction to	The Scottish Borders Council, working in partnership with NHS Borders	
IJB Approval date	IN DRAFT AND NOT YET APPROVED: PENDING APPROVAL AT THE INTEGRATION JOINT BOARD ON 1 FEBRUARY 2023	
Does this Direction supersede, revise or revoke a previous Direction?	Yes: Revises SBIJB-15-12-21-3	
Services/functions covered by this Direction	<ul style="list-style-type: none"> • Care Home services • Services and support for adults with Learning Disabilities 	
Full text of the Direction	<p>To work to develop a Full Business Care for Care Home service provision in Hawick. To continue to progress with the development of the Full Business Case for Care Home service provision in Tweedbank. To scope the potential integrated service model of delivery and potential revenue costs associated to the development of both of these Full Business Cases.</p> <p>As part of this process, it is expected that:</p> <ul style="list-style-type: none"> • There will continue to be full and appropriate consultation and engagement with stakeholders • The Equalities and Human Rights Impact Assessment will continue to be developed • The model of services will be needs based • The full proposed costs of service delivery will be outlined and based on best value principles <p>It is recognised that the capital investment needed to deliver the Care developments is included in the Scottish Borders Council’s Capital plan. It is expected that both of the Business Cases will be reviewed at the Integration Joint Board for consideration on the revenue spend prior to full sign off by the Scottish Borders Council.</p>	
Timeframes	<u>Hawick Care Home Provision scoping for Outline Business Case</u> To start by: With immediate effect To conclude by: Early 2024	<u>Tweedbank Care Village Full Business Case</u> To start by: With immediate effect To conclude by: May 2023
Links to relevant SBIJB report(s)	Item 6.6. https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&MIId=6088&Ver=4 Item 5.1. https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&MIId=6610	
Budget / finances allocated to carry out the detail	The budget for programme support is as per the scheme of integration. It is expected that the revenue model will be within the existing revenue budget for existing care settings for both developments, unless expressly agreed with the IJB at a later date.	
Outcomes / Performance Measures	<ul style="list-style-type: none"> • NHWB2: People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community • NHWB3: People who use health and social care services have positive experiences of those services, and have their dignity respected 	

	<ul style="list-style-type: none">• NHWB4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services• NHWB7: People who use health and social care services are safe from harm• NHWB9: Resources are used effectively and efficiently in the provision of health and social care services
Date Direction will be reviewed	Review of Hawick Care Village FBC progress in the August 2023 Audit Committee.

Scottish Borders Health & Social Care
Integration Joint Board



Meeting Date: 31 January 2023

Report By	Hazel Robertson, Chief Finance Officer IJB
Contact	Hazel Robertson, Chief Finance Officer IJB
Telephone:	07929 760533
MONITORING AND FORECAST OF THE HEALTH AND SOCIAL CARE PARTNERSHIP BUDGET 2022/23 AT 31 DECEMBER 2022	
Purpose of Report:	The purpose of this report is to update the IJB on the year to date and forecast year end position of the Health and Social Care Partnership (H&SCP) for 2022/23 based on available information to 31 December 2022.
Recommendations:	<p>The Health & Social Care Integration Joint Board is asked to:</p> <ul style="list-style-type: none"> a) Note the forecast adverse variance of (£6.250m) for the H&SCP delegated services for the year to 31 March 2023 based on available information, broadly consistent from the period 6 reported estimate at (£6.740m). b) Note that the forecast position includes costs relating to mobilising and remobilising in respect of Covid-19. Government have clawed back funding from period onwards and will do a reconciliation in April 2023. The reserve is therefore considered fully utilised. c) Note that any expenditure in excess of delegated budgets in 2022/23 will require to be funded by additional contributions from the partners in line with the Scheme of Integration. Previously, additional contributions have not been repayable. d) Note that set aside budgets continue to be under significant pressure as a result of activity levels, flow and delayed discharges. e) Note that the best value for every pound approach has been launched with a number of service areas taking in part in tests of change..
Personnel:	There are no resourcing implications beyond the financial resources identified within the report. Any significant resource impact beyond those identified in the report that may arise during 2022/23 will be reported to the Integration Joint Board.
Carers:	N/A

Equalities:	There are no equalities impacts arising from the report.
Financial:	<p>No resourcing implications beyond the financial resources identified within the report.</p> <p>The report draws on information provided in finance reports presented to NHS Borders and Scottish Borders Council. Both partner organisations' Finance functions have contributed to its development and will work closely with IJB officers in delivering its outcomes.</p>
Legal:	Supports the delivery of the Strategic Plan and is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and any consequential Regulations, Orders, Directions and Guidance.
Risk Implications:	Reviewed in line with agreed risk management strategy. The key risks outlined in the report form part of the risk register for the partnership.

Background

- 1.1 The report provides the year to date financial position and an initial forecast position for functions delegated to the H&SCP (the "delegated budget") and the budget relating to large-hospital functions retained and set aside for the population of the Scottish Borders (the "set-aside budget").
- 1.2 The forecast is based on the available information presented to Scottish Borders Council and the Board of NHS Borders. It highlights key variances at month 6 compared to budget. NHS Borders and Scottish Borders Council, at the time of writing this report have considered the financial position at month 6. The report should not be in the public domain until after the Council has considered their overall financial position.
- 1.3 Finance reports are prepared quarterly and brought to the IJB for consideration. As the year progresses, further analysis and refinement will allow the IJB to assess the likelihood of achieving breakeven relative to the budget approved in June 2022.
- 1.4 A process for financial evaluation of spending plans has been developed and approved by the Strategic Planning Group. The proposal will ensure that financial plans which underpin the Strategic Commissioning Plan will cover disinvestment as well as investment. This will be essential in moving towards achievement of recurrent financial balance. I am working with a number of service to begin use of the methodology.

Overview of Monitoring and Forecast Position at 31 December

- 2.1 The paper presents the consolidated financial performance at the end of December 2022 (period 9). Members should be aware that the forecast is subject to risks and uncertainties which will be revised over the coming months.
- 2.2 Table 1 shows the end of September actual spend across the partnership.

Table 1 Year to date	Actual £000s	Key issues
Healthcare delegated	100,349	High cost LD case, prescribing, unidentified savings
Social Care delegated	41,459	Significant cost pressures in care homes, risk to budgets from loss of COVID funding from end March 2023
Hospital set aside	123,121	Enhanced nursing and medical staffing, to support A&E and augment in patient areas, higher prescribing costs due to patients with multiple long term conditions.

- 2.3 Table 2 shows the current year end forecast.

Table 2 forecast year end	Forecast £000s	Key issues
Healthcare delegated	(2,444)	Unidentified savings (4,613), significant vacancies, which when filled will reduce underspends
Social Care delegated	0	Forecast achievement of budget and savings. Earmarking funds into 2023/24
Hospital set aside	(1,836)	Additional nursing and medical staffing, additional beds to deal with delays

- 2.4 Forecasts include the estimated impact of non-delivery of savings plans. The NHS forecast continues to be subject to detailed review and the Director of Finance is in discussion with the Scottish Government around brokerage and future plans to reduce the degree of brokerage. As such, members should recognise that the forecast is an indication of current expenditure trend and is unlikely to be a full representation of the likely outturn. An assessment of financial risk for this year will be taken forward in the context of the Scottish Borders Council's Fit for 2024 and NHS Borders' Financial Turnaround Programmes. A review of reserves brought forward has identified a potential contribution of £0.7m to the forecast outturn.

Reserves

- 4.1 The IJB can hold ring-fenced reserves to retain planned underspends. Within Scottish Borders IJB there are significant accumulated reserves in relation to COVID recovery, Scottish government health portfolio commitments, and legacy balances retained from historic transformation funds. The COVID recovery reserve is held on a whole system basis (including non-delegated functions) in line with Scottish Government guidance. Further detail in relation to Covid will be provided in the IJB financial forward look presentation.

- 4.2 The majority of reserves relate to government provided ring fenced allocations. The funding position for the SG Health Portfolio is increasingly challenging as exemplified in the Emergency Budget Statement. As a result, the scrutiny over ring fenced allocations is increasing, with SG being more directive about how these may be used, or returned if not utilised.

Recovery Plan and Forward Outlook

- 5.1 Where there is a forecast overspend in delegated functions, the Chief Officer and the Chief Financial Officer of the IJB must agree a recovery plan to address the overspending budget. NHS Borders and Scottish Borders Council are expected to work in partnership with the Chief Financial Officer and Chief Officer to facilitate the development of this plan, and to share progress against the plan with the IJB.
- 5.2 Such plans will proactively consider any impacts on:
- the National Health and Wellbeing outcomes
 - the Integration Delivery Principles and
 - the 'Triple Aim' (i.e. Improving Population Health, Improving Value for Money and Improving Service User Experience).
- 5.3 The CFO and other senior officers will continue to engage with other partnerships, health boards, and local authorities to identify options for consideration, and, in particular, with the Scottish Government over likely funding scenarios. Scottish Government are implementing a Value and Sustainability programme and both the IJB CFO and the NHS DOF are members of this programme.
- 5.4 The Scheme of Integration (SOI) makes provision for partner organisations to provide additional resources to the IJB where its recovery plan has been unsuccessful in a given year. Under the terms of the SOI amounts provided to meet this gap are repayable to the partners in future periods. To date this repayment provision has not been used.

Conclusion and Recommendation to IJB Board

- 6.1 Currently the financial forecast holds significant risk: non delivery of financial savings targets in healthcare delegated services and continued pressures in the set aside budgets due to excess activity. There is also increasing risk in relation to care homes, and a single high cost LD Case. Risk around government funding allocations remains in relation to unused ring fenced allocations.
- 6.2 Critically, the IJB should ensure that the strategic planning process currently underway is used effectively to identify, quantify and evaluate options for change which will ensure the partnership is able to move into a position of financial sustainability. This will therefore by necessity include options for decommissioning or rightsizing services as well as changes to the services that are currently commissioned.

MONTHLY REVENUE MANAGEMENT REPORT



Summary 2022/23 At end of Month: Sept

	Annual Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	
Generic Services	69,676	67,884	96,270	90,848	5,422	↑
Older People Service	27,258	4,814	15,537	12,796	(22)	↔
Prescribing	23,132	18,278	23,132	24,332	(1,200)	↓
Joint Learning Disability Service	21,388	18,298	24,320	25,717	(970)	↓
Joint Mental Health Service	20,767	17,036	25,141	25,175	18	↑
SB Cares	13,675	13,355	16,122	18,295	(2,173)	↓
Physical Disability Service	2,533	2,143	2,698	2,698	0	↔
Targeted Savings	(4,739)	0	(4,613)	0	(4,613)	↓
Large Hospital Functions Set-Aside	25,992	23,121	28,116	30,828	(2,712)	↓
Total	199,682	164,929	226,723	230,689	(6,250)	↔

Appendix 2

Monthly Revenue Management Report – Social Care

MONTHLY REVENUE MANAGEMENT REPORT



Delegated Budget Social Care Functions 2022/23 At end of Month: Dec

	Base Budget	Actual to Date	Revised Budget	Projected Outturn	Outturn Variance	Proposed Virement	Projected (Over)/Under Spend	Trend	Summary Financial Commentary
	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
Learning Disability Service	17,801	15,045	20,887	21,120	233	(233)	194	↗	Pay award £39k. Increased client specific care package.
Mental Health Service	1,956	1,550	2,084	2,148	(64)	52	(12)	↗	The service is forecasting a £31k overspend which is anticipated will be addressed by the service during the remainder of the year.
Older People	27,258	4,814	15,537	12,796	2,471	(2,763)	(22)	↔	Service is forecasting a balanced position, following budget virements from additional Scottish Government funding to Joint Learning Disability service (£621k) to cover operational pressures and undeliverable savings; £1.8m to repay IJB pressures that are now funded by Scottish Government and to earmark £2.5m additional Scottish Government funding into 2023-24 in line with spend forecasts. Homecare Provider sustainability grants and other Covid-19 pressures such as continued use of PPE to be claimed through the LMP.
SB Cares	13,675	13,355	16,122	18,295	(2,173)	(2,173)	(2,173)	↓	Significant overspends emerging in relation to Care Home overtime and agency costs - options virement sought from Older People of £578k to part fund pressure and £852k from 24hr residential care. £73k from additional funding. Pay award £670k.
Physical Disability Service	2,533	2,143	2,698	2,698	0	0	0	↔	
Generic Services	6,958	4,552	8,921	8,002	919	(995)	(76)		The service is forecasting a £270k pressure relating to staffing and locality based client specific expenditures. It is anticipated that ongoing work to re-base locality budgets in Generic Services as well as Older People and People with Physical Disabilities will address much of this pressure. The remaining pressure will be addressed by the service during the remainder of the year
Total	70,181	41,459	66,249	65,059	1,386	(6,112)	(2,089)		

Key Highlights, Challenges and Risks


Overall impact from the 2022/23 pay award £0.420m. The underspends in locality homecare budgets due to external providers handing hours back as they can't fulfil them back are being vired to SB Cares to part fund the overtime and agency costs which relate in part to providing the additional care hours. £0.591m has been identified as an undeliverable saving in Strategic & Commissioning Partnerships, which is being offset by unallocated additional government Health & Social Care funding. A further 4 external placements for young people have resulted in a forecast pressure of £0.395m. Earmarked balances for Mental Health and Renewal fund, Carers Act, external funding for Older People and Generic Services have been actioned in year.

