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Scottish Borders
Health and Social Care
PARTNERSHIP

A meeting of the **Health & Social Care Integration Joint Board** will be held on **Wednesday, 24th January, 2024** at **10.00 am** in via Microsoft Teams

AGENDA

Time	No		Lead	Paper
10.00	**1**	**ANNOUNCEMENTS & APOLOGIES**	Chair	
10.02	**2**	**DECLARATIONS OF INTEREST** Members should declare any financial and non financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest	Chair	
10.05	**3**	**MINUTE OF PREVIOUS MEETING** 15/11/2023 (Copy attached.)	Chair	(Pages 3 - 10)
10.10	**4**	**MATTERS ARISING** (a) Action Tracker (b) Health and Social Care Partnership Performance and Delivery Report (Copies attached.)	Chair Chief Officer	(Pages 11 - 58)
		FOR DECISION		
10.45	**5**	**DIRECTION: REPROVISION OF INTERNAL HOME CARE NIGHT SUPPORT SERVICE**	Director of Strategic Commissioning & Partnerships	(Pages 59 - 88)
11.00	**6**	**REVISED DIRECTIONS POLICY AND PROCEDURE**	Chief Officer	(Pages 89 - 102)
11.05	**7**	**IJB RISK MANAGEMENT POLICY STATEMENT AND RISK MANAGEMENT STRATEGY 2023-2026**	Chief Officer	(Pages 103 - 122)
11.15		**FOR DISCUSSION**		

	8	**2024/25 INTEGRATION JOINT BOARD FINANCIAL PLANNING PROCESS**	Chief Officer	(Pages 123 - 134)
11.30	**9**	**WHOLE SYSTEM CAPACITY OF HEALTH & CARE MODELLING**	Head of Strategic Commissioning & Partnerships	(Pages 135 - 144)
11.40	**10**	**MENTAL HEALTH AND LEARNING DISABILITIES MEDICAL WORKFORCE SUSTAINABILITY**	General Manager MH&LD	(Pages 145 - 158)
11.50		**FOR NOTING**		
	11	**SCOTTISH BORDERS MACMILLAN IMPROVING THE CANCER JOURNEY**	Director of Strategic Commissioning & Partnerships	(Pages 159 - 166)
	12	**AUDIT COMMITTEE MINUTES: 19.06.23**	Board Secretary	(Pages 167 - 178)
	13	**STRATEGIC PLANNING GROUP MINUTES: 01.11.23**	Board Secretary	(Pages 179 - 186)
11.55		**ANY OTHER BUSINESS**	Chair	
12.00	**14**	**DATE AND TIME OF NEXT MEETING** Wednesday 20 March 2024 10am to 12pm Scottish Borders Council and via Microsoft Teams	Chair	

Minutes of a meeting of the **Scottish Borders Health & Social Care Integration Joint Board** held on **Wednesday 15 November 2023** at **10am** via Microsoft Teams

Present:
(v) Cllr T Weatherston (Chair)
(v) Cllr R Tatler
(v) Cllr E Thornton-Nicol
(v) Cllr N Richards
(v) Cllr D Parker
(v) Mrs L O'Leary, Non Executive (Chair)
(v) Mrs K Hamilton, Non Executive
(v) Mr J McLaren, Non Executive
(v) Mrs F Sandford, Non Executive
Mr C Myers, Chief Officer
Dr L McCallum, Medical Director
Mrs J Smith, Borders Care Voice
Mr D Bell, Staff Side, SBC
Dr R Mollart, GP
Mr N Istephan, Chief Executive Eildon Housing

In Attendance:
Mrs A Young, PA to Chief Officer
Mr D Robertson, Chief Executive, SBC
Dr S Bhatti, Director of Public Health
Mrs J Stacey, Chief Internal Auditor
Mrs L Jones, Director of Quality & Improvement, NHS Borders
Mrs C Wilson, General Manager Primary & Community Services
Mrs J Holland, Director of Strategic Commissioning & Partnerships, SBC
Dr T Young, Associate Medical Director, P&CS
Mrs G Lennox, head of Audit Social Work
Mrs A McElrath, Interim Director of Dentistry
Mr A McGilvray, Roving Reporter

1. APOLOGIES AND ANNOUNCEMENTS

1.1 Apologies had been received from Mr T Taylor, Non Executive, Mrs H Robertson, Chief Financial Officer, Miss I Bishop, Board Secretary, Mrs L Gallacher, Borders Carers Centre, Mrs S Horan, Director of Nursing, Midwifery & AHPs, Mr A Bone, Director of Finance, NHS Borders, Mr R Roberts, Chief Executive, NHS Borders, Mrs J Smyth, Director of Planning & Performance, NHS Borders, Mrs J Amaral, Borders Community Action, Ms L Jackson, LGBTQ+, Mr P Grieve, Associate Director of Nursing P&CS, NHS Borders.

1.2 The Chair welcomed attendees and members of the public to the meeting including Mrs A McElrath, Interim Director of Dentistry and Mrs G Lennox, Head of Adult Social Work.

1.3 The Chair confirmed that the meeting was quorate.

2. DECLARATIONS OF INTEREST

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

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The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted there were no declarations made.

3. MINUTES OF THE PREVIOUS MEETING

3.1 The minutes of the previous meeting of the Health & Social Care Integration Joint Board (IJB) held on Wednesday 20 September 2023 were approved.

4. MATTERS ARISING

4.1 Mrs Karen Hamilton commented that the meeting had become inquorate from item 12 in the meeting. She asked the Board to consider if any items from that point in that meeting were affected by being inquorate.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed that there was no impact on the further items discussed.

4.2 **Minute 9:** Mr Chris Myers advised the Mr David Robertson, Chief Executive, Scottish Borders Council (SBC) had written to COSLA in regard to the lack of provision for out of area placements.

4.3 **Minute 8:** Mr Myers commented that significant capacity had been brought into the system and although Delayed Discharges were currently sitting at 72, it was ahead of predictions in the surge plan, reflecting the level of work taking place.

4.4 Mrs Fiona Sanford complimented the improvement, but drew attention to the number of current delayed discharges in the system and asked the meeting if the discussion around that subject could continue.

4.5 Discussion then focused on: the challenges and causes of delayed discharges; financial pressures; rurality; patient's individual wishes; family expectations; care home availability and capacity; impact of care home policy and criteria for eligible patients; feedback from the whole system operation pressures group that the IJB were carrying out the correct actions but the volume of delayed discharges meant visibility of results was taking longer to achieve; workforce challenges permeating throughout the health and social care system; an approach to the Scottish Government to consider a 'rural weighting' for the Scottish Borders, which would allow an uplift in pay for health care workers; the quality and relevance of data being used; public engagement feedback; and a recent advert for 20 vacancies had attracted over 100 applicants which appeared to suggest an anomaly with recruitment issues and available people to employ.

4.6 Dr Lynn McCallum noted that at the centre of all discussions was the patient and most delayed discharge patients wanted to be at home, but many were frail and needed care packages in place to support them to return home. Delays in arranging packages often extended hospital stays.

4.7 Dr Rachel Mollart suggested that the message about the lack of social care beds appeared to be more widely known by the public and she acknowledged that there were budget constraints to be worked too. She also commented that GPs priorities were the patients who were medically sick.

4.8 Mrs Jen Holland commented that limiting factors, such as staffing, finance and increasing demand remained key challenges. She suggested there needed to be

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more focus on what was bringing people into hospital, looking at the reablement process, faster decision making in hospital and putting resource in the right places to provide the support needed for the people of the Borders.

4.9 Cllr Thornton-Nicol suggested the partner bodies of the IJB should commit to working even closer together to resolve the issues of delayed discharges and to look to preventing patients arriving at the front door of the hospital.

4.10 **Minute 12:** Mr Myers commented that Miller House, along with Eildon Housing, Cargorm and the IJB had won a national partnership award.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that there were no live actions on the action tracker.

5. H&SCP DELIVERY REPORT

5.1 Mr Chris Myers updated the IJB on progress with the Directions Tracker and highlighted that 6 actions were complete and 12 were in progress and the palliative care review would be moved to 2024.

5.2 He anticipated that the Primary Care Improvement Plan (PCIP) would benefit from a recent application to the PCIP Demonstrator Site. A bid had been submitted, follow up interviews had taken place and a positive outcome was awaited.

5.3 Mr Myers agreed to meet with Cllr Thornton-Nicol outwith the meeting to further discuss elements of the delivery report.

5.4 Mr Myers offered to update members via a briefing about the on-going digital work that SBC and NHS Borders were progressing with CGI. It was anticipated that the development of digital packages would change and enhance the way carers worked.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted the contents of the Health and Social Care Partnership Delivery Report.

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted that Mr Myers would produce a briefing note for members on the on-going digital work.

6. DIRECTION: COMMUNITY HOSPITAL COVER

6.1 Mr Chris Myers commented that Kelso Medical Group had given notice to discontinue medical support of Kelso Community Hospital from the end of March 2024. The practice were contracted through the Health Board to provide the service and were moving to focus on the sustainability of their General Practice core work. He further commented that the Heath Board had also received notice from the Doctor supporting the Knoll Hospital, that they would retire and discontinue medical support from the end of March 2024. The discontinuation of medical support had enabled the bringing forward of planned work around a care model for the 4 community hospitals, recognising the changes in health care provision since the conception of the community hospitals.

6.2 Mrs Cathy Wilson explained that a steering group had been set up which met every 2 weeks and included staff, patient representatives and members of the public. The steering group were working on medium to long term plans which should be available

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in December. A delivery group had also been set up to meet on a weekly basis to progress any resulting actions.

6.3 A discussion followed that highlighted: examination of data about patients currently using the community hospitals; what the patient's needs were; the level of care required and if it was medical or nursing; average length of stay in community hospitals; governance to be adhered to in regard to a Doctor's presence in community hospitals; the potential risk of bed closures without a Doctor's presence; high levels of public and staff concern about the future of community hospitals; recruitment of geriatrician doctors; and the recognition that 70% of patients in community hospitals did not require the care of a Doctor, but did require a package of care.

6.4 Mrs Wilson reassured the Board, that everything was being considered.

6.5 Mr Nile Istephen noted that whilst there were clear processes in place, the IJB could explore more innovative ideas.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the situation in relation to medical cover at Kelso and Knoll Community Hospitals from 1 April 2024.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the work that will start to review the future model of care for the Community hospitals.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that the work would require significant public and staff engagement.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that linked work had started to identify and assess options for ongoing medical cover for the Community Hospitals from April 2024.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** agreed to issue a direction to NHS Borders.

7. IJB AUDIT COMMITTEE ANNUAL REPORT 2002/23

7.1 Cllr Tom Weatherston commented that the report was self-explanatory and illustrated progress made over the past year. Mrs Jill Stacy noted there had been a delay in bringing the report to the IJB and highlighted that work was on-going to improve the report in order to make it more effective.

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

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** acknowledged the assurances from the IJB Audit Committee to the Integration Joint Board and its identified areas of improvement to enhance its effectiveness as a scrutiny body.

8. QUARTERLY PERFORMANCE REPORT

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8.1 Mr Chris Myers introduced the Quarterly Performance Report and commented that there were gaps and omissions within the data as it was a work in progress and would be completed at a later stage. He advised that new metrics had been included in regard to social care unmet needs, information about GPs, child and adolescence services, psychotherapy and workforce challenges. He drew the attention of the Board to the demography of the Scottish Borders which was some 30 years ahead of the rest of Scotland in terms of an aging population.

8.2 Mrs Karen Hamilton commented that the report contained a wealth of data, but the July data was now out of date and she enquired if the data for the report could be brought forward to be more relevant. She also enquired if it was possible to look at capacity outwith the Health Board when looking at vacancies in social care.

8.3 Mrs Jen Holland commented that there was a bed based report on available beds in social care and the data was shared daily with the Discharge Team. She reminded the Board that social care provision and care homes had to comply with Care Inspectorate regulations. demands. She also acknowledged that there were complexities in gathering data from the social care sector due to different reporting and recording mechanisms, which meant not all data was available equally. Mrs Holland also explained that the criteria for a patient's suitability for a bed was changing and with Care Inspectorate guidance, moving people around the system was no longer as straightforward. She suggested it might be useful to gather data on self-directed care.

8.4 Mrs Jen Holland advised that she would be meeting with Mr Myers and Dr McCallum to further discuss the provision of social care and care home beds.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted and approved any changes made to performance reporting and the key challenges highlighted.

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

9. FOR NOTING: STRATEGIC RISK UPDATE

9.1 Mr Chris Myers delivered the Strategic Risk Update and highlighted the level of on-going work to align the risk report to the strategic objectives and the actions and controls put in place to reduce risk. The biggest risk to the IJB was increased demand coupled with financial restraint.

9.2 There followed a discussion about risk and its effect on performance. The inadvertent transfer of risk was considered, but overall the Joint Executive were managing risk collectively.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD considered** the reframed and refreshed IJB Strategic Risk Register to ensure it covered the key risks to the IJB.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD noted** the work in progress to manage the risks.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD n**oted that a further risk update would be provided in 2024.

10. DENTAL ACCESS UPDATE

10.1 Mrs Adelle McElrath provided a brief overview of the content of the update and commented that the recent changes brought in by the Scottish Government were progressing well.

10.2 Mr Chris Myers commented that the work carried out in gathering the correct data had led to the Scottish Borders being recognised as a rural area for dentistry which had in turn led to an increase in funding for dentistry.

10.3 Discussion followed that focused on: the reach of the dental service; providing national and local initiatives; and the impact of dental services and how they fitted into the wider framework.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the ongoing concerns regarding access to NHS dental care across all areas of the Scottish Borders and that they would be kept under close review for a further update in three months to consider the implementation of the new dental payment reform.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that this risk was being managed closely both operationally and strategically.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted that a strategic plan for oral health and dental services was being developed based on the recommendations of the local Oral Health Needs Assessment.

11. MONITORING OF THE HEALTH & SOCIAL CARE PARTNERSHIP BUDGET

11.1 Due to long term sickness absence this item was withdrawn.

12. IJB BUSINESS CYCLE AND MEETING DATES

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** approved the business plan and meeting cycle for 2024.

13. CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2022/23

13.1 Mrs Gwyneth Lennox introduced the Chief Social Work Officer (CSWO) report produced by Mr Stuart Easingwood. She reflected that it had been a busy year with both challenges and successes. She highlighted the recent inspections that had been undertaken and the positive feedback received, in particular the adult support and protection and children at risk inspection. It was noted that challenges were increasing across all areas, with workforce recruitment issues and increased demand on services.

13.2 Cllr Tom Weatherston complimented the social work department for an excellent report.

13.3 Cllr Elaine Thornton- Nicol noted the challenge around recruiting social workers and thanked Mrs Lennox for presenting an outstanding public protection report.

The **SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD** noted the report from the Chief Social Work Officer.

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14. STRATEGIC PLANNING GROUP MINUTES: 02.08.23

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

15. ANY OTHER BUSINESS

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

16. DATE AND TIME OF NEXT MEETING

16.1 The Chair confirmed that the next meeting of the Scottish Borders Health & Social Care Integration Joint Board would be held on Wednesday 24 January 2024, from 10am to 12pm through MS Teams and in person in the Council Chamber, Scottish Borders Council.

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SCOTTISH BORDERS HEALTH & SOCIAL CARE INTEGRATION JOINT BOARD

ACTION TRACKER

Meeting held 15 November 2023

Agenda Item: H&SCP DELIVERY REPORT

Action Number	Reference in Minutes	Action	Action by:	Timescale	Progress	RAG Status
2023-2	5	The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** noted that Mr Myers would produce a briefing note for members on the on-going digital work.	Chris Myers	February 2024	A Member's briefing is being arranged to update IJB members.	G

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

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Scottish Borders Health and Social Care Partnership
Integration Joint Board

24 January 2024

Health and Social Care Partnership Performance and Delivery Report

Report by Chris Myers, Chief Officer

1. PURPOSE AND SUMMARY

1.1. This report provides an overview of Health and Social Care Partnership performance along with delivery against its Strategic Framework and Annual Delivery Plan, and against the implementation of approved directions.

1.2. Further to the last update which noted that the report was evolving to replace the former Directions Tracker and Chief Officer reports, this report now also includes performance from both a non-financial and financial perspective, in line with the quarterly performance reports, and is intended to 'integrate' these reports.

1.3. In line with feedback from Integration Joint Board members, and a need to review performance and delivery more regularly and routinely, the frequency of the performance overview will increase from a quarterly basis to now be submitted to each Integration Joint Board. This will give Integration Joint Board members, staff, our commissioned partners and members of the public an overview of some of the progress being made in the Scottish Borders to provide more seamless care, and deliver against our Health and Social Care Strategic Framework 2023-26 and associated HSCP Delivery Plan and Financial Plan.

1.4. Overall, good progress is being made in relation to the implementation of both the Annual Delivery Plan, and the Directions issued by the Integration Joint Board. Of the Directions issued, 6 are complete, 11 are progressing to plan, 1 is partially delivered, and 3 areas have been highlighted as having significant delivery challenges. The three areas relate to financial performance, the integration of Home First and Adult Social Care, and the Delayed Discharge and Surge plan. Recovery actions are being progressed in all three areas.

1.5. The Scottish Borders HSCP has been successful in becoming one of four nationally funded Primary Care Improvement Plan demonstrators. Further information is included within the Highlight report in section 7 below. Within this context, the Direction issued relating to the implementation of the Primary Care Improvement Plan Bundle (SBIJB-190723-2) and the associated assumptions have been superseded. IJB members are asked to support standing down this direction.

1.6. Further to Direction SBIJB-151123-1, the short term review of Community Hospital medical cover from the end of March 2024 for the Knoll and Kelso Community Hospitals has been completed, in line with the first element of the direction. Planning is now commencing for the next phase of the Direction.

1.7. In relation to overall performance and delivery, of note is progress with improving Child and Adolescent Mental Health waiting times, and positive progress with Community Led Support / WhatMatters Hubs and the associated impact on reducing social work assessment waits.

1.8. There continues to be significant financial pressure across the HSCP. At the end of October, there was a projected outturn position of £7.393m overspend for the financial year. £3.442m related to the historic carried forward budgetary gap and partial under-delivery of savings, £2.130m related to prescribing, £1.344m related to Learning Disability (within Health), £0.889m relates to adult social care, and £0.200m relates to the 2C GP practice position in Duns Medical Group. Management and finance actions are in place to reduce this pressure.

2. RECOMMENDATIONS

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

a) Note the contents of the Health and Social Care Partnership Performance and Delivery Report, review the performance highlights and exceptions, and overall delivery against Directions;

b) Support the standing down of IJB Direction SBIJB-190723-2 on the basis of the successful bid for the PCIP Demonstrator site and the associated funding; and,

c) Consider whether any further recommendations should be made at a strategic level in relation to areas highlighted within the report, in order to inform the ongoing prioritisation of the approach of the Health and Social Care Partnership within the remainder of the current financial year, and/or to inform the 24/25 HSCP Delivery Plan and 24/25 Financial Plan.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

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

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

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

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required.

5. BACKGROUND

5.1. This is a monitoring report to support the effective functioning and performance oversight of the IJB, and the implementation of our strategic objectives.

5.2. This report is intended to increase awareness for IJB Members, staff and the public on the breadth of work and added value that is being undertaken by the Health and Social Care Partnership to deliver against our Strategic Framework, develop integration locally, and most importantly to improve outcomes.

6. PERFORMANCE HIGHLIGHTS / EXCEPTIONS AND DELIVERY AGAINST IMPLEMENTATION OF DIRECTIONS

6.1. Appendix 1 provides an overview of performance and Appendix 2 provides an overview of progress against the delivery of directions.

6.2. Due to continued work to improve service performance, and work to classify patients in line with national definitions, Child and Adolescent Mental Health waiting times are recovering and it is expected that 90% will be seen within 18 weeks by March 2023.

6.3. WhatMatters Hubs have been successful in continuing to provide Community Led Support, and reducing social work waiting lists. WhatMatters Hubs continue to be re-opened across the Borders, and it is envisaged that this improved access will have positive benefits from an early intervention and prevention perspective for our communities.

6.4. Delayed discharge performance is currently above trajectory both due to increased demand, challenges around transformation in Home First and Adult Social Care, and slightly reduced transfers to other HSCP services. A range of mitigating actions are described in the report.

6.5. Overall, good progress is being made in relation to the implementation of the directions issued. 6 are complete, 11 are progressing to plan, 1 is delayed, and 3 areas have been highlighted as having significant delivery challenges. The Integration Joint Board agreed to defer one of these areas in their September 2023 meeting (Palliative Care review). Of the remaining 3 with significant delivery challenges:

- The first relates to the overall financial position for the Health and Social Care Partnership, including the financial overspend on delegated and set aside services in health services, which is being regularly reviewed by the IJB and the IJB Audit Committee jointly with both Finance teams across the Health and Social Care Partnership.
- The second relates to the integration of Home First with Adult Social Care. There have been delays involved in this complex transformation project associated to the need to ensure appropriate staff governance and due to the registration of the new integrated service with the Care Inspectorate.
- The third relates to the Delayed Discharge and Surge Plan which unfortunately has not been fully realised as further detailed in Appendix 1 Performance report. A range of actions are in place to mitigate the impacts of this, both in terms of reducing the number of people waiting for care, and to reduce hospital occupancy. However it must be noted that it is

anticipated that while the number of delayed discharges will reduce further, they will remain higher than the trajectory.

6.6. The Scottish Borders has been successful in becoming one of four nationally funded Primary Care Improvement Plan demonstrators. Further information is included within the Highlight report in section 7 below. Within this context, the Direction issued relating to the implementation of the Primary Care Improvement Plan Bundle (SBIJB-190723-2) has been superseded. The HSCP team is working with Healthcare Improvement Scotland and the Scottish Government to confirm the plan for the Demonstrator, the support to be provided and the associated financial allocation.

6.7. In addition, further to Direction SBIJB-151123-1, the review of Community Hospital medical cover from the end of March 2024 for the Knoll and Kelso Community Hospitals has been completed, in line with the first element of the direction. Following the Suitability Feasibility and Acceptability analysis of the short list of options and the careful non-financial and financial appraisal, the preferred model is to share BGH Consultant(s) to support both Kelso and Knoll Community Hospitals, while employing an "in-house" Advance Nurse Practitioner (ANP) to cover both sites. This will ensure an effective sustainable model is developed that best meets needs is identified in the short term, and will be delivered within the existing delegated services budget. Work is now being progressed to implement this work.

6.8. Planning for the next phase of the work associated to the IJB Direction is being scoped and will commence shortly. In this phase, a model will be defined that is fit for the future is developed closely aligned with the needs of patients in Community Hospitals, and the objectives and ways of working outlined in our Health and Social Care Strategic Framework. This work is being scoped and will commence shortly.

7. HIGHLIGHTS RELATING TO INTEGRATION WORKSTREAMS WITHIN THE ANNUAL DELIVERY PLAN

Development of a Health and Social Care Partnership Carers Plan

7.1. As stated in November's update, the formation of the Carers Workstream in 2021 created a forum for unpaid Carers to have their voice heard and influence service design and delivery. Carers have consistently stated that they are best supported by services which aim to get care for the cared for person right, respite being key to Carers being able to continue in their caring role and a range of opportunities are being progressed to enable Carers to have a short break. The work on a Carers Strategy and Implementation Plan continues to progress, the plan being co-produced alongside Carers and members of the workstream. The draft strategy's vision is: "Carers will be supported to easily access flexible support, advice and information to best meet their outcomes and those of the person they look after." The Borders Carers Centre and Chimes continue to be commissioned to undertake work on Carers and Young Carer support plans, assessments and reviews of Replacement Care being carried out by the Scottish Borders Council Community Care Reviewing Team. As previously stated, to November 2023, 207 Carers were in receipt of a Carers Act budget to support their right to a break from their caring role, an updated figure having been requested at the time of writing.

7.2. Four high dependency rooms are envisaged, one currently being available for respite through the independent sector, funding having been secured by way of Carers Act monies. Work also continues in the Newcastleton area to provide day care options to those who require support in the community, the village having identified a community resource as their preference. Research is ongoing to identify options in Eildon and a task and finish group is underway.

7.3. Following the last update in November 2023, the draft Carers Delivery Plan was presented to the Strategic Planning Group on 6th December 2023 and an oversight group has been created to advance stage two of the Equality and Implementation Assessment. Notification has also been sent to the Scottish Borders Council Graphics department that their involvement will required shortly. The Carers plan will continue to progress through the IJB process as it develops.

Teviot Day Supports update

7.4. Teviot Day Service Update - We are pleased to report that recruitment has commenced with a good response to the adverts. Shortlisting will take place this week with interviews to follow shortly after. Environmental improvements to the Day Service area are progressing and all furniture has been ordered and the Fire Checklist is with Fire Service. The Care Inspectorate registration is still "in a queue" for allocation of Inspector.

7.5. Newcastleton Day Supports - As mentioned previously if was evident that a formal Day Service was not something that the residents of Newcastleton were keen to attend. Instead we have been working with the Newcastleton Trust, SBC Adult Social Care and Holmcare to provide an enhanced Warm and Well Session one day a week. The session will run for a 3 month period, every Monday from 10am -2pm and will commence on the 22nd January with a Burns session. SBC Adult Social Care and Holmcare will support their clients to attend and support any person care needs of their clients during the session. We hope that this will not only provide an opportunity for those who would have previously been unable to attend such a session, but also provide respite for those unpaid family carers at home. This trial will be reviewed after a 2 month period to evaluate the impact on those that have attended and their unpaid carers.

Eildon Day Supports Task and Finish Group

7.6. An initial engagement has taken place with 6 drop in events and a survey which was open for 8 weeks and resulted in 51 responses from older adults in Eildon and 9 group responses. The Carers Centre also made contact to individuals over the phone to respond to the survey. Nonetheless, the Task Group reviewed the results and felt further engagement was necessary due to the low number of responses.

7.7. The project team are now arranging to meet with more groups including RVS Centres and plan to extend the survey, following some revisions to questions. The next task group has been held on January 22nd where a revised engagement plan will be discussed, with the intention of implementing actions and further consultation in February.

Workforce Planning

7.8. The Scottish Borders Health and Social Care Partnership's Integrated Workforce Plan was approved by the Integration Joint Board in October 2022. The purpose of the Three Year Workforce Plan is to support the Integration Joint Board maximise the integration of the workforce across both internal and external adult health and social care services in the Scottish Borders. To do this effectively the Integrated Workforce Plan was designed to consider and evidence the interdependencies across the whole system. To meet the expectations of the Scottish Government, the Integrated Workforce Plan and associated action plan was developed using the Five Pillars (Plan, Attract, Employ, Train and Nurture) as outlined in the Scottish Government's National Workforce Strategy.

7.9. An Integrated Workforce Plan update for period October 2022 to September 2023 was presented to the Scottish Borders Health and Social Care Partnership's Joint Executive Team on 3 October 2023. The report highlighted progress to date, the challenges faced and areas of mutual interest. One of the recommendations contained in the report and agreed to by the Joint

Executive Team is that the Integrated Workforce Plan Implementation Board is tasked with delivering the Integration Joint Board's strategic objective "Rising to the Workforce Challenge".

7.10. To realise this recommendation a member of the Joint Executive Team is to be identified to work with the Scottish Borders Health and Social Care Partnership's workforce planning leads. The key actions to be undertaken between January to March 2024 is the review of current membership of the Implementation Board and development of key performance indicators for the period April 2024 to March 2025. Membership of the Implementation Board is currently drawn from, and will continue to be drawn from, the Third Sector, Commissioned External Providers, Primary Care Services, Scottish Borders Council and NHS Borders. Current unmet need, future demand, budget proposal developments and service redesign proposals will all influence the key performance indicators developed and all future workforce planning commissioning and procurement exercises.

Equality and Human Rights

7.11. In March 2023, an email was sent to the Equality and Human Rights Commission, the Scottish Parliament's appointed Regulator, outlining the actions taken to address the findings of the Equality and Human Rights Commission's audit undertaken in 2022. The governance and performance structure approved by the Integration Joint Board in March 2023 and outlined in the email has provided the basis upon which to give the Integration Joint Board ongoing assurance that robust processes are in place to continually improve compliance with the Equality Duty and other legal requirements.

7.12. The focus of the Strategic Planning Group's Equality and Human Rights Subgroup for the period March 2023 to December 2023 has been the undertaking of equality and human rights impact assessments, the coproduction of guidance material and the identification of key stakeholders to support the involvement of people with the relevant protected characteristics, people with lived experience and communities who experience inequality in impact assessments.

7.13. Membership of the subgroup is drawn from the Scottish Borders Mental Health Forum, Borders Additional Needs Group, Scottish Borders LGBT Forum, the Scottish Borders Violence Against Women Partnership, Physical Disability Group, the Alcohol and Drugs Partnership with links being made via key stakeholders to the Older People's Forum, the Children and Young Peoples Partnership and the Scottish Borders Ukrainian, Syrian and Gypsy Traveller communities. A report detailing the progress and next steps to be taken was presented to the Scottish Borders Health and Social Care Partnership's Joint Executive Team in December 2023. The focus of the subgroup between January 2024 and March 2024 will be the establishment of an online Resource Library and Diversity Directory both designed to support the undertaking of Impact Assessments.

7.14. The Integration Joint Board's Equality Outcomes and Mainstreaming Framework, co-produced with members of the Scottish Borders Health and Social Care Partnership's Joint Executive Team and members of the Equality and Human Rights Subgroup, for the period March 2023 to March 2025 were developed to reflect the Scottish Borders Health and Social Care Partnership's Strategic Objectives and Ways of Working. The Violence Against Women's Partnership has taken the lead responsibility for reporting progress against Equality Outcome 4 and the Scottish Borders Health and Social Care Partnership's Integrated Workforce Plan's Implementation Board has taken the lead responsibility for reporting progress against Equality Outcome 5 and 6. Progress against Outcomes 1, 2 and 3 will be coordinated by the Scottish Borders Health and Social Care Partnership's Equality and Human Rights Lead.

Locality Huddles

7.15. Work has almost concluded on reviewing community integrated huddles. Current practice has been reviewed alongside gathering information on how practice operates elsewhere. Some excellent practice is currently happening. Both health and social care staff have been identified and agreed to undertake further developments to build on this good practice. A Standard Operating Procedure has been written to sit alongside the social work policy, and implementation of this will enable a greater sense of joint ownership. The Standard Operating Procedure will be launched in the next couple of weeks. Some localities have had poor health representations at locality huddles but have other areas of integrated working where the aims and functions of the huddles are being addressed. While it could be argued that consistency should be implemented, not all localities work in the same way or have the same issues and challenges. Key to the success of community huddles and wider integrated practice are positive working relationships, while there is good evidence and examples of integrated practice, there is more that could be done beyond the huddles to strengthen a more integrated approach.

7.16. Feedback, developments, and agreements have been shared and developed throughout the process with colleagues within SBC responsible for operational management and day to day implementation of locality huddles. It appears that significant work was previously undertaken by social care to develop and implement the locality huddles however, the buy in or commitment was variable across teams in the HSCP. This reflected the pressure that a number of teams faced during the covid pandemic. Positively, there is a clear demonstration and evidence of good working relationships on the ground which has positive impacts and outcomes for patients. The ability of our District Nursing teams to escalate concerns and needs of palliative and vulnerable patients with creative and responsive outcomes is evident. Areas for development have been identified and allocated to both health and social care staff with their agreement and commitment to complete the tasks. There remains some work to be done on understanding of respective roles but ways of addressing this have also been identified. Meetings have been arranged to take forward the minimal outstanding pieces of work with a view the work will be concluded by the end of the month.

Social Prescribing: Healthier, Happier, Stronger

7.17. 32 applications for the small grant fund for social prescribing were received in 2023 and following a two stage assessment of applications 17 applications were successful and received small grant funding for a variety of community projects and activities all aimed at promoting a healthier, happier and stronger lifestyle for participants.

7.18. A partnership approach is now underway to develop a sustainable pathway for social prescribing across the Scottish Borders to ensure there is a clear process for referrals for social prescribing as well as a wide range of relevant community activities available to support individuals to remain healthy, happy and strong in their communities for as long as possible.

Implementation of the National Mission on Drugs: Alcohol & Drugs Partnership (ADP)

7.19. Delivery of Medication Assisted Treatment (MAT) Standards - Borders ADP is making timely progress on the implementation of the majority of MAT standards. A benchmarking exercise is underway and is led by Scottish Government. However, we are unable to fully achieve MAT 7: All people have the option of MAT shared with Primary Care. MAT is only available in Borders via Borders Addiction Service. A successful pilot has taken place by an Advanced Nurse Practitioner role to test approaches to improve joint working in delivery of physical health care needs but the level of funding associated prevents this role out across Borders.

7.20. Delivery of Treatment Target - Borders ADP has previously highlighted to Scottish Government that it is unlikely to meet the Drug Treatment target which is to increase the number of people in Borders receiving MAT prescribing from 415 to 451 individuals. This increase of 36 equates to

the national improvement target to increase by 9% from 81% of our estimated prevalence of problem drug users to 88%. At the end of Quarter 2 there were 368 individuals in receipt of MAT equivalent to 72% of our estimated prevalence of problem drug users.

7.21. Increasing access to Residential Rehab - The ADP published an update pathway for Residential Rehabilitation in September 2022. A self-assessment of the pathway has been submitted to Healthcare Improvement Scotland. Initial feedback was provided in December 2023 and an action plan will be developed for April 2024. By Quarter 2 2023-24 eight new places had been approved compared to five people accessing residential rehabilitation in 2022-23.

Local Dementia Strategy and Implementation Plan

7.22. Prior to the publication of the National Dementia Strategy 'Everyone's Story', (Scottish Government (2023)) a local Dementia Strategy is being developed by the local Dementia Strategy Group and in consultation with the Borders Dementia Working Group that have provided the vision - 'People are able to live well with Dementia in the Scottish Borders, at every point in their journey'. The local Dementia Strategy Group, (made up of carers, people living with dementia, Health and Social work staff and third sector representatives) meets monthly and will lead on the local dementia strategy implementation plan

7.23. Currently an Equality and Human Rights Impact Assessment is being completed and stage 2 is in progress along with stakeholder engagement and events. The local Dementia Strategy is due for completion in Spring 2024 and will inform local dementia care and delivery of services across the Health and Social Care Partnership.

Hay Lodge Public Dental Service

7.24. Over the last nine months, NHS Borders Public Dental Service have been reviewing the sustainability of the dental surgery clinics currently provided at Hay Lodge Health Centre. This was due to the low numbers of patients that were registered to receive treatment from this site and the need for minor estates work to be carried out to the clinic room to ensure compliance with infection control requirements. As at June 2023, there were 24 patients registered with Hay Lodge.

7.25. Following the completion of an Equality and Human Rights Impact Assessment, a public engagement exercise directly with the impacted patients has been completed. Alternative solutions were found for all of the registered patients that we were able to make contact with. These solutions being that the patients were identified as being eligible for domiciliary visits or that the patients were able to travel to Galashiels Health Centre for treatment.

7.26. We were unable to make contact with four of the patients due to them moving home, phone number no longer in use and no answer to our phone calls or letters.
Primary & Community Services have therefore made the decision to no longer provide a Public Dental Service from Hay Lodge Health Centre, this is being completed with immediate effect.

7.27. The Public Dental Service will continue to operate as normal from their other sites, listed below:

- Hawick Dental Centre
- Coldstream Dental Centre
- Kelso Health Centre
- Galashiels Health Centre
- Borders General Hospital

Community Hospitals Medical Model

7.28. The review of Community Hospital medical cover from the end of March 2024 for the Knoll and Kelso Community Hospitals has been completed, in line with the first element of the direction. Following the Suitability Feasibility and Acceptability analysis of the short list of options and the careful non-financial and financial appraisal, the preferred model is to share BGH Consultant(s) to support both Kelso and Knoll Community Hospitals, while employing an "in-house" Advance Nurse Practitioner (ANP) to cover both sites. This will ensure an effective sustainable model is developed that best meets needs is identified in the short term, and will be delivered within the existing delegated services budget. Work is now being progressed to implement this work.

7.29. Planning for the next phase of the work associated to the IJB Direction is being scoped and will commence shortly. In this phase, a model will be defined that is fit for the future is developed closely aligned with the needs of patients in Community Hospitals, and the objectives and ways of working outlined in our Health and Social Care Strategic Framework. This work is being scoped and will commence shortly.

Pharmacy support for social care service users

7.30. The Pharmacy team are pleased to report significant progress over recent months. From 2nd October, the team has been fully established, and the team have been working with colleagues in Adult Social Care to help review processes for identifying patients for pharmacy assessment, and communicating outcomes. Initially the team were completing pharmacy reviews only for patients where care was been delivered by SB Cares, but we now are able to identify patients for review from all care providers. In addition, the team have been working to support education and training.

7.31. The tables below outline progress between June – November 2023 in relation to ensuring that patients receiving care at home are receiving the most appropriate support with their medicines; reducing the need for carer visits where possible, especially for those patients receiving visits to support with medication only and thus release care back into the system; and improving medication safety in our frail older population.

Table 1: Known care visit savings to date for 2023*

Number of care visits/week stopped	Actual cost savings per annum	Number of care visits/week prevented	Cost avoidance per annum	Total number of care visits/week saved	Total care savings per annum
126	£34,398	182	£ 49,686	308	**£84,084**

Table 2: Known total monthly savings for **June – November 2023***

	June	July	Aug	Sept	Oct	Nov
Care cost savings per annum	£7,644.00	£7,644.00	£3,650.00	£0.00	£15,288.00	£19,110.00
Drug cost savings per annum	£300.12	£1,031.78	£0.00	£1,129.08	£1,521.45	£2,222.20
Hospital Admission		£2,852.00				£2,852.00

Avoidance						
Total cost savings	**£7,944.12**	**£11,527.78**	**£3,650.00**	**£1,129.08**	**£16,809.45**	**£24,184.20**
Actual cost savings	£300.12	£6,764.78	£0.00	£1,129.08	£1,406.97	£4,133.20
Cost avoided	£7,644.00	£4,763.00	£3,650.00	£0.00	£9,555.00	£20,051.00

* These figures are an underestimate as a separate Information Technology issue also remains in that we are currently unable to pull reports from EMIS Web to collate our data, therefore no technician data for September – November is available for this report.

7.32. The team have delivered training for the Home First team to support the development of level 3 medications administration support in the service. The team are also working to support updates to Adult Social Care training material. The team are working to develop the NES "Effective Medicines Administration Practice," national training education programme, which in turn will support our local approach to delivery across the HSCP. This is the national recommended education programme for Healthcare Support Workers (HCSWs) at level 3 and 4 of the NHS Career Framework for Health who participate in the administration of medicines in NHS Scotland and is due for launch on 14th December 2023. When this has been released, our team will update our local training materials for Home First and the SB Adult Social Care teams and incorporate the national training.

7.33. The team has also been working to promote independence and reablement using assistive technology. This is in close partnership with the Community Equipment Store Technology and Equipment Project Group.

Integration of Home First and Adult Social Care

7.34. To meet the level of demand required it is acknowledged that Home First would benefit from utilising the efficiencies of adult social care. This includes the use of Total Mobile for scheduling visits, minimising travel, supporting governance and administrative processes. This alone could support an increase of up to 20% capacity within the service. The addition of access to pool cars, and a wider staff group to support workforce resilience and sustainability would also significantly increase service capacity and reduced current service overspend. Delivering this reablement approach within the Adult Social Care line management structure would support all the above benefits with AHPs within Home First continuing to be managed within NHS structures. At present Home First utilise registered AHP staff to support the activity of reablement staff, triage referrals, perform scheduling and other administrative duties. By utilising an 'assistant team leader' role as found in adult social care it would free up 10-20% AHP capacity to support additional reablement assessment or rehabilitation demand.

7.35. Adult Social Care are currently reviewing staffing levels to ascertain the level of existing workforce that can be aligned to this integrated service. Following initial discussion with the Care Inspectorate, the Care Inspectorate have highlighted the requirement for assurance around the service's aims and objectives, the line management responsibility for staff, quality of care and support that they provide and how the two staff teams would align in terms of terms and conditions of employment. As such, further work is required and underway to provide these assurances to the Care Inspectorate, and is the current focus and priority of the workstream, however will significantly impact on previously projected timescales for progression of other elements of the project and ultimate delivery, with a full report now scheduled for the March IJB.

7.36. The directive to integrate services whilst retaining current employee pay and terms and conditions has been one of the fundamental considerations and complexities throughout this

process. The need for equity in relation to staff across the HSCP who currently perform similar roles but within different pay structures has created a challenging position. Various HR mechanisms have been explored by the staff engagement subgroup. These have included options such a secondment, attachment and 'Joint Service'.

7.37. Discussions through the staff engagement subgroup have also identified the potential impact on staff in relation to this change and the need for sensitivity, reassurance and transparency through the process. It has been identified that ensuring this integration is presented as a 'coming together' of both organisations to deliver integrated reablement on behalf of the HSCP ensures a distinct identity for the service. Work to progress to the formal staff engagement stage has been impacted by the necessary requirement to focus on further work to satisfy the requirements of the Care Inspectorate, and has been postponed at present to allow this work to be completed.

7.38. The complexities notes above, primarily in relation to Care Inspectorate requirements have impacted the initial timescales presented for this project. In order to mitigate some of the impact of this delay, work is underway within both services to support additional capacity. Within Adult Social Care this will seek to develop additional reablement capacity within existing teams, and within Home First this will involve review of staff rostering patterns and medicine administration in order to maximise capacity and efficiency.

Business Continuity Planning: Exercise Unity

7.39. Exercise Unity was a tabletop exercise designed to proactively address potential winter crises and enhance joint organisational resilience going forwards across Borders Health and Social Care Partnership (HSCP) to support the IJB and HSCP as part of their Category 1 Responder role. Acknowledging the evolving challenges in delivering health and social care during times of crises, the exercise intended to simulate comprehensive crisis scenarios, testing the joint response mechanisms and collaborative capabilities of NHS Borders and Scottish Borders Council (SBC).

7.40. The scenarios presented two realistic winter-period emergency situations, demanding real-time decision-making, resource allocation, and effective communication between NHS Borders and SBC colleagues to maintain the high level of service that these organisations provide to the population of the Scottish Borders as members of the HSCP.

7.41. Participating stakeholders engaged in dynamic discussions and problem-solving, offering valuable insights into the HSCP's and wider organisations' strengths and weaknesses. The exercise facilitated a holistic learning experience, enabling participants to gain a deeper understanding of their roles and responsibilities during crises.

7.42. Exercise Unity and the subsequent debrief successfully uncovered areas of improvement, leading to the creation of tangible and achievable actions that will be taken forward to enhance the resilience of our organisations in the future.

Carr Gomm Partnership of the Year: Millar House

7.43. We are delighted to note that Carr Gomm's Borders Team and the Health and Social Care Partnership were successful in receiving the Carr Gomm Partnership of the Year award at the Carr Gomm Annual General Meeting on 24th November.

7.44. The award recognised the successful impact that our partnership working has had over many years and celebrated the efforts of our recent collaboration to make Millar House a reality. The nomination recognised the positive difference that our partnership has on the people we support and how we work as a team.

Emergency Department Medical Workforce Review

7.45. In their last meeting, our Strategic Planning Group considered a proposal to increase staffing within the Emergency Department of the Borders General Hospital. This related to the risk carried overnight in the Emergency Department, where there is a single senior medical decision maker, and nurse staffing that does not align to professional judgement in line with overnight levels of activity. The Strategic Planning Group were broadly supportive of the paper, however indicated that in the context of cost of £1.2m, further work was required to develop a robust financial plan to support the paper prior to coming for consideration to the Integration Joint Board. In the context of financial and service impact, and affordability, this would have to be funded from within the current set aside budget.

7.46. The paper was then considered by the NHS Borders Board who agreed in principle to the paper but also noted the need for a financial plan to support this cost as a pre-requisite to supporting the paper.

8. IMPACTS

Community Health and Wellbeing Outcomes

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

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

Financial impacts

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

Equality, Human Rights and Fairer Scotland Duty

8.3. An assessment against these duties is not required as this is a summary report and IIAs are being conducted as required for each item.

Legislative considerations

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

Climate Change and Sustainability

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

Risk and Mitigations

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

9. CONSULTATION

Communities consulted

9.1. This is not applicable to this update report.

Integration Joint Board Officers consulted

9.2. This is not applicable to this update report.

Approved by: Chris Myers, Chief Officer

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Background Papers: Not applicable

Previous Minute Reference: Not applicable

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Appendix 1: Performance Report

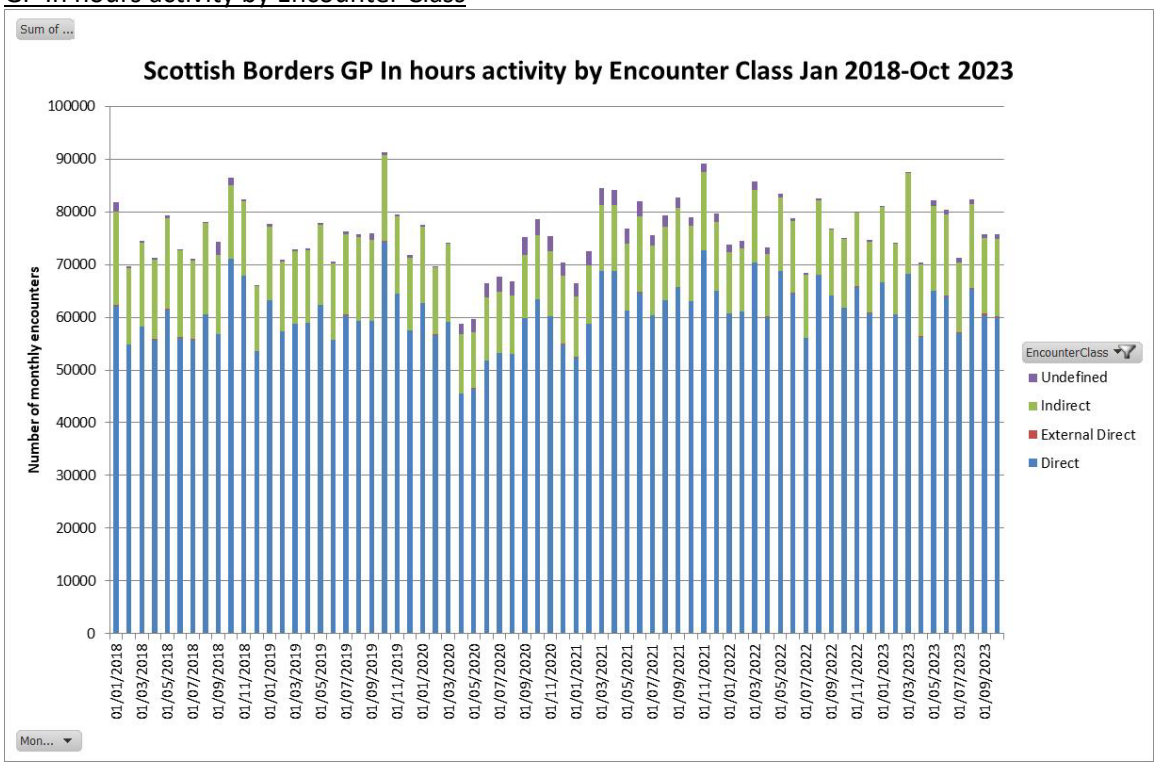
Scottish Borders
Health and Social Care
PARTNERSHIP

Performance Report (including Quarterly Performance Report) for the Scottish Borders Integration Joint Board January 2024

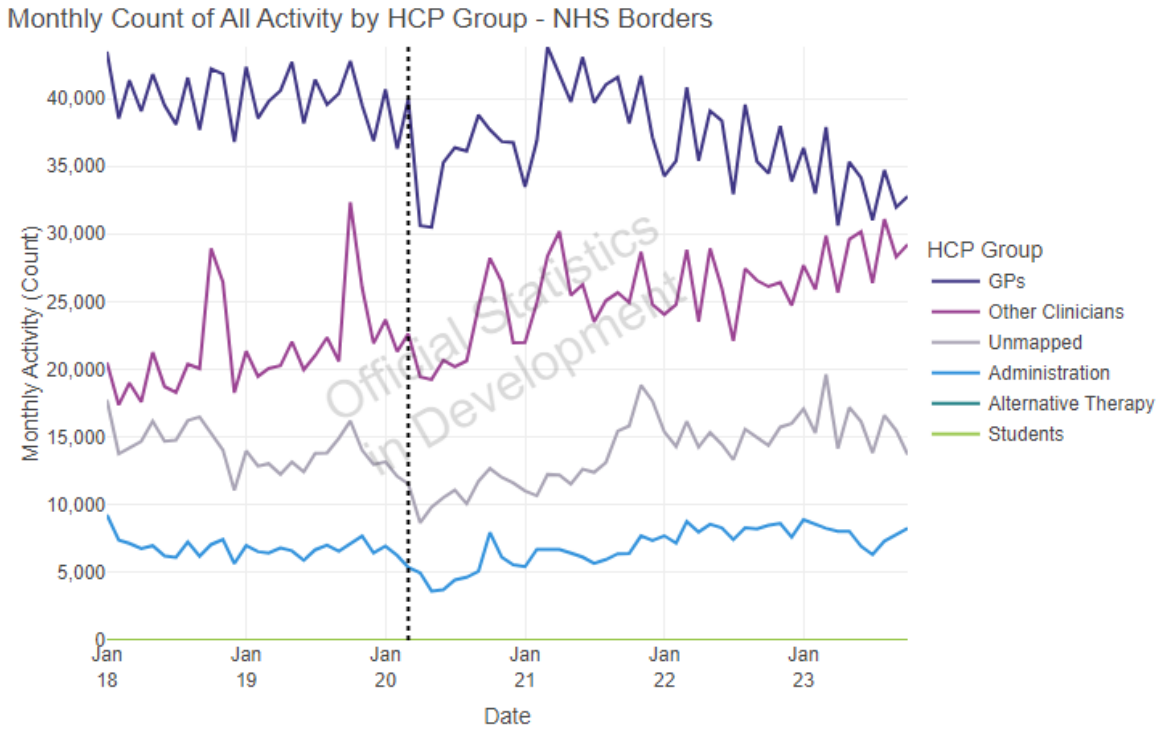
SUMMARY OF PERFORMANCE:
Latest available Data

Objective 1: Improving Access

GP In hours activity by Encounter Class



GP In hours Activity by Health Care Professional January 2018-October 2023



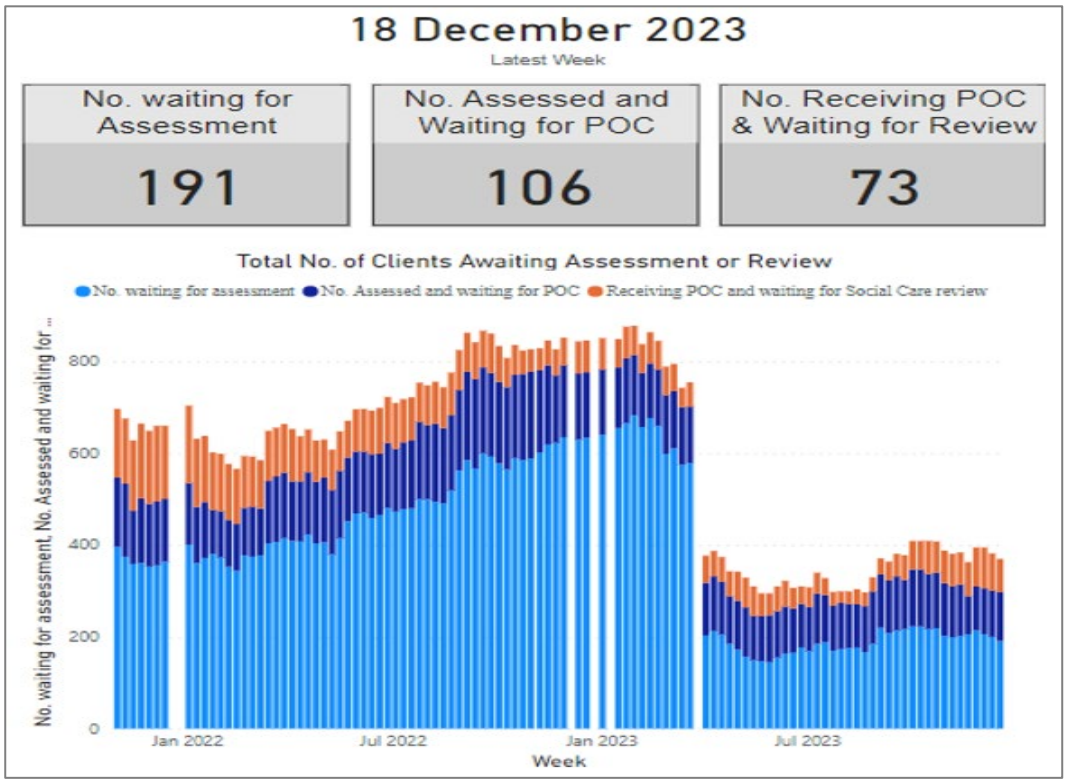
Note: Dashed vertical line indicates March 2020 when the pandemic was declared and lockdown introduced.

What is the data telling us?

The data tells us that despite significant and growing GP workforce constraints in the Scottish Borders, the level of activity from GP Practices has not reduced. However there has been a reduction in General Practitioner delivered activity, with an increase in other clinician activity. This will represent the delivery of

the community health Multi-Disciplinary Teams of the Primary Care Improvement Plan, along with choices made by individual practices to recruit more clinical staff to diversify their workforces.

Social Work Assessment Waiting List



What is the data telling us?

The data is telling us that the number of people awaiting a social work assessment has recently been undulating. The major drop in assessment waits related to the recoding of Occupational Therapy assessments, in line with national definitions.

What is being done?

Community Led Support through the availability of WhatMatters Hubs is reducing Social Work assessment delays.

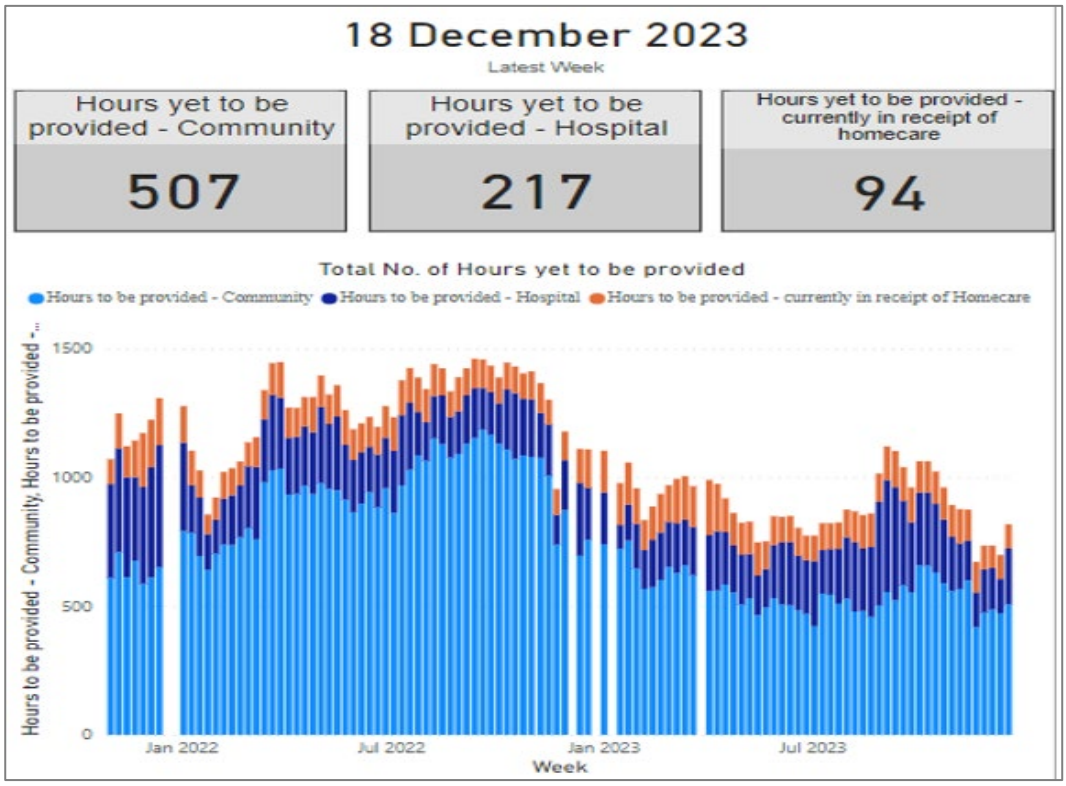
Two of our teams are at establishment (Cheviot and Tweeddale), however there are gaps in the remaining three localities and the Emergency Duty Team. There have been significant levels of extra social work input to offset this via overtime and agency cover, however this does not bring us to full establishment.

The Social Work pathfinder is expected to reduce the time it takes to do an assessment. However it is worth noting that national changes associated to improving chronologies will offset some of this reduced time.

Work on single / trusted assessment is ongoing and it is envisaged will improve a reduction in assessment waits.

There is now closer working between Occupational Therapy teams across the Health and Social Care Partnership between NHS Borders and Scottish Borders Council, which is reducing duplication between services, and associated waits.

Total Hours of Unmet Homecare Need



What is the data telling us?

The data is telling us that the hours to be provided has reduced significantly in the community over the past 18 months. This is as a result of the significant efforts to increase capacity, recruit, and redesign services as previously noted in member's briefings.

However the number of hours to be provided for people in hospital waiting for home care has not reduced by the same proportion. This is due to the higher level of need of these individuals which makes care harder to source.

What is being done?

There is close working in partnership with home care providers across the Scottish Borders to ensure that we maximise efficiency and the impacts of our commissioned arrangements, so that we can better support our communities.

Agency staff have been deployed into Adult Social Care.

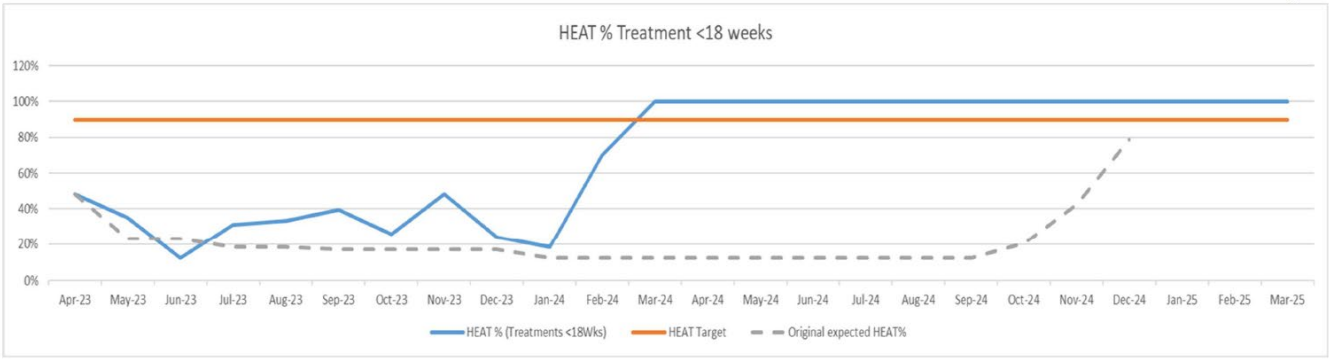
In addition, work to integrate Home First and Adult Social Care and develop a reablement model will reduce demand for long term home care.

Child and Adolescent Mental Health Waiting Times

Updated 05.01.24

Mental Health Waiting Times – CAMHS

Fig. 5



What is the data telling us?

The table shows the current trajectory based on the current projected accepted referrals and number of treatments to be completed (12 New Patient Appointments per week 51 per month) which is currently being weighted in favour of 70% Category 2 (Core Mental Health) and 30% Category 1 (Neurodevelopmental) in order to meet the LDP (Heat target) earlier than originally reported. There has been a decrease in the total number of referrals for November 2023 (56) compared to 77 for October 2023. There has been an increase in the number of rejected referrals for November 2023 (33) compared to 29 for October 2023. The percentage rejected has therefore increased for November 2023 (58.9%) compared to October 2023 (37.7%).

Plan to Reduce Child and Adolescent Mental Health Waiting Times

New Patient Assessments (NPA)

- The service continues with the waiting times initiative of seeing 12 new patients per week. However in November 23 the service carried out a review of all Cat 1 and Cat 2 cases and re-categorised some patients from Cat 2 to Cat 1. The new categorisation was weighted in favour of Core Mental Health (Category 2) (70%) against Neurodevelopmental (Category 1) (30%) this initiative was to reduce the Core Mental Health waits and meet the RTT target of 90% sooner than originally predicted.
- The tagging process is continuous and under constant review against the CAMHS Specification, all patients waiting have been tagged as being CAT1 (Neurodevelopmental) or CAT 2 (Core mental health) this allows the team to review patients waiting to access the service, with a view to determining appropriate signposting or establishing any possible interventions prior to a first appointment.

School Referral Rollout

- The pilot was a huge success with excellent quality referrals from the 4 pilot schools for Neurodevelopmental patients.
- We have now rolled out Neurodevelopmental referrals to 22 schools in Tweeddale and Eildon West area.
- The next phase of rolling out to a further 15 schools in Eildon East is about to commence.

Recruitment

- Nursing – 2 Band 6 nurses now in post with 3 unfilled posts and 1 band 6 OT post to be advertised internally for 12 months temp contract.
- Approval for a temporary band 3 admin assistant has been agreed for 6 months this post will provide administrative support for medical staff in order to release medical time.
- Medical staffing vacancy continues and there is still one consultant vacancy, although the service has an additional speciality doctor on a temporary basis and a clinical development fellow for one year.

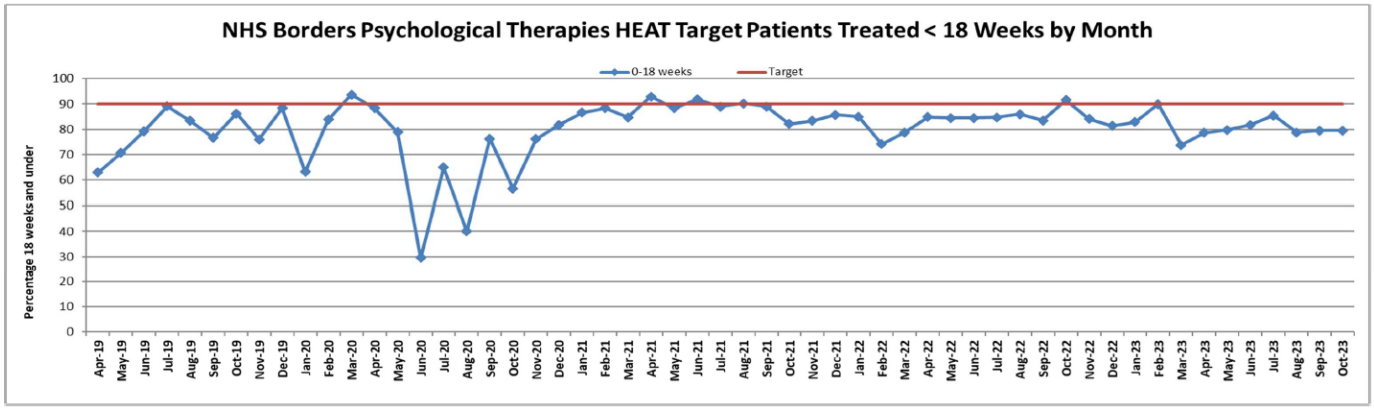
- Administration continues to be under a great deal of pressure with sickness from a team secretary. Along with annual leave. Leaving the admin service with restricted resources and having to call on other services to provide additional remote support.

RHCYP Melville Unit (Royal Hospital for Children & Young People)

- Access to specialist young person beds continues to be challenging placing demands on the adult acute inpatient service.

Psychological Therapies

Mental Health Waiting Times - Psychological Therapies



What is the data telling us?

The 18 week RTT HEAT target for Psychological Therapies measures those people who are starting treatment and how long they have waited for this to start. The target is to see 90% of those starting treatment within 18 weeks.

Performance this month towards the PT RTT standard is largely the same as last month at 79.39 % - last months was 79.47%. In October the service started treatment with 165 patients (151 in September 2023) of which 34 (31 in September 2023) patients had waited longer than 18 weeks for a first treatment appointment (Figure 1).

Our Learning Disability psychology service is under great pressure with a known capacity gap. Older adult psychology is also under great pressure due to vacancies and this situation is not likely to improve in the next six months. CAMHS Psychology is also under pressure due to maternity leave. Adult mental health secondary care is under great pressure due to unprecedented and sustained high referrals and vacancies.

Current Psychological Therapies Waiting List

As at 31st October 2023 we have 645 people on our waiting list, a slight increase of 3 from last month, 91% of whom have waited less than 18 weeks (a slight improvement from last month). We do not have anyone waiting over 52 weeks. We have 10 people waiting in the 35-52 week range which represent 1.6% of those waiting. Waits over 18 weeks are mainly due to capacity issues and delays in secondary care psychology services, especially older adults, learning disability, substance misuse and adult mental health. For those areas which have had an increase in referrals, we are noticing a build-up of assessments, which will most likely impact on treatment waits.