MONTHLY REVENUE MANAGEMENT REPORT



Delegated Budget Healthcare Functions **2022/23** **At end of Month:** **Dec**

	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Trend	Summary Financial Commentary
Joint Learning Disability Service	3,587	3,253	3,433	4,597	(1,164)	↓	Overspend linked to additional support costs for a patient in long term care, expected to continue to at least year end
Joint Mental Health Service	18,385	14,738	22,261	22,231	30	↑	Likely that outturn will be a worsening position due to undelivered savings of £1.1m, medical vacancies, locums £0.35m and drugs £0.1m
Joint Alcohol and Drugs Service	426	748	796	796	-	↔	Any slippage will be carried forward in ear marked reserves
Prescribing	23,132	18,278	23,132	24,332	(1,200)	↔	Spike in demand in August and unit costs increased due to short term supply constraints, which is expected to ease. Some issues with PRISMS data.
Unidentified savings	(4,739)	-	(4,613)	-	(4,613)		Anticipated £1m achieved of which £0.5m will be recurring.
Generic Services	62,718						
Independent Contractors		27,248	35,217	35,217	-		
Public Dental Services		2,625	4,164	3,500	664		Vacancies and step down of services
Sexual Health		525	688	700	(12)		
Community Hospitals		4,385	6,022	5,847	175		Vacant posts offsetting overspend in supplies.
Allied Health Professionals		5,716	7,782	7,621	161		Vacant posts which are actively being recruited to
Leadership in Care Homes		182	256	256	-		
District Nursing		3,242	4,169	4,323	(154)		Overspends in supplies linked to dressing, transport and uniform
Home First		1,003	1,200	1,337	(137)		Operating above agreed funding plan.
Out of Hours Service		1,910	2,636	2,547	89		Vacant posts
PCIP		1,463	2,275	2,275	-		
Community Based Services		1,724	2,891	2,299	592		underspend linked to reduced activity levels
CVFV Programme		1,467	1,657	1,657	-		
Regional Diabetes		238	987	987	-		
Generic Other		9,554	11,790	11,558	232		Underspend across various PACS central costs specifically linked to vacancies with central admin and skill mix
Resource Transfer		2,050	2,722	2,722	-		
IJB Reserves		-	2,893	-	2,893		
Contribution from NHS Borders Year end Plan	-	-	-	-	-		
Total	103,509	100,349	132,358	134,802	(2,444)	↑	

MONTHLY REVENUE MANAGEMENT REPORT							
Large Hospital Functions Set-Aside		2022/23	At end of Month:		Dec		
	Base Budget £'000	Actual to Date £'000	Revised Budget £'000	Projected Outturn £'000	Outturn Variance £'000	Trend	Summary Financial Commentary
Accident & Emergency	3,149	3,562	3,648	4,749	(1,101)	↔	Enhanced staffing arrangements in place to support A&E
Medicine & Long-Term Conditions	17,229	14,268	18,893	19,024	(131)	↗	Overspends on drugs in relation to prescribing for patients with long term conditions, offset by vacancies
Medicine of the Elderly	6,660	5,291	6,519	7,055	(536)	↘	Overspend linked to supplementary staffing and agency to support augment inpatient areas.
Unidentified Savings	(1,046)	-	(944)	-	(944)	↑	
Total	25,992	23,121	28,116	30,828	(2,712)		

Appendix 5

IJB Reserves by Portfolio Area

Portfolio	Ring Fenced Allocations (RRL)	Additional Commitments (NHSB)	Total Balance held in Reserves
	£	£	£
Alcohol & Drugs	368,740	605,782	974,522
BBV	0	97,329	97,329
Mental Health	2,287,674	0	2,287,674
PCIP	1,522,980	0	1,522,980
PC Digital	182,369	164,158	346,527
PC Premises	148,831	191,047	339,878
PC Other	531,524	37,155	568,679
Public Health	36,134	108,771	144,905
Regional Diabetes	1,342,059	150,939	1,492,998
Urgent & Unscheduled Care	871,566	0	871,566
Vaccines	0	153,687	153,687
Winter	0	427,468	427,468
Workforce & Wellbeing	687,261	0	687,261
Community Living Change Fund	377,966	0	377,966
Other	275,052	209,001	484,053
HB Support	0	3,720,613	3,720,613
COVID	11,048,000	0	11,048,000
	0	0	0
	19,680,156	5,865,950	25,546,106

Appendix 6

Reduction in Government Reserves by Portfolio Area

Portfolio by Budget Line	£m	Description
Health and Social Care		
Covid	116.0	A range of actions relating to Covid expenditure on vaccinations, test and protect, PPE and additional capacity to drive down additional costs.
Social Care and National Care Service (NCS) re-profiling	70.0	Continuing to progress the commitment to fair work and adult social care, with a one-off saving released this financial year as we work with stakeholders on delivery mechanisms for future years. Re-phasing of NCS development from the Financial Memorandum based on recruitment profile and data and digital investment.
Primary Care	65.0	This has been achieved by a reduction in the planned growth rate for the Primary Care Improvement Fund, including a one-off utilisation of reserve funding held by integration authorities. In addition, it includes re-phasing of some elements of the planned enhancements to community optometry and audiology services.
Re-phasing and pausing of other programmes	63.0	Includes Scottish Trauma Network, Genomics programmes and improvement programmes on older people, clinical audit and education and development.
Mental Health	38.0	This has included continuing to support overall increases to mental health spending as well as delivery of dementia, learning disability and autism services, and cross-cutting trauma work at level of last year's spend. Within the revised budget we will seek to focus on progressing existing commitments including clearing CAMHS and psychological therapies waiting times backlogs.
SG Staff Reductions and other central savings	21.0	Includes vacancy freezes and tightening of recruitment controls at a central level. This does not apply to NHS staff.
Digital	14.0	Reprioritising of work across projects such as Digital prescribing and Microsoft Office updates.
Population Health	13.0	Re-phasing of commitment to double investment in sport, reprioritisation of health improvement spending.
Total	400.0	

This page is intentionally left blank

NHS Borders



Meeting: Borders NHS Board

Meeting date: *To be completed by Iris*

Title: IJB Strategic Framework 2023-26

Responsible Executive/Non-Executive: Chris Myers, IJB Chief Officer

Report Author: Chris Myers, IJB Chief Officer

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Integrated Joint Board is legally required to develop and deliver a Strategic Plan from April 2023-26. The SPG and IJB are being asked to review a finalised draft of the IJB Strategic Framework and agree if they are happy for it to be shared publicly for the public engagement process before publication at the end of March.

2.2 Background

The Strategic Framework is a result of in depth research into the needs of the people in the Scottish Borders. This was founded through the Needs Assessment report and the NDTI consultation report, both completed by end of September 2022.

2.3 Assessment

2.3.1 Quality/ Patient Care

The Strategic Framework seeks to improve patient care.

2.3.2 Workforce

A key priority in the Strategic Framework is to tackle workforce challenges across the NHS and Council.

2.3.3 Financial

The Strategic Framework acknowledges that it is operating within difficult financial constraints. Whilst it would like to achieve the best outcomes for people in the Borders, finance will be limiting.

2.3.4 Risk Assessment/Management

There is a low risk the public will not agree with the Framework and they will not engage to progress its objectives. This is being mitigated by bringing in NDTI to engage with locality groups and equality groups to ensure the Framework continues to be built in a collaboration.

If statutory agencies fail to prioritise this area of work outcomes may not be achieved.

2.3.5 Equality and Diversity, including health inequalities

Stage 1 and 2 of the impact assessment has been completed and is available at request from the Project Manager.

Stage 3 will be completed when the Annual Delivery Plan is prepared, so that actions can be confirmed.

2.3.6 Climate Change

To deliver health and social care services, materials and resources will be used that may pose a harmful impact to the environment.

2.3.7 Other impacts

No other impacts to note.

2.3.8 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

State how this has been carried out and note any meetings that have taken place.

A series of meetings took place in August/September with various locality and equality groups. These were consolidated into the 'We have listened, Feedback

from our Communities' report delivered in September. This report informed the key priorities of the Strategic Framework.

Further engagement is planned in February around the outcomes of the Framework and how to progress the priorities identified. Meetings will include:

- Area Partnerships
- Local community groups
- Targeted equalities groups such as carers, disability and older people groups

2.3.9 Route to the Meeting

Content for the Strategic Framework has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Strategic Planning Group, 1 November 2022
- Operational Planning Group, 14 November 2022
- Strategic Leadership Team, 7 December 2022
- Strategic Planning Group, 12 December 2022

2.4 Recommendation

- Decision – Reaching a conclusion after the consideration of options.

3 List of appendices

The following appendices are included with this report:

- Appendix No, Document title
- Appendix No, Document title
- Appendix No, Document title

This page is intentionally left blank



Scottish Borders
Health and Social Care
PARTNERSHIP

**SCOTTISH BORDERS
HEALTH AND SOCIAL CARE PARTNERSHIP**

**DRAFT HEALTH AND
SOCIAL CARE STRATEGIC
FRAMEWORK 2023-26**

Contents

Contents.....	2
Foreword.....	3
1. Background	4
1.1. Who we are.....	4
1.2. Purpose of the Health and Social Care Strategic Framework.....	4
1.3. What we have learnt from the last Strategic Commissioning Plan	5
1.4. Services that are delegated to the Health and Social Care Partnership and Integration Joint Board.....	6
2. How we have developed the Health and Social Care Strategic Framework.....	7
2.1. Social determinants of health.....	7
2.2. Challenges we currently face.....	7
2.3. Health and Wellbeing outcomes	8
2.4. Needs of our Communities	9
2.5. Listening to our communities	10
3. Our Strategic Framework.....	12
3.1. Our Mission, Vision and Intended Outcomes	12
3.2. Our Objectives and Ways of Working.....	13
3.3. Bringing the Strategic Framework to life	14
Appendices.....	19
Appendix 1 – Equalities.....	19
Appendix 2 – Environmental assessment.....	20

Foreword

To be inserted

Lucy O'Leary
Chair
Scottish Borders Health and
Social Care Integration Joint
Board

Karen Hamilton
Chair
NHS Borders

Cllr. David Parker
Executive Member for Health
and Wellbeing
Scottish Borders Council

DRAFT

1. Background

1.1. Who we are

The Scottish Borders Health and Social Care Partnership is a legally integrated partnership between the Scottish Borders Council and NHS Borders, enhanced and overseen by the Health and Social Care Integration Joint Board. In addition, our Health and Social Care Partnership extends to Primary Care Partners, Non-Statutory Social Care Providers, Unpaid Carers, Service Users and our wider communities.

Health and social care services have been integrated to improve health and wellbeing outcomes for people who use these services.

The Scottish Borders Health and Social Care Integration Joint Board plans and directs the delivery of health and social care services for the people of Scottish Borders. It is a commissioning body that was created in 2015 in order to improve health and wellbeing outcomes, and the experience for people of the Scottish Borders. It works in close partnership with communities and its delivery partners, and commissions against its budget in line with the strategic objectives and ways of working set out in the Strategic Framework.