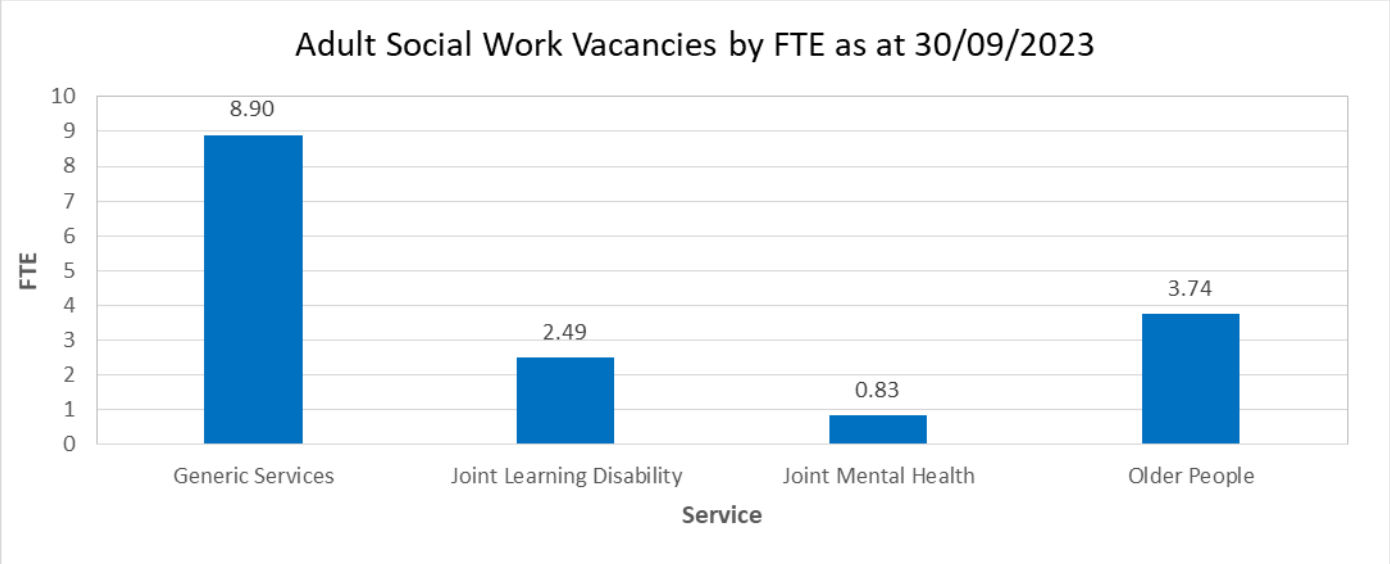
Workforce

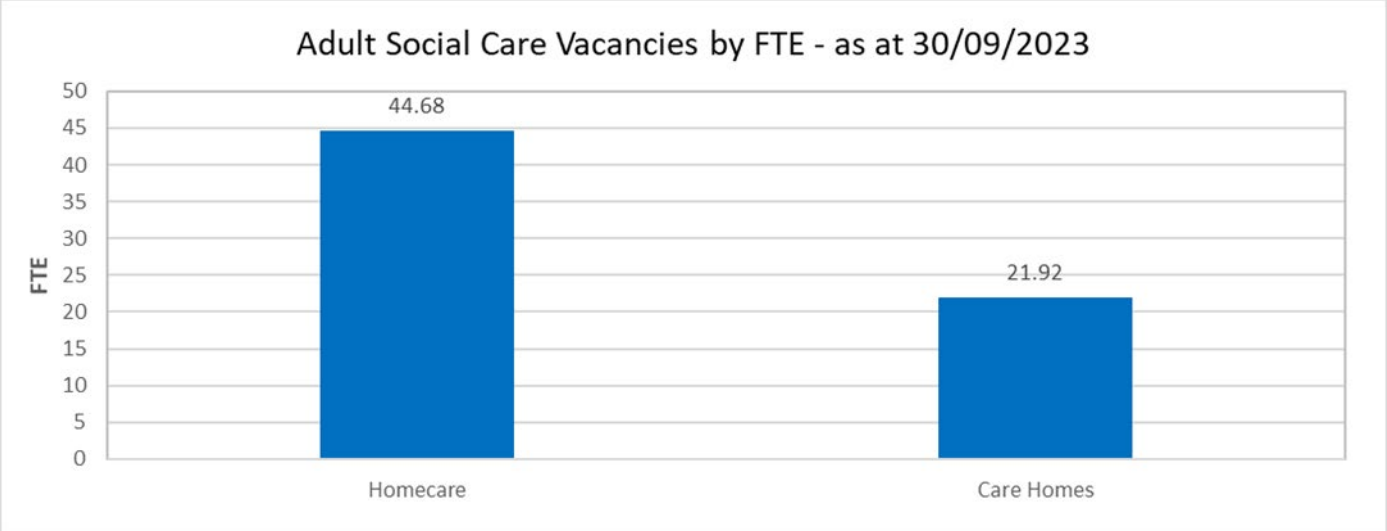
We have some current vacancies and gaps in service that are impacting on our performance. Current vacancies are in adult and older adults psychology. We continue to try to recruit to these posts and are

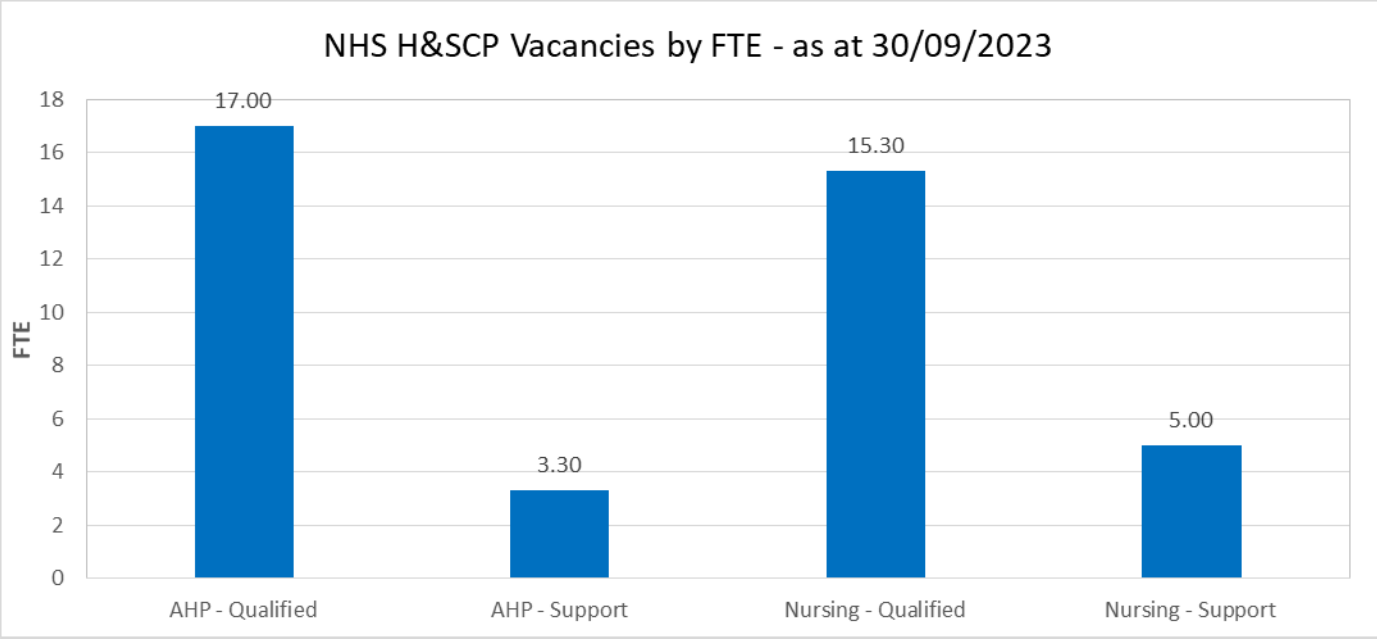
using some locums where possible. We have three members of staff on maternity leave in child psychology/CAMHS.

Objective 2: Rising to the workforce challenge

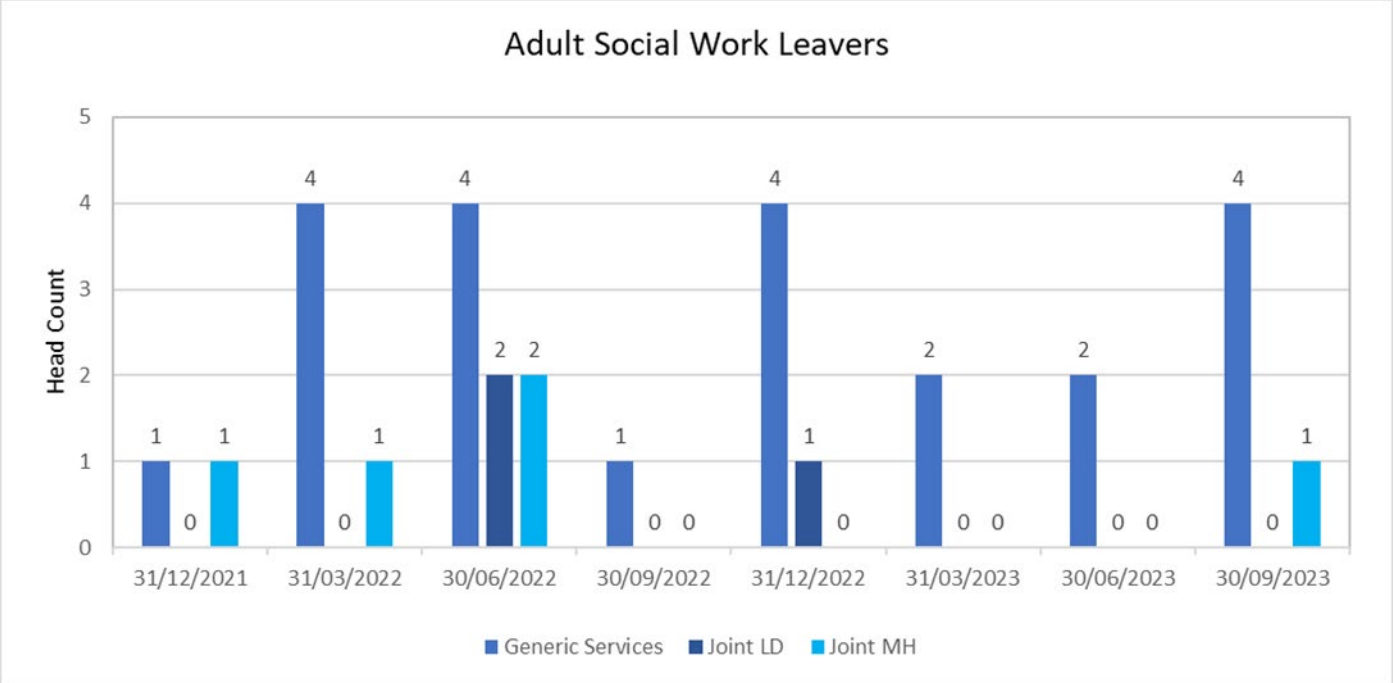
Vacancies by FTE

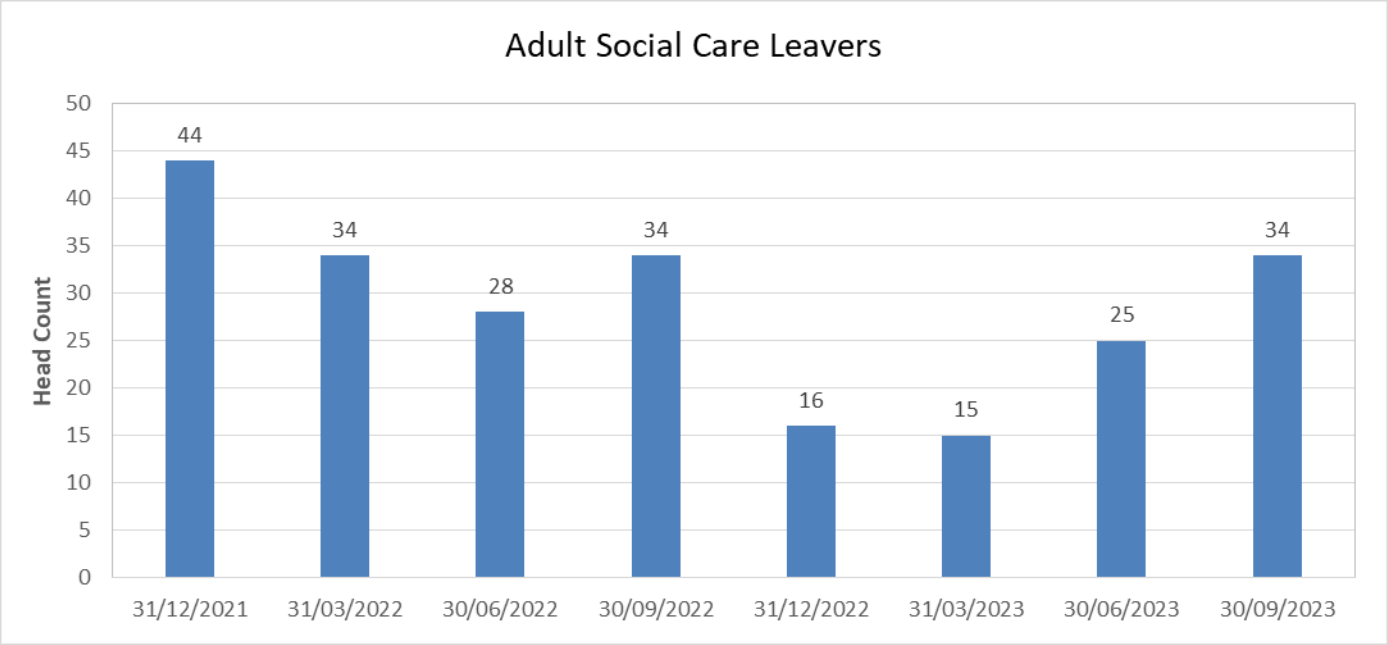


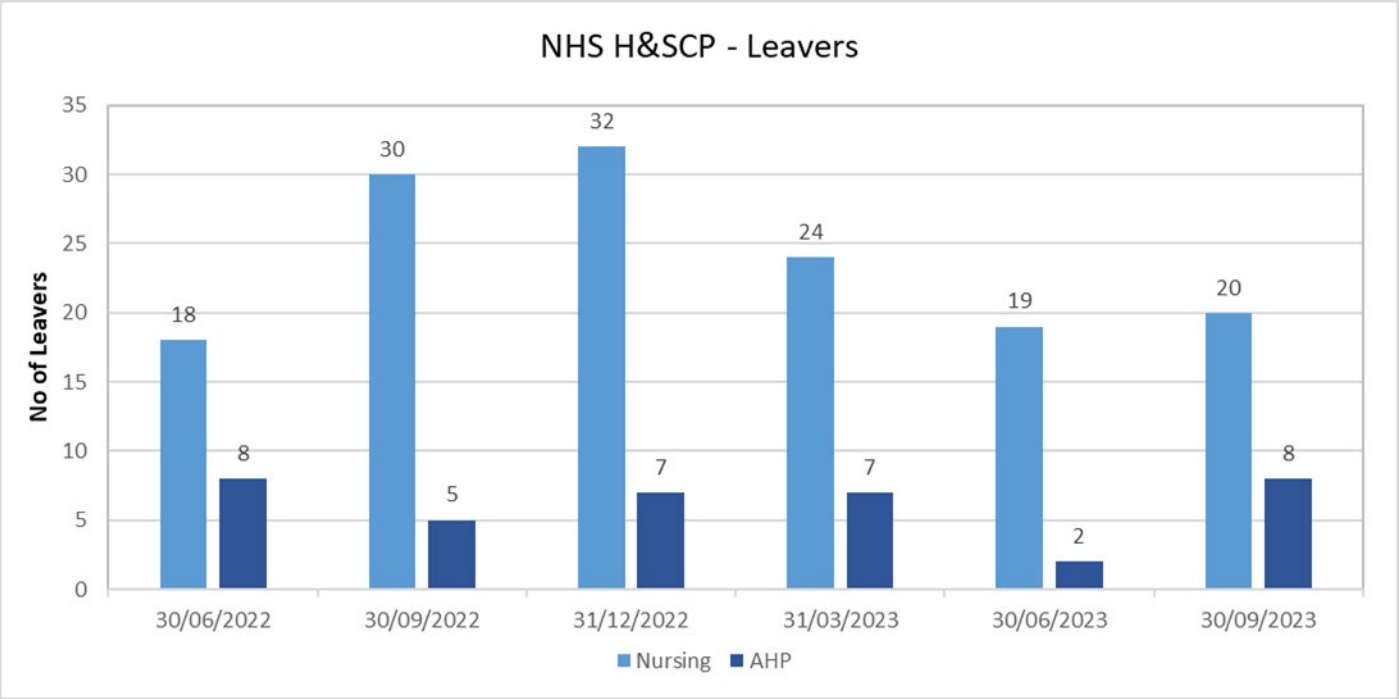



NHS H&SCP Vacancies by FTE - as at 30/09/2023
FTE
18
16
14
12
10
8
6
4
2
0
17.00
3.30
15.30
5.00
AHP - Qualified
AHP - Support
Nursing - Qualified
Nursing - Support

Leavers


Adult Social Work Leavers
Head Count
5
4
3
2
1
0
1 0 1
4 0 1
4 2 2
1 0 0
4 1 0
2 0 0
2 0 0
4 0 1
31/12/2021
31/03/2022
30/06/2022
30/09/2022
31/12/2022
31/03/2023
30/06/2023
30/09/2023
Generic Services
Joint LD
Joint MH





How are we performing?

Adult Social work

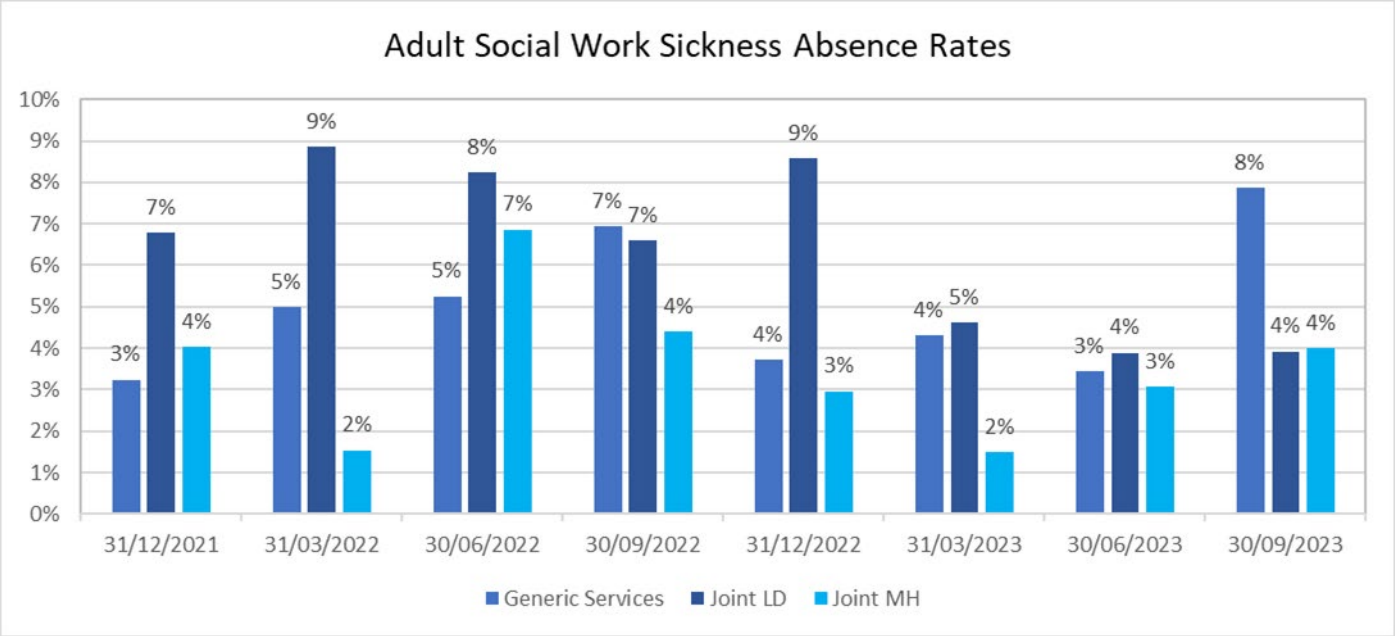
Adult Social work have experiences challenges with recruitment and retention of OTs, partly due to the difference in pay awards between NHS and COSLA. An OT assistant post is currently advertised, however, several unsuccessful adverts have been previously released due to no candidates/lack of qualified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

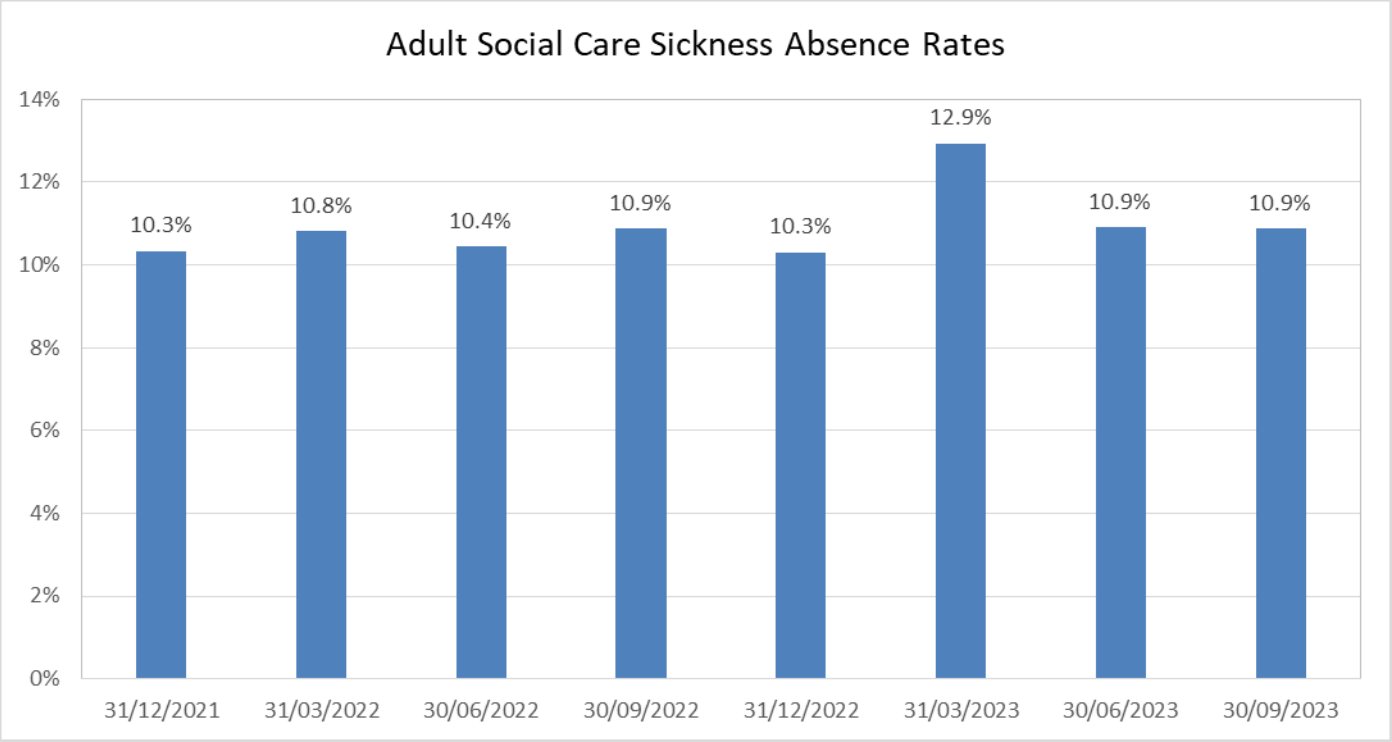
Recruitment and retention of Social workers continues to be an issue both locally and nationally (although we are not one of the councils with the highest No of vacancies in the latest SSSC report) due to a shortage in those holding Social Work qualifications. Mitigation is being taken here with the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

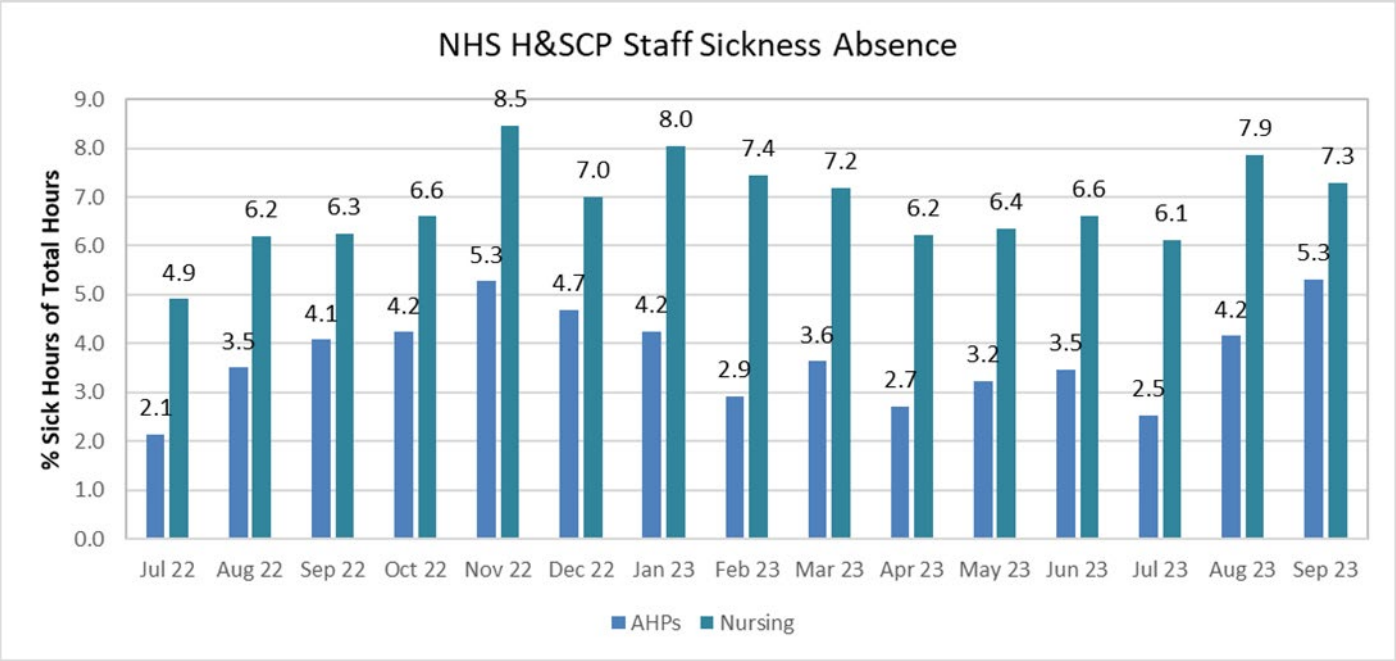
approach those who move internally between services (Childrens to Adults and vice versa) to get a better understanding of what drives internal movement too.

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

Sickness absence

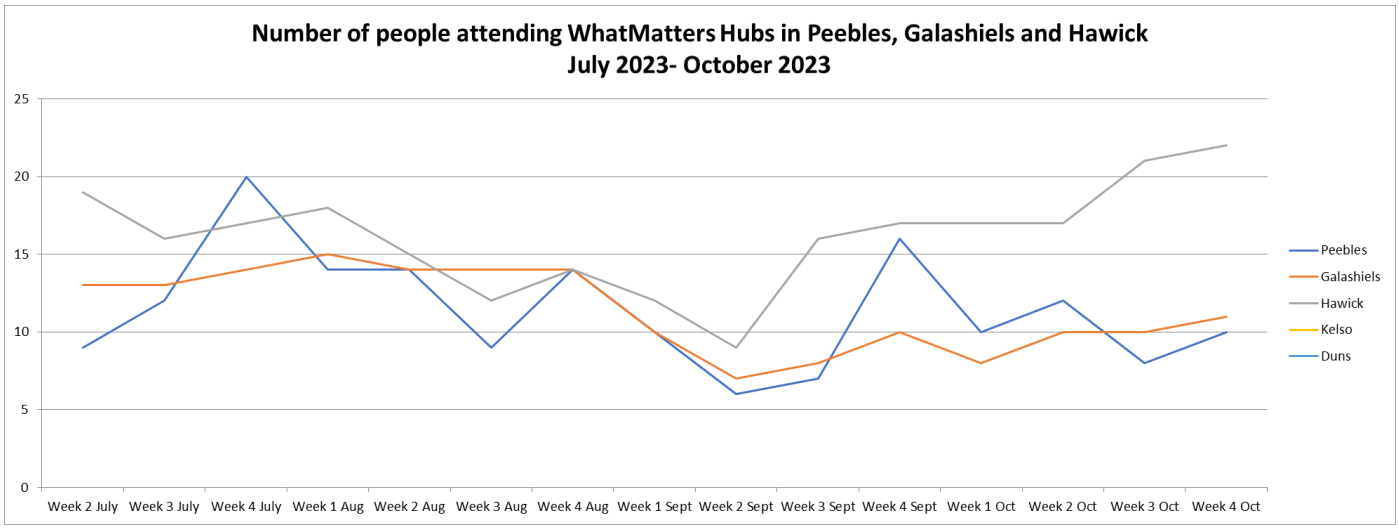


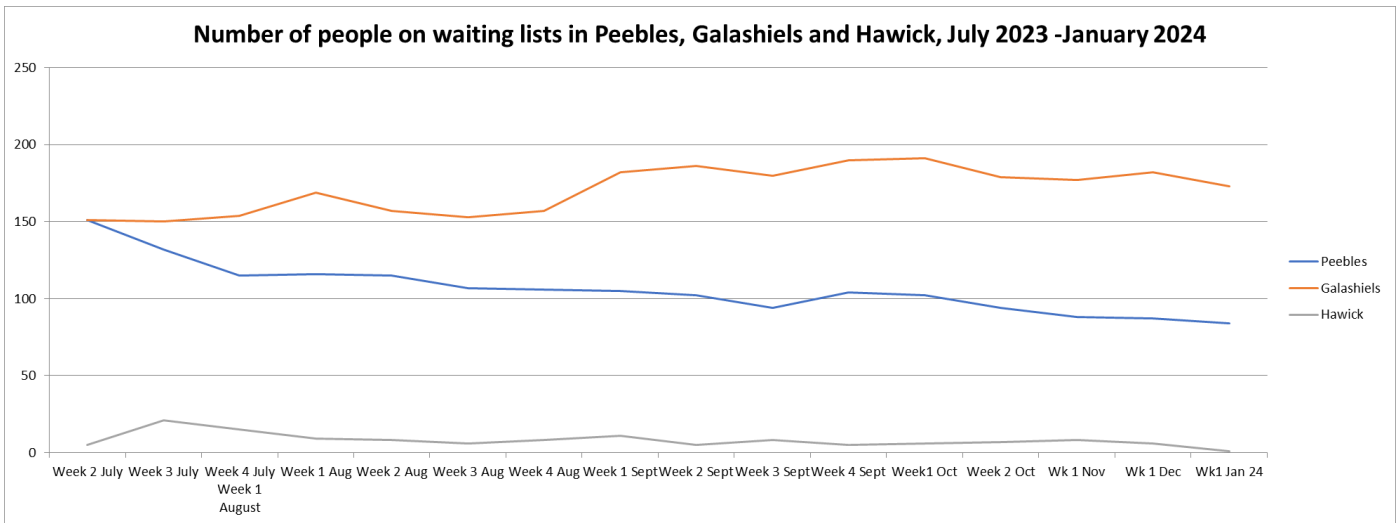


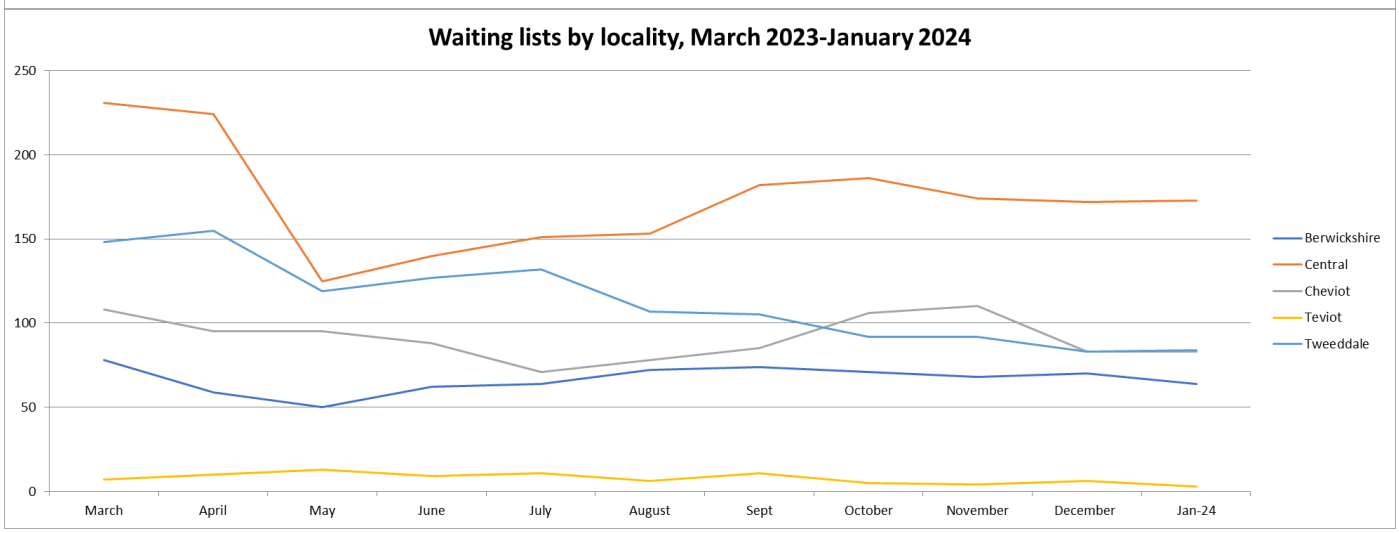

NHS H&SCP Staff Sickness Absence
% Sick Hours of Total Hours
9.0
8.0
7.0
6.0
5.0
4.0
3.0
2.0
1.0
0.0
2.1
4.9
3.5
6.2
4.1
6.3
4.2
6.6
5.3
8.5
4.7
7.0
4.2
8.0
2.9
7.4
3.6
7.2
2.7
6.2
3.2
6.4
3.5
6.6
2.5
6.1
4.2
7.9
5.3
7.3
Jul 22
Aug 22
Sep 22
Oct 22
Nov 22
Dec 22
Jan 23
Feb 23
Mar 23
Apr 23
May 23
Jun 23
Jul 23
Aug 23
Sep 23
AHPs
Nursing

Objective 3: Prevention and Early Intervention

WhatMatters Hub Statistics July 2023 – September 2023





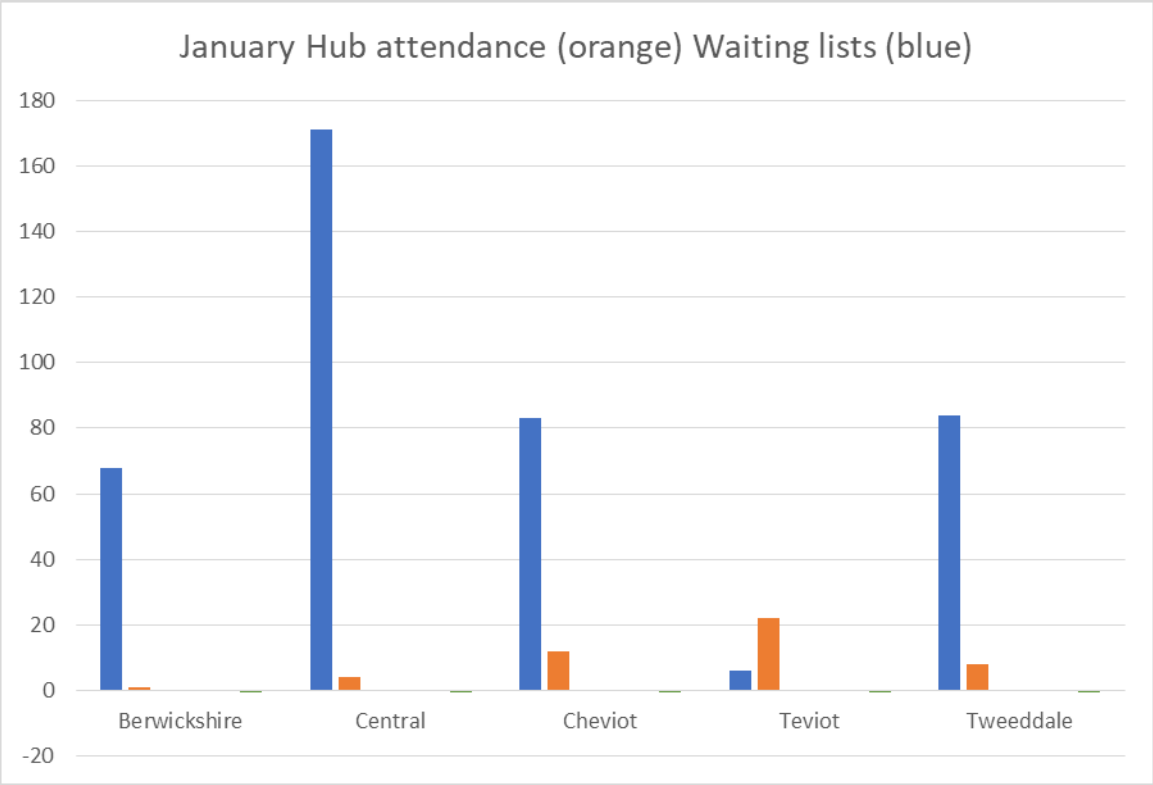


What is the data telling us?

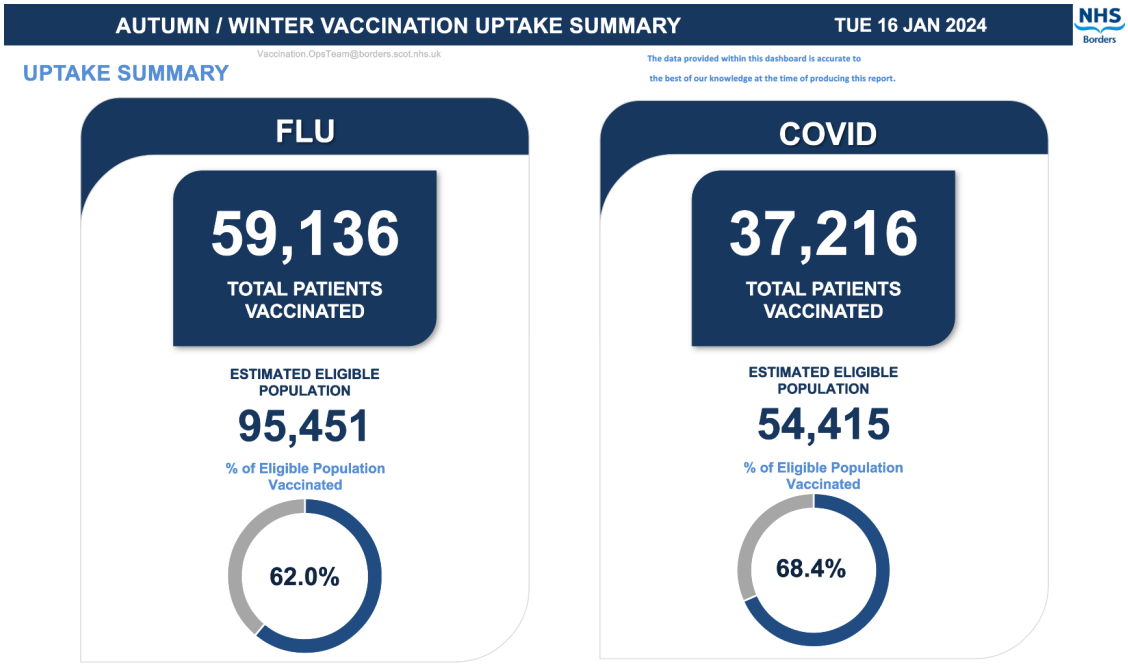
In localities where WhatMatters Hubs operate, there has been a reduction in waiting list numbers and waiting times. Teviot has consistently run its Hub for a period of 20 months; this is reflected in low waiting

numbers and waiting times for assessment. Up until Autumn 2023 there was little change in Berwickshire and Cheviot. Both Cheviot and Berwickshire commenced operating WhatMatters Hubs in November and December 2023 respectively. Cheviot established its Hub in November 2023; an immediate reduction in the waiting list is noted in December 2023 and January 2024.

There was a correlation between the number of people who attend the WhatMatters Hubs in January and the size of the waiting lists in these areas.



Covid and Influenza Vaccination uptake



AUTUMN / WINTER VACCINATION UPTAKE SUMMARY

TUE 16 JAN 2024

NHS Borders

Vaccination.OpsTeam@borders.scot.nhs.uk

The data provided within this dashboard is accurate to the best of our knowledge at the time of producing this report.

UPTAKE SUMMARY BY COHORT

FLU

58,983

TOTAL PATIENTS VACCINATED

UPTAKE BY COHORT			Uptake Aspiration
Health Care Workers Social Care Workers	1,937 1,254	49.3% 40.4%	HCW: 60% SCW: 45%
Care Home Residents	639	92.6%	95%
Over 75 Years Old	13,150	87.4%	90%
65 – 74 Years Old	12,651	80.5%	90%
WIS 12+	1,934	73.3%	60%
18 – 64 At Risk	8,613	52.4%	60%
50 – 64 Years Old	6,788	37.2%	60%
2 - 5 years old (not yet at school)	1,156	50.0%	65%
Primary School Pupils	5,943	75.3%	80%
Secondary School Pupils	4,317	61.4%	65%
6 Months – 2 Years At Risk	12	60.0%	

COVID

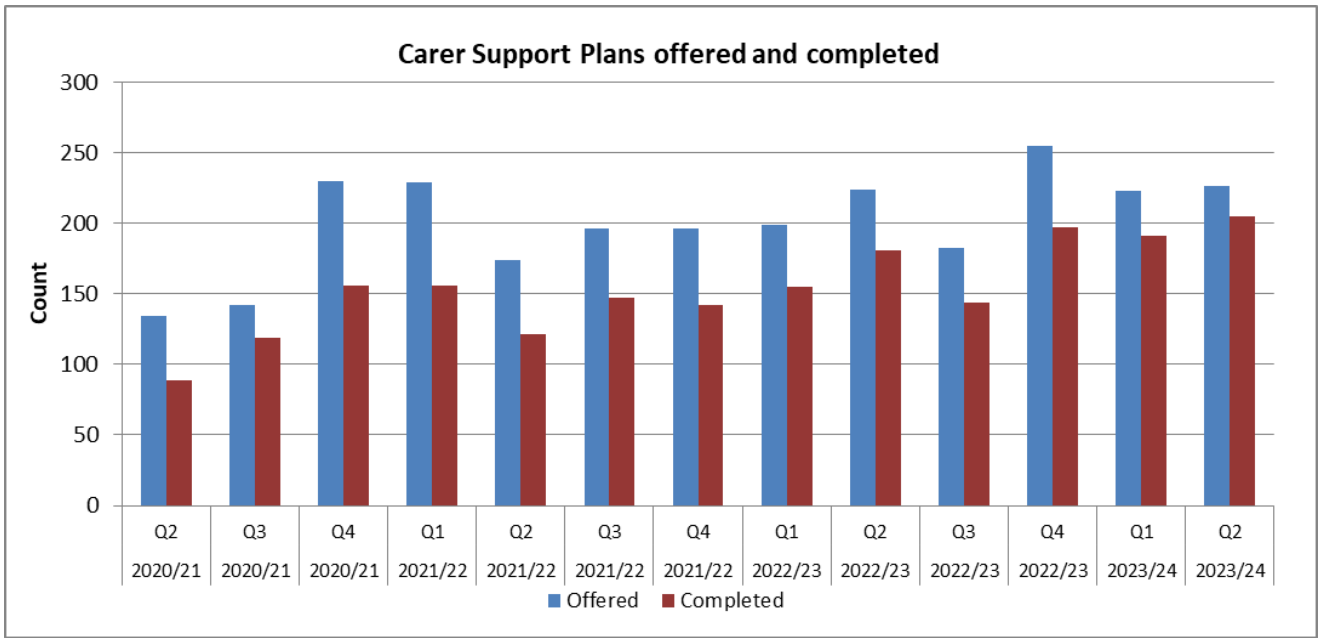
37,216

TOTAL PATIENTS VACCINATED

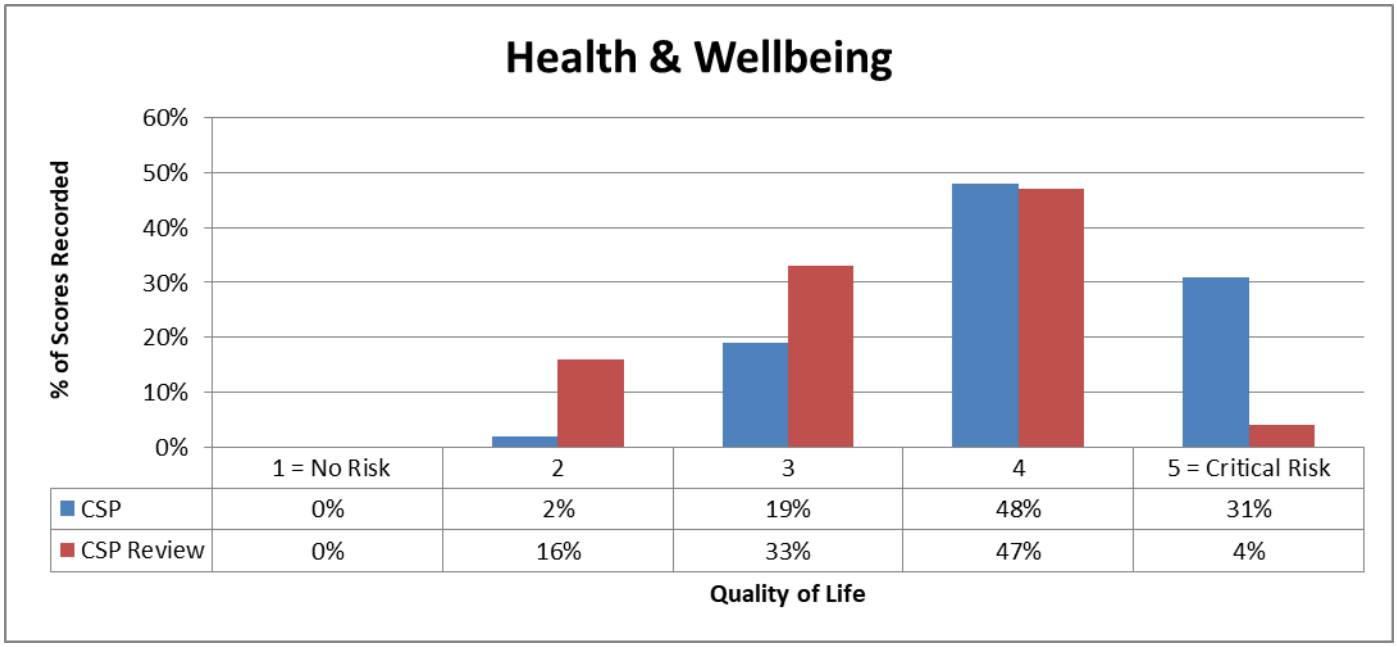
UPTAKE BY COHORT			Uptake Aspiration
Frontline Health Care Workers Social Care Workers	970 923	40.9% 29.7%	HCW: 60% SCW: 45%
Care Home Residents	638	92.5%	95%
Over 75 Years Old	13,242	88.0%	90%
65 – 74 Years Old	12,793	81.4%	90%
WIS 12+	1,849	69.3%	60%
12 – 64 At Risk	6,715	47.7%	60%
5 - 11 At Risk	82	13.2%	60%
6 Months – 4 Years At Risk	4	3.4%	

Objective 4: Supporting unpaid carers by getting services for the cared for right

Unpaid Carers offered and completed Carer Support Plans

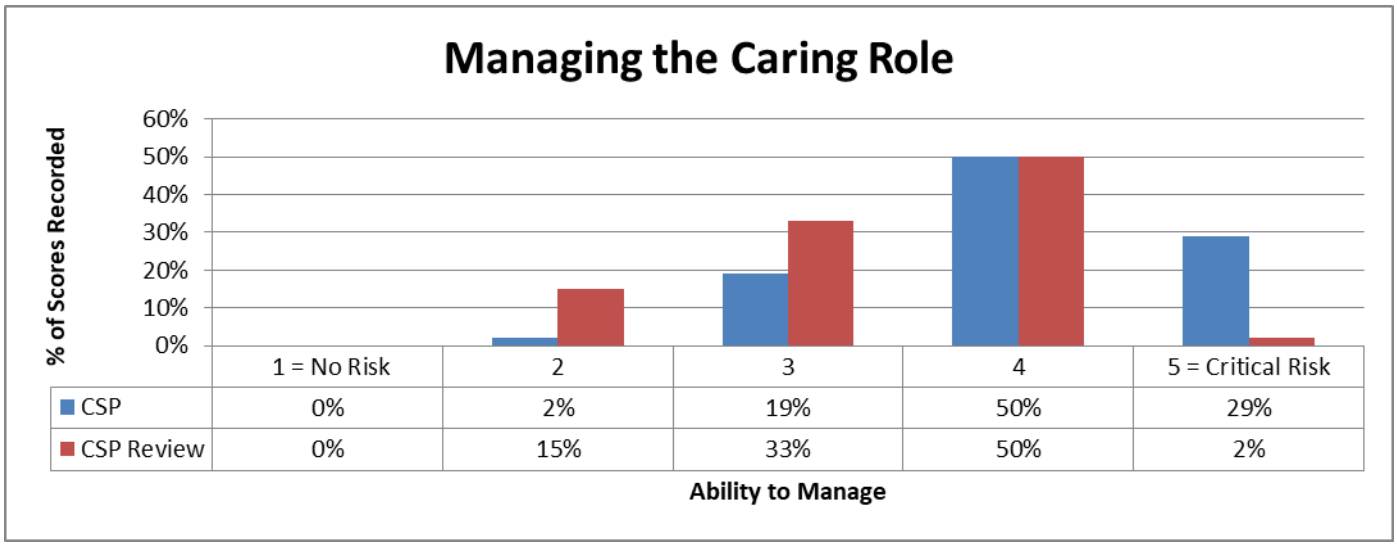


Impact of Carer Support Plans (CSPs) on reported health and wellbeing of Unpaid Carers (Q2 2023/24)

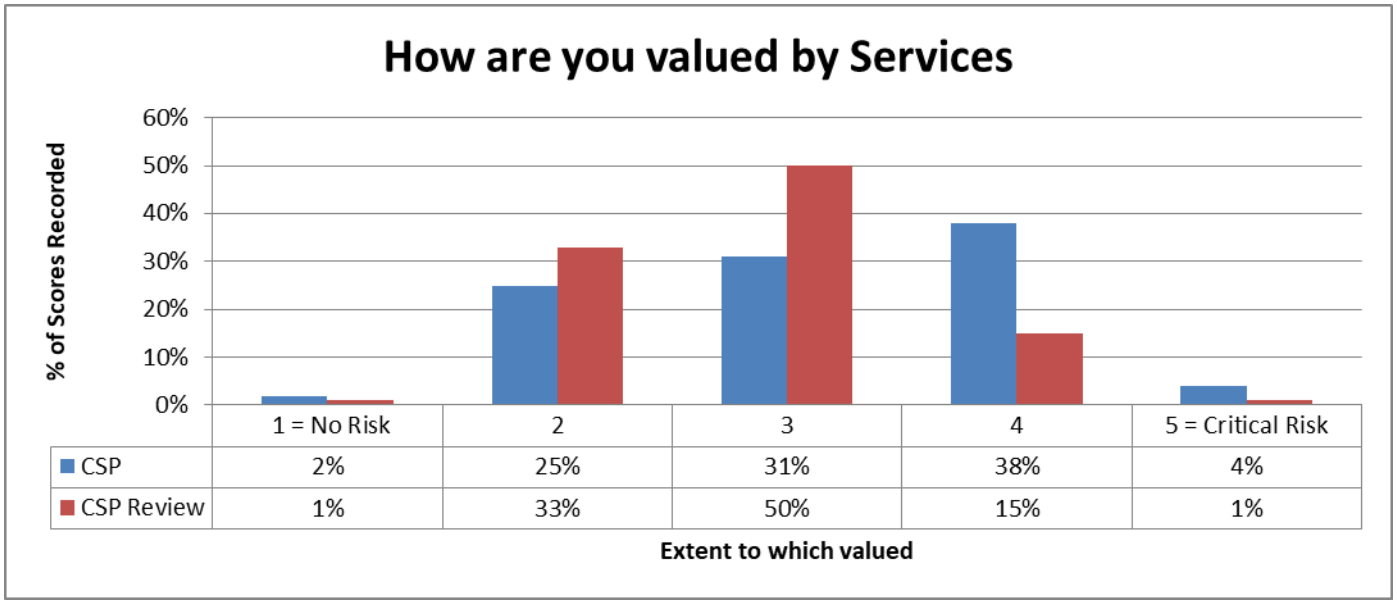


	1 = No Risk	2	3	4	5 = Critical Risk
CSP	0%	2%	19%	48%	31%
CSP Review	0%	16%	33%	47%	4%

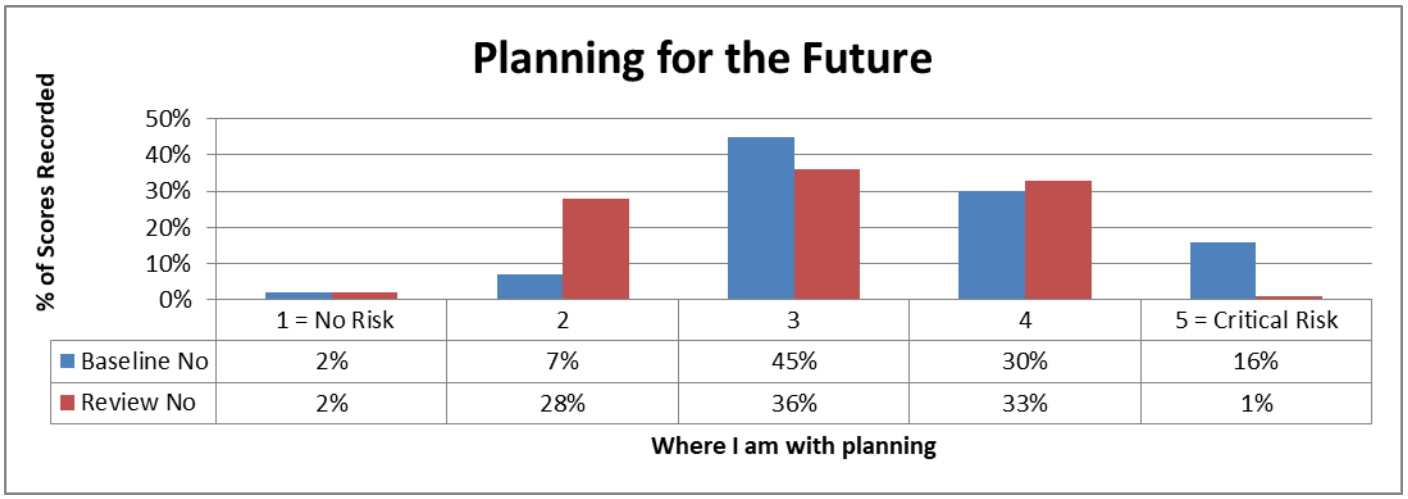
Impact of Carer Support Plans on how Unpaid Carers are able to manage the Caring role (Q2 2023/24)



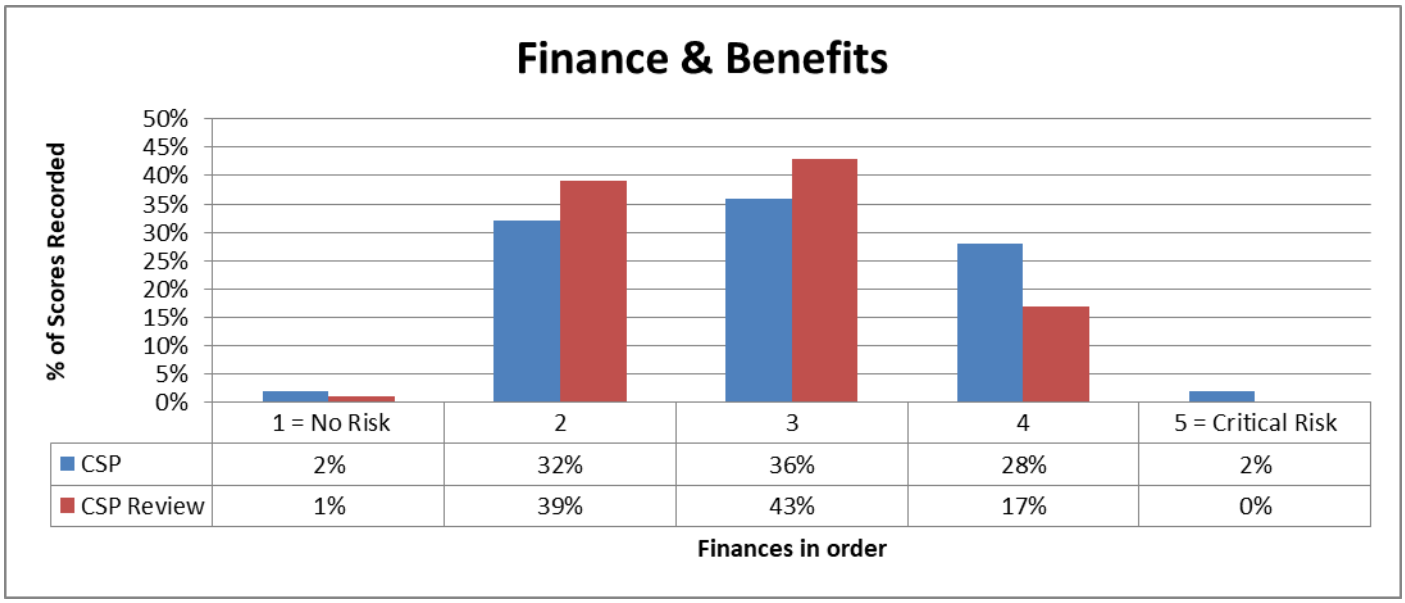
Impact of Carer Support Plans on how Unpaid Carers feel valued by services (Q2 2023/24)



How Carer Support Plans help Unpaid Carers plan for the future (Q2 2023/24)



Finance and benefits (Q2 2023/24)



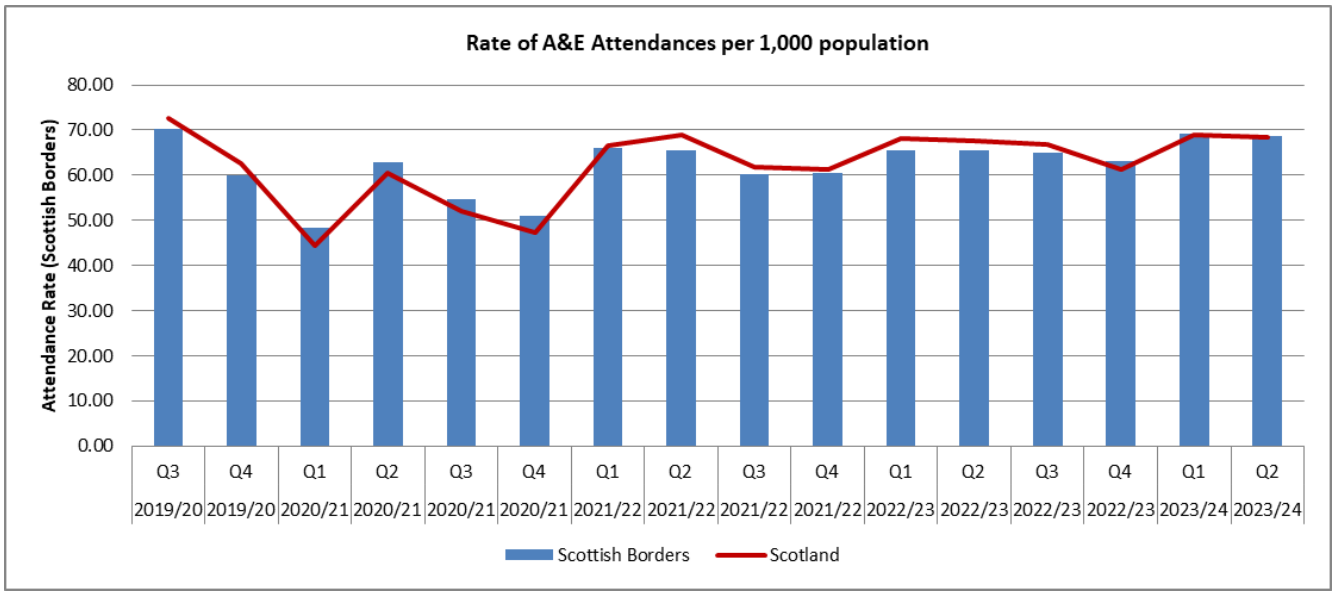
What does the data tell us?

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

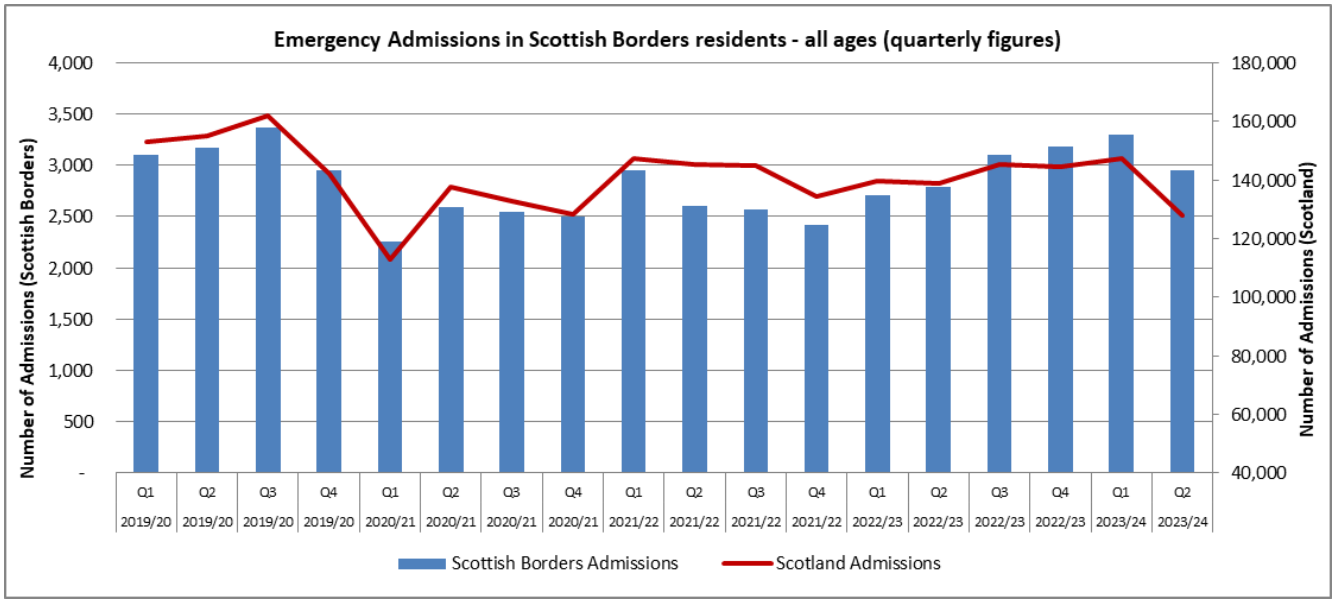
The benefits of Carer Support Plans can be implied from the movement between categories that we are managing to lift Carers out of the 'Critical Risk' category to 'Significant Risk' and from 'Significant Risk' to 'Moderate Risk' category.

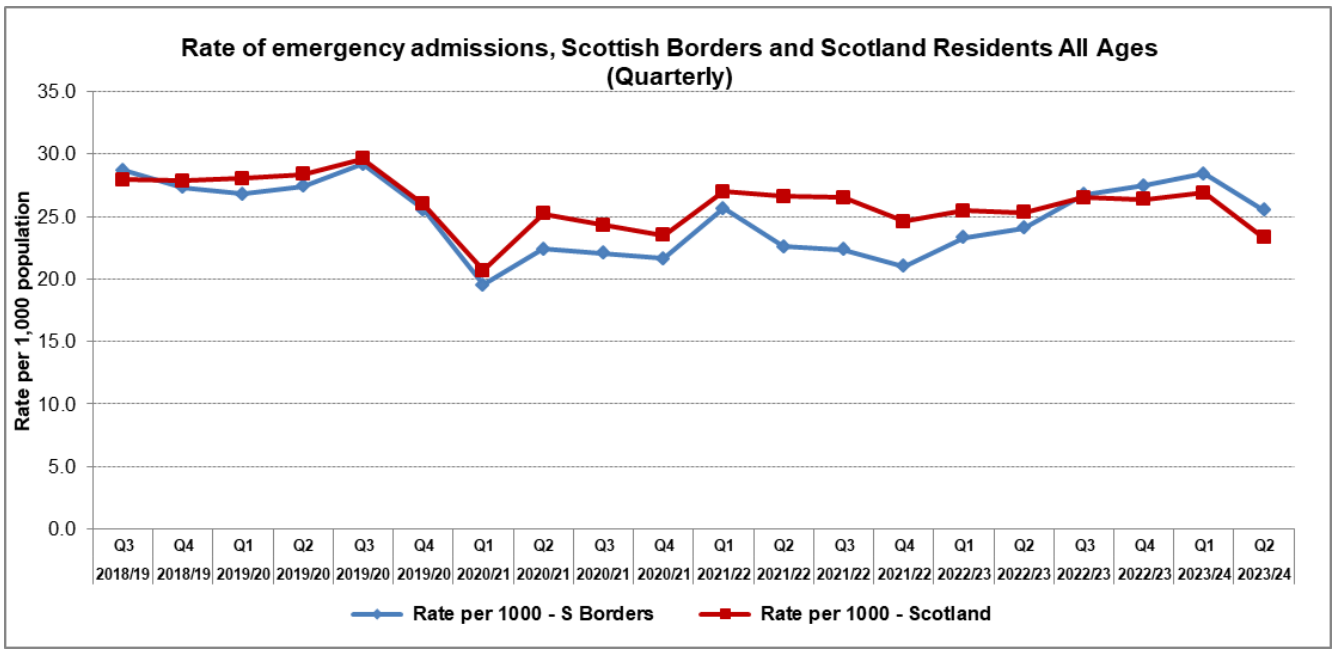
Objective 5. Improving effectiveness and efficiency

Rate of A&E Attendances per 1,000 population



Emergency Admissions, Scottish Borders residents All Ages

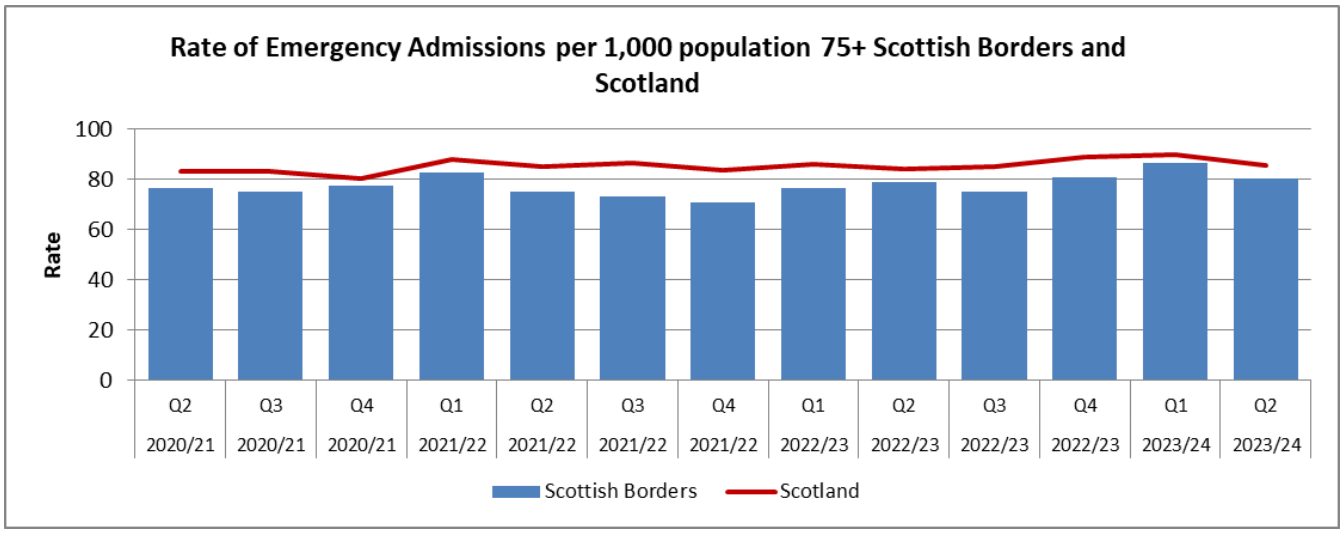




What does the data tell us?