The Health and Social Care Integration Joint Board includes members from our Communities (including the Third Sector, People who represent the interests of service users, Unpaid Carers, and Staff), NHS Borders and the Scottish Borders Council. The IJB has a range of responsibilities and legal duties as outlined in the Public Bodies (Joint Working) (Scotland) Act (2014).

The Health and Social Care Integration Joint Board is supported to develop and monitor the delivery of our Strategic Framework by its Strategic Planning Group and its Audit Committee.

1.2. Purpose of the Health and Social Care Strategic Framework

The Scottish Borders Health and Social Care Strategic Framework has been developed to improve the outcomes of our communities, by taking an approach based on the needs of our communities to prioritise areas which we see as having the biggest impacts on the health and wellbeing outcomes of Borderers.

To have the greatest impacts for our communities, the Health and Social Care Strategic Framework will be used as the Strategic Commissioning Plan for the Integration Joint Board, and to support the focus of delivery of delegated services for the Scottish Borders Council and NHS Borders. We will not prioritise areas that do not align to the Strategic Framework.

Our Strategic Framework lets people know:

- What we want to achieve through the priorities identified by the 'Needs of our Communities' and 'We have Listened' reports
- The way we plan to tackle these priorities
- What we will do, including what we will do differently to achieve our aims
- How we will use our budget and resources to do this
- How we will measure how well we are doing

As noted throughout this document, the scale of the challenges we face are significant, particularly within the context of resource constraints that we currently face that are likely to get worse.

However, we believe that by taking proactive action to mitigate the strategic issues, and to ensure strategic and operational alignment across the Health and Social Care Partnership and with our

other Community Planning Partners, that we should be able to achieve our ambitious aspirations for improved community outcomes.

1.3. What we have learnt from the last Strategic Commissioning Plan

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

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

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

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

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

1.4. Services that are delegated to the Health and Social Care Partnership and Integration Joint Board

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



Adult Social Care Services

- Home care services*
- Extra Care Housing*
- Social Work Services for adults and older people*
- Services and support for adults with physical disabilities and learning disabilities*
- Mental Health Services*
- Drug and Alcohol Services
- Adult protection and domestic abuse*
- Carers Support Services
- Community Care Assessment Teams*
- Care Home Services*
- Adult Placement Services*
- Health Improvement Services
- Reablement Services, equipment and telecare
- Aspects of housing support including aids and adaptations*
- Day Services*
- Local Area Co-ordination
- Respite Provision*
- Occupational therapy services*

Community Health Services

- Primary Medical Services (GP practices)**
- Out of Hours Primary Medical Services **
- Public Dental Services**
- General Dental Services**
- Ophthalmic Services**
- Community Pharmacy Services**
- Allied Health Professional Services
- District Nursing
- Mental Health Services
- Community Geriatric Services
- Community Learning Disability Services
- Community Addiction Services
- Public Health Services
- Community Palliative Care
- Pharmacy services
- Continence Services
- Kidney Dialysis out with the hospital

Adult Hospital Health Services**

- Accident and Emergency
- Inpatient hospital services in these specialties:
 - General Medicine
 - Geriatric Medicine
 - Mental Health
 - Rehabilitation Medicine
 - Respiratory Medicine
 - Psychiatry of Learning Disability
 - Palliative Care Services provided in a hospital
- Inpatient hospital services provided by GPs
- Services provided in a hospital in relation to an addiction or dependence on any substance
- Pharmacy services
- Cross boundary services outlined in the list above

*Adult Social Care Services for adults aged 18 and over.

**Health Services for all ages – adults and children.

2. How we have developed the Health and Social Care Strategic Framework

This framework has been developed by:

1. Considering the social determinants of health
2. Considering the challenges we currently and would expect to face in the Scottish Borders, including analysing our Strengths Weakness Opportunities and Threats
3. Reviewing our performance against the National Health and Wellbeing outcomes in the context of the actions taken in our last Strategic Plan.
4. Understanding our local population public health needs ('Needs of our Communities; report)
5. Engaging and listening to our communities and understanding their expressed needs ('We have Listened' reports)

2.1. Social determinants of health

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. Research shows that the social determinants can be more important than health care or lifestyle choices in influencing our health outcomes. The factors below all impact on our health and wellbeing.



To truly improve health and reduce inequalities, not only do we need to provide high quality health and social care but we need to consider and work to address the societal, economic, cultural, commercial, and environmental context in which we live.

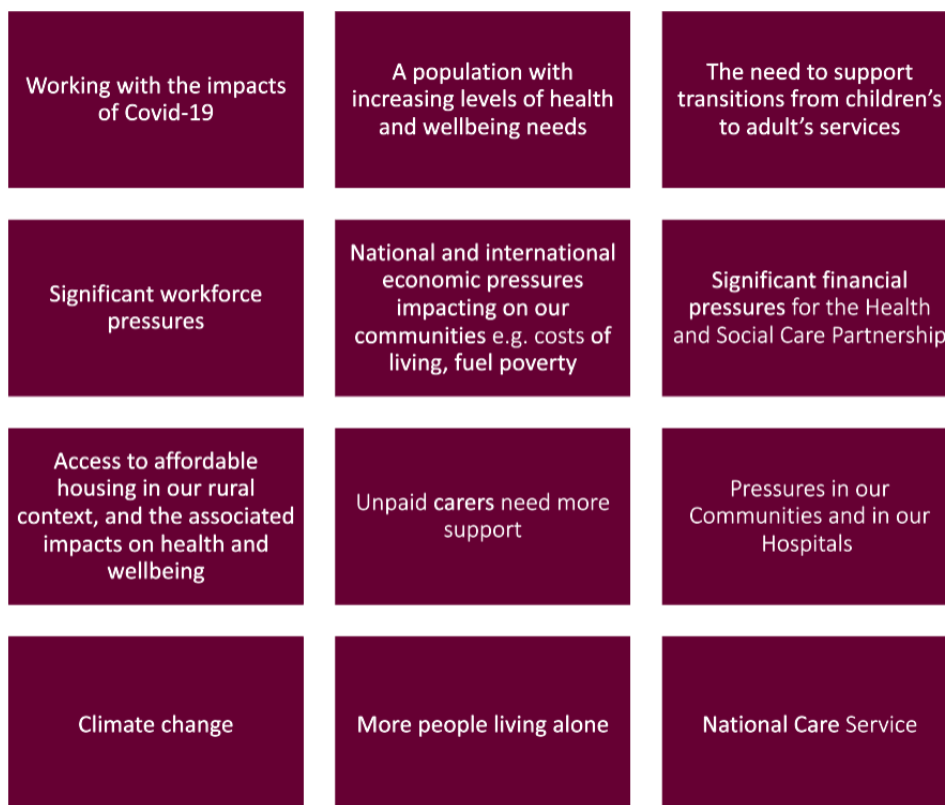
As such it is essential that the Scottish Borders Health and Social Care Partnership works with its delivery partners, Community Planning Partners and communities across the Scottish Borders to deliver improvements in health and wellbeing for the people of the Scottish Borders.

2.2. Challenges we currently face

People expect to receive high quality health and care services when they need them, whether as a result of age, disability, sex, gender or long-term health conditions. Yet there are a number of significant challenges in doing this that are summarised below and have been considered as part of

¹ Scottish Government graphic from "Practising realistic medicine: Chief Medical Officer for Scotland annual report"

our strategic framework. A number of these are likely to directly impact on the social determinants of health and therefore impact on the outcomes of people in the Scottish Borders.



2.3. Health and Wellbeing outcomes

In line with the pressures that we have faced, we have seen a significant deterioration in our local Health and Wellbeing Outcomes in 2021/22. This is very much reflective of the feedback that we have received from our service users, staff, unpaid carers and partners about the significant pressures that they are under, about the challenges of being able to provide or access key services in a timely manner, and in the higher levels of risk being experienced across the whole health and social care system.

2021/22 performance for the Scottish Borders Health and Social Care Partnership against the National Health and Wellbeing outcomes are derived from national Health and Care Experience Survey feedback for people in the Scottish Borders, and summarised below:

Scottish Borders performance	Health and Wellbeing Outcome Indicator
Better than the national average	<ul style="list-style-type: none"> • People reporting that they are able to look after their health very well or quite well • Premature mortality rate • Emergency admission rate • Spend on hospital stays where the person was admitted due to an emergency (2019/20 data) • Emergency readmissions to hospital within 28 days of discharge • Rate of falls in the Scottish Borders

<p>Broadly in line with the national average</p>	<ul style="list-style-type: none"> • Proportion of care services graded as good or better in Care Inspectorate inspections • Adults receiving care who rated the care they receive as excellent or good • People who had a positive experience of care at their GP practice • Carers who felt supported to continue in their caring role • Adults supported at home who agreed they felt safe • People in their last 6 months of life spent this at home or in a community setting in the Scottish Borders, compared to the national average
<p>Below the national average</p>	<ul style="list-style-type: none"> • Adults supported at home who agreed that they had a say in how their help, care or support was provided • Adults supported at home who agreed that their health and social care services seemed to be well co-ordinated • Adults supported at home who agreed that they were supported to live as independently as possible • Adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life • Adults with intensive care needs in the Scottish Borders receiving care at home, compared to the national average • Occupied bed days in hospital associated to emergency admissions

2.4. Needs of our Communities

This section gives a high-level summary profile of the Scottish Borders and some of our key challenges. More detailed information is also available in two further documents published alongside the Strategic Plan – Facts and Statistics, and the Joint Strategic Needs Assessment.

In general people who live in the Scottish Borders are relatively healthy, with better life expectancy and healthy life expectancy than the Scottish average. Most people will live in areas of average levels of relative deprivation however there remains areas of high affluence and also pockets of significant deprivation. Those who do live in areas of significant deprivation continue to suffer worse health conditions than those in affluent areas, although for some illnesses such as asthma, this has improved. Rural deprivation is a particular issue in the Scottish Borders and access to health and social care is felt differently by diverse groups. Without targeted and preventative measures, inequalities will likely remain or even increase.

A constant theme in the report is that the population is ageing and this will have a significant impact on health and care services. The number of people over 65 will increase from comprising roughly 25% of the population to 32% percent. An ageing population means more people in the Borders will be living with one or more complex conditions and therefore will require more support from health and social care as they age.

There will also be fewer people of working age within the population to offer that support. The number of working age people, ages 18 to 64 is expected to decrease by almost 10% between 2020 and 2040, and account for 51% of the total population in 2040, compared to 56.5% in 2020. The decrease can be attributed to declining numbers of inward migration and low birth rates although

there will be other factors at play. There are opportunities to work in partnership to resolve workforce issues and also opportunities in technologically enabled solutions to reduce the need for additional staff.

Throughout the report it is clear that COVID-19 has had a substantial negative impact on services and many service users will continue to face long waiting times in years to come. Coupled with an ageing population, most services have seen a rise in the number of patients in recent years and expect numbers to continue to increase.

The closure of screening services during the pandemic will also have damaging effects on preventing illness or curing/managing conditions at an earlier stage. The high waiting times for social care services and increased numbers of delayed discharges suggests that we need to get better at prevention and early intervention.

Overall, the report gives a high level picture of the current state in the Borders and what our needs are projected to be in future.

The full report can be found here: [HSCP Joint Needs Assessment report | Scottish Borders Council \(scotborders.gov.uk\)](https://www.scotborders.gov.uk/hscp-joint-needs-assessment-report)

2.5. Listening to our communities

Feedback from our communities is an integral component to informing the key areas of focus for the Strategic Framework. The following are high level extracts from the 'We have Listened' report.