The rate of emergency admissions continues to see minor fluctuations between quarters. Emergency Admission rates significantly reduced in both Q4 19/20 and Q1 20/21. This is reflective of the impact of the Covid-19 pandemic and the National measures introduced to reduce the spread of the virus. This rose again in Q2, following a similar trend to that of the rest of Scotland. There has been a dip subsequently in Q2 - Q4 2021/22 during the pandemic but emergency admissions started to rise again in April - June 2022. Q4 2022/23 has seen however a decrease in admissions. The Scottish Borders rate of emergency admissions is now higher than the Scottish average. However, it must be noted that the second highest over 65 population in Scotland. People over the age of 65 tend to have more hospital admissions than people under the age of 65.

<u>Emergency admissions, Scottish Borders age 75+</u>



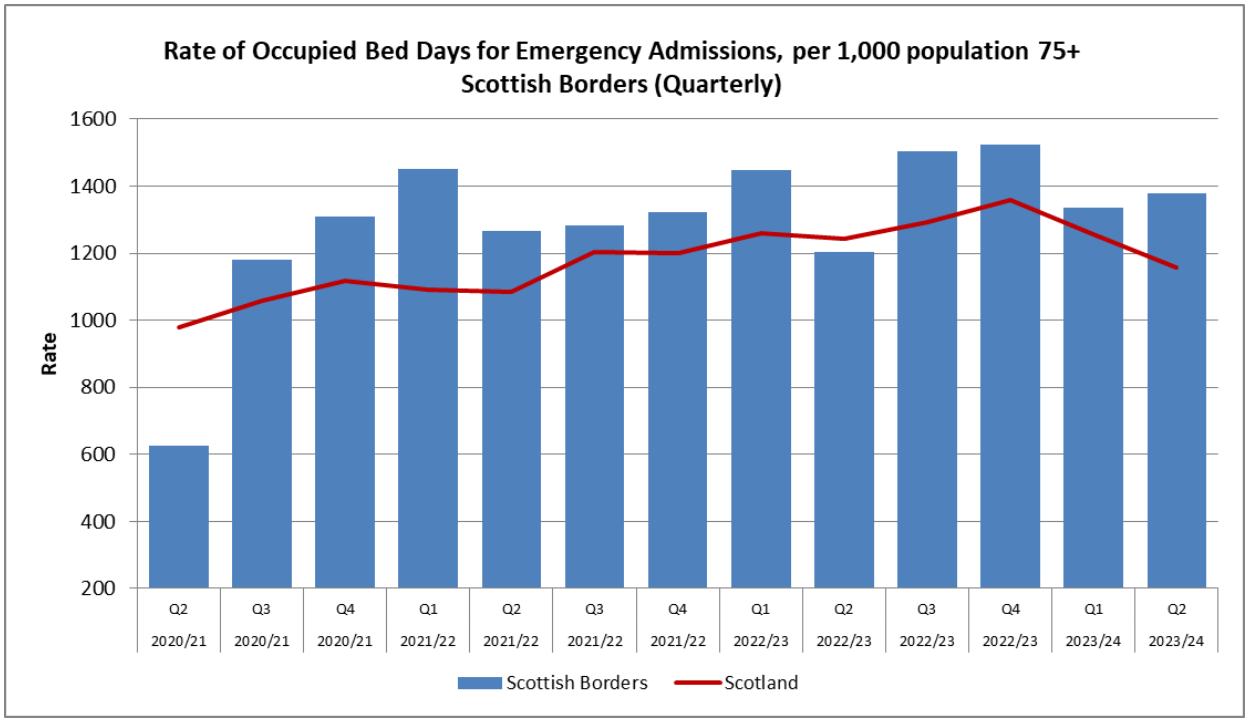
What is the data telling us?

Q2 20/21 to Q1 21/22 saw the rate of emergency admissions increase slightly, although the next 3 quarters reduced. The Borders rate of admissions then increased again to quarter 1 2023/24, and then decreased. The Borders' rates have remained below the national average over 12 quarters, of the 13 reported and the

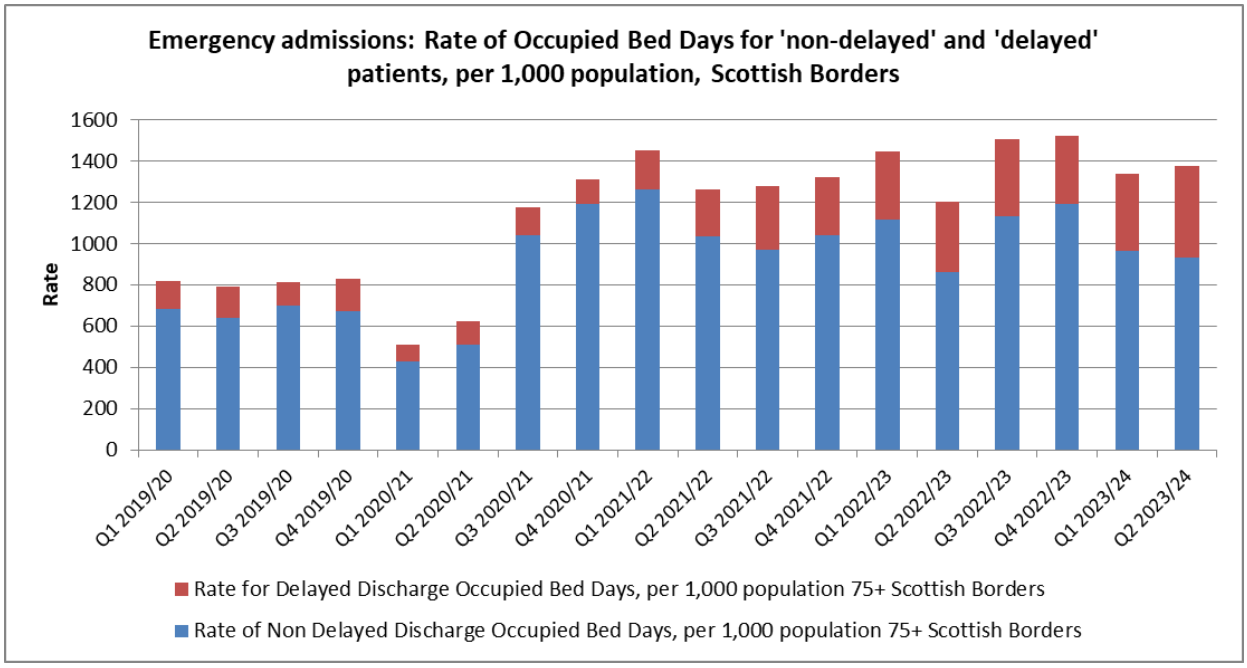
gap has generally widened from Q2 2021/22 to Q3 2022/23, but reduced in Q4 2022/23. Q1 2023/24 saw Borders 13 points per 1,000 population lower than Scotland).

An assessment of demand associated to people who were waiting for care in the community who were then admitted to hospital is being undertaken, to inform our approach. This will be reported in a future performance and delivery report.

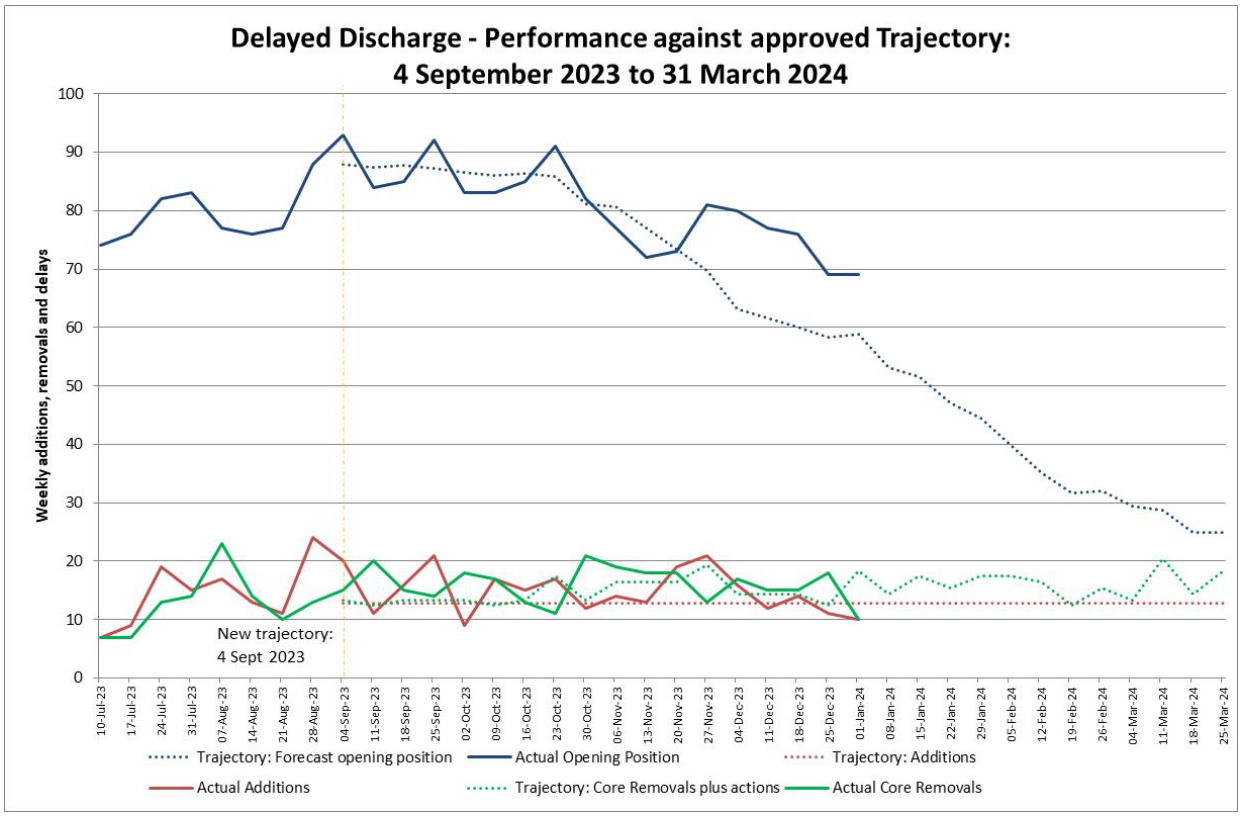
Rate of Occupied Bed Days for people admitted to hospital as an emergency over the age of 75

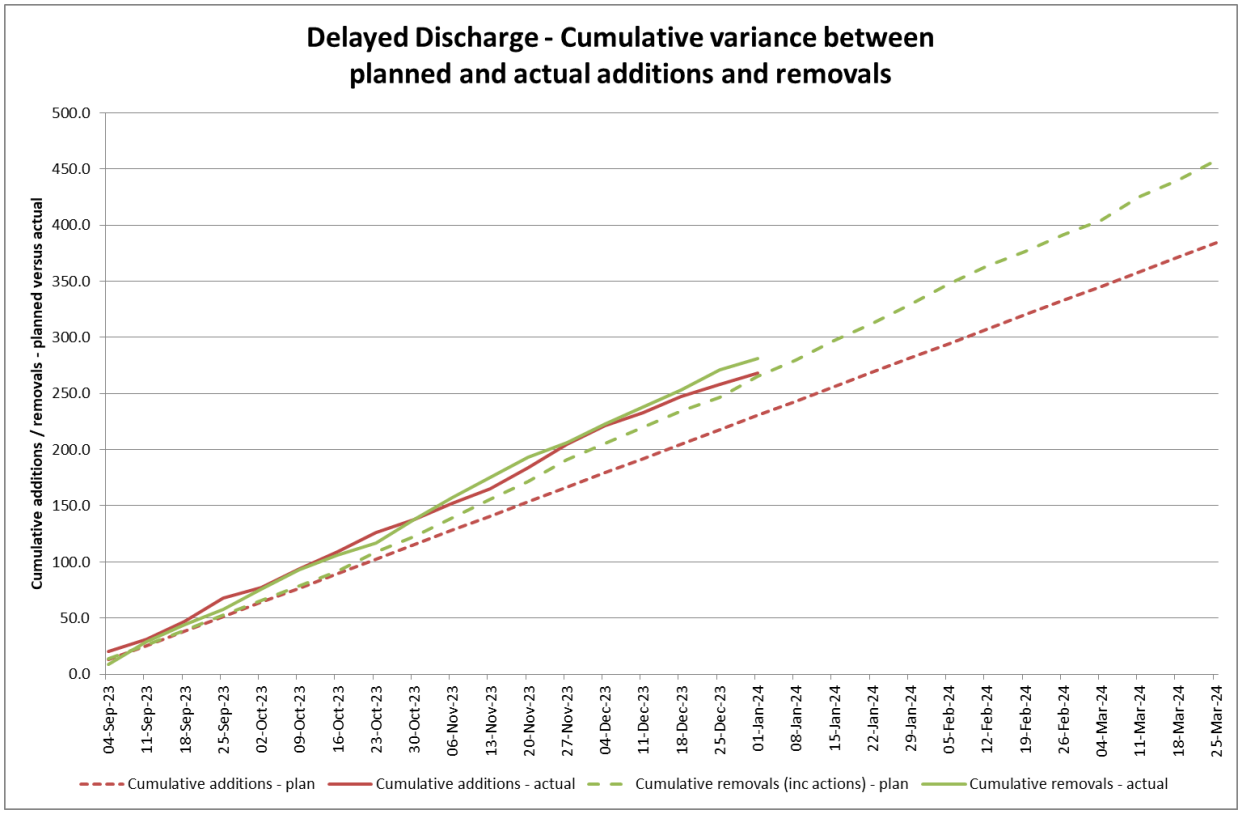


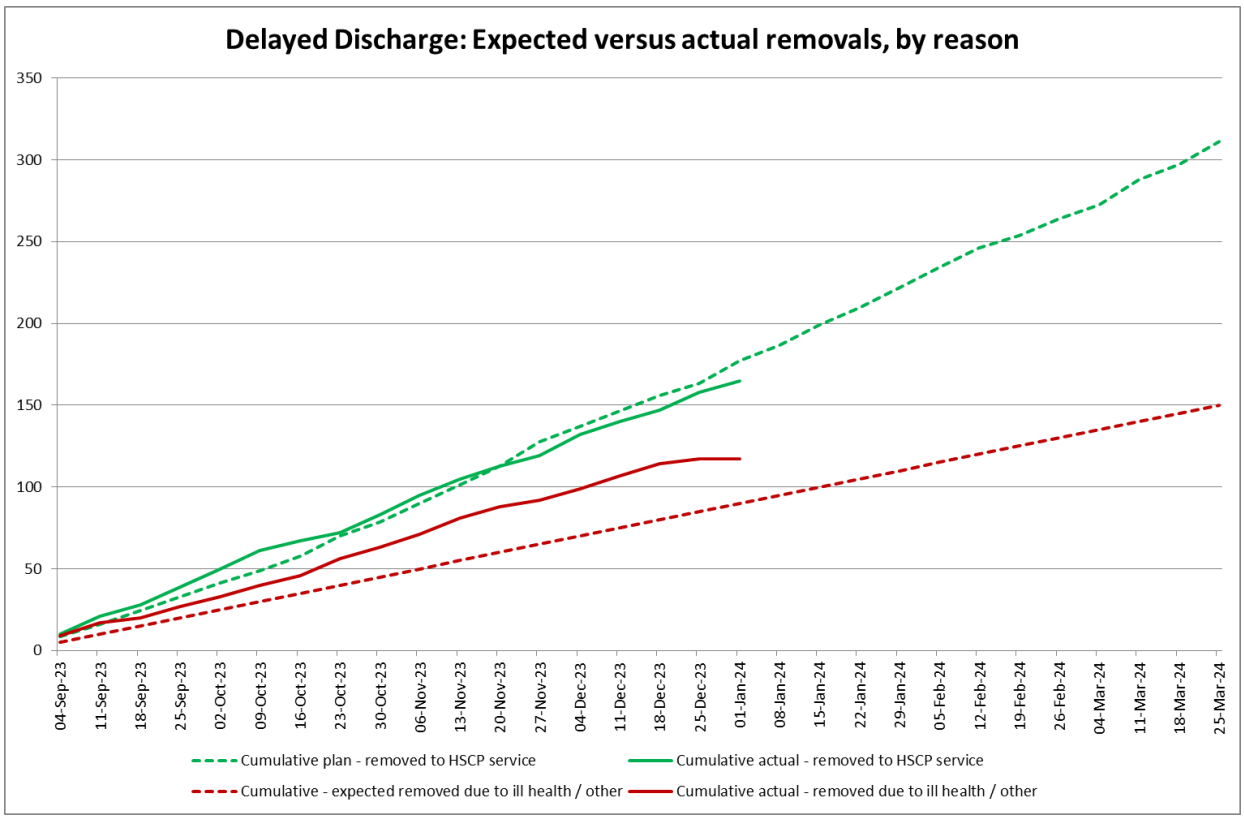
Breakdown of occupied bed days associated to treatment, versus days waiting for care



Delayed Discharge Performance against trajectory







What is the data telling us?

The data is telling us that we were 10 delayed discharges above our trajectory in the week commencing 1 January. This increase in delayed discharges is due to 38 more referrals than planned, and 12 less removals to HSCP services than planned. The reduced admission rate is partially offset by the increase in removals due to ill health / other reasons which were 27 higher than planned. This reflects the increased dependence of those added to the waiting list.

Why is this the case?

- When exploring the increased level of additions, with support from the NHS Borders Business intelligence team a deeper analysis was conducted covering the period of 21st August to 15th October 2023.
    - Within this analysis a number of people were deemed a delayed discharge then becoming unwell and being removed then added back on, sometimes on several occasions.
    - A minority of patients in the audit (6) were inappropriately added to the delayed discharge list as they were referrals to Upper Deanfield and Garden View which are marked as intermediate care facilities.
- 9 of the 12 reduced removals to date related to the assumptions made around the development of medications administration in Home First, which has been delayed. A further 6 reduced delays were also assumed by the end of the trajectory period. This development remains in progress however necessity to ensure appropriate medicine administration governance may mean that the number of reductions falls below the initial assumption.
- The remaining 3 relate to access to other HSCP services / commissioned care services. In one of the commissioned settings, staffing vacancies have temporarily reduced capacity (despite use of agency), and in another we have not seen the flow expected.

In terms of further risks associated to the trajectory moving forward, the two main risks of note are:

- Ongoing demand being higher than forecast, which if higher than forecast will have an impact on the number of people waiting for care (delayed discharges).
- The second relates to the integration of Home First and Adult Social Care which is part of the delayed discharge and surge action plan, and had a total impact of 18 reduced delayed discharges between 18/01 and the end of the trajectory.
    - There have been delays involved in this complex transformation project associated to the need to ensure appropriate staff governance and due to the registration of the new integrated service with the Care Inspectorate.

What is being done?

The Integration Joint Board issued a direction on surge planning, which includes a range of further measures to alleviate the pressures, including discharge (home to assess), single assessment, closer working with the third sector and communications promoting community supports, which will all help reduce the demand for social work and social care, get more people onto the right intermediate care pathway, and increasing productivity.

The national self-assessment for the implementation of discharge without delay principles was completed in September 2023 (Q2) and this will be completed again for the next benchmark (Q3) with a closing date for completion on the 19th of January 2024.

Unfortunately the impacts of both higher than expected demand for care, and reduced transfers to HSCP / HSCP commissioned services, along with increased bed occupancy associated to the clinical stays of patients in hospital due to increased dependence, has resulted in the Surge closure plan agreed in the September 2023 Integration Joint Board being delayed. Indeed the hospital system has experienced significant pressure in January, with the Borders General Hospital frequently being in black status. Work continues to mitigate this impact, with close working across HSCP teams with the Acute Borders General Hospital team.

In relation to delayed discharges, mitigating actions to the increased demand for care, and the reduced removals to HSCP services are noted below.

Reducing demand:

- In relation to the inappropriate referrals / additions to the delayed discharge list for intermediate care, teams have been asked to add patients to the internal hospital ICF waiting list (code 600) instead of adding to the delayed discharge list.
- Adult Social Work colleagues have been focusing on reducing the number of assessment delays in the Borders General Hospital which will yield a positive impact in terms of ensuring that delayed discharge and associated length of stay is reduced

Increasing capacity:

- Home First has changed working practices to increase service capacity. These changes have resulted in an increase from approximately 120 patient caseload to 150 patient caseload. Whilst this increase in capacity does not directly translate to an impact on delays, it does impact the ability to reduce length of stay of a broader cohort of inpatients.
- We are working to convert some respite capacity in Saltgreens to interim care capacity
- Home First are currently reviewing staff working patterns to ascertain if a change to rostering would increase capacity
- Community teams have been reviewing their caseloads to create capacity and flow

- Adult Social Care are seeking to expedite internal reablement with the support of NHS AHP staff in order to gain some of capacity currently delayed as part of the integration project. It is expected that this will come onstream in March.
- For the care settings noted above which have had flow issues due to staffing, we would expect this capacity (10 rooms) to come onstream in the next few months as the staffing situation progresses and as we see flow through into both settings.
- The impacts of Hospital at Home and Virtual Respiratory Ward capacity had not been assumed in the Delayed Discharge and Surge Plan. While we would not expect a reduction in people waiting for care who are classified 'delayed discharges,' we would expect to see an additional reduction in occupancy. Hospital at Home capacity will increase from current capacity of 10 to 20 in March. In addition, virtual respiratory capacity will increase by 20, albeit in both cases, at present what the impacts on hospital occupancy will be, while the business case is developed.

Financial Performance to 31 October 2023

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

The table above outlines a projected outturn position of £7.393m overspend for the financial year.

The tables below provide a breakdown of this position between delegated adult social care, delegated health and set-aside functions.

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

Learning Disability Services are forecasting a balanced position for 2023-24 although increasing client specific care costs showing a pressure of c. £0.300m which can be addressed by savings elsewhere in the service on a temporary basis for 2023-24. There is a risk that the upward trend in Learning Disability costs will result in a budget pressure in 2024-25. Ongoing fortnightly resource panel meetings in place to scrutinise new or increases to care packages.

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

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

Delegated healthcare functions show an improved position from M03 by £1.500m.

The Learning Disability pressure in health as a result of increased high-tariff placements which are likely to continue during 2023/24.

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

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

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

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

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

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

The set aside healthcare functions show a similar position to M03.

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

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

As with DME Medical and Longer Term conditions has continuously been running with additional inpatient beds open within the Medical Assessment Unit (MAU). 7 additional beds have been open continuously throughout 23/24 and these require 5.19wte registered staff and 5.19wte healthcare support workers. The year end projected detailed in this report is currently predicted to be in the region of £3.600m with the return of consultants from maternity leave and the reduction in agency staff to staff the additional beds the year end projection has been revised to £2.900m. This revised projection assumes that the additional beds remain open until 31 March 24. However, the winter surge plan details additional capacity out-with the Acute hospital which may allow closure of the additional capacity towards the end of the financial year. Currently the projection does not reflect this.

Progress on savings continues to be slow with a significant element remaining unidentified.
Savings progress remains slow and there remains a significant balance unidentified.

Objective 6. Reducing poverty and inequalities

We are in the process of developing a dataset to monitor progress in tackling health inequalities. There are challenges in doing this reliably and work is ongoing in this area.

Appendix 2: Directions tracker:

Ref	Date	Service	Purpose	Direction	Value £000s	Outcomes	Mar-23
SBIJB-151221-1	02/02/22	Workforce	Development of plan	Development of a HSCP Integrated Workforce Plan, including support of immediate workforce sustainability issues			Complete
SBIJB-151221-2	02/02/22	Strategic Commissioning	Development of plan	Resource support for the development of the IJB's Strategic Commissioning Plan			Complete
SBIJB-151221-3	02/02/22	Care Village Tweedbank and Care Home Hawick	Development of FBC	Development of Full Business Cases for Care Village in Tweedbank, and the scoping of Care Home Provision in Hawick to Outline Business Case		Revised direction below	
SBIJB-020322-1	02/02/22	Millar House	Commissioning	Commissioning the Millar House Integrated Community Rehabilitation Service	£256k R	Quality of care, Length Of Stay, Costs	
SBIJB-150622-2	16/06/22	Day services for adults with learning disabilities	Commissioning	To re-commission a new model of Learning Disability Day Services by going to the open market	1,643,000	Savings target £350,000. All nine health and well being outcomes	
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	

SBIJB-150622-4	16/06/22	All	Budgetary framework	To deliver services within the budgets and under the framework outlined in Item 5.7 of the 15 June 2022 Integration Joint Board			
SBIJB-151221-3	21/09/22	Care Home Hawick update	Development of FBC	Hawick Outline Business Case		Present business case	
SBIJB-150622-5	16/06/22	Health Board Oral Services	Development of plan	To provide support for the production of an Oral Health Plan	As per SoI	Focussed on planning principles, health improvement plan, and be financially sustainable	
SBIJB-210922-1	21/09/22	Hospital at home	Scope the development of Hospital at home	Develop a business case to come back to IJB for approval	300	To be discussed at range of groups prior to IJB in March	
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	Further work required to ensure that the model aligns to Care Inspectorate Feedback

SBIJB-210922-3	21/09/22	Palliative Care review	To commission an independent palliative care review	Scope and outcomes as described in paper with full engagement and integrated approach. To improve outcomes and reduce costs through a programme budgeting approach	-	To conclude by 31 March 2023. Review by SPG before IJB	The IJB agreed to defer this workstream to the 2024/25 Delivery Plan
SBIJB-020922-1	21/09/22	Primary Care Improvement Plan	Manage PCIP within existing funding	PCIP Exec to deliver outcomes from non recurrent spend, and reprioritise the use of available recurrent funding. PCIP Exec to escalate at a national level regarding inadequacy of funds and the risks associated with that.	£1.523 NR and £2.313 rec plus tranche 2 tbc	Implementation of GP contract	Implementation of national PCIP Demonstrator is expected to make this Green for 2024/25
SBIJB-161122-1	16/11/22	Day services	Review of need for day service	Engage in partnership working, through an IIA, consider and evaluate options, including financial impact, outline scope of service, ensure full engagement			
SBIJB-010223-1	01/02/23	Hawick Care Village	Scoping of the associated integrated service models of delivery	Scoping of the associated integrated service models of delivery and associated revenue costs for the Full Business Cases for the Hawick and Tweedbank Care Villages		Business case	

SBIJB-190423-1	19/04/23	Gala Resource Centre	Service closure and transformation for Emotionally Unstable Personality Disorder	Close the Gala Resource Centre and Earmark funds for Emotionally Unstable Personality Service	£166,656 savings to support budgetary pressure	To collect performance information for Emotionally Unstable Personality Disorder Service	
SBIJB-190423-2	19/04/23	Annual Services and budget direction 2023/24	Annual services and budget direction for 2023/24 to NHS Borders and Scottish Borders Council	To work collaboratively within the budgets and parameters outlined, complying with IJB guidance	£201.792M	Strategic framework, National Health and Wellbeing outcomes, delivery of financial targets	Due to current overspend (reviewed at December 2023 IJB Audit Committee)
SBIJB-170523-1	17/05/23	Teviot and Liddesdale Day Services	Commissioning of day service	To implement the business case, and further develop day services across the region	£173K	National Health and Wellbeing outcome for unpaid carers	
SBIJB-170523-2	17/05/23	Locality Working Group	Establishment of the Eildon Community Integration Group	To undertake a pathfinder to determine future model	£150K	Supporting the Strategic Framework, with a focus on prevention and early intervention, and reducing poverty and inequalities	
SBIJB-170523-3	17/05/23	Night support pathfinder in Duns	Pathfinder of night support service in Adult Social Care in Duns	To undertake a pathfinder and associated review of night support service in Duns	Expected potential saving of £450K across Scottish Borders	Improve service user experience, increase National Health and Wellbeing outcomes, improved financial sustainability	

SBIJB-190723-1	19/07/23	Unscheduled Care flow	Surge planning	To commence the surge planning process for Winter, and reduce delayed discharge, closing surge capacity	n/a	Positive impacts across National Health and Wellbeing Outcomes	Delayed discharges are higher than planned and surge capacity has not as yet been closed
SBIJB-190723-2	19/07/23	Primary Care Improvement Plan	Implementation of the PCIP Bundle	To implement the bundle plan outlined in the report, escalate funding concerns to Scottish Government and approve the financial model	£96K year 1, £38K year 2, £355K year 3	Improvements across National Health and Wellbeing Outcomes	Superseded by successful PCIP Demonstrator
SBIJB-200923-1	20/09/23	Hospital at Home	Hospital at Home pathfinder	To undertake a 6 month test of change pathfinder as a transformation programme, so that a case can be presented to the IJB	£319K non-recurrently to the end 23/24	Business case including outcome measures	
SBIJB-151123-1	15/11/23	Community Hospitals	Community Hospital cover	To develop a robust process that works to ensure that an effective sustainable model identified in the short term in the Knoll and Kelso Community Hospitals, and that over the longer term a model fit for the future in line with need is developed	No costs	No adverse impacts on National Health and Wellbeing outcomes	

Scottish Borders Health and Social Care Partnership
Integration Joint Board

24th January 2024

REPROVISIONING OF NIGHT SUPPORT SERVICE

Report by Julie Glen, Operations Director

1. PURPOSE AND SUMMARY

1.1. **Further to the Night Support Service pathfinder in Duns and subsequent public consultation, this report proposes a reduction in the number of Night Support Service teams and also the introduction of dawn/twilight shifts. It is also proposed that teams will provide a rapid response service for any TEC activations in addition to providing planned care for those with complex and critical care needs.**

1.2. Following the Pathfinder in Peebles in September 2022 and subsequent consultation, a further pathfinder was undertaken in Duns during August 2023, at the request of the IJB.

1.3. The second pathfinder concluded that the needs of service users in Duns were very different to the needs of those in Peebles. It was established that overnight face to face support was still required for a small number of service users due to the level of complex care needs, which included palliative care. It also included a service user who was awaiting a 24-hour care placement.

1.4. These findings, and staff engagement sessions influenced the approach taken for the second public consultation that was carried out during November 2023. The consultation gained 70 responses.

1.5. The findings of this consultation demonstrated that participants had a better understanding of the proposals than in the previous consultation and were more positive about the proposed changes.

1.6. Given the outcome of both pilots, it is evident that a night support service continues to be required, but given the alternative means of providing this service, we now propose a reduction from 5 Night Support teams to 2 as described in section 5 of this report. These 2 teams would continue to provide planned, critical overnight support to individuals with complex health needs, whilst also providing a Rapid Response service to TEC activations. We also propose to introduce a strict eligibility criterion for critical overnight support. Dawn (6am-noon) and Twilight (6pm-midnight) shifts will also be introduced.

1.7. The redesign of the night support service would ensure that service users with complex health needs receive a service that meets their needs in a more person centred outcome focussed way. This along with a transition to a rapid response approach will allow the service to be more responsive to those who are requiring unplanned support overnight.

1.8. The proposal to introduce TEC and Twilight/Dawn shifts ensures a more person-centred approach to care can be promoted, which not only increases choice and a sense of control to service users but will also improve service user safety by providing constant monitoring and an immediate response if urgent support is required rather than a time-specific face to face visit.

1.9. Staff have been fully consulted throughout both pathfinders and the consultation periods.

2. RECOMMENDATIONS

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

a) Note the consultation results.
b) Agree the proposal to reduce from 5 Night Support teams to 2 Rapid Response Teams.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

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

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

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

4. INTEGRATION JOINT BOARD DIRECTION

4.1 A direction is required to Scottish Borders Council.

5. BACKGROUND

5.1. The pressure on care services nationally, is already taking its toll and it is likely to increase due to demographic change increase in the older people population and increasing complexity of care requirements along with a decreasing workforce pool. Continuing with current models of delivery is not going to be sustainable. New approaches and service delivery models need to be found that will deliver more efficient and effective care, whilst maintaining safe and good quality services.

5.2. After removing 7.2FTE long term vacancies at the start of this financial year, saving £185,657, five Adult Social Care staff teams still operate across each Home Care locality area and currently provide night support to only approx. 27 home care service users, at a cost to the Council of £455,504 pa. This is a very expensive service, costing approx. £16,870 per service user. Many Council areas such as Mid Lothian and East Lothian have replaced face to face night support with the use of Assistive Technology/Technology Enabled Care (TEC) solutions.

5.3. Assistive Technology/TEC provides essential support using a person-centred approach; it gives increased choice and sense of control to service users; improves service user safety by providing constant monitoring rather than a time-limited face to face visit and allows for an immediate response in the event there is a serious concern with a service user in need of urgent assistance.

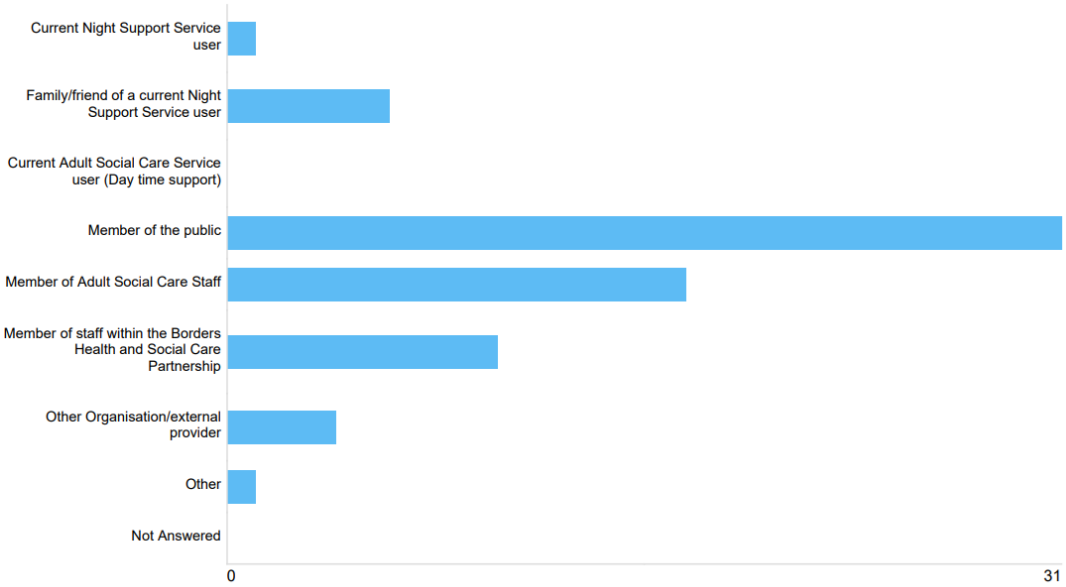
5.4. The Adult Social Care department undertook a pathfinder in the Peebles area in September 2022. The pathfinder concluded that in many cases, a physical visit was not actually required, or the care could be provided by a twilight shift. There was no increase of risk or accidents due to the removal of a physical visit. Following this, a public consultation was undertaken. The results of this consultation and the comments provided, highlighted that the consultation had not been clear enough. In May 2023 the Integration Joint Board requested that a further pathfinder be undertaken followed by clear consultation.

5.5. In July 2023, a further pathfinder was undertaken in Duns. The pathfinder followed the same process and engagement with both service users and staff as was undertaken in the Peebles pathfinder. The Duns pathfinder concluded that the Night Support service was still required for a small number of service users due to the level of complex care needs, which included palliative care. It also included a service user who was awaiting a 24-hour care placement.

5.6. In November 2023 a second public consultation was launched. The consultation clearly stated the changes proposed and confirmed understanding of each proposal prior to asking if the respondent was supportive of the proposal.

6. CONSULTATION RESULTS

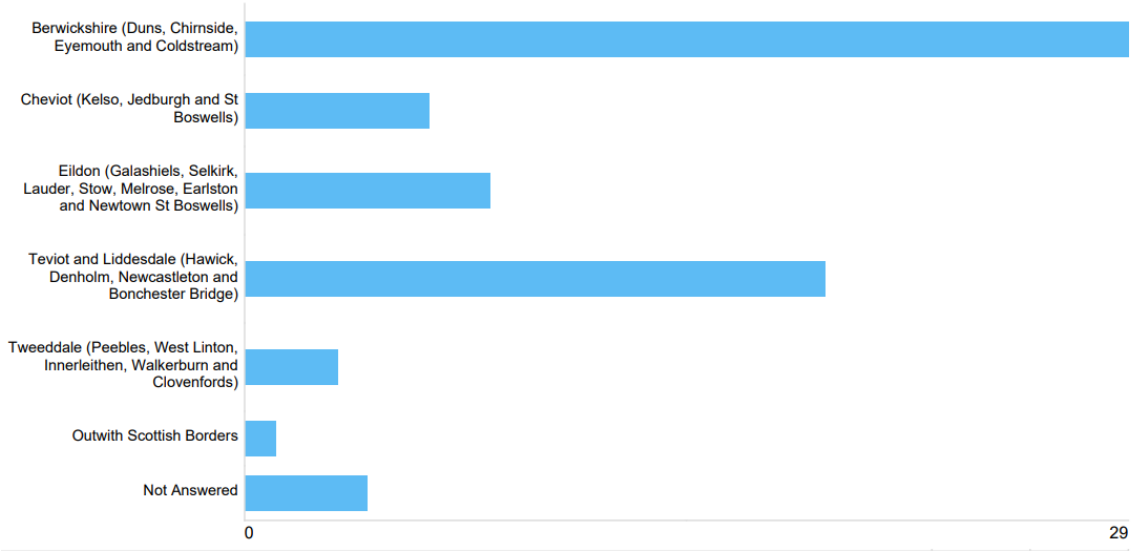
6.1. The consultation was completed by 70 people, ranging in age from 25-34yrs to 85+ years. This compares to 240 responses in the original consultation. The largest proportion of responses were from members of public (31), followed by staff (27). Only 7 respondents stated that they were answering as a current Night Support Service user or a member of a current night service. **users' family. However, in a later section 15 stated that they were current Night Service users.**



17% of respondents stated that they had a disability and 33% reported that their day-to-day activities were limited by a health problem or disability. 80% of responses were from females.

41% of responses came from those that live within Berwickshire, 27% from Teviot and Liddesdale, 11% from Eildon, 9% from Cheviot and 4 % from Tweeddale. 6% did not answer and

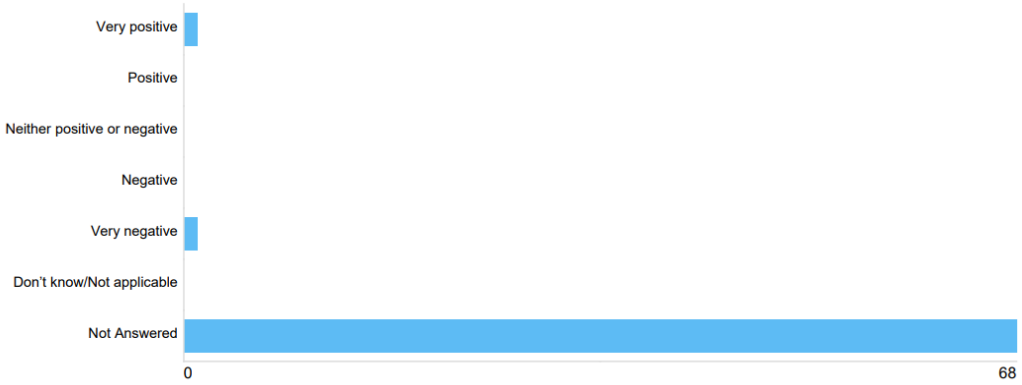
2% were from out with Scottish Borders.



6.2. The results of the consultation are as follows –

Q1. Have you or the person that you are representing been directly impacted by the Pathfinder in Peebles or Berwickshire?

Q2. How have the changes impacted you, the current night service user or your family?



Q3. All current service users in receipt of the Night Support service will be invited to participate in the regular review process involving Social Work colleagues, where alternative options may be discussed. This may include consideration for moving overnight visits to dawn and/or twilight and establishing if use of TEC is a suitable option. If individual service users are assessed as requiring critical levels of support, such as those with palliative/end of life care needs, critical medication visits or with concerns relating to skin integrity, individuals will continue to receive face to face support from the team.

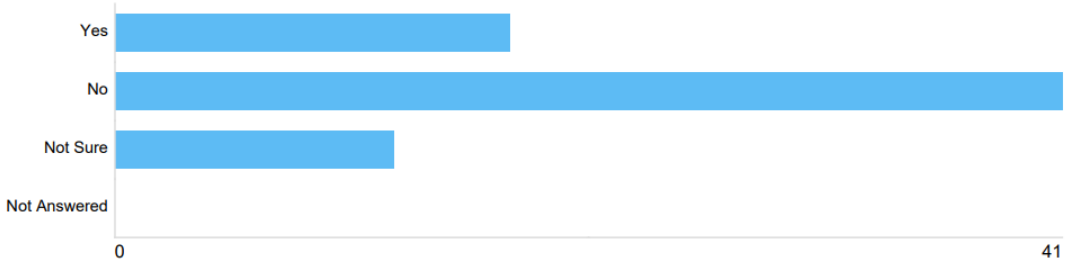
Is this explanation clear?

88.5 % stated that the explanation was clear, 5.7% stated that it was not clear and 5.7% stated that they were not sure.

The reasons for being unsure or stating “no” were noted as:

- Why would someone from social services assess need rather than suitably qualified health worker?
- Overnight care re: skin integrity and continence management is/has not been available routinely for some time, leading to care home/hospital admissions. Evaluating the current service will be limited by this prior change in service provision.
- ‘Regular review process’ Will feedback from service givers, clients, family, if DN/nurses/evening nurses involved - be taken into the review. Sounds like another ploy to reduce services by making it seem clients would benefit more than they will.

Are you supportive of this change?
58.5% stated no, 24.2% stated yes, and 17.14% stated not sure.



This breaks down as -

Respondent	Yes	No	Not sure
Member of the Public	8	18	5
Member of adult SC staff	5	9	3
Member of H&SCP staff	3	3	4
Service user	0	7	0
Other	1	4	0

Q4. The use of TEC such as door sensors, bed sensors and falls alarms have been successfully used for many years to reduce the overnight disruption caused by a physical night time visit by carers in other Local Authority areas. They are used to monitor service users in real time, for the whole night, and alert staff, should they be required. Time-limited visits currently in place only provide a snapshot of individuals during the period of that visit, whereas TEC alternatives offer constant monitoring. During routine reviews involving Social Work colleagues, the use of TEC will be discussed, but will only be introduced if individuals are deemed suitable for this.

Is this explanation clear?

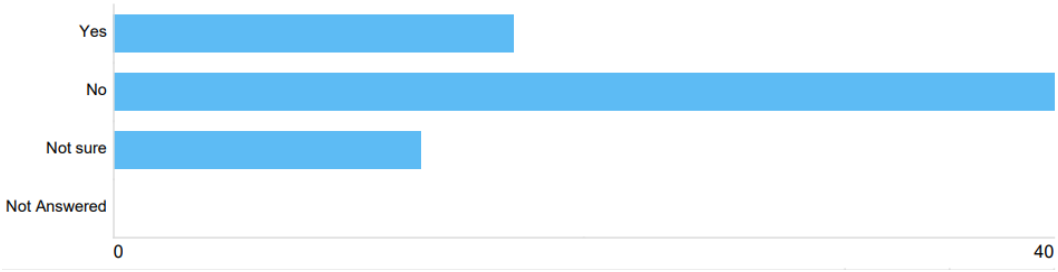
87.1 % stated that the explanation was clear, 7.14% stated that it was not clear and 5.71% stated that they were not sure.

The reasons for being unsure or answering “no” were noted as:

- Who will respond if an alarm is triggered?
- Timely response to act on an alert.
- Not using the service but feel if we need it should be there.

Are you supportive of this change?

57.14% stated no, 24.29% stated yes and 18.57% were not sure.



This breaks down as -

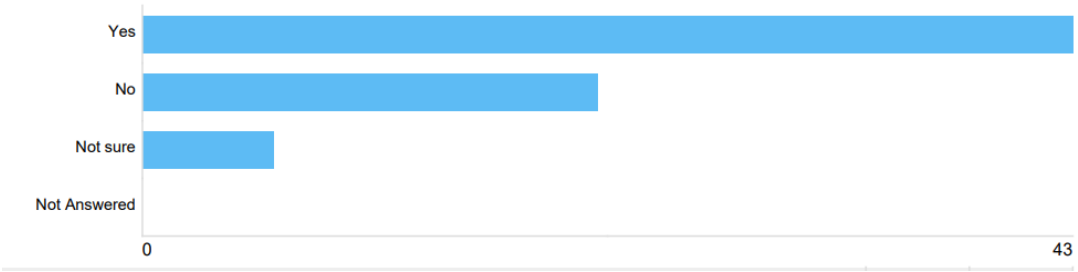
Respondent	Yes	No	Not sure
Member of the Public	6	19	6
Member of adult SC staff	6	7	4
Member of H&SCP staff	2	6	2
Service user	2	5	0
Other	1	3	1

Q5. We are proposing that a team of staff continue to work overnight to respond to any alarm activations and to carry out any critical face to face visits.

Is this explanation clear?
91.4% stated yes, 2.86% stated no and 5.71% were unsure. The reasons for being unsure or answering "no" were noted as:

- Where will the overnight staff be based, and what will the response time to alarms be?
- Team of staff/rural area/unable to predict amount of 'alerts' each night.
- No mention of where night team will be based.
- Teams reduced from 5 teams to 2 to cover the area you want them to cover is ridiculous!

Are you supportive of this change?
61.43% stated yes, 30% stated no and 8.57% were unsure.



This breaks down as -

Respondent	Yes	No	Not sure
Member of the Public	13	15	3
Member of adult SC staff	13	3	1
Member of H&SCP staff	10	0	0

Service user	5	1	1
Other	2	2	1

Q6. We are proposing that rather than disturb people with a physical visit overnight when they are in the main, sleeping; that their visit is moved to a dawn and/or twilight time (e.g., moving a 2am visit to 11.30pm or moving a 4am visit to 6am) depending on the support required. This will be less disruptive for the service user and their family, promote sleep and improve wellbeing. However, if individual need is such that the overnight visit is required, this will continue to be provided.

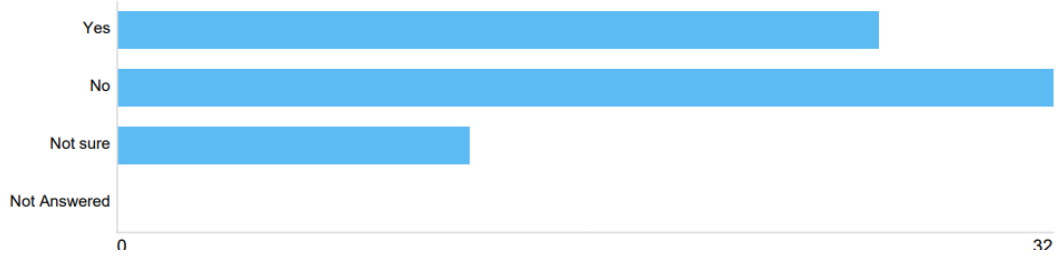
Is this explanation clear?

92.86% stated yes, 2.86% stated no and 4.29% were unsure. The reasons for being unsure or responding "no" were noted as:

- What are the conditions required for an overnight visit?
- Surely 'during the night' visits are already only when necessary to begin with

Are you supportive of this change?

45.7% stated no, 37.14% stated yes, 17.14% were not sure.



This breaks down as -

Respondent	Yes	No	Not sure
Member of the Public	10	15	6
Member of adult SC staff	9	5	3
Member of H&SCP staff	5	3	2
Service user	1	5	1
Other	1	4	0

Q7. Staff currently working in the Night support team would be offered suitable alternative employment. This may include dawn (6am to 10am or midday) or twilight shifts (6pm to midnight/8pm to midnight), daytime shifts in Home Care, overnight rapid response shifts (providing critical support) with no change to their current shift patterns, and night shifts working in care homes. There are no proposals to make any staff member redundant. The reprovisioning of this resource will improve staffing across Care at Home and in the wider social care system.

Is this explanation clear?

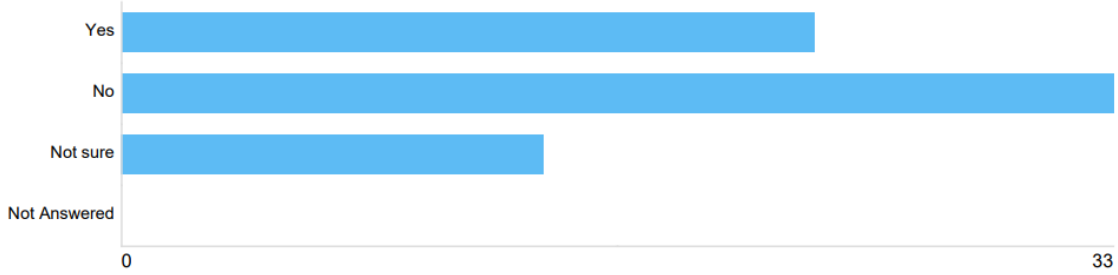
91.43% stated yes, 4.29% stated no and 4.29% were unsure. The reasons for being unsure or answering "no" were noted as:

- Not clear if staff are employed by SBC, NHS Borders or other employers.
- Little to no communication or update for staff affected.

- Will staff retain the same size of contracted hours, will they now have to travel further to place of work.

Are you supportive of this change?

47.14% stated no, 32.86% stated yes and 20% were unsure.



This breaks down as -

Respondent	Yes	No	Not sure
Member of the Public	8	18	5
Member of adult SC staff	7	7	3
Member of H&SCP staff	3	2	5
Service user	3	4	0
Other	2	2	1

Q8. Do you have any other comments relevant to this proposal? There were 29 responses, 12 from members of the public, 13 from staff, 2 from night support service users or their families and 2 from organisations/other. The responses are grouped as below.

- Concerns for staff including - Staff location, contract and workload; changes to shift patterns; lone working; lack of staff; inability of RR team to cover borders wide and staff clarity on process.

- Concerns for service users including - Risk to service users; continence/skin integrity; not a person-centred approach; inability to cover borders wide; rurality and ageing population; palliative/end of life care needs; family anxiety; service user anxiety.

- Limited understanding of TEC capabilities and its function including - Reduced face to face contact/Not person centred; Inability of TEC to carry out tasks including personal care; Connectivity concerns.

- Miscellaneous/Other including – Rurality, not person centred/cost cutting, more joint partnership working.

6.3. Mitigating Actions

Concerns	Mitigating Actions
Concerns for staff including - Staff location, contract and workload; changes to shift	Staff location/ability to cover the borders – Given the very small number of service users

patterns; lone working; lack of staff; inability of Rapid Response team to cover borders wide and staff clarity on process.	currently in receipt of the Night Support service who would likely be considered for use of TEC, we would take into account the geographical location and place teams in care homes within travelling distance to these locations. Furthermore, each member of both rapid response teams, will have access to a vehicle (4 in total) to ensure additional flexibility to respond. Both teams involved, will liaise throughout the night and ensure effective communication and have the ability to seek additional support as required. Reports will be provided to senior management, who will have constant oversight of the service. Contract and workload – Contracts for the majority of staff (6.4 FTE) will remain unchanged. The proposal will see a reduction in 3.6 FTE and HR policies will be followed in relation to finding suitable alternative roles for impacted employees. Employees will be supported by senior management, HR and TU colleagues in identifying suitable alternative roles, taking into account personal circumstances and commitments. Through individual consolations to date, Adult Social Care are confident that there are suitable alternative posts for all impacted staff. The service have held night support worker vacancies within Care Homes and the introduction of twilight/dawn shifts appeal to staff. Early indications also suggest that some staff may also wish to be deployed into day support roles and there are numerous vacancies to accommodate this. Movement of employees to other roles within Adult Social Care will also support with recruitment pressure in the service. There is the potential risk of redundancy, but to date, that has not been evident during staff consultation. Senior management will review workload/demand/capacity on an ongoing basis, to ensure no staff member is compromised. Shift patterns are non-contractual and can be amended at any time with reasonable notice. Staff will be provided with reasonable notice if there is a change to their current shift pattern.

	Staff are provided with iPhone devices, with the PROTECT app and GPS activated, which has various functions to monitor staff whereabouts and with a function to request immediate assistance in an emergency situation.
Concerns for service users including - Risk to service users; continence/skin integrity; not a person-centred approach; inability to cover borders wide; rurality and ageing population; palliative/end of life care needs; family anxiety; service user anxiety.	Review would identify any risks to the service user. For those who require continence support overnight, these service users will be offered continence reassessment to identify more suitable aids, with the offer of a twilight and dawn visit, reducing the window for any episodes of incontinence and impact on skin integrity. If this approach is not suitable for some individuals, they will continue to receive a planned, face to face visit by care staff. Person centred approach - service users and their families will be included in the review of their care needs and their views and opinions will be sought. Any alternative means of care delivery will be done in consultation and with agreement of those involved. Inability to cover borders/rurality –I think this has already been covered off in the previous section? Ageing population - this only highlights the need to review the way in which we deliver care, as we know we aren't going to be able to deliver according to the demand? Not sure how you would want to word this though. Those service users with palliative and critical/end of life care needs will continue to be provided with a face-to-face visit. This is not intended to be removed. Service users also noted that this change may cause anxiety, worry and stress. This would be mitigated by robust engagement, communication and re-assessment approach. Any service user who does not meet the criteria for TEC or is not suitable for an alternative means of care delivery, will continue to receive a physical face to face visit.

Limited understanding of TEC capabilities and its function including - Reduced face to face contact/Not person centred; Inability of TEC to carry out tasks including personal care; Connectivity concerns.	To increase the awareness of the availability of TEC and its capabilities and functions a number of sessions have been held for social work colleagues, members of the public and NHS. These sessions will continue to be held in localities to ensure continued presence in the public domain. Reduced face to face contact – The majority of overnight visits are for the purpose of visual safety checks, which disturb service users unnecessarily. These visits last no more than 10 minutes, with limited or no social interaction. An unintended consequence of these visits often results in service users (particularly those with cognitive impairment) being disturbed and becoming increasingly disorientated/confused or alarmed by the level of disturbance. By replacing a physical visit with TEC, service users would benefit from constant monitoring of TEC activations, which is an improvement to the service currently provided, i.e., one visit during the night and no TEC in place to alert staff if assistance is required. TEC for personal care – There is no intention to provide TEC as an alternative to critical personal care needs. Any current service user with critical care needs, will continue to receive a planned, face to face visit. Only service users who meet the criteria for the introduction of TEC support will have this implemented within their homes. All others will continue to receive face to face support. CCRT will continue to regularly review service users to ensure that the care being provided through TEC is supporting them to safely stay at home. TEC within the home could support service users in being more involved within their communities through access to the internet and video calling. Connectivity concerns – These concerns are around clients being migrated to a digital phone line by their telecom provider. In the event of a power cut new digital phone lines will not work as traditional analogue phone lines have. We are mitigating this risk by upgrading our community alarms to digital ready units which come SIM enabled meaning

	if there is a power cut to the home the alarm will still be able to dial out through the mobile phone network.
Miscellaneous/Other including – Rurality, not person centred/cost cutting, more joint partnership working.	

6.4 View of response

In the previous consultation which took place over January/February 2023, the view of all these proposed changes were asked in one question, with only 8.33% of responses being positive. In this most recent consultation, a question was asked for each proposed change.

Overall, the responses for this consultation were 36% positive. This will be due to a clearer consultation format and explanation, but also due to the level of consultation that has taken place with staff, service users and the wider public.

The public consultation took place over 5 weeks and attracted responses from only 70 respondents. This is a direct contrast to the consultation which took place between January and February 2023, where there were 240 respondents, and the outcome of the consultation was largely negative across all aspects.

44% of current respondents were members of public, 38% staff within ASC and N&SC partnership, 10% service users/families, and 8% other/external organisation.

The overall outcome of this most recent consultation demonstrates a more balanced response to the proposals mentioned within this report. There is notable improvement in overall supportive responses, particularly involving staff and service users, which will be a direct result of improved engagement/consultation. Furthermore, there are less unsupportive results, with a slight increase in the unsure category.

7. PROPOSAL

7.1. The proposal would see the redesign of the night support service from a reduction from 5 Night Support teams (10 FTE) to 2 Rapid Response teams (6.4 FTE).

7.2. The Rapid Response teams would provide planned and critical overnight care, as well as responding to any TEC activations.

7.3. The introduction of a strict eligibility criteria for essential overnight support provided by the Rapid Response teams will ensure that only visits are provided.

7.4. The Rapid Response staff would have access to 4 vehicles to provide increased ability to respond Borders wide. Staff would partner with another colleague when responding to remote/rural areas. Clear guidance will be issued to staff to support with this.

7.5. By using alternatives such TEC and Dawn/Twilight visits, a more person-centred approach to care can be promoted which not only increases choice and a sense of control to service users; but improves service user safety by providing constant monitoring and an immediate response if urgent support is required rather than a time-specific face to face visit.

8. IMPACTS

Community Health and Wellbeing Outcomes

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

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

Financial impacts

8.2. From April 2023, the removal of long term vacant posts within the night support teams generated a saving of £185,657 – a reduction of 7.2 FTE posts. This still left 5 night support teams operating in the Scottish Borders. Reducing these remaining teams down to 2 teams of 2 people (6.4 FTE in total) will realise further savings of £158,035 – a further reduction of 3.6 FTE posts). A total recurring saving will therefore be generated amounting to £343,692.

Equality, Human Rights and Fairer Scotland Duty

8.3. A full consultation has been undertaken to ensure the impact of this change has been fully considered.

Stage%201%20Proportionality%20and%2

Stage%202%20Empowering%20People%2(

Stage%203%20Analysis%20of%20%20Finc

Legislative considerations

8.4. No legislative considerations

Climate Change and Sustainability

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

Risk and Mitigations

8.6. As mentioned in the body of this paper, no increased risks for clients were noted.

9. CONSULTATION

Communities consulted

9.1. CMT have been consulted, along with service users, members of the public and Health and Social Care staff. All Night Support Staff are aware of the possible changes to the Night Support Service provision. In addition to these consultation and to increase the awareness of the availability of TEC its capabilities and functions a number of sessions have been held for social work colleagues and members of the public and NHS. These sessions will continue to be held in localities to ensure continued presence in the public domain.

9.2. Trade unions have been consulted and updated throughout the duration of this project at monthly Trades Union Consultation Meetings. They have also been invited to attend group staff meetings. Trade Unions are aware of the possible changes to the Night Support Service provision.

9.3. Elected Members have been kept informed throughout the period of this project.

In addition, the following groups have been consulted:

- IJB Strategic Planning Group

Integration Joint Board Officers consulted

9.4. The IJB Board Secretary, the IJB Chief Financial Officer, IJB Chief Officer, the IJB Human Rights & Diversity Lead and Corporate Communications have been consulted, and all comments received have been incorporated into the final report.

Approved by:

Jen Holland, Director of Strategic Commissioning & Partnerships

Author(s)

Julie Glen, Operations Director Adult Social Care

Background Papers: N/A

Previous Minute Reference: N/A

For more information on this report, contact us at Julie Glen, Operations Director,
julie.glen@scotborders.gov.uk

DIRECTION FROM THE SCOTTISH BORDERS INTEGRATION JOINT BOARD Direction issued under S26-28 of the Public Bodies (Joint Working) (Scotland) Act 2014	
Reference number	SBIJB-240124-1
Direction title	Reprovisioning of Adult Social Care Night Support Service
Direction to	Scottish Borders Council
IJB Approval date	TBC – direction to be considered at IJB on 24 January 2024
Does this Direction supersede, revise or revoke a previous Direction?	Yes – supersedes direction SBIJB-170523-3 (Night Support pathfinder in Duns)
Services/functions covered by this Direction	Adult Social Care
Full text of the Direction	To implement the 'Reprovisioning of night support service' report recommendations considered by the Integration Joint Board. This includes: - Reducing the number of Night Support Teams from 5 to 2 Rapid Response teams. - These Rapid Response teams providing planned and critical overnight care, as well as responding to any Technology Enabled Care activations. - The introduction of a strict eligibility criteria for essential overnight support provide by the Rapid Response teams will ensure that only required visits are provided. - Technology Enabled Care should be used to support this model, along with a change in visiting hours to include dawn / twilight visits to ensure a more person-centred approach to care, which not only increases choice and control, but improves service user safety by providing constant monitoring and an immediate response if urgent support is required, rather than a time-specific face to face visit - Supporting staff and ensuring good communications with service users through the reprovisioning process
Timeframes	To start by: With immediate effect To conclude by: April 2024
Links to relevant SBIJB report(s)	January 2024 IJB papers: https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&MId=7033&Ver=4
Budget / finances allocated to carry out the detail	Further savings of £158,035 beyond the first phase are anticipated, bringing the total recurring saving to £343,692 per annum.
Outcomes / Performance Measures	It is expected that the proposal will improve National Health and Wellbeing outcomes 2, 3, 4, 6, 8 and 9.
Date Direction will be reviewed	Progress report to be provided in the HSCP Performance and Delivery Plan. No expectation for review, unless escalated by the HSCP Joint Executive, or requested by IJB / IJB Audit Committee members.

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Scottish Borders Health and Social Care Partnership

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

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

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

Reprovision of the night support service;
The reprovision of the night support service with the reduction of teams, introduction of Dawn and Twilight shifts and the introduction of the rapid response role. Service users may notice some changes to visit times, the introduction of TEC or removal of a visit if it's not actually required/doesn't meet the Night Support Service Criteria.

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

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

Human Rights (enhancing or infringing)

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

Main Impacts	**Are these impacts positive or negative or a combination of both**	**Are the impacts significant or insignificant?**
Reduce overnight disruptions for service users improving quality of sleep, reducing disorientation and confusion	Positive	Significant
Providing essential support without disrupting service users in a less intrusive and person centred approach	Positive	Significant
Increase privacy	Positive	Significant
Increased choice and sense of control for service users	Positive	Significant
Reduce risks in terms of service user safety, by providing constant monitoring rather than a time limited visit which may in fact, increase confusion and disorientation	Positive	Significant
Quicker response in the event of a serious concern with a service user	Positive	Significant

Is the proposal considered strategic under the Fairer Scotland Duty?	Yes – socio-economic, but all new care packages that require TEC would be financially assessed to reduce impact. Current service users would not be impacted.

IA to be undertaken and submitted with the report – Yes **If no – please attach this form to the report being presented for sign off**	**Proportionality & Relevance Assessment undertaken by:** Julie Glen (Operations Director Adult Social Care) Daniel Smyth (Service Manager Adult Social Care) Mark Williamson (HR business Partner) Clare Richards (Programme Manager)

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Equality Human Rights and Fairer Scotland Duty Impact Assessment

Stage 2 Empowering People - Capturing their Views

Reprovisioning of Night Support Service:

Review of Duns Night Support clients to see if Night Support is required or if the individual could be supported by TEC or a Dawn/Twilight shift.

Equality Human Rights and Fairer Scotland Impact Assessment Team

Role	Name	Job title	Date of IA Training
HSCP Senior Mgt Team Member	Jen Holland	Director of Strategic Commissioning and Partnerships	
Responsible Officer	Julie Glen	Operations Director	
Mains Stakeholder (SBC)	Daniel Smyth	Service Manager	
Third/Independent Sector Rep			
Service User			

Evidence Gathering (will also influence and support consultation/engagement/community empowerment events)

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
What equalities information is routinely collected from people currently using the service or affected by the policy?	Age, Gender, Race, Religion, Disability.	There are 8 Night Service users in the Duns area. By the nature of the assessed need, these tend to be older adults with substantial support needs. Full service user details below.
Data on populations in need	Scottish Borders Health and Social Care Partnership Joint Strategic Needs Assessment September 2022: https://www.scotborders.gov.uk/downloads/file/11690/hscp_joint_needs_assessment_report National Records of Scotland **https://www.nrscotland.gov.uk/files/statistics/council-area-data-sheets/scottish-borders-council-profile.html**	Age – 16.5% of the Scottish Borders population is under the age of 15 (16.9% Scotland) 58.8% of the Scottish Borders population is aged 16 to 64 (64.1% Scotland) 24.8% of the Scottish Borders Population is aged 65 or older (19.1% Scotland) 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. Gender- There is a slightly higher female population in the Borders. Disability – 22.4% of the Scottish Borders population have a long term health condition (deaf or partially hearing impaired; blind or partially vision impaired; learning

disability; learning difficulty; developmental disorder; physical disability; mental health condition; or Other Long-term health condition)

Gender reassignment – Data states that 0.5% of population is Trans.
Marriage and Civil Partnership - Not relevant

Pregnancy and Maternity – Not relevant

Race -

Ethnicity	Scottish Borders
White: Scottish	70%
White: Other British	25.9%
White: Polish	1.3%
Asian	N/A
Other Ethnic Group	N/A

Religion or belief -

Religion	Scottish Borders
None	59%
Church of Scotland	25.5%
Roman Catholic	4.3%
Other Christian	10%
Other Religion	1.1%

Sexual Orientation -

<table>
<tr><td></td><td></td><td>1.4% of adults identify as “LGB & Other” (Lesbian, Gay, Bisexual or Other).</td></tr>
<tr><td>Data on relevant protected characteristic</td><td>Scottish Borders Council Mainstreaming Report and Equality Outcomes
file:///G:/LLC%20SW%20IST/LLC%20SW%20Integrated%20Care%20Fund/TEC/SW%20review%20documents/SW%20review%20projects/Performance%20Board/Mainstreaming_Report__Equality_Outcomes_2021_25.pdf</td><td></td></tr>
<tr><td>Data on service uptake/access</td><td>
<table>
<tr><th>Age</th><th>Disability</th><th>Gender</th><th>Race</th><th>Religion</th></tr>
<tr><td>95</td><td>Frailty</td><td>Female</td><td>White</td><td>Church of Scotland</td></tr>
<tr><td>94</td><td>Frail elderly</td><td>Female</td><td>White</td><td>Roman Catholic</td></tr>
<tr><td>67</td><td>Physical disability & sight impaired</td><td>Male</td><td>White</td><td>Not disclosed</td></tr>
<tr><td>85</td><td>Frail elderly/palliative</td><td>Female</td><td>White</td><td>Not disclosed</td></tr>
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<tr><td>96</td><td>Frail elderly</td><td>Male</td><td>White</td><td>Not disclosed</td></tr>
</table>
</td><td>A total of 8 service users could be impacted by the proposal.

Age –75 % of service users are over 80 years old.