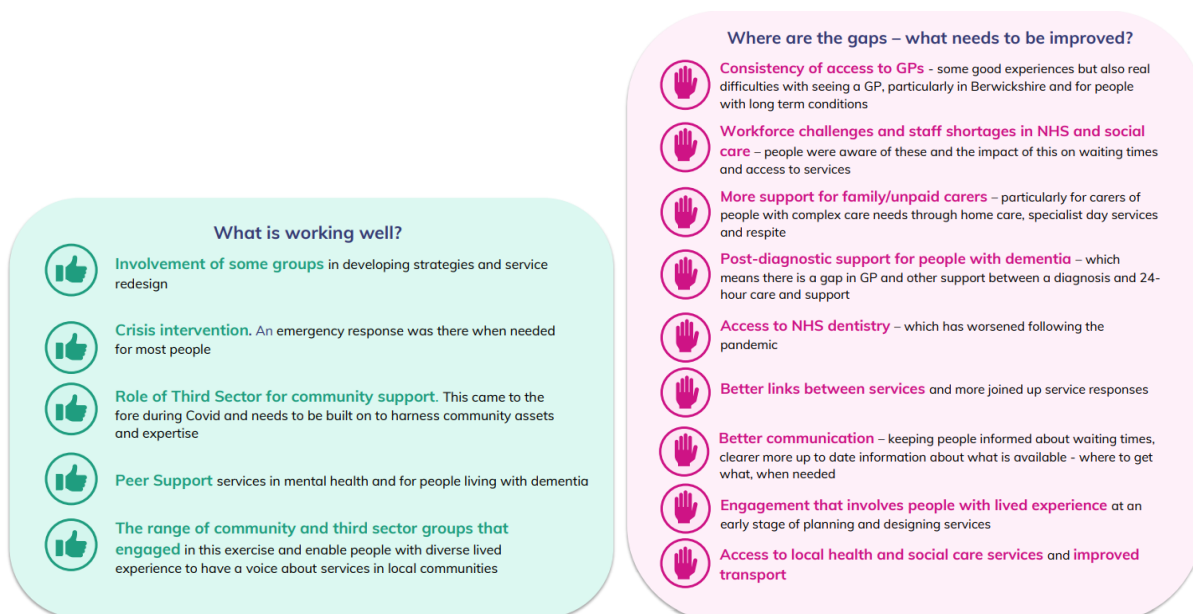
Although the survey showed some positive responses about what is working well in the Borders (e.g. skilled staff, rapid responses to emergencies), most people felt that the delivery of health and social care had worsened over the last four years, in part reflecting the impact of the pandemic; and that the priorities in the previous Strategic Plan were still mostly relevant.

The findings highlighted the important principles of maintaining independence at home and in the community, effective communication between services and the service user, and living a good life.

In many cases, people described the quality of services that they had received from health and care staff as good or even exceptional. Concerns tended to be about systems, communication and accessing services.

When asked what they consider to be the current gaps in health and social care services, people tended to identify systemic issues such as staffing, availability of carers and funding. Access to a GP services, and long waiting times were also seen as challenges.

The engagement sessions supported the findings from the survey and provided a wealth of additional detail about people's experiences of services as well as with useful suggestions about how things could be improved. In summary they showed us:



The top priorities expressed by our communities are noted below:

- Communication about how services can be accessed when needed, waiting times, and information available in different media and formats
- Engagement of local communities and stakeholder groups so people with diverse lived experience can participate in service planning, design and monitoring
- Consistent access to primary care. Including to GPs, NHS dentists and community nursing services, especially for ongoing support for people with long-term conditions
- Workforce planning and addressing staff shortages - with suggestions for attracting people to the Borders and improving access to transport and affordable housing
- Integration and joint working between services for a person-centred approach
- Improved access to social care and support. Addressing waiting times for assessment, eligibility, Self-Directed Support, home care and respite
- Support to unpaid carers. Through opportunities for socialisation and stimulation for people with dementia and/or other disabilities and respite for carers
- Preventative approach. To reduce the need for crisis responses and pressure on acute services and enable early intervention and holistic, community-based support
- Reflecting the rural nature of the Borders more access to local health and care services and improved transport to access appointments

The detailed findings can be found in [‘We Have Listened: Feedback from Community Engagement to inform the development of the Health and Social Care Strategic Plan 2023-26’](#) and its companion report [‘Scottish Borders Health and Social Care Partnership: Health and Social Care Community Feedback Survey’](#) both produced in October 2022.

3. Our Strategic Framework

Our Strategic Framework is laid out over three components:


1. Our Mission, Vision and Intended Outcomes
2. Our Objectives and Ways of Working
3. How we will deliver (Bringing the Strategic Framework to Life)

Together these make up the IJB Strategic Framework for 2023-26.

3.1. Our Mission, Vision and Intended Outcomes

There are [nine National Health and Wellbeing Outcomes](#) agreed by the Scottish Government that our Partnership is required to deliver against. The Outcomes are high-level statements of what health and social care partners are attempting to achieve through integration and ultimately through improving quality across health and social care.

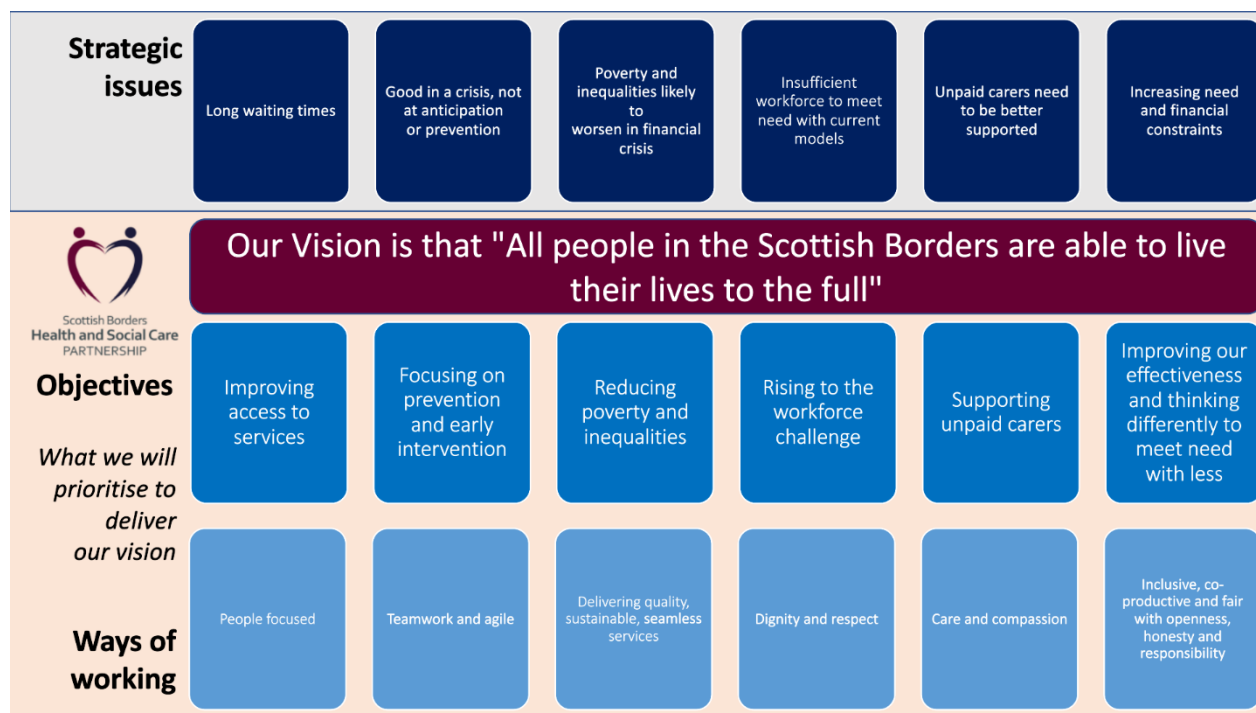
Below outlines our Mission, Vision and measurements of the Outcomes with targets for each over the next three years:

Mission and Vision	Our Mission is "To help the people of the Scottish Borders to live their lives to the full, by delivering seamless services that place their needs at the heart of everything we do"		
	Our Vision is that "All people in the Scottish Borders are able to live their lives to the full"		
Outcomes	95% of adults able to look after their health well (currently 93.4%)	85% of adults supported at home agree they are supported to live independently (currently 73.1%)	80% of adults agree that they had a say in how their help, care or support was provided (currently 63.4%)
<i>What we are aiming to achieve</i>	75% of adults supported at home agree that their health and social care services are well coordinated (currently 59.3%)	80% of adults receiving any care or support rate it as excellent or good (currently 73.9%)	80% of people have a positive experience of care at their GP practice (currently 65.9%)
	80% of adults supported at home agree that their services improve or maintain their quality of life (currently 70.5%)	70% of carers feel supported to continue in their caring role (currently 29.4%)	85% of adults supported at home agree they feel safe (currently 77.3%)

3.2. Our Objectives and Ways of Working

As our strategic approach is concerned with managing critical challenges and risks, the major issues that could impact on our population’s outcomes were noted to be issues that required strategic focus and intervention (strategic issues).

Strategic objectives were then set to address these strategic issues, and our Strategic Planning Group considered the strategic issues further and then developed high level actions to support these strategic objectives.



In addition, in the ‘We have listened’ reports it became clear that our communities feel that:

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

As a result, our Strategic Planning Group also considered what high-level actions could be taken in our ways of working across the Health and Social Care Partnership to improve in these areas.

These ways of working were then considered in the context of the values of our statutory delivery partners in NHS Borders and Scottish Borders Council, and agreed as ways of working for the Health and Social Care Partnership and Integration Joint Board.

We will focus to develop our capacity and capability across the agreed objectives and ways of working and pay particular focus to the Community Led Support approach. This will ensure that we work in partnership with our communities to develop resilience at individual and community level, and provide smoother, person centred holistic support. This in turn will result in improved outcomes and better value.

3.3. Bringing the Strategic Framework to life

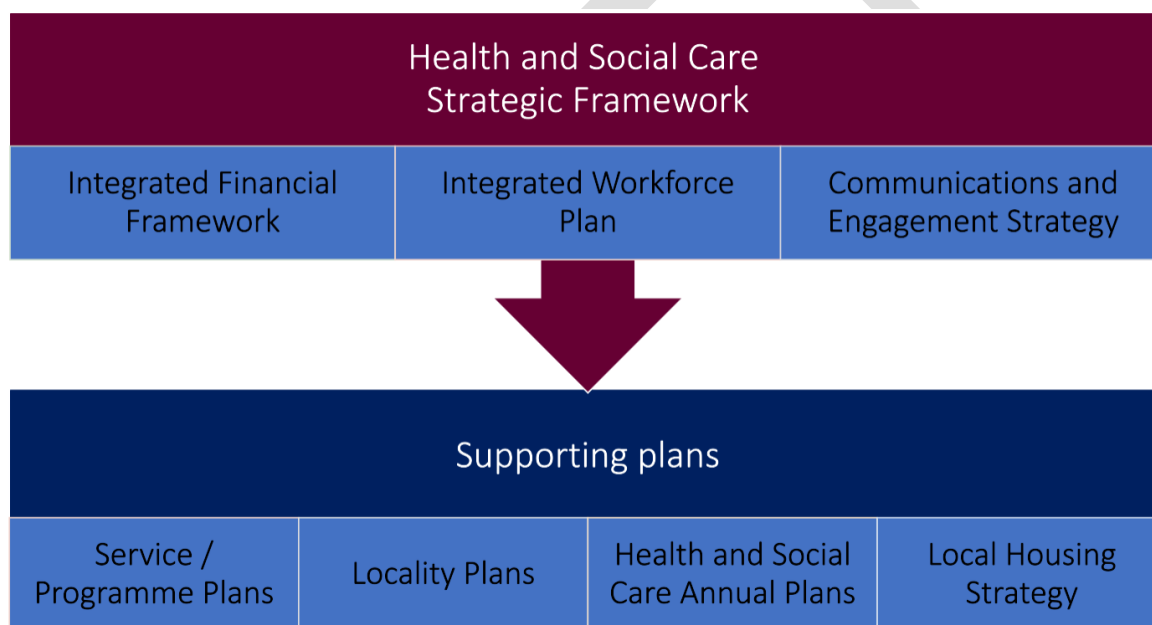
3.3.1. Supporting Plans

The Strategic Framework will be supported by a number of high-level frameworks to enable its delivery which include:

- Integrated Financial Framework
- Integrated Workforce Plan
- Communications and Engagement Strategy

These frameworks will be supported by a number of plans that will align to our mission, vision, objectives and desired outcomes:

- Service / Programme Plans
- Locality Plans
- Health and Social Care Annual Plans
- Local Housing Strategy (which will complement the Strategic Framework, rather than be driven by it)



All of our existing plans are available from the [HSCP Strategic Plans and supporting documents section of our website](#).

3.3.1.1. Integrated Financial Framework *(to be inserted)*

The Financial Framework will help guide how we use our budget based on our strategic framework. This will be based on:

- How much resource will we have?
- How can we use this resource to best meet our Strategic Objectives?
- How we can ensure best value
- Risks and Challenges

3.3.1.2. Integrated Workforce Plan

Our integrated workforce plan is published but will continue to be updated by the Integrated Workforce Planning Group to help us to rise to the workforce challenge. [The Integrated Workforce Plan is available by following this link to the Strategic Plans section of our website](#).

3.3.1.3. Communications and Engagement Strategy

Recognising the importance of good communications and engagement from the Health and Social Care Partnership that was highlighted by the 'We Have Listened' report, we will develop a Communications and Engagement Framework to support our work. This will be underpinned by our Equalities and Human Rights mainstreaming report, the ethos of Community Led Support and the Integration Planning Principles.

3.3.1.4. Service / Programme Plans

In addition, there will be a number of Service / Programme Plans in key areas which will align and complement to the strategic objectives and ways of working in our Strategic Framework, along with other national strategies and local policies. These plans will help us to deliver the outcomes intended in our Strategic Framework.

3.3.1.5. Locality Plans

To be successful and achieve our aims our plans need to be continually informed by engagement with people who use our services and their families and carers. We will continue to shift our focus towards developing a 'Community Led Support' approach, to increase co-production around a shared vision, build community capacity, engage with service users and carers in an open way, undertake an asset and strengths-based approach, and support the delivery of more efficient ways of working, with improved outcomes.

Locality planning is a key tool in the delivery of change required to meet new and existing demands in the Scottish Borders. The IJB is required by the Scottish Government to undertake this activity through the development of locality forum arrangements, where professionals, communities and individuals can inform locality planning and redesign of services to meet local need in the best way.

The Scottish Borders has five localities:

- Berwickshire
- Cheviot
- Eildon
- Teviot & Liddesdale
- Tweeddale



Our Locality Working Groups will comprise engagement from staff, delivery partners, service users, unpaid carers, and members of the public. These groups will support us to deliver the Strategic Framework, and improve outcomes. In addition, the Locality Working Group leads will be represented on the Strategic Planning Group, with one representative on the Integration Joint Board (please see page 19 for further detail on the governance structure)

The Locality Working Groups will closely align to the Scottish Borders Community Planning Partnership Area Partnerships to ensure that we take a collective and holistic view of health and wellbeing, in line with the social determinants of health and our strategic framework.

3.3.1.6. Local Housing Strategy / Housing Contribution Statement

Housing is recognised as fundamental to an improvement in health and wellbeing outcomes, and is a key component in effectively shifting the balance of care from institutional care to community based services and supports.

The Housing Contribution Statement provides a bridge between the Local Housing Strategy and the Integration Joint Board’s Strategic Framework.

As a result of the development of the last Local Housing Strategy, and Strategic Commissioning Plan we have experienced:

- Increases in Affordable Housing supply
- Considerable additional Extra Care Housing across the Scottish Borders,
- 7,500 homes with adaptations in the Scottish Borders,
- More energy efficient and affordably warm housing,
- Increases in Home Energy Scotland referrals
- Targeted work to reduce fuel poverty and housing crises,
- Support for care leavers
- Reductions in the number of homeless presentations

A new Local Housing Strategy (LHS) is being developed to set out how housing and housing related opportunities and challenges will be addressed over the five year period 2023-28.

This new plan will build on the progress made on the issues identified in the Local Housing Strategy 2017-22 and will address newly arising housing matters particularly in response to the publication of new Local Housing Strategy Guidance, ‘Housing to 2040’ and the COVID-19 pandemic.

The developing Local Housing Strategy notes that good housing can help our community to:

- tackle attainment
- reduce inequalities
- create sustainable communities
- assist in regenerating the places where we live

The developing Local Housing Strategy’s vision that “every person in the Scottish Borders lives in a home that meets their needs” aligns with the vision for health and social care and the associated strategic objectives outlined in this Strategic Framework:

Strategic objectives	Role of housing
Rising to the workforce challenge	A lack of access to housing has been highlighted by our Integrated Workforce Plan and the Local Housing Strategy as a barrier to attracting and retaining health and social care key workers in the Scottish Borders
Improving access to services	Improving access to affordable energy efficient housing stock, adaptations and reducing homelessness all support an improvement in people’s health outcomes.
Focusing on prevention and early intervention	Good housing and supports help to reduce health incidents (e.g. falls in the home, warm homes). In addition, the role of housing for people who are homeless or threatened with homelessness

	is key to supporting good health and wellbeing.
Supporting unpaid carers	Good quality housing with appropriate supports support service users and their unpaid carers
Reducing poverty and inequalities	Housing is the biggest cost to people each month – so providing affordable housing that is energy efficient plays a huge role in helping to reduce poverty and inequalities
Improving our effectiveness and thinking differently to meet need with less	Affordable quality housing needs to be provided in the current economic climate.

The housing functions that were delegated to the Scottish Borders Health and Social Care Partnership are:

- Adaptations – an adaptation is defined in housing legislation as an alteration or addition to the home to support the accommodation, welfare or employment of a disabled person or older person, and their independent living.
 - Care and Repair – providing independent advice and assistance to older and disabled homeowners or private tenants with services that enable them to continue to live independently in their own homes. The service provides adaptations, home improvements and a handy person service
- Housing Support – housing support is defined in housing legislation as any service which provides support, assistance, advice and counselling to an individual with particular needs to help that person live as independently as possible in their own home or other residential accommodation such as sheltered housing, and Extra Care Housing.

There are some housing functions which are not delegated functions but which provide a resource to support health and Social Care Integration and the outcome it is seeking to achieve:

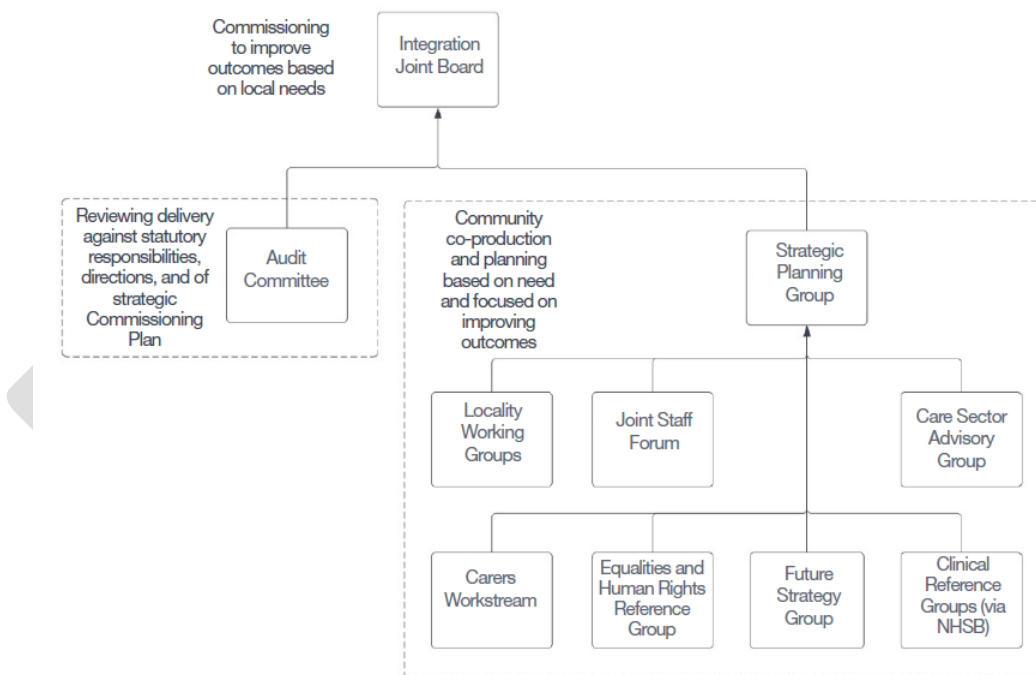
- Registered Social Landlord adaptations – providing adaptations to their tenants to enable them to live independently, for example providing a handrail or ramp at the entrance, or a shower in place of a bath
- Housing support services for homeless people – providing housing and tenancy support to vulnerable homeless people
- New supply housing – the Strategic Housing Investment Plan (SHIP) 2018-23 sets out proposals for up to 1,177 new affordable Borders homes and a total investment of up to £174.5m over the next 5 years.

3.3.2. How we will implement our Strategic Framework

We have set out the Strategic Framework for Health and Social Care in the Scottish Borders, which is intended to be enabling to foster engagement from our communities, and innovation to respond in a dynamic way to the critical challenges that we face. As a result, we have not detailed the specific actions that will be taken within this plan. Instead, our framework will enable our localities, our communities and delivery partners to continually evaluate our progress in improving outcomes, addressing strategic issues, reviewing resources available, and co-producing plans to ensure best value.

Development of the partnership and engagement approach of the IJB with its communities, including service users, carers, staff, the independent sector, third sector, localities, and other key strategic partners will continue through our new strategic plan cycle. This will include collaboration with the Community Planning Partnership (CPP) and the Third Sector Interface (TSI) to deliver support and services in keeping with local need.

The diagram below outlines the internal structure of the Integration Joint Board. The Strategic Planning Group develops new plans and directions following consultation and engagement with relevant stakeholders, and its subgroups support meaningful co-production with our diverse communities. The Strategic Planning Group will ensure a continued focus on Equalities and Human Rights, Outcomes and the delivery of the Integration Planning and Delivery Principles.



An Annual Plan will be developed each year starting for the 2023-26 period, aligning to the objectives and ways of working of the strategic framework, and will be based on the feedback and priorities from our communities that align to our framework. This Annual Plan will be consistent with the Council Plan and the NHS Annual Delivery Plan. We will continue to review our progress in the context of any challenges we face, our local outcomes, what works and has not worked, and how we can continue to address our strategic challenges by focusing on our strategic priorities.

We firmly believe that by working together with our partners and communities, we will be able to ensure that people in the Scottish Borders are able to live their lives to the full.

Appendices

Appendix 1 – Equalities

As a Health and Social Care Partnership, we also have a Public Sector Equality Duty under the Equality Act (2010). We have a duty to:

- Eliminate unlawful discrimination, harassment and victimisation.
- Advance equality of opportunity between people who share a characteristic that is protected under the Act, and those who don't.
- Foster good relations between people who share a characteristic and those who don't. This involves tackling prejudice and building understanding.

The characteristics that are protected under the Act are:

<p style="text-align: center;">AGE</p> <p>Younger people, older people, or any specific age group</p>	<p style="text-align: center;">DISABILITY</p> <p>Including physical, sensory, learning, mental health and health conditions</p>	<p style="text-align: center;">SEX</p> <p>In the Equality Act, sex can mean either male or female, or a group of people like men, or women</p>
<p style="text-align: center;">GENDER REASSIGNMENT</p> <p>When your gender identity is different from the sex assigned to you when you were born</p>	<p style="text-align: center;">PREGNANCY AND MATERNITY</p> <p>Including breastfeeding</p>	<p style="text-align: center;">RACE</p> <p>People from ethnic minorities including Gypsy Travellers and Eastern European immigrants</p>
<p style="text-align: center;">RELIGION OR BELIEF</p> <p>Including people who have no belief</p>	<p style="text-align: center;">SEXUAL ORIENTATION</p> <p>Bisexual, Gay, Heterosexual and Lesbian</p>	<p style="text-align: center;">MARRIAGE OR CIVIL PARTNERSHIPS</p> <p>A union between a man and a woman or between a same-sex couple</p>

In taking forward the work of the Health and Social Care Partnership, we will embrace these duties and ensure that all requirements are met, through the implementation of the business and commissioning plans for the service and strategic areas that are integrated.

Appendix 2 – Environmental assessment

PESTLE analysis

COVID-19

During the COVID-19 pandemic many health and care services were suspended or reduced in scope and scale. As a result, more people are waiting longer to receive the care they need. Addressing the backlog, while continuing to meet ongoing urgent health and care needs is a key challenge the IJB faces moving forward.

Growing and ageing population

Currently around 25% of the Scottish Borders population are over the age of 65, this is expected to rise to 32% by 2040. This brings challenges for health and social care services and changes communities. With an older population we can expect to see a rise in health incidents such as falls, or diseases such as dementia, Alzheimer's and cancer. There is also an increasing number of older people living on their own, this may bring a risk of loneliness and isolation.