Gender –75 % are Female

Race – 100% white

Religion -
2 Church of Scotland
1 Roman Catholic
5 Not disclosed

4 Staff would be impacted (as noted in the staff section below)</td></tr>
<tr><td>Data on socio economic disadvantage</td><td>Not available</td><td></td></tr>
<tr><td>Research/literature evidence</td><td></td><td></td></tr>
</table>

Existing experiences of service information	Following on from the Pathfinders in Tweeddale and Berwickshire, evaluation and IIA's were completed for both areas.	
Evidence of unmet need		
Good practice guidelines		
Other – please specify		
Risks Identified	Service users and families unwilling to accept support provided in alternative ways Staff unwilling/unable to redeploy to daytime roles Staff unwilling/unable to redeploy to care home roles overnight Daytime staff unwilling/unable to work extended shift times Service users, staff, families see this as a cost cutting project Potential risk of redundancy for night-time support staff if unable to move to day support Risk of reduced financial efficiencies due to potential cost of redundancy Reputational risk to the Council Wider stakeholder communications	
Additional evidence required		

Consultation

Duns Staff Engagement and Consultation

Dates	Venues	Number of People in attendance by category*	Protected Characteristics Represented

4 staff potentially affected by the proposed changes. Engagement sessions listed below. Some were for Duns only staff and some for the whole NS staff team.

Date	Venue	Subject	Attendance
20/06/2022	MS Teams	Initial staff meeting held with NS teams to discuss proposed changes to the service	
11/7/22-12/7/22	MS Teams	Individual staff consultations	
23/03/23	MS Teams	Update on NS paper progress following Peebles pathfinder	10 Support staff attended
31/05/2023	MS Teams	Staff meeting held to update on NS working group progress, next steps and Q+A	6 support staff attended
14/06/2023	MS Teams	1-2-1 meetings with Duns NS staff to discuss upcoming pathfinder in the area	
29/06/2023	MS Teams	Duns NS staff meeting to discuss upcoming pathfinder	4 Staff attended
25/07/2023	MS Teams	Duns NS meeting final meeting before pathfinder	3 Staff Attended
4/09/2023	MS Teams	Duns staff meeting following conclusion of pathfinder, feedback given at this call from staff	3 Staff attended
3/10/2023	MS Teams	Night Support meeting held for update following Duns pathfinder and discussion around next steps	3 Staff attended

Age
65
44
41
61

4 Female
0 Male

Nationality – Split White Scottish and White Other British.

Trans gender – no recorded
Disability – Not recorded.
Religion - not recorded
Sexual orientation – not recorded

18/10/2023	Ms Teams	Night Support workshop held	6 Staff attended	
25/10/2023	MS Teams	Night Support workshop held	8 Staff attended	

Views Expressed	Officer Response
What will the new dawn and twilight shifts look like?	The dawn shift will operate between 6am to 12.00noon and the twilight shift 6pm to Midnight. These teams will provide continence support and personal care to individuals who would ordinarily have received overnight visits to support with continence needs. We believe this would offer increased flexibility to both Service Users and staff. If staff are working a twilight shift, they would not be asked to work a Dawn shift the next day, ensuring they get the correct rest between shifts.
If this model is rolled out permanently, will staff lose their jobs?	No. There are no plans to reduce staff through this. All existing night support staff would be offered alternative posts in a care home (days and nights) and home care (days, including option of dawn/twilight) shifts, supported by HR colleagues, senior management and Trade Union Colleagues. We believe this will increase staff capacity across the Heath & Social Care System and help to alleviate pressures.
What is the average length of a night support visit?	The average planned time of visits to service users receiving a service from the night support team at this time is 10 minutes.
What happens when technology alternatives such as bed sensors or falls alarms are not a suitable option for a current Night Support Service User, will this person continue to receive a face-to-face visit?	Every Service User is assessed based on their individual needs and suitable options are discussed with the individual and/or their family. Anyone for whom technology alternatives such as bed sensors or falls alarms are not a suitable option would continue to receive a face-to-face visit.
How will this impact individuals with palliative/end of life care needs?	The needs of Individuals with palliative/end of life care needs will not be compromised and will continue to receive face to face support.
What happens if someone falls in the night?	Within the current service delivery model, a face-to-face visit is planned for a set time. Once the visit has been completed, if the service user has a fall outside the window of this visit, there is the possibility that the service user would be lying on

	the floor for several hours until the next Carer visited. If a bed sensor or falls alarm were in place, staff would be alerted and respond within the hour. The process involves the Alarm Receiving Centre being alerted; they would then make contact with the Rapid Response Team who would be dispatched to provide care. If it was felt that the service user had been injured and required medical assistance, Emergency Services would be contacted.
Who will answer any alarm activations?	Alarm activations will go the Alarm Receiving Centre and onwards to Rapid Response staff, unless families choose to make alternative arrangements.
What will the new service look like?	If a service user is assessed as a suitable candidate for TEC, this will be discussed with the individual and their family. If TEC is put in place, it will be monitored by the Alarm Receiving Centre, who would in turn; contact the Rapid Response team. Family could also be alerted if this is the request of the service user and family. If the assessment demonstrates that the service user is not suitable for a TEC solution, a face-to-face visit will continue to be provided.
Will face to face visits still be provided?	Yes, in certain instances where TEC solutions are not feasible, including complex care needs such as advanced Dementia/Palliative and critical/End of Life Care
Where will Rapid Response staff be based?	Staff will be based in Saltgreens care home which has been identified based on the location of the Night Support Service Users.
How will we ensure the safety of our lone working staff?	Lone working staff will be equipped with mobile devices with the PROTECT app installed. This allows them to be located and call for urgent assistance if required. During the pathfinder in Peebles staff were also offered personal alarms.
What steps have we taken to understand the impact of the proposal on individuals that currently use the service?	A full public consultation was completed in February 2023. The results have prompted the need for a further Pathfinder in the Duns area to assess the full impact of this change. To fully understand the impact, all current service users will be reassessed individually, and options discussed with service users and their families.
How will Service Users requiring continence and skin care be supported?	Every Service User is assessed based on their individual needs. Dawn & twilight shifts will be introduced for those where it is deemed to be a suitable alternative, to provide support with continence needs, reducing the likelihood of any potential skin breakdown. Furthermore, service users identified with continence needs overnight, will have their continence needs reviewed to ensure appropriate aids are prescribed. Anyone whose needs cannot be met in this way, or through introduction of TEC would continue to receive this support face to face.

Why is this change to the Night Support Service being proposed, is this about saving money?	This approach would align Scottish Borders Council with other Local Authorities such as East Lothian. Following a successful pathfinder in Peebles where Service Users reported they benefited from no staff disturbance through the night, Scottish Borders Council are reviewing alternative ways of providing night support. This may include items such as alarms, movement sensors, bed sensors and door activation monitors. Given national recruitment challenges, the ageing population, and the pressure on care services nationally, we need to identify new approaches to deliver more efficient and effective care to ensure service users aren't compromised.
Questions about if it's a scheduled visit that requires a double up – what would happen if they got a call out at the same time.	It was agreed that on these occasions, contact would be made to colleagues in the other team on duty to request their assistance. In the event that both teams were committed to other duties, contact would be made with the Alarm Receiving Centre, who would then deploy alternative support as identified in the individual service user's records.

Duns Pathfinder (service users)

<table>
<tr><th>Date</th><th>Venue</th><th>Number of People in attendance by category*</th><th colspan="5">Protected Characteristics Represented</th></tr>
<tr><td rowspan="4">01/08/2023 – 01/09/2023</td><td rowspan="4">Duns</td><td rowspan="4">8</td><td>Age</td><td>Condition</td><td>Gender</td><td>Race</td><td>Religion</td></tr>
<tr><td>95</td><td>Frailty</td><td>Female</td><td>White</td><td>Church of Scotland</td></tr>
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			53	Physical disability/ non verbal	Female	White	Not disclosed
			92	Frail elderly	Female	White	Church of Scotland
			96	Frail elderly	Male	White	Not disclosed

Views Expressed	Officer Response
Service users noted no change, as the service for many continued but was provided at an earlier/later time by the twilight/Dawn shift.	It is clear from this feedback that the move to twilight and dawn shifts does not impact service users in any way.
The NS service was required for three service users. (One palliative, one awaiting 24-hour care and one that is now supported by the cheviot team)	From the pathfinder it is clear that a support overnight is still required in some circumstances. But with the low number of service users support could be provided by fewer teams.
Staff feedback - During the pathfinder staff noted that they were travelling an increased no of miles.	This was noted and routes altered to decrease the mileage.

The pathfinder resulted in 3 service users that still required overnight support, which resulted in a change in approach for the final proposal.

Scottish Borders Health and Social Care Partnership Integration Joint Board

24 January 2024

Revised Directions Policy and Procedure

Report by Chris Myers, Chief Officer Health & Social Care

Scottish Borders Health and Social Care PARTNERSHIP

1. PURPOSE AND SUMMARY

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

2. RECOMMENDATIONS

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

a) Approve the updated Directions Policy and Procedure that was reviewed in the 18 December 2023 IJB Audit Committee.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

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

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

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

4. INTEGRATION JOINT BOARD DIRECTION

4.1 A direction is not required.

Appendix-2024-3

5. BACKGROUND

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

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

5.3 The Directions Policy and Procedure was approved in the 15 December 2021 Health and Social Care Integration Joint Board, and the first formal Directions were issued from the following Integration Joint Board on 2 March 2022.

5.4 The Directions Policy and Procedure is due for review every two years. As part of this process, there has been discussion in the Integration Joint Board Audit Committees on 19 June 2023 and on 18 December 2023, where the Audit Committee revised the policy with a view to recommending its approval at the Integration Joint Board. In addition, there has been discussion at the Health and Social Care Joint Executive Team, and with the Chief Executives of the two statutory partner organisations who receive Directions.

5.5 Since the launch of the Directions Policy and Procedure, there have been a number of developments which impact on the Directions Policy and Procedure:

5.5.1 There is now a new Strategic Plan for the Integration Joint Board and Health and Social Partnership, 'the Health and Social Care Strategic Framework 2023-26.' Associated to this is a new HSCP Delivery Plan which outlines the workplan for the Integration Joint Board in delivering against the Strategic Framework.

5.5.2 As outlined in the HSCP Delivery Plan 2023-24, the Strategic Implementation Plan (SIP) workstreams have been replaced with a new structure under the Health and Social Care Partnership. This ensures better engagement and closer working between the Integration Joint Board, and wider Health and Social Care Partnership.

5.5.3 The Integration Joint Board reviewed and revised its approach to complying with the Equality Duty and other legal requirements in March 2023. A new set of Equality Outcomes for the period March 2023 to March 2025 were adopted. The equality outcomes are supported by a robust mainstreaming framework which enables the Integration Joint Board to monitor and evaluated compliance with the Equality Duty and the Equality and Human Rights Measurement Framework. Equalities and Human Rights Impact Assessments now accompany all reports submitted to the Integration Joint Board, this to enable Board members to take account of the findings of the impact assessment at the same time as considering the recommendations of the report being put forward.

5.5.4 The Health and Social Care Partnership Joint Executive Team have oversight of progress against the Strategic Framework and associated HSCP Delivery Plan.

5.5.5 All directions are now worked up via the Health and Social Care Partnership Joint Executive Team (JET), ensuring organisational ownership from our statutory partners prior to directions being issued.

5.5.6 Due to urgency and/or some there have been 2 instances of directions being submitted directly from the Health and Social Care Partnership Joint Executive Team to the IJB without review by Strategic Planning Group. In these instances, the IJB Chief Officer and HSCP Joint Executive Team have held the risk.

5.5.7 Directions have been routinely reviewed by the IJB Audit Committee, however, in line with the Directions report which is now part of the HSCP Performance and Delivery Report, it is recommended that both the IJB and IJB Audit Committee chose to call items by exception rather than routinely to the IJB Audit Committee for review. The Directions Template (Appendix 2) has been updated accordingly.

5.5.8 There have been challenges relating to timescales for review which have often been too ambitious. As a result, the Directions Template (Appendix 2) has been revised to ensure that timescales are realistically set out.

6 IMPACTS

Community Health and Wellbeing Outcomes

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

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

Financial impacts

6.2 There are no costs attached to any of the recommendations contained in this report. However the use of Directions should improve the Integrated Joint Board's financial oversight.

Equality, Human Rights and Fairer Scotland Duty

6.3. The Integration Joint Board is a listed public authority and has subject to both the Equality Duty and the Scottish Specific Public Sector Equality Duty since 2015.

6.4. The Integration Joint Board published its last Mainstreaming Report and Equality Outcome 2023 to 2025 in March 2023 . The outcomes were co-produced by members of the Strategic Planning Group Equalities & Human Rights Subgroup; in conjunction with relevant communities of interest and senior NHS Borders and Scottish Borders Council staff, the framework for 2023 to 2025 links directly to the Scottish Borders Health and Social Care Framework 2023 to 2026 and key Partnership workplans.

6.5. To ensure compliance with the Scottish Specific Public Sector Duty to review and assess policy and practice, the Scottish Borders Health and Social Care Partnership reviewed, revised and renewed their approach to undertaking equality and human rights impact assessments, concluding this in December 2022. The Integration Joint Board is now presented with an equality and human rights impact assessment at the same time they are considering a report from senior management. In addition, the Integration Joint Board take annual report on progress being made to ensure continuous improvement in complying with their legal duties.

6.6. A stage 1 Integrated Impact Assessment has been completed and is attached to this document. This found that there was no differential impact as a result of the review of the Directions Policy and Procedure from an Equality Duty, the Scottish Specific Public Sector Equality Duties, Human Rights and the Fairer Scotland Duty.

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

Legislative considerations

6.8. The policy supports continued compliance with the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014. Listed public authorities are defined by Section 149 of the Equality Act 2010 and the specific duties imposed by the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. These regulations were amended in 2016.

Climate Change and Sustainability

6.9. None relevant.

Risk and Mitigations

6.10. Appropriate use of the Directions Policy and Procedure supports the risk management by the Health and Social Care Integration Joint Board.

7 CONSULTATION

Communities consulted

7.1 The revised policy and procedure has been developed by the Integration Joint Board Audit Committee. The policy will continue to ensure consultation through the Strategic Planning Group

on new Directions before they are considered by the Integration Joint Board, unless they are escalated due to urgency or high level risk.

Integration Joint Board Officers consulted

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

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

- HSCP Joint Executive Team

Approved by:

Chris Myers, Chief Officer Health & Social Care

Author(s)

Chris Myers, Chief Officer Health & Social Care
Iris Bishop, Board Secretary

Background Papers: 15 December 2021 Directions Policy and Procedure.

Previous Minute Reference: Minutes of 15 December 2021 IJB meeting

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

Directions Policy and Procedure

Scottish Borders Health and Social Care Integration Joint Board

1. Purpose

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

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

2. Policy

2.1. Legislative and policy framework

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

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

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

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

2.2. Definition and purpose of Directions

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

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

[1] Public Bodies (Joint Working) (Scotland) Act 2014. Available from: https://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf

[2] Scottish Government. Good Practice Note. Directions from integration authorities to health boards and local authorities: guidance. Available from: https://www.gov.scot/publications/good-practice-note-directions-integration-authorities-health-boards-local-authorities/

In line with national guidance on good practice, clear Directions must be given in respect of every function that has been delegated to the SBIJB. Directions are legally binding and must be implemented by the statutory partners that receive them. As a result, it is essential that they are appropriately developed. Directions must provide sufficient detail to enable NHS Borders and the Scottish Borders Council to discharge their statutory duties under the Act. Specific Directions can be given to NHS Borders, the Scottish Borders Council or both organisations depending on the services to be provided (Appendix B includes the Direction template to be used). However, Directions should not be issued unnecessarily and should be proportionate.

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

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

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

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

[3] Scottish Government. Directions from integration authorities to health boards and local authorities: statutory guidance. Available from: https://www.gov.scot/publications/statutory-guidance-directions-integration-authorities-health-boards-local-authorities/

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

3. Procedure

3.1. Formulating Directions

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

Directions are clearly associated with SBIJB decisions, for example to approve a specific business case or to transform a service. Directions are formulated at the end of a process of decision-making which has included wider engagement with partners as part of commissioning and co-production. This will include appropriate consideration of Equalities and Human Rights, consideration by the Health and Social Care Partnership Joint Executive Team, and the Strategic Planning Group prior to issuing to the SBIJB for review. A Direction should therefore not come as a surprise when it has been issued.

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

- Content of the SBIJB's Strategic Plan (Health and Social Care Strategic Framework 2023-26) and the associated HSCP Delivery Plan for the financial year
- Specific service redesign or transformation programmes linked to an approved business case
- Financial changes or developments (eg additional funding opportunities, matters relating to set-aside budgets or requirement to implement a recovery plan)
- A change in local circumstances
- A fundamental change to practice or service
- An issue requiring Board level decision

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

In exceptional cases, e.g. due to the need to escalate by exception due to levels of risk / short notice national policy directives, there may be escalation direct from the Health and Social Care Partnership Joint Executive Team to the Integration Joint Board without consideration from the Strategic Planning Group.

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

3.2. Approving and issuing Directions

The SBIJB is responsible for considering and approving all Directions. All reports to the SBIJB will identify the implications for Directions and will make a clear recommendation regarding the issuing of Directions, for example if a new Direction is required, or an existing Direction is to be varied or revoked. The detail of the new or revised Direction will be appended to the SBIJB report using the agreed template (Appendix 2) and will be submitted to the SBIJB for approval.

Once approved, written Directions will be issued formally by the Chief Officer, on behalf of the SBIJB, to the Chief Executives of both statutory partner organisations (NHS Borders and the Scottish Borders Council) as

soon as practicably possible. Partners will be asked to acknowledge receipt of Directions and advised of performance reporting arrangements (as indicated in the section below).

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

3.3. Implementation of Directions

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

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

3.4. Monitoring and review of Directions

A Directions tracker is contained within the HSCP Performance and Delivery report and will be used as the template for monitoring progress on the delivery of each Direction on an ongoing basis. The SBIJB's Audit Committee will assume responsibility for maintaining an overview of progress with the implementation of Directions, requesting progress reports from NHS Borders and the Scottish Borders Council, and escalating key delivery issues to the SBIJB. Directions issued at the start of the year should be subsequently revised during the year in response to developments.

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

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

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

4. Review of Directions Policy and Procedure

This Directions Policy and Procedure will be reviewed in the following timescales, or sooner in the event of new guidance, policy or good practice becoming available.

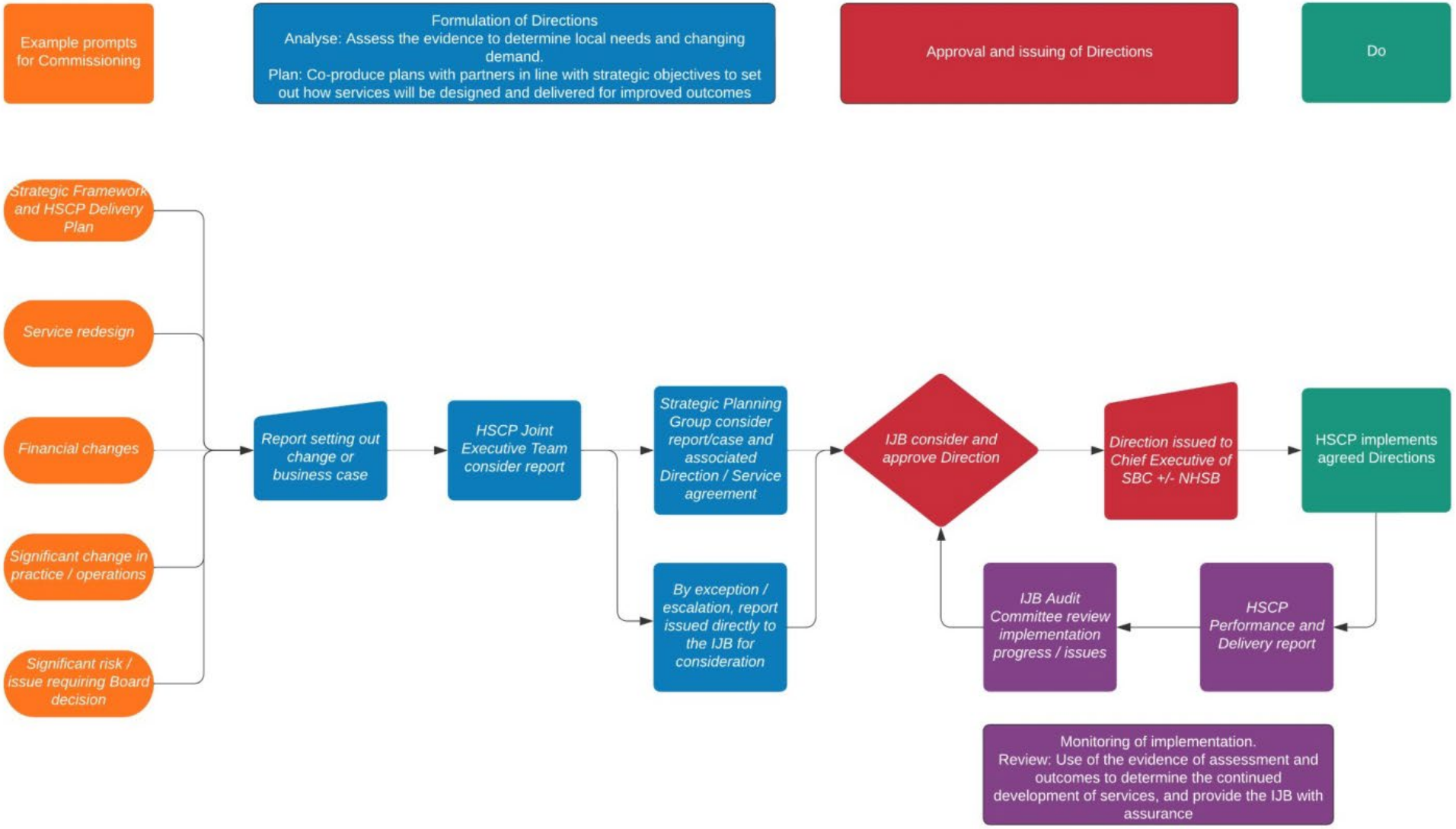
Date of policy approval:	24 JANUARY 2024
Date of implementation:	25 JANUARY 2024
Date of review:	31 MARCH 2026

5. Appendices

Appendix 1: Directions Procedure, including reference to Strategic Commissioning cycle phases (Plan, Do, Review, Analyse)

Appendix 2: Scottish Borders Health and Social Care Integration Joint Board Direction Template

Appendix 1 Directions Procedure, including reference to Strategic Commissioning cycle phases (Plan, Do, Review, Analyse)



Appendix 2: Scottish Borders Health and Social Care Integration Joint Board Direction Template

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

Scottish Borders Health and Social Care Partnership

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

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

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

Review of Directions Policy and Procedure

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

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

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,~~	~~Political and civic participation and representation~~ ~~Access to services~~ ~~Privacy and surveillance~~ ~~Social and community cohesion*~~

				~~resettlement and rehabilitation*~~	~~Family Life*~~

*Supplementary indicators

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

Is the proposal considered strategic under the Fairer Scotland Duty?	No

E&HRIA to be undertaken and submitted with the report – **If no – please attach this form to the report being presented for sign off**	**Proportionality & Relevance Assessment undertaken by:** **Name of Officers:** **Chris Myers** **Date:** **20/12/2023**

Scottish Borders
Health and Social Care
PARTNERSHIP

RISK MANAGEMENT POLICY STATEMENT

Introduction

What is a Risk

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

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

What is Risk Management

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

Why is Risk Management Important to the IJB

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

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

Vision

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

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

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

Roles and responsibilities

Integration Joint Board

The IJB as a board will:

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

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

IJB Chief Officer (Joint Director Health & Social Care Integration)

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

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

Integrated Risk Forum

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

Corporate Risk Officer (SBC)

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

IJB Audit Committee

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

Risk appetite, tolerance and capacity

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

Risk management process

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

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

Reporting for Assurance Purposes

Reporting, to support fulfilment of roles and responsibilities set within the Policy, will include:

- Bi-annual strategic risk register update reports to the IJB.
- Annual assurance report to the IJB Audit Committee on the application of the risk management framework.

Policy Review

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

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Scottish Borders
Health and Social Care
PARTNERSHIP

Scottish Borders Integration Joint Board

Risk Management Strategy

CONTENTS

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

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

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

Key benefits of effective risk management:

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

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

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

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

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

2.1 Objectives

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

The primary objectives of this strategy are to:

- Ensure that the risk management framework is applied consistently and with appropriate oversight.
- Establish standards and principles for the efficient and effective management of risks affecting the delivery of the Scottish Borders Health and Social Care Strategic Framework, including regular monitoring, reporting and review.
- Identify how and what risk information will be reported to the Integration Joint Board (IJB).

2.2 Governance Structure

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

The IJB will identify any high level strategic risks.

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

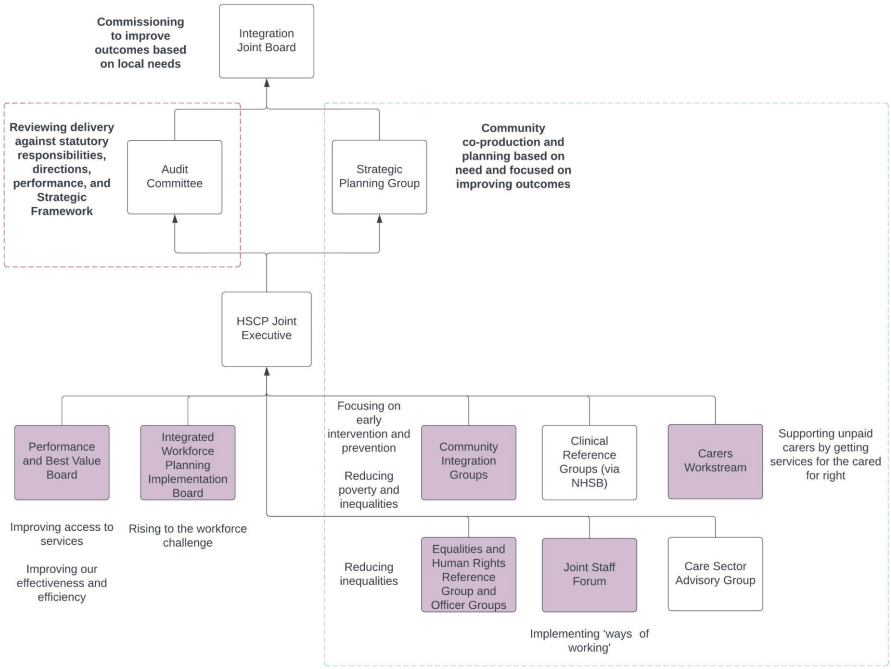

Diagram 1: Integration Joint Board Governance Arrangements Source: Strategic Framework

2.3 Risk Management Framework and Process

Compliance with the principles of good governance requires the IJB to adopt a coherent approach to the management of risks that it faces in the achievement of its strategic objectives.

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

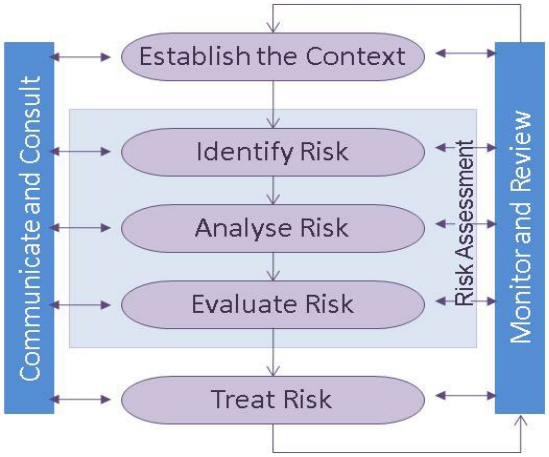

Diagram 2: Standard risk management process

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

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

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

2.4 Partners Organisations as Enablers - Risk Perspective

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

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

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

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

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

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

2.5 Reporting of Risks to the Integration Joint Board

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

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

2.6 Monitoring Risk Management Activity and Performance

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

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

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

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

2.7 Strategy Review

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

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

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Scottish Borders Health and Social Care Partnership

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

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

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

Risk management policy and strategy

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

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

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,~~	~~Political and civic participation and representation~~ ~~Access to services~~ ~~Privacy and surveillance~~ ~~Social and community cohesion*~~

				~~resettlement and rehabilitation*~~	~~Family Life*~~

*Supplementary indicators

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

Is the proposal considered strategic under the Fairer Scotland Duty?	No

E&HRIA to be undertaken and submitted with the report – No- The primary content of this report and associated policy and strategy in the appendices is to set out a risk management framework specifically for the IJB as a Management tool to manage strategic risks in support of achieving strategic objectives as part of good corporate governance **If no – please attach this form to the report being presented for sign off**	**Proportionality & Relevance Assessment undertaken by:** **Name of Officers:** **Chris Myers** **Date:** **05/01/2024**

Scottish Borders Health and Social Care Partnership
Integration Joint Board

24 January 2024

IJB Risk Management Policy statement and Risk Management Strategy 2023-2026

Report by: Chris Myers, Integration Joint Board Chief Officer

1. PURPOSE AND SUMMARY

1.1. **The purpose of this report is to provide Members of the IJB with a revised IJB Risk Management Policy statement and Risk Management Strategy 2023-2026 for approval, which the IJB Audit Committee has considered, as an opportunity to scrutinise the risk management framework, and has endorsed them for IJB approval.**

1.2. Effective Risk Management is one of the foundations of effective governance and is recognised in the IJB's Local Code of Corporate Governance. Compliance with the principles of good governance requires the IJB to adopt a coherent approach to the management of risks that it faces in the achievement of its strategic objectives. Better and more assured risk management will bring benefits to the IJB, its Partners and service users. The current IJB Risk Management Policy and Risk Management Strategy were approved by the IJB on 19 August 2020.

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

1.4. A refreshed IJB Risk Management Policy statement (Appendix 1) and updated 3-year IJB Risk Management Strategy 2023-2026 (Appendix 2) are presented for approval by the IJB. This will enable the IJB to refine its approach to managing its strategic risks and embed these key aspects into the management practices of the IJB and its Partners.

2. RECOMMENDATIONS

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

a) Approve the refreshed IJB Risk Management Policy Statement (Appendix 1) and the updated Risk Management Strategy 2023-2026 (Appendix 2).
b) Acknowledges the role and responsibilities of the IJB and IJB Audit Committee within the IJB Risk Management Policy.
c) Notes the reporting for assurance purposes on the efficacy of risk management arrangements within the IJB Risk Management Policy.
d) Agrees to a discussion on the risk management approach in practice, as set out with the IJB Risk Management Strategy 2023-2026, as part of an IJB Development Session in 2024, which was recommended by the IJB Audit Committee at its meeting on 18 December 2023.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

3.1. It is expected that the proposal will impact on the Health and Social Care (H&SC) Strategic Framework Objectives and Ways of Working as indicated below because the application of sound risk management practices will underpin, support, and facilitate their achievement.

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

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

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required.

5. BACKGROUND

5.1. The IJB, as strategic commissioner of health and social care services, gives directions to NHS Borders (NHSB) and Scottish Borders Council (SBC) for delivery of the services in line with the Strategic Framework. The Scheme of Integration sets out how the managerial arrangements across the integrated arrangements flow back to the IJB and the Chief Officer. These arrangements are further supported by the IJB Local Code of Corporate Governance.

5.2. Effective Risk Management is one of the foundations of effective governance and is recognised in the IJB Local Code of Corporate Governance. Compliance with the principles of good governance requires the IJB to adopt a coherent approach to the management of risks that it faces in the achievement of its strategic objectives. Better and more assured risk management will bring benefits to the IJB, its Partners and the people it serves.

5.3. It is important that the IJB has its own robust risk management arrangements in place because if objectives are defined without taking the risks into consideration, the chances are that direction will be lost should any of these risks materialise. The current IJB Risk Management Policy and Risk Management Strategy were approved by the IJB on 19 August 2020.

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

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

5.6. Part of the Audit Committee's role is to scrutinise the adequacy and effectiveness of the IJB's risk management arrangements and consider the assurances on compliance with an appropriate risk management strategy within annual governance reports. At its meeting on 18 December 2023, the IJB Audit Committee considered the appendices to this report, as an opportunity to scrutinise the risk management framework, endorsed them for IJB approval, and recommended a discussion on the risk management approach in practice be arranged as part of an IJB Development Session in 2024.

6. IJB RISK MANAGEMENT POLICY STATEMENT

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

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

6.3. The main changes in the IJB Risk Management Policy Statement can be summarised as follows:

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

7. IJB RISK MANAGEMENT STRATEGY 2023-2026

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

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

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

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

8. Community Health and Wellbeing Outcomes

8.1. The refresh of the IJB Risk Management Policy and Strategy provides a framework for managing the IJB strategic risks in alignment with the Health and Social Care Strategic Framework 2023-2026. This will support the delivery of all Community Health and Wellbeing Outcomes through the effective management of associated risks and the progression of actions that will underpin their achievement.

8.2. The purpose of this report is to present the revised IJB Risk Management Policy and Strategy for approval. There are no identifiable actions or recommendations contained within the report that will have a direct bearing on other local outcomes.

Financial impacts

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

Equality, Human Rights and Fairer Scotland Duty

8.4. There are no equalities impacts arising from the report. The primary content of this report and associated policy and strategy in the appendices is to set out a risk management framework specifically for the IJB as a Management tool to manage strategic risks in support of achieving strategic objectives as part of good corporate governance.