Transitions of people from children's to adult services

People with trauma and other complex needs are transitioning from children's services into adult services, and so it is important that work is undertaken proactively to support a smooth transition process, and ensure appropriately responsive services to best ensure that people who transition from children's to adult services can live their lives to the full.

Workforce pressures

The number of people of working age in the Scottish Borders is going to decrease from 56.5% in 2020 to 50.9% in 2040. Although there is investment from a national level to increase numbers of staffing, there is a reduced availability of staff with appropriate qualifications or skills, including General Practitioners, Social Care Workers and Nurses. This will put more pressure onto already stretched resources, many of whom are also burned out from the COVID-19 pandemic.

Financial pressures

Health and Social Care spending is likely to increase, however Local Government and NHS core budgets are likely to be reduced. Shifting funding from hospitals towards care home provision, community-based services and prevention programmes will be challenging, especially with the urgent care pressures that have been ongoing since the pandemic.

National Care Service (NCS)

This will see the reformation of current Integrated Joint Boards into Local Care Boards. The NCS Bill was introduced in June 2022, and subject to completing the Parliamentary process, the Scottish Government expect it to become an Act in Summer 2023 with Scottish Ministers having committed to establishing a functioning NCS by the end of the current Parliamentary term in 2026.

Unpaid Carers

An estimated 11% of people in the Scottish Borders provide some type of unpaid carer role, this figure is likely to increase our population ages. During the pandemic, many support services were reduced such as day services which has impacted on carers and those they care for. Further work is required to reduce the significant pressures put onto carers and the cared-for, including opportunities to have breaks from caring.

Acute hospital pressures

Our Acute Hospital is under huge pressure, especially following the pandemic, due to workforce challenges in the context of delivering services to meet increased need and acuity, with an increased length of stay, and an associated increased demand for social care, leading to higher levels of occupancy for people who are waiting for care (delayed discharges). Investment into community-based services will help alleviate some of these pressures by preventing admissions and facilitating earlier discharge. By treating people in their home or in the community we can help prevent people needing hospitals and improve their outcomes.

Technology

Digital solutions such as telecare and remote appointments have been introduced at a pace quicker than anticipated thanks to the pandemic. Digital technology plays an important role in modernising healthcare and empowering service users to manage their care better. It will be important that digital solutions are well embedded, and that staff are trained in digital skills so that the benefits are realised.

Climate Change

Within our local context, warmer temperatures may enable a healthier and more active outdoors lifestyle and reduce winter mortality. However it might also affect patterns of disease which can impact health (e.g. there has been an increase of cases in Lyme disease occurring over winter months in recent years). Climate Anxiety is also particularly affecting young people and may impact on mental health services.

Political and Economic pressures

Fuel poverty will rise as the cost of energy increases due to a shortage of supply caused by the war in Ukraine. Inflation will have an impact on health and care staff as the cost of living rises higher than salary increases. Brexit is discouraging foreign doctors or nursing staff from coming to the UK and Scotland for employment leading to staff shortages. UK Border challenges also increase the difficulty of importing medical equipment and drugs leading to shortages.

Housing

More and more people are living alone in the Scottish Borders. This impacts on housing provision and will have socio-economic impacts such as more loneliness and less support from family to care for and look after those in need. Despite this, studies show that fewer older people enter care homes in

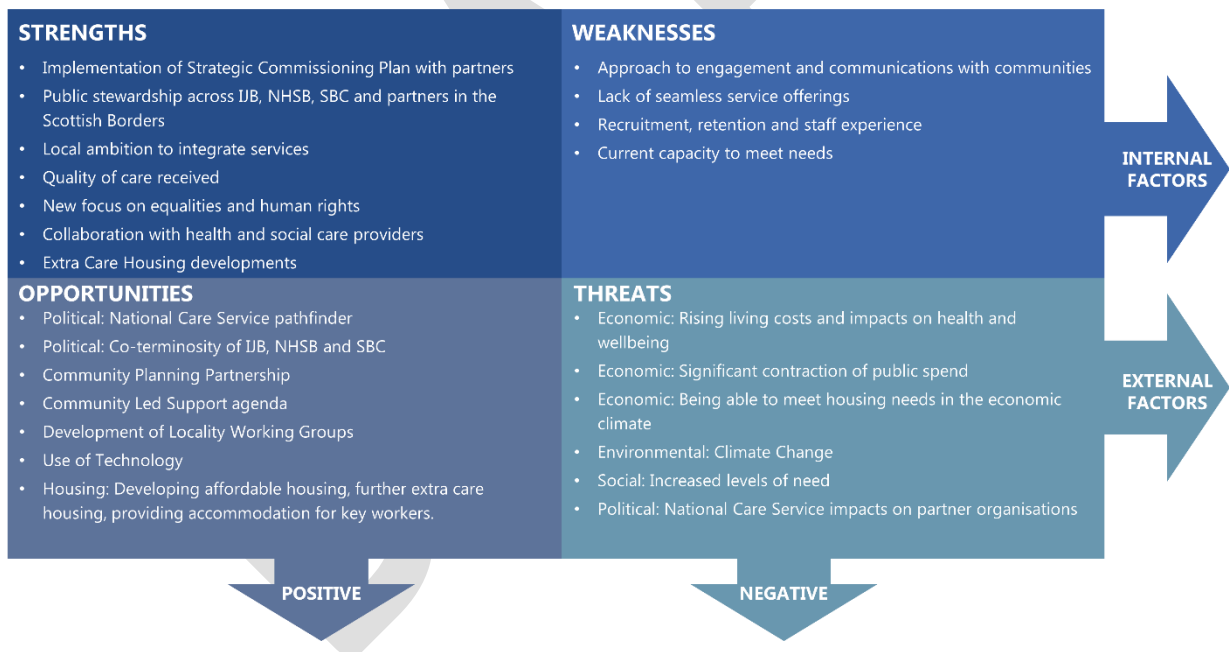
rural areas compared to urban areas. The Scottish Borders has the third lowest number of care home residents per head population in Scotland.

The extent of fuel poverty in the Scottish Borders is worse than is the fuel poverty across Scotland. This effects around 29% of households in the Borders (Extreme Fuel Poverty at 14%), where the rural nature of the area, the type of housing and the low wage economy, contributes to higher levels than the Scottish average.

SWOT Analysis

We then considered the Integration Joint Board’s Strengths, Weaknesses, Opportunities and Threats, which are listed below. Within this analysis, the strengths and opportunities need to be fostered and deepened, and the weaknesses and threats need to be proactively managed. Our Strategic Framework works to do this.

SWOT ANALYSIS



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



Meeting Date: *Iris will complete*

Report By:	Chris Myers, Chief Officer
Contact:	Chris Myers, Chief Officer
Contact:	Via Microsoft Teams
UPDATE ON NATIONAL CARE SERVICE CORRESPONDENCE	
Purpose of Report:	<p>On 17 August 2022, following consideration of the response from the Integration Joint Board to the Scottish Parliament Call for Views on the National Care Service; the Scottish Borders Health and Social Care Integration Joint Board agreed (by a majority at the meeting) to the principle of progressing discussions with the Scottish Borders Council, NHS Borders and Scottish Government to explore the potential for a local pathfinder to support the development of the Bill. Further to this, a letter has been submitted to the Cabinet Secretary for Mental Health and Social Care to this effect.</p> <p>The co-signed letter to the Scottish Government from the Chair of the Integration Joint Board, the Leader of the Scottish Borders Council and the Chair of NHS Borders in relation to the National Care Service pathfinder is enclosed.</p> <p>The response from Mr Kevin Stewart MSP, Cabinet Secretary for Mental Wellbeing and Social Care is also enclosed. An initial discussion between the Chief Officer (on behalf of the Integration Joint Board, Scottish Borders Council and NHS Borders) with Scottish Government Officers is planned for the 30th January 2022.</p>
Recommendations:	The Health and Social Care Integration Joint Board is asked to: <ul style="list-style-type: none"> a) Note the contents of the letter and the response
Personnel:	Not applicable
Carers:	Not applicable
Equalities:	Not applicable
Financial:	Not applicable
Legal:	Not applicable
Risk Implications:	Not applicable

Direction required:	No
----------------------------	----



Mr Kevin Stewart MSP
Minister for Mental Wellbeing and Social Care
Scottish Government
Via Email : kevin.stewart@gov.scot

Date 5 December 2022
Our Ref 2022-12-05 NCS
Enquiries to Chris Myers, Chief Officer
Email chris.myers1@borders.scot.nhs.uk

Dear Mr Stewart MSP

NATIONAL CARE SERVICE: REMOTE AND RURAL PATHFINDER

Following recent discussions in the Scottish Borders Council, the Scottish Borders Health and Social Care Integration Joint Board, and the NHS Borders Board; we are writing to you to express our interest in becoming a remote and rural pathfinder for the National Care Service, in conjunction with the Scottish Government.

This is because we welcome and support the high level aim of the National Care Service to improve the quality and consistency for Social Work and Social Care services. However, within the context of the Scottish Borders, it is our view that we can improve the way in which the current Bill could be used within the Scottish Borders in line with our local integrated approach while continuing to realise the Scottish Government vision and aims for the National Care Service.

As part of our considerations on the National Care Service Bill, we have started with the question "What is best for the people of the Scottish Borders." Our organisations hold a real sense of public stewardship, and on this basis believe that to achieve the aims of the Bill and manage risks to our communities, we continue to need locally developed, co-produced, innovative solutions that best meet the needs of local people, within the principles of best value.

We would like to propose that we work as partners with the Scottish Government to undertake a pathfinder for the aims, vision and principles of the National Care Service. We have a strong ambition and drive to improve the quality and consistency of Social Work and Social Care services, as well as a number of local enablers which we believe will make this a success.

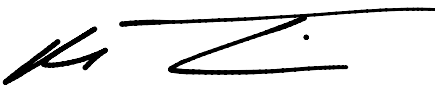
The Scottish Borders covers an expansive rural geography, has strong and unique identities and localism within our communities, has co-terminosity and strong and cohesive relationships with our communities, across our Health and Social Care Partnership, and with our wider Community Planning Partners. We have also spent the past 3 years developing digital enablers for health and social care with our staff and partners in order to better support

those using and providing Health and Social Care services, and have an Outline Business Case using existing non-proprietary technology that aligns to the Scottish Government's Digital health and care strategy vision. We believe that these enablers give us the opportunity to better integrate our approach and would facilitate the pathfinder approach for the National Care Service.

A local pathfinder would be of benefit and support to not only our local population, but also our staff, unpaid carers, and our independent sector, third sector and primary care partners during what is an extremely challenging time for adult Social Care, Social Work and Health services and their staff. Within this pathfinder, we would aim to work to deliver the purpose of the Bill in a seamless integrated way, within our local context, and provide the best possible outcomes for the people of the Scottish Borders, our staff, and our third and independent sector partners.

We hope that you will be in support of this approach, and look forward to hearing from you, as to how this might be approached.

Yours sincerely



Euan Jardine
Leader
Scottish Borders Council



Lucy O'Leary
Chair
Scottish Borders Integration Joint Board



Karen Hamilton
Chair
NHS Borders

cc: *Cllr. David Parker, Executive Member, Health and Wellbeing; and Vice Chair, IJB*
Cllr. Tom Weatherston, Executive Member, Social Work and Community Enhancement
Mr. David Robertson, Chief Executive, Scottish Borders Council
Mr. Ralph Roberts, Chief Executive, NHS Borders
Mr. Chris Myers, Chief Officer, Scottish Borders Health and Social Care Integration Joint Board



T : 0300 244 4000
E : scottish.ministers@gov.scot

Euan Jardine, Lucy O'Leary and Karen Hamilton
Chris.Myers1@borders.scot.nhs.uk

Our Reference: 202200334220
Your Reference: NCS Pathfinder

19 December 2022

Dear Euan Jardine, Lucy O'Leary and Karen Hamilton,

Thank you for your letter of 5 December concerning the National Care Service and the possibility of the Borders being a pathfinder for delivery in a remote and rural area.

I welcome your interest in engaging with the Scottish Government on approaches to delivering NCS priorities in the Borders. Engagement with our partners and co-design with people with lived experience will be key to the successful delivery of this policy, and I am keen to ensure that localism and local stewardship is embedded into development of the NCS. I would be grateful if you would contact Stephen O'Neill in the NCS Local team at stephen.o'neill3@gov.scot to discuss how best to approach this process.

Yours sincerely

KEVIN STEWART



This page is intentionally left blank

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



Meeting Date: *Iris will complete*

Report By:	Hazel Robertson
Contact:	Hazel Robertson
Telephone:	07929 760533
DIRECTIONS TRACKER	
Purpose of Report:	To update the IJB on the outstanding directions
Recommendations:	The Health & Social Care Integration Joint Board is asked to: <ul style="list-style-type: none"> a) Note the overview of outstanding trackers, which are reviewed by the IJB Audit Committee b) Note that funding from SG remains insufficient to fully implement the PCIP. This is a significant issue which will require consideration as part of financial planning.
Personnel:	Prioritisation / Deprioritisation of workstreams may have staff implications which will be addressed through applying existing HR policies
Carers:	No direct impact
Equalities:	EQIA will be carried out for individual workstreams as required.
Financial:	Shortfall on PCIP budget of £2.1m. We have been advised that next years allocation will include cover for pay awards.
Legal:	Nothing at this time.
Risk Implications:	Risks around not delivering the full services as set out to meet the GMS contract, therefore not being able to relieve pressures on general practice nor realise benefits for the Borders population.
Direction required:	SBIJB-020922-1

Situation

1. The majority of the directions are in progress with no issues to report at this time
2. The PCIP Direction is proving difficult to address due to insufficient funds being provided by Scottish Government.
3. At its Extraordinary IJB meeting on 17 August the IJB were advised of the change in approach to funding of the PCIF with a significant tightening of available resources. The IJB were also advised of the significant benefit from this programme for the population and for GP workload, and the significant risks associated with not delivering the GP contract including recruitment and stability.

4. As the funding changes were very recently announced it was not yet possible to be clear about the implications for Borders
5. The allocation letter indicated that future funding would be subject to business cases and it was felt that this may give opportunities for additional funding.
6. An additional paper was requested, setting out a clear way forward.

Background

7. Each project has timelines for delivery and potential for transfer of significant levels of staff. It was also agreed that any direction of funding needed to be competent in terms of source of resources and ongoing financial sustainability. The overall projected recurrent financial gap is £2.1m. Borders Health Board is in a deficit position and it is not possible to implement the full programme without a funding source. It was agreed to take a robust approach to securing the necessary funding.
8. There are four parties involved in this programme: GPs, IJB, the Health Board and Scottish Government. Our view from the Memorandum of Understanding is that SG is responsible for resourcing this programme and we expect the funds to come in to honour the contract, with the IJB commissioning services via the Health Board and GPs.
9. Due to the delay in full implementation of the GP contract the SG has provided funding for sustainability payments to GPs.
10. The PCIP Executive Committee met with two officials from SG on 8 September and had a frank discussion about the funding concerns and the impact on delivery of the contract. This discussion was not promising and an outcome was to escalate this further to the National GMS Oversight Group.
11. In addition to escalating with Scottish Government officials the NHS Board Chief Executive escalated with the GMS Oversight Group.

Assessment

12. A direction has been provided to manage the programme within the available resources. This required the PCIP Executive Group to reprioritise the use of available recurrent funding. This is to be done in keeping with advice on commissioning and decommissioning.
13. The PCIP Executive Group will continue to escalate discussion at a national level regarding inadequacy of funds to deliver all aspects of the contract and the risks associated with that.
14. The position remains such that the PCIP programme cannot be implemented in full and this presents a significant challenge to the PCIP Executive Group.

15. The PCIP programme is to be an early adopter of the PBMA financial priority assessment approach. This will not in itself solve the problem but should help with prioritising the need for a funding solution,

This page is intentionally left blank

Ref	Date	Service	Purpose	Direction	Value £000s	Outcomes	Jan-23	Mar-23	Jun-22	Sep-22	12/12/22	Mar-23	Jun-23	Sep-23	Dec-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			Closed			y					
SBIJB-151221-2	02/02/22	Strategic Commissioning	Development of plan	Resource support for the development of the IJB's Strategic Commissioning Plan			Closed			y					
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						y					y
SBIJB-020322-1	02/02/22	Millar House	Commissioning	Commissioning the Millar House Integrated Community Rehabilitation Service	£256k R	quality of care, LOS, costs						y			
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	£1643k	savings target £350,000. All nine health and well being outcomes							y		
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				y			
SBIJB-150622-4 Budget	16/06/22	All	Budgetary framework	To deliver services within the budgets and under the framework outlined in Item 5.7 of the 15 June 2022 Integration Joint Board		Achievement of financial targets	QTR3 reported to IJB February							y	
SBIJB-151221-3	21/09/22	Care Home Hawick update	Development of FBC	Hawick Outline Business Case		present business case				c					y
SBIJB-150622-5	16/06/22	Health Board Oral Services	Development of plan	To provide support for the production of an Oral Health Plan	As per Sol	Focussed on planning principles, health improvement plan, and be financially sustainable				y	y				
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	£300k	To be discussed at range of groups prior to IJB in March									
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					y				



Minute of the meeting of **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** held on **28 November 2022** at 2.00pm via Microsoft Teams.

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

In Attendance: Mr C Myers, Chief Officer Health & Social Care
Mrs H Robertson, Chief Financial Officer
Miss I Bishop, Board Secretary
Mrs G Woolman, Audit Scotland
Mr A Haseeb, Audit Scotland
Mr G Samson, Audit Scotland

1. Apologies and Announcements

- 1.1 Apologies had been received from Cllr Jane Cox, Elected Representative, Scottish Borders Council, Mr Kai Harrod, Lay member, Mrs Jill Stacey, Chief Internal Auditor, Mrs Sue Holmes, Principal Auditor, SBC.
- 1.2 The Chair advised that Cllr Jane Cox would be standing down from the IJB and the IJB Audit Committee and a new elected representative from Scottish Borders Council (SBC) would be nominated as a replacement.
- 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 June 2022 were approved.
- 3.2 The minutes of the extraordinary Integration Joint Board Audit Committee held on 31 August 2022 were approved.

4. Matters Arising

4.1 **Action 2:** Mr Chris Myers confirmed that the action was complete.

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

5. 2021/22 Annual Audit Report

5.1 Mrs Gillian Woolman provided an overview of the content of the Annual Audit Report and drew out the key messages from the papers including: the audit was substantially complete and any remaining outstanding matters would be addressed prior to approval of the accounts at the extraordinary IJB meeting; there were no unadjusted statements to be corrected; financial management, sustainability and savings; the appointment of the permanent Chief Financial Officer; unmodified audit opinion; the revised Scheme of Integration; and the recommendations from the report.

5.2 The Chair thanked Mrs Woolman and her team for preparing the report.

5.3 Mrs Lucy O'Leary welcomed the appointment of Mrs Hazel Robertson as the permanent Chief Financial Officer and commented that it felt like a different level of vulnerability for the IJB, being single person dependent in that role.

5.4 Mrs Robertson commented that whilst she was the only designated person she worked very closely with both the NHS Borders and Scottish Borders Council financial teams and had fortnightly meetings with them. She also acknowledged the support she had received from Mr Andrew Bone, Director of Finance at NHS Borders who had collated the financial statements from the two bodies in order to meet the auditors deadline.

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

6. 2021/22 Scottish Borders Integration Joint Board Annual Accounts Letter of Representation

6.1 Mrs Hazel Robertson advised that the management letter was a standard part of the annual accounts process. It was her duty to provide the Audit Committee with assurance that the IJB undertook its duties in line with statutory requirements and had appropriate arrangements in place. She sought the authorisation of the Committee to sign the letter and send it to Audit Scotland.

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

7. Scottish Borders Integration Joint Board Annual Accounts 2021/22 (Audited)

7.1 Mrs Hazel Robertson commented that Mrs Gillian Woolman's report was both full and fair. It had been challenging since she had come into post to prepare the annual

accounts and Audit Scotland had worked with her to ensure the statutory deadlines were achieved. She further commented that some of the narrative had been amended, but it was always a source of pride when the final accounts position were the same as the draft accounts position.

- 7.2 Mr Asif Haseeb noted 2 minor points to be amended: page 27 referred to the IJB Audit Committee approving the accounts, when their role was to recommend the accounts for approval by the IJB; and that the date of 28 November 2022 for the Extraordinary IJB needed to be revised to 30 November 2022 as that had been confirmed that morning. He further suggested the title in brackets under Mrs Robertson's include the word officer (Section 95 Officer).
- 7.3 Mr Haseeb confirmed that the accounts would be signed off via electronic means by all the parties concerned.
- 7.4 Mrs Lucy O'Leary enquired why the IJB members' expenses had been included when they were paid by the employing bodies and would presumably appear in the employing bodies annual accounts. Mr Haseeb commented that the payments were for the additional responsibilities undertaken by Health Board members purely for the IJB and whilst they were paid by the Health Board they were not included in the Health Board accounts and it had been agreed previously that they should be included in the IJB Annual Accounts.
- 7.5 Mrs Gillian Woolman suggested the inclusion of a sentence at that section in the annual accounts to explain the reason for the disclosure. She further reminded the Committee that 30 November 2022 was the last date for signature of the Annual Accounts 2021/22.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** noted the 2021/22 Annual Accounts (audited).

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD AUDIT COMMITTEE** recommended the report and the 2021/22 Annual Accounts for approval by the Integration Joint Board.

8. Audit Scotland Reports

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

9. Any Other Business

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

10. Date and Time of Next Meeting

The Chair confirmed that the next meeting of the IJB Audit Committee would be held on Monday 12 December 2022 at 2.00pm via Microsoft Teams.

This page is intentionally left blank

*Scottish Borders Health & Social Care
Strategic Planning Group*



Meeting Date: *Iris will complete*

Report By:	Chris Myers, Chief Officer
Contact:	Chris Myers, Chief Officer
Contact:	Via Microsoft Teams
IJB PAPER COVER TEMPLATE	
Purpose of Report:	<p>To seek the comments and support of the Strategic Planning Group in relation to adopting a new cover template for all IJB papers, including the full IJB and its Committees.</p> <p>Adoption of a new template needs to ensure compliance with the internal audit Internal Audit Annual Assurance Report 2021/22 recommendation that “Report templates used for decision making should include specific sections for consultation and sustainability to demonstrate that these areas have been adequately considered.”</p>
Recommendations:	<p>The Health and Social Care Strategic Planning Group is asked to:</p> <ul style="list-style-type: none"> a) Provide further comments on the new cover paper b) Agree to the new cover paper, pending these changes
Personnel:	Not applicable
Carers:	Not applicable
Equalities:	Not applicable
Financial:	Not applicable
Legal:	Not applicable
Risk Implications:	It is expected that the usage of the new template will reduce the risks of the IJB not complying with its statutory responsibilities to ensure due regard to sustainability and consultation
Direction required:	No

**Scottish Borders Health and Social Care Partnership
[Integration Joint Board / Strategic Planning Group /
Audit Committee - DELETE AS APPLICABLE]**



Scottish Borders
Health and Social Care
PARTNERSHIP

[Date of Meeting]

[REPORT NAME]

Report by [Insert name of the Officer speaking to the paper]

1 PURPOSE AND SUMMARY

- 1.1 **[Insert purpose of report in bold - lower case]**. This should start “To seek approval for/To set out a range of proposals/To consider proposals for...”
- 1.2 Summary of the main points of the report. [Insert 1, 2, or more paragraph(s) summary of report highlighting main points and issues]

2 RECOMMENDATIONS

- 2.1 **The Scottish Borders Health and Social Care Integration Joint Board (IJB) [and insert Committee name if relevant] is asked to:-**

[Insert your recommendations (a), (b), (c), etc - if you are only making one recommendation simply run with the one sentence, with no need for (a), (b) etc. For each recommendation, start the recommendation with either approve / agree / consider / note.]

3 INTEGRATION JOINT BOARD DIRECTION

- 3.1 *[Either:*
A Direction is required (enclosed in Appendix X)
to NHS Borders / Scottish Borders Council / Both NHS Borders and the Scottish Borders Council
or
A Direction is not required

See the [Directions Policy and Procedure](#) for more information on whether a Direction should apply and the process that should be followed (enclosed over pages 21-29 of link)

This is all the information you should have on the 1st page. If you need to go on to a 2nd page as the report is large, then do so.