Legislative considerations

8.5. The Scottish Borders Health and Social Care Integration Joint Board, established as a separate legal entity as required by the Public Bodies (Joint Working) (Scotland) Act 2014, is responsible for the strategic planning and commissioning of a wide range of integrated health and social care services across the Scottish Borders partnership area, based on resources which have been delegated to it by the partners, Scottish Borders Council and NHS Borders.

8.6. The IJB is therefore expected to operate under public sector good practice governance arrangements which are proportionate to its transactions and responsibilities to ensure the achievement of the objectives of Integration. The establishment of robust Risk Management and Audit arrangements is one of the key components of good governance and will be critical to the capacity of the IJB to function effectively.

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

Climate Change and Sustainability

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

Risk and Mitigations

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

9. CONSULTATION

Communities consulted:

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

Integration Joint Board Officers consulted:

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

Approved by:

Chris Myers, Integration Joint Board Chief Officer

Author(s):

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

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

Previous Minute Reference:

For more information on this report, contact us at:
Jill Stacey (SBC Chief Officer, Audit and Risk; IJB Chief Internal Auditor) - 01835 825036
Emily Elder (SBC Corporate Risk Officer) - 01835 824000 Ext: 5818

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

Scottish Borders
Health and Social Care
PARTNERSHIP

Via email :
Suzy Douglas
Director of Finance and Procurement
Scottish Borders Council

Andrew Bone
Director of Finance
NHS Borders

Date 22 December 2023
Our Ref 2023-12-22 PR
Enquiries to Chris Myers
chris.myers@scotborders.gov.uk

Dear Suzy and Andrew,

PAYMENT REQUEST FOR 2024/25 FROM SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB)

I would like to start by thanking you both, along with other Members and Officers of the Scottish Borders Council and NHS Borders for their continued support over the past year, and for the shared efforts in developing and maturing a closer approach to working between the Integration Joint Board, Health Board and Local Authority.

As you will be aware, the IJB is expected to request payment from the Local Authority and Health Board to allow the IJB to prepare its budget for the following financial year. This letter outlines at a high level, the ask from the IJB for the year ahead to allow NHS Borders and the Scottish Borders Council to appropriately consider this within the financial planning processes of these organisations.

Principles

The principles of the IJB's financial planning approach will be that we will move towards our mission, vision and outcomes as set out in the Strategic Framework, i.e. what we have collectively and in partnership with our communities identified as the greatest risks which affect the outcomes of our communities. We will embed our agreed Health and Social Care Partnership 'Ways of working' throughout this process, and throughout our wider work as a partnership.

As you are aware, under legislation, the budget payment for all delegated services is required to be transferred from the Local Authority and Health Board to the IJB. The IJB then determines the allocation of budgets and savings plans across the Health and Social Care Partnership.

I have met with your finance teams and with Ms. Jen Holland, Dr. Sohail Bhatti and Ms. Gwyneth Lennox as the three other individuals with senior operational oversight working in the Health and Social Care Partnership to discuss a collective approach to financial planning. In addition, the approach has been discussed in the IJB Strategic Planning Group's December meeting, and endorsed by our IJB members.

I have started by outlining our national and local operating environment before defining the approach outlining the expectations that will be put to the IJB on the approach as part of the budget offer process.

National and local operating environment

We currently are working within a challenging economic environment which has been noted as the most challenging since devolution. This in turn has direct impacts on the social determinants of health and wellbeing of our communities and in turn impact on outcomes, and increased need for services. It is also well understood that the impacts of the pandemic and lockdowns have impacted on people's loneliness, wellbeing and mental health. In turn this has impacted on levels of need, complexity and outcomes of children, young people and adults of all ages.

As you are aware, the Scottish Borders has a relatively high 26.2% >65 population (which is in line with Scotland's >65 projection for 2054) compared to the current Scottish average of 20.2% and has lower workforce supply (45% compared to 65% nationally). Whilst our demography is associated with increased demand, there are significant opportunities to better recognise the positive contribution that older people make to their communities, and by bringing generations together.

With 21% of adults in Scottish Borders not receiving a living wage, poverty is a hidden burden within our communities. This directly impacts on health and wellbeing outcomes, and we will not address rising demand and need for services without addressing the underlying causes for poor health which includes poverty. The developing HSCP Community Integration Groups, and our developing Tackling Health Inequalities in the Scottish Borders strategy will support this agenda at a localised level. However tackling health inequalities will be ultimately unsuccessful without the engagement of children and young people in establishing new patterns of behaviour, partners on the Community Planning Partnership, and broader partners who influence the determinants of health and wellbeing. As a result we are committed to work closely with Scottish Borders Council, NHS Borders and our broader partners to deliver leadership in this area.

IJB Members recognise that the financial constraints for all three organisations are currently significant and will become more challenging as we move into 2024/25. This brings to the fore the importance of continuing to work closely and collectively to make the Health and Social Care Partnership function effectively, to better meet the local need of our population, and to provide best value for our communities. In this spirit, the IJB continues in its commitment to continue to work with NHS Borders and Scottish Borders Council to identify opportunities for joint working within and out with the Health and Social Care Partnership space between our organisations, and our wider partners.

Our operating environment brings significant challenges and issues for us, however it is important to mention that there are a number of opportunities to transform and integrate services in line with the Christie principles, and it is our belief that a large proportion of the opportunities that will help us deliver improved outcomes for our communities lie in our integrated space.

Payment from NHS Borders and the Scottish Borders Council

As noted above, the IJB is expected to request payment from the Health Board and the Local Authority. In line with this process, I request that as part of the payment offer from NHS Borders and the Scottish Borders Council, that the following principles are followed:

- Scottish Borders Council and NHS Borders provide pay and non-pay inflation uplifts to the IJB:
    - Should parameters for this be outlined in the Scottish Government in the NHS and Local Government Settlements, then I would ask that this is funded in line with national assumptions
- Demographic growth assumptions are factored in for services within the budget offer, to ensure that the level of unmet need in our communities does not increase
- The balance of reserves and funding allocations are brought forward from 2023/24 into 2024/25
- National funding allocations are fully allocated on receipt to go into the revenue budget of the HSCP at the point of allocation
- All delegated and set-aside budgets are included. In 2023/24 there were omissions in key areas such as Public Health, and NHS Borders Learning Disabilities and Mental Health out of area placements which are both delegated functions.
- In recognising the significant level of risk across the Health and Social Care Partnership, that a reasonable allocation is made to support areas of highest risk to the Health and Social Care Partnership, in order to:
    - Support improvements in access and outcomes, in the highest risk areas which may require further financial resourcing to help manage this risk
    - Support service sustainability in delegated services where there is higher risk

Allocation of resources by the Integration Joint Board

Further to previous discussions at the IJB, the IJB will work to more closely align the partnership budget allocation and savings plans to the objectives and ways of working outlined in the Strategic Framework, and best value principles.

As noted above, the principles of the IJB's planning approach will be that we will move towards our mission, vision and outcomes as set out in the Strategic Framework, with a focus on the following areas:

- Moving away from managing crisis (with poorer outcomes and higher resource use) towards an approach of prioritising earlier intervention and prevention;
- Focusing on rising to the workforce challenge;
- Working to reduce poverty and inequalities;
- Better supporting unpaid carers, by getting services for the cared for right;
- Improving access, and;
- Providing effective, efficient, seamless and sustainable services, with people at the heart of everything we do.

It is expected that focusing on these areas will help us to better meet the needs of our communities, to reduce risks, and by targeting investment in the right areas, will help us to reduce 'failure demand' in areas of poorer outcomes and higher cost, and make best use of scarce financial resources.

The focus on small individual service redesign is largely inadequate for the scale of the challenges

we face; and so we need to focus on whole pathways - from prevention through to palliation / end of life care.

In line with Best Value Principles, the IJB will work to achieve the best balance of cost and quality in delivering delegated and set aside services (having regard to economy, efficiency, effectiveness and equalities). This will inform the approach we take to both budgeting and savings plans across integrated services.

The IJB will work to deliver against the savings plans for 2023/24, including any undelivered savings that are brought forward. This will also include work to identify new opportunities, to transform services, and to become more effective and efficient across our services. As noted above it will be for the IJB to determine the overall budgeting and savings approach for the Health and Social Care Partnership. In doing this, cognisance will be paid to our local and national context, and the approach will be discussed with you as this is being developed, in advance of consideration by the IJB.

Financial planning will align with the HSCP Delivery Plan 2024/25, which in turn will also be compatible with the Scottish Borders Council Plan (and Departmental Delivery Plans), and the NHS Borders Annual Delivery Plan. The Delivery Plan will enable the work to appropriately and sustainably deliver services across the Health and Social Care Partnership for the people of the Scottish Borders during 2024/25, and into the longer term.

It is the expectation of the IJB that in the context of the need to transform services in line with our Strategic Framework, and a requirement for best value, that we have a need for a shift over the medium term from treatment to self-care and prevention, supported by clearly agreed definitions of successful outcomes for each service area. This will need to be supported by a move from secondary care to primary and community care, moving resources appropriately to where most activity takes place. On this basis, we will need to continue to collectively take efforts to work to stop growth and ultimately reduce spend and more collectively manage risk in acute set aside and other high cost per case delegated areas in the Health and Social Care Partnership. To enable this to happen, this needs to be done while also continuing to prioritise community supports, positive risk taking in the form of working with staff and our partners to develop an enabling approach, community capacity building, the promotion of self-care, self-management and Values Based Health and Care.

I would like to thank you for your ongoing support. We will be starting to consider the IJB budget for 2024/25 in our 24 January 2024 meeting, and so it would be helpful if you could please provide me with an update in advance of this meeting. Please do not hesitate to get in touch should it be helpful to talk through any parts of this letter, and I look forward to working with you closely over the rest of this year and into 2024/25.

Yours sincerely,

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

Cc: Ms Lucy O'Leary, Chair Integration Joint Board; Cllr David Parker, Vice Chair Integration Joint Board; Mr David Robertson, Chief Executive Scottish Borders Council; Mr Ralph Roberts, Chief Executive NHS Borders.

Scottish Borders Health and Social Care Partnership

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

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

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

IJB Financial Planning Process 2024-25

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

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

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	Political and civic participation and representation Access to services Privacy and surveillance Social and community cohesion* Family Life*

				rehabilitation*	

*Supplementary indicators

Main Impacts	**Are these impacts positive or negative or a combination of both**	**Are the impacts significant or insignificant?**
Unclear until payment offer has been received	Unclear at this stage	Unclear at this stage

Is the proposal considered strategic under the Fairer Scotland Duty?	Yes

E&HRIA to be undertaken and submitted with the report – Yes – to inform the financial planning process, which will commence once the payment offer has been received. **If no – please attach this form to the report being presented for sign off**	**Proportionality & Relevance Assessment undertaken by:** **Name of Officers:** **Chris Myers** **Date:** **20/12/2023**

Scottish Borders Health and Social Care Partnership
Integration Joint Board

24 January 2024

2024/25 INTEGRATION JOINT BOARD FINANCIAL PLANNING PROCESS

Report by Chris Myers, Chief Officer

1. PURPOSE AND SUMMARY

1.1. To appraise the Health and Social Care Integration Joint Board of the process being undertaken for the 2024/25 financial planning process.

1.2. The indicative budget settlements set out in the December Scottish Government represent a broadly flat cash settlement. The settlements do not cover pressures in inflation for 2024/25 and only include elements of the pay increase which were agreed with additional Scottish Government funding as part of the agreement.

1.3. In line with legislative process, a payment request letter has been submitted by the Health and Social Care Integration Joint Board to the Directors of Finance in NHS Borders and the Scottish Borders Council.

1.4. When the payment is received from NHS Borders and Scottish Borders Council, the IJB will then determine the allocation of budgets and savings plans across the Health and Social Care Partnership. This will inform the HSCP Delivery Plan and Financial Plan for 2024.25

2. RECOMMENDATION

2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to note the final letter sent to the Directors of Finance in NHS Borders and Scottish Borders Council for consideration by their members, and the next steps outlined in the paper.**

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

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

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

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

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required at this stage, but will be required once the budget has been set.

5. BACKGROUND

5.1. In line with Financial Statutory Guidance, the IJB is expected to request payment from the Local Authority and Health Board to allow the IJB to prepare its budget for the following financial year.

5.2. Under legislation, the budget payment for all delegated services is required to be transferred from the Local Authority and Health Board to the IJB. The IJB then determines the allocation of budgets and savings plans across the Health and Social Care Partnership.

5.3. To inform the payment request process, the views of Members expressed at previous IJB meetings, IJB Audit Committee meetings, and IJB Strategic Planning Group meetings during the current financial year have been taken into consideration. Senior Operational and Finance leads in the Health and Social Care Partnership were then consulted, and a letter was drafted which was sent to Members of the IJB Strategic Planning Group and Members of the IJB for consideration. Views expressed by these members were also incorporated into the final document, which was sent to the Directors of Finance on 22 December 2023 (Appendix A).

5.4. The letter recognises the challenging financial context that the Health and Social Care Integration Joint Board, along with its statutory partners who pay the Integration Joint Board, and broader partners are facing, and sets out the principles for the payment request and the approach to allocating resources to the Health and Social Care Partnership.

6. NATIONAL INDICATIVE SETTLEMENTS TO NHS BOARDS AND LOCAL AUTHORITIES

6.1. For both NHS Borders and the Scottish Borders Council, the indicative settlements represent a broadly flat cash settlement. The settlements do not cover pressures in inflation for 2024/25 and only include elements of the pay increase which were agreed with additional Scottish Government funding as part of the agreement.

6.2. Compared to 2023-24 budgets, territorial NHS Boards will receive a total increase of 4.3% for 2024-25 to cover costs related to the 2023-24 pay deals, as well as the baselining of £100 million sustainability and NRAC funding provided in 2023-24. The 4.3% uplift relates to 2023-24 non-recurring funding now being made on a recurring basis.

6.3. In terms of pay, funding arrangements for Boards will be revisited by the Scottish Government following the outcome of the pay negotiations in the new financial year. As part of Boards recurring adjustments for 2023-24, amounts have been included based on pay offers for Agenda for Change and Medical and Dental staffing in 2023- 24. Pay for NHS staff remains subject to

agreement for 2024-25, and the Scottish Government will work with Directors of Finance to finalise this position once the outcome is known. The Scottish Government will write to Boards in 2024 to confirm finalised baseline budgets following the conclusion of this work, but at this stage it should be assumed that additional funding will be allocated to support a deal.

6.4. The Scottish Government have committed the £100 million sustainability funding for non-pay costs, but beyond this and the NRAC funding provided in 2023-24, Boards will be expected to manage pressures within existing envelopes.

6.5. In addition to the baseline uplift outlined, funding aligned to policy commitments and recovery of health and social care services will be allocated to Boards and Integration Authorities in 2024-25.

6.6. Formal notification of the terms and approach to the Local Government funding settlement was provided in the Circular and Local Government Budget Letter. The Scottish Government Health and Social Care Portfolio will transfer net additional funding of £241.5 million to Local Government, £230 million of which is to deliver a £12 per hour minimum pay settlement for adult social care workers in the private and third sectors, in line with the Real Living Wage Foundation rate; and £11.5m is to support the inflationary uplift on Free Personal Nursing Care rates.

6.7. The funding allocated to Integration Authorities for Free Personal and Nursing Care and adult social care pay in third and private sectors should be additional and not substitutional to each Council's 2023-24 recurring budgets for adult social care services that are delegated. This means that, when taken together, Local Authority adult social care budgets for allocation to Integration Authorities must be at least £241.5 million greater than 2023-24 recurring budgets to ensure funding from Health and Social Care Portfolio contributes to meeting outcomes in this area.

7. RESPONSES RECEIVED

7.1. Scottish Borders Council plan to set its budget on the 29th February 2024, at which point budgets delegated to the IJB will be confirmed for 2024/25 and indicative budgets will be provided for 2025/26 to 2028/29. Current financial planning assumptions reflect an intention to fully delegate the additional funds outlined in 6.6 of this report as per the Scottish Government guidance.

7.2. NHS Borders has not responded at the time of writing, however through close discussions with NHS Borders, we are aware that work is ongoing to develop the Financial Plan for 2024/25, and that there is dialogue with Scottish Government in setting a budget in line with the Medium Term Financial Plan agreed with the Scottish Government. As a result, it is expected that the NHS Borders budget will be set later than the Scottish Borders Council budget, and payment offer will be made later.

8. APPROACH TO BUDGET SETTING BY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

8.1. The Deputy First Minister acknowledged significant challenges associated to current financial national financial positions associated to both the Autumn Statement and the Scottish Budget. Locally this results in a challenging financial environment.

8.2. The Strategic Framework for Health and Social Care will inform the Integration Joint Board's Financial Plan and HSCP Delivery Plan for the year ahead. This will include the setting of budgets and savings plans across delegated services, which will be cognisant of the financial operating

approaches of the statutory partner organisations. Spend will require to reduce in line with the budget available to deliver financial sustainability.

8.3. Financial planning will align with the HSCP Delivery Plan 2024/25, which in turn will also be compatible with the Scottish Borders Council Plan (and Departmental Delivery Plans), and the NHS Borders Annual Delivery Plan. The Delivery Plan will enable the work to appropriately and sustainably deliver services across the Health and Social Care Partnership for the people of the Scottish Borders during 2024/25, and into the longer term.

8.4. In line with Best Value Principles, the IJB will work to achieve the best balance of cost and quality in delivering delegated and set aside services (having regard to economy, efficiency, effectiveness and equalities). This will inform the approach we take to both budgeting and savings plans across integrated services.

8.5. The IJB will work to deliver against the savings plans for 2023/24, including any undelivered savings that are brought forward. This will also include work to identify new opportunities, to transform services, and to become more effective and efficient across our services. As noted above it will be for the IJB to determine the overall budgeting and savings approach for the Health and Social Care Partnership.

8.6. For health, the Integration Joint Board will work within the context of the NHS Borders Medium Term Financial Planning assumptions that have been agreed with Scottish Government to ensure financial sustainability. Unfortunately it is likely that the timescales for setting the NHS Borders budget will mean that the Integration Joint Board will have to agree two halves to its budget, as it did for this financial year, and set these on different dates.

8.7. Based on the current financial position for delegated and set aside services, and this year's national indicative settlement, substantial focus will be provided to ensuring financial sustainability on an ongoing basis, with an increased focus on financial sustainability within the HSCP Delivery Plan and Financial Plan for 2024/25 and future years.

9. IMPACTS

Community Health and Wellbeing Outcomes

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

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	Increase
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	Increase
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	Increase
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Increase
5	Health and social care services contribute to reducing health inequalities.	Increase
6	People who provide unpaid care are supported to look after their own health and	Increase

	wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	
7	People who use health and social care services are safe from harm.	Increase
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Increase
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

Financial impacts

9.2. There are no further financial considerations beyond those noted throughout the remainder of this paper.

Equality, Human Rights and Fairer Scotland Duty

9.3. A Stage 1 assessment of "Proportionality and Relevance" has commenced, and as it is expected that the IJB 2024/25 budget will have impacts across the people with protected characteristics, and on health inequalities, a Stage 2 and 3 will be completed as part of the budget setting process. In addition, it is deemed that the proposal will be strategic and so the Fairer Scotland duty applies to ensure that the Integration Joint Board has actively considered how it can reduce socio-economic inequalities in the decisions that it makes.

Legislative considerations

9.4. The Chief Finance Officer's duties require a balanced budget to be set. This is established in s108(2) of the Local Government (Scotland) Act 1973 and s93(3) of the Local Government Finance Act 1992. As part of this, for delegated Health and Set Aside services, a Medium Term Financial Strategy is being undertaken to work towards a breakeven position. However, this places dependence on the use of non-recurrent reserves, and Scottish Government brokerage.

Climate Change and Sustainability

9.5. At this early stage of the financial planning process, there are no relevant climate change and sustainability impacts.

Risk and Mitigations

9.6. Due to the size of the financial challenge, there are significant financial risks noted in IJB strategic risk 002 (combined score of 25) associated to increasing demand and financial constraints: "If we fail to ensure the effective and efficient delivery of delegated services within available budgets, in the context of increasing demand and resource constraints, then it could lead to poorer Health & Wellbeing Outcomes for the population and result in an inability to support the achievement of the Objectives contained within the Strategic Framework."

10. CONSULTATION

Communities consulted

10.1. The following groups were consulted to develop the payment offer:

- IJB Strategic Planning Group
- IJB Members – by correspondence

Integration Joint Board Officers consulted

10.2. The IJB Board Secretary and the IJB Chief Officer have been consulted, and all comments received have been incorporated into the final report. In addition the IJB Equalities, Human Rights and Diversity Lead has been consulted.

10.3. In addition, consultation has occurred with our statutory operational partners via the Directors of Finance, Chief Executives, and Senior Finance and Operational Leads.

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

Background Papers: IJB Strategic Risk summary:
https://scottishborders.moderngov.co.uk/documents/s79258/Item%20No.%206%20a%20i%20-%20IJB%20Strategic%20Risk%20Register%20Summary%20-%20November%202023%20-%20Final.pdf

Previous Minute Reference: N/A
For more information on this report, contact us at chris.myers1@borders.scot.nhs.uk

Scottish Borders Health and Social Care Partnership

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

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

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

Whole system capacity of health and social care modelling

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

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

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,~~	~~Political and civic participation and representation~~ ~~Access to services~~ ~~Privacy and surveillance~~ ~~Social and community cohesion*~~

				~~resettlement and rehabilitation*~~	~~Family Life*~~

*Supplementary indicators

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

Is the proposal considered strategic under the Fairer Scotland Duty?	No

E&HRIA to be undertaken and submitted with the report – No – As this relates to an assessment of care capacity, rather than a plan, strategic change or new policy, it was deemed that a stage 2 Integrated Impact Assessment is not required. **If no – please attach this form to the report being presented for sign off**	**Proportionality & Relevance Assessment undertaken by:** **Name of Officers:** **Bryan Davies** **Date:** **16/01/2024**

Scottish Borders Health and Social Care Partnership
Integration Joint Board

24 January 2024

Whole System Capacity of Health & Care Modelling

Report by Jen Holland, Director of Strategic Commissioning and Partnerships and Steph Errington – Acting Director of Planning & Performance

1. PURPOSE AND SUMMARY

1.1. The purpose of this paper is to appraise Integration Joint Board members of the work commissioned by the Health and Social Care Partnership Joint Executive Team to review health and social care capacity, and to seek comments on the scope and approach proposed.

1.2. The Scottish Borders is currently experiencing high demand for its services across health and social care settings. This leads to access issues as noted within our Health and Social Care Strategic Framework. There are waits for care and treatment across a range of services, including in the community and in hospital and challenges access interim and respite beds in the community to support effective unscheduled care flow across the whole system.

1.3. In order to ensure improved outcomes, best value and to improve capacity across the health and social care system there is a requirement to profile current demand versus capacity as well as likely future demand in order to strategically plan and commission effective hospital and community settings for now and into the future.

1.4. The modelling of health and social care demand is in its relative infancy and further consideration will be needed to agree the scope of the modelling required and the settings to be included.

2. RECOMMENDATIONS

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

a) Note the work that will be commissioned by the Health and Social Care Partnership
b) Provide comments on the approach being undertaken to inform the commission

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

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

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

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

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required

5. BACKGROUND

5.1. In September 2021, NHS Borders worked with Public Health Scotland to advise on demand for and commissioning of care home beds in Scottish Borders for next 10 years (to 2030).

5.2. Modelling indicated that there would be a need for 187 additional care home beds within the Scottish Borders by 2030. This represents an annual increase of between 14 and 20 care home admissions per year.

5.3. In contrast between 2009 to 2019, there was a 1% increase for number of care home registered residents in Scottish Borders, despite a 20% increase in the population aged 75 and over. This showed that care home demand did not increase proportionately to demographic change. There is a need to assess the current level of demand for residential care, and also other means of accessing care such as care at home and support from a Personal Assistant through Self-Directed Support -Direct Payments.

5.4. The Public Health Scotland Whole System Modelling service is at present building a Social Care Demand Model which follows a discrete event simulation approach, in which capacity in social care and intermediate care and assessment is tracked against demand as clients flow through the system. With flows from acute services and the community into social care services being considered, the model allows bottlenecks, such as queues from social care referrals, to be modelled as capacity constraints impacting on other parts of the Health &Social Care system. This modelling is currently focussed on the Hawick area only and is linked to anticipating demand for a new Care Village facility

5.5. The Public Health Scotland Whole System Modelling team is currently experiencing capacity challenges due to other workload and this along with problematic aspects to the baseline modelling tool has meant that the Hawick modelling is yet to report to the Care Village Board.

6. ASSESSMENT

6.1. In previous discussions at the Integration Joint Board relating to our performance in key areas, and the impacts that this has on outcomes, spend and performance in other parts of the system, the Integration Joint Board have indicated that there is a need for a better understanding of the demand / need versus the capacity available in the Scottish Borders for health and social care services. As a result, the HSCP Joint Executive Team have explored how to best deliver this.

6.2. It was agreed that a 'whole system capacity of care modelling' needs to be undertaken at pace in order to fully understand current and future demand versus capacity realities and challenges but also to address critical areas of pressure such the waiting times to receive a care at home

package of care, the lack of interim and respite beds and the number of people delayed waiting for care in acute hospital settings.

6.3. The aim would be to highlight areas in the whole system, that if corrected, potentially have system wide benefits – in terms of community outcomes, quality of care, unscheduled care flow, financially and from a staffing perspective.

6.4. Clarity on the scope of the whole system modelling would require to be built in to the any modelling brief and decisions will need to be made with regard to whether acute beds include all inpatient beds or simply adult beds and whether the modelling will cover both unscheduled as well as planned care beds. There will also be a requirement to establish clear governance routes to support effective decision-making when modelling outputs become available.

6.5. Capacity and expertise to undertake the necessary whole system capacity of care modelling does not exist internally within NHS Borders or Scottish Borders Council and will therefore need to be commissioned externally.

7. METHODOLOGY AND OUTPUTS

7.1. Whole system capacity of health and care modelling needs to be undertaken at pace in order to fully understand current and future demand versus capacity realities and challenges but also to address critical areas of pressure such as the number of delays in acute hospital settings, the lack of interim and respite beds and the waiting times to receive a care at home package of care. A whole system modelling exercise will enable us to more fully understand the pressures across the all areas of provision both hospital- based and within the community.

7.2. This whole system modelling should look at as a minimum, the following five areas of focus:

- Understand the demand and pressures within the community in relation to social work and social care. The modelling to include social work assessment waiting lists and level of un-met need within the community and any associated capacity / resourcing challenges.

- Gain an understanding of the whole patient / client journey and the touchpoints where preventative action may avoid creation of a negative series of dependant events resulting in a Delayed Transfer Of Care (DTOC) as an outcome. The modelling to have a focus on the role of Early Intervention and Prevention and Reablement in supporting individuals to have a reduced need for formal intervention by social work and social care and / or a hospital admission.

- Gain an understanding of the profile of Delayed Transfer of Care (DToC). Understand better the discharge and referral process and the role of key teams, personnel and processes within. Also look at a time analysis, repeated pressure points and causes of delay as patterns and cost analysis.

- Assess Demand, Capacity, Activity and resultant Queue (DCAQ) in the discharge pathway, inclusive of interim beds as well as care at home and nursing/residential home care.

- To develop a model highlighting potential issues and capable of predicting the impact of modifying each element using Discrete Event Simulation. Assess the impact of DTOC on acute hospital patient flow whether it was initiated as unscheduled or scheduled care.

- To develop a model that defines the provision if all need was met in the right place at the right time.

7.3. The modelling will focus on adult beds only.

7.4. A Modelling Steering Group will be established with representation from all service areas in scope as well as the performance and business intelligence teams from the health board and council. The commissioned provider will report to this board. The Modelling board will report into the Strategic Commissioning Board (to which the Modelling Steering Group will be accountable) and to the HSCP Joint Executive Team, who in turn will report onward to the Integration Joint Board.

8. SCOPE

Settings

8.1. As well as the DTOC analysis the aim of this modelling exercise is to highlight areas in the whole system, that if corrected, potentially have system wide benefits –in terms of flow, quality of care and financially. This suggests as wide a range of settings should be included in order to obtain whole system understanding and therefore ultimately whole system benefit. Settings likely to be in scope are:

8.2. Scottish Borders Council Care at Home Service - To include the care at home delivery delivered by the council Adult Social Care service analysing such things as volume of hours, delivery across the county and workforce modelling.

8.3. Scottish Borders Council Residential Homes - To include the six, council run residential settings and referral in to and demand within these settings.

8.4. Scottish Borders Council Social Work Assessments - To include analysis of the social work assessment capacity and processes with a view of addressing waiting lists.

8.5. Scottish Borders Council Day Services - To explore the role of day services and other community services and links to respite and early intervention and prevention.

8.6. External Care at Home and Supported Living provision - To work alongside the Care at Home Design project to explore opportunities for delivery of care at home services via different models with a view of improving capacity and sustainability and achieving better outcomes for clients. To include the role of Extra Care Housing and Housing with Care.

8.7. External Residential and Nursing home provision - To include the seventeen external residential and nursing homes with a particular focus on establishing the correct profile and role of interim and respite beds.

8.8. External Day Service provision - To explore the role of day services and other community services and links to respite and early intervention and prevention.

8.9. NHS Borders Acute Inpatient beds and Emergency Department - To include all adult beds both unscheduled and planned. To include a bed modelling exercise in order to right-size the bed estate in acute settings.

8.10. NHS Borders Community hospital settings - Modelling of beds and type of beds to meet need in community hospital settings in the Borders.

8.11. NHS Borders Community Teams - To include teams such as Home First and District Nursing and the role such teams play in the patient / client journey.

Non setting specific

8.12. The modelling exercise will endeavour to identify where the opportunities for Early Intervention and Prevention and Reablement are best developed in order to have maximum impact on specific service settings. The modelling therefore will likely look at the role of community provision in the Borders which is largely commissioned.

8.13. This exercise should make use of available data and also highlight data gaps and data quality issues in order that these can be addressed to improve intelligence.

8.14. The modelling should also include elements of demography forecasting and prevalence analysis as part of this exercise.

8.15. A financial modelling exercise across the whole system will enable us to understand the cost of health and care across all settings and enable better deployment of resources in order to deliver on any findings resulting from this exercise.

9. IMPACTS

Community Health and Wellbeing Outcomes

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

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

9.2. It is expected that the outcomes of the assessment of need and associated capacity will assist the Integration Joint Board to ensure the right care, in the right place, at the right time, and to deliver best value with the limited resources that it has.

Financial impacts

9.3. A Commissioning Brief has been created and any costs will be specified as part of submissions of interest. These are covered within the integration scheme and the schemes of delegation / standing orders of NHS Borders and the Scottish Borders Council.

Equality, Human Rights and Fairer Scotland Duty

9.4. A stage 1 Integrated Impact Assessment was undertaken and is attached in the Appendix. As this relates to an assessment of care capacity, rather than a plan, strategic change or new policy, it was deemed that a stage 2 Integrated Impact Assessment is not required. However, once decisions start to be taken on how to use this information to commission services / approaches, Integrated Impact Assessments will require to be undertaken.

Legislative considerations

9.5. There are no relevant legal considerations for this report.

Climate Change and Sustainability

9.6. There are no relevant climate change and sustainability impacts associated to this report, however this can be considered as part of any future commissioning process.

Risk and Mitigations

9.7. 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.

10. CONSULTATION

10.1. An important feature of this modelling exercise will include engagement with a range of stakeholders.

10.2. Once the findings of the assessment are complete, consideration will then need to be applied to the approach to the commissioning of any findings, along with the appropriate level associated integrated impact assessments and consultation.

Integration Joint Board Officers consulted

10.3. The IJB Board Secretary, Director of Strategic Commissioning and Partnerships and the IJB Chief Officer have been consulted, and all comments received have been incorporated into the final report.

10.4. In addition, consultation has occurred with our statutory operational partners at the HSCP Joint Executive Team.

Approved by:

Jen Holland, Director Strategic Commissioning and Partnerships
Steph Errington, Acting Director of Planning and Performance

Author(s)

Bryan Davies and Stephanie Errington

Background Papers: n/a

Previous Minute Reference: n/a

For more information on this report, contact us at bryan.davies@scotborders.gov.uk and Stephanie.Errington@nhs.scot

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

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

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

Mental Health Medical Workforce sustainability

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

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

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,~~	~~Political and civic participation and representation~~ ~~Access to services~~ ~~Privacy and surveillance~~ ~~Social and community cohesion*~~

				~~resettlement and rehabilitation*~~	~~Family Life*~~

*Supplementary indicators

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

Is the proposal considered strategic under the Fairer Scotland Duty?	No

E&HRIA to be undertaken and submitted with the report – ~~N~~o – this relates to our approach to staffing to ensure service sustainability and affordability rather than a plan for change **~~I~~no – please attach this form to the report being presented for sign off**	**Proportionality & Relevance Assessment undertaken by:** **Name of Officers:** **Simon Burt** **Date:** **16/01/2024**

Scottish Borders Health and Social Care Partnership
Integration Joint Board
24 January 2024

Mental Health and Learning Disabilities Medical Workforce sustainability

Report by Simon Burt and Dr Amanda Cotton

Scottish Borders Health and Social Care PARTNERSHIP

1. PURPOSE AND SUMMARY

1.1. To appraise the Integration Joint Board regarding the Mental Health Boards medical workforce recruitment challenges and mitigating actions. These actions were agreed by the NHS Borders Board on 7th December 2023, to inform financial planning and the associated payment offer to the Integration Joint Board.

1.2. The senior medical workforce landscape is characterised by acute-on-chronic deficits and frequent, often rapidly emerging, changes. In addition to impacts on clinical governance and service safety, this has limited strategic planning and led to recurrent overspends in filling gaps using agency. This plan assumes the senior