4 BACKGROUND

- 4.1 Insert background to the report – as part of this refer to background on the topic, to any relevant legislation/guidance, the Scottish Borders Integration Joint Board Strategic Framework, Annual Plan, previous decisions, feedback from our communities, Scottish Government policy, recommendations from various committees and groups, NHS Borders / Scottish Borders Council decisions etc.
- 4.2 Each paragraph must be numbered separately – this allows IJB members to refer to information at the meeting, rather than for example having to refer to the second paragraph down in the background section.

5 HEADING [Insert appropriate headings - use as many sections/headings as you need]

- 5.1 Insert here the main points for consideration and options available. Each paragraph must be numbered separately – this allows IJB members to refer to information at the meeting, rather than for example having to refer to the 3rd paragraph down in paragraph 5.1.

6 IMPACTS

6.1 National Health and Wellbeing outcomes

Consider each of the National Health and Wellbeing outcomes (listed at <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>) and how your proposal/project/action plan/recommendations will make a difference to any of these. If there is no impact/difference, then say so.

6.2 Other outcomes

Consider any relevant other / local outcomes and how your proposal/project/action plan/recommendations will make a difference to any of these. If the answer is yes, then you need to comment here on the specific outcomes and what the impact/difference is likely to be. If there is no impact/difference, then say so.

6.3 Financial

Either

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

Or

There is an opportunity for a reduction of financial costs through [transformation / improved process / other]

Or

There is an additional cost requirement:

- (a) [insert any financial implications of options/recommendations]

6.4 Equality, Human Rights and Fairer Scotland Duty

Insert here what stage you are in this process.

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

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

There are 3 stages to complete this assessment:

- Stage 1 “Proportionality and relevance” is always required from when a piece of work commences – please note when this was completed
- Stage 2 “Gathering Views” evidences what data and consultation has taken place – please enclose the Stage 2 proforma as an Appendix to the report when concluded.
- Stage 3 “Findings and Recommendations” delivers the statement against the legal duties and the recommendations developed in response to what was heard during stage 2 – please attached the Integrated Impact Assessment when this is completed.

Once complete this needs to be signed by the IJB Equalities, Human Rights and Diversity Lead and uploaded to the IJB website.

6.5 **Legislative considerations**

This should identify any legislative considerations.

6.6. **Climate change and sustainability**

Please include any climate change and sustainability considerations.

6.7 **Risk and Mitigations**

This should identify the potential side-effects of doing or not doing what is proposed, and evaluate the impact and likelihood of those side-effects, saying what risk mitigation measures are either in place or will be developed to deal with them. If the risks are to be accepted, then the Risk Commentary should say so. Every report is different and so, therefore, are the Risk Commentaries. They need not be long and may simply say *“The report fully describes all the elements of risk that have been identified in relation to this project and no specific additional concerns need to be addressed”*. However, if you do put in this sentence then it must be easy to find the risks within the main body of the report. More complicated matters warrant a fuller analysis of impact and likelihood and associated management or political responses.

7 **CONSULTATION**

7.1 **Communities consulted**

Insert details of your consultees.

The Integration Joint Board and its delivery partners in NHS Borders and the Scottish Borders are legally required to deliver in line with the Integration Planning and Delivery Principles (listed at <https://www.gov.scot/publications/guidance-principles-planning-delivering-integrated-health-social-care/pages/1/>). Please note how your proposal/project/action plan/recommendations take these into consideration.

Any groups affected in line with those identified following the Integrated Impact Assessment and any stakeholder mapping must be consulted. Where there is an impact on a statutory, third sector, independent sector or primary care partner, then in addition these partners must also be consulted. Please select from the relevant groups listed below:

- Carers – Carers Workstream
- Staff – Joint Staff Forum
- Localities – Locality Working Groups
- Care Sector – Care Sector Advisory Group
- Clinical Groups – NHS Borders Clinical Reference Groups (GP Subcommittee, Area Clinical Forum, Area Dental Committee, Area Pharmacy Committee, Area Optometry Committee)
- IJB Strategic Planning Group – if supported by the Strategic Planning Group
- Other groups – as relevant

In line with the IJB's Directions Policy and Procedure, all new plans / proposals for the Integration Joint Board must be considered by the IJB Strategic Planning Group prior to being submitted to the IJB.

7.2 **Officers consulted**

The IJB Board Secretary, the IJB Chief Financial Officer and the IJB Chief Officer [append with any other Officers including professional and operational leads] and Corporate Communications have been consulted, and all comments received have been incorporated into the final report. In addition, consultation has occurred with our statutory operational partners at the [delete as required]:

- HSCP Joint Executive
- NHS Borders Board Executive Team
- Scottish Borders Council Strategic Leadership Team
- IJB Future Strategy Group

7.3 Others to be consulted if required are:

- IJB Equalities, Human Rights and Diversity Lead – for any new or revised policies/plans/ strategies to assure Equality, Human Rights and the Fairer Scotland Duty.

8 **AUTHORS AND LOCAL APPROVAL**

8.1 **Author(s)**

Insert the name of the author(s) of this paper

8.1 **Paper approved by**

Insert the name of the person approving the paper. It is expected that this will normally be the relevant Director responsible

Background Papers: [insert list of background papers used in compiling report]

Previous Minute Reference: [insert last Minute reference (if any)]

For more information on this report, contact us at [insert name, designation and contact details]



Minutes of a meeting of the **Scottish Borders Health & Social Care Strategic Planning Group** held on **Monday 12 December 2022** at **9am – 10.30am** via Microsoft Teams

Present: Chris Myers, Chief Officer (Chair – deputising for Cllr Parker)
Dr Sohail Bhatti, Director of Public Health
David Bell, Staff Side Representative, SBC
Caroline Green, Public Member
Wendy Henderson, Independent Sector Lead
Susan Holmes, Principal Internal Audit Officer, IJB
Linda Jackson, Service User representative
Gwyneth Lennox, Chief Officer Adult Social Work, SBC
Colin McGrath, Community Councillor
Amanda Miller, Eildon Housing Association
Clare Oliver, Head of Communications and Engagement, NHS Borders
Hazel Robertson, IJB Chief Financial Officer
Jenny Smith, Co-ordinator, Borders Care Voice
Cathy Wilson, General Manager, P & CS

In Attendance: Laura Prebble, Minute Taker
Elke Fabry, Project Manager
Hayley Jacks, Planning & Performance Officer

1. APOLOGIES AND ANNOUNCEMENTS

Apologies received from Cllr David Parker (Chair), Stuart Easingwood and Lynn Gallacher.

2. MINUTES OF THE PREVIOUS MEETING

The Minute of the previous meeting held on 1 November 2022 were approved.

3. MATTERS ARISING/ACTION TRACKER

- Unpaid Carers Update – Chris Myers gave an update. There is a focus on the Teviot & Liddesdale building based day service and a Task and Finish group has been established. Engagement to begin in January 2023 and specification to be complete by April 2023. Meeting centres are being considered in parallel for people with lower level need. Linda Jackson added the concern noted by the Health Board on the length of time before a day service can be re-opened and are writing to the IJB to note this concern. Chris Myers noted the time required to design a service based on evidence of appropriate engagement and undertaking a comprehensive Equalities and Human

Rights Impact Assessment, the need to identify a provider, and the time required for registration by the Care Inspectorate.

- Membership – This agenda item will follow once work has progressed on locality working groups.

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

4. INTEGRATED IMPACT ASSESSMENT SCRUTINY ROLE

Wendy Henderson presented the paper which had been circulated in advance of the meeting. Members were thanked for their involvement. The Equality Act 2010 outlines the general duties and there are Scotland specific duties. Priorities have been identified and the next steps set out. An equality impact assessment process has been set up for core business processes. An audit was undertaken showing only 3 out of 83 reports to the IJB included an impact assessment with 12 stating that one had been undertaken. It will be the role of the SPG to scrutinise the impact assessments and give quality assurance as well as a monitoring and performance role. A specialist SPG equalities and human rights sub group is proposed to include specialists. They will ensure the robustness before a paper is brought to the SPG. An impact assessment will be required for all new and revised policies and practices. This will ensure the views of people with lived experience are being taken into account. There are 3 stages – proportionality and relevance, capturing people's views, findings and recommendations. An exercise was carried out to show how the process works. Wendy Henderson added an online tool is being developed to allow interrogation. A system is needed so NHSB/SBC/IJB are not duplicating impact assessments. The process is to become mainstreamed.

The Chair thanked Wendy Henderson for the presentation and asked for comments and observations.

David Bell asked if the SPG could reject an impact assessment and Wendy Henderson noted it was the role of the SPG to scrutinise so papers can be rejected. Hazel Robertson noted she had attended a recent workshop from a financial planning approach and that resource allocation needs to be embedded from an Equalities and Human Rights perspective too. Colin McGrath noted he had been involved in the setting up of protected characteristics and noted an impact assessment may not always be required as they can be disproportionate. Wendy Henderson advised that even if there is only 1 person with a protected characteristic the law states the needs of all are to be considered. Dr Sohail Bhatti congratulated Wendy Henderson on the progress made and asked if health inequalities could be included at stage 1 of the framework. This would avoid duplication and maximise gain. To also consider a review process every 6 months. Keith Allan volunteered to join the foundation of the sub group which includes Wendy Henderson, Jenny Smith and Laura Jones. Laura Jones noted that if this is carried out correctly at the start of the journey then it will ensure services are accessible to everyone. Jenny Smith agreed the need for synergy and to include health inequalities going forward. Chris Myers added that keeping human rights at the forefront of our approach will inform how services are delivered and ensure that they are delivered more effectively. He thanked the foundation group for their work to date.

Wendy Henderson advised there are currently 5 impact assessments piloting the new documentation as a test of change and positive feedback has been received. There is also a national network offering support and giving strategic direction.

The **STRATEGIC PLANNING GROUP** supported the approach outlined in the paper.

5. HEALTH & SOCIAL CARE STRATEGIC FRAMEWORK

Hayley Jacks presented the paper which had been circulated in advance of the meeting. A group discussion followed. The document is to be simplified before publication so it can be read and comprehended by all. There has been consultation at a locality level which is informing our plan, and this will continue to develop as the Locality Working Group model redevelops.

David Bell noted the reference to staff also needs to be included. Wendy Henderson suggested including a link to the Integrated Workforce Plan. Jenny also queried the use of terminology since the report will be read by the public and added that the political situation needs to be included. Wendy Henderson added an easy read version as well an audio/braille and in different languages should be considered and Hayley Jack noted advice is being taken on this.

Action: Hayley Jacks to circulate an updated document after the meeting for further comment by all members by 23 December 2022.

The Chair thanked everyone involved for their contribution to date.

The **STRATEGIC PLANNING GROUP** approved the paper.

6. NEXT STEPS – COMMUNITY ENGAGEMENT

Clare Oliver shared a presentation on the phase 2 engagement which will take place in Jan/Feb 2023. This is an evolving document covering the 6 emerging priorities. Five localities are identified to shape the differences identified in phase 1. There will be a link to existing groups as well as the Locality Working Groups once re-established.

Colin McGrath noted the in person events that he attended were not well attended and felt the community had not had their say since the Community Councils/Citizens Panels had not been engaged with. Colin McGrath raised concern about the lack of engagement with Community Councils and Linda Jackson noted every group member's responsibility to feed information from this group on thorough our own networks. Jenny Smith agreed and noted the importance of everyone working as ambassadors for this work by using their links and networks. Clare agreed that attendance at the in person events had been small and was keen to work with Colin McGrath to engage the Community Councils better in phase 2.

Dr Sohail Bhatti noted that diplomatic skills may be required to work will empowered people. Wendy Henderson added that empowering people mean hearing their voice and was glad to hear this language being used.

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

7. ANY OTHER BUSINESS

There was no other business noted.

8. DATE AND TIME OF NEXT MEETING

The Chair confirmed the next meeting of the Strategic Planning Group would be held on Wednesday 1 February 2023 at 10am to 12pm via Microsoft Teams.

Meeting Dates 2023 10am – 12pm:

5 April 2023

7 June 2023

2 August 2023

4 October 2023

6 December 2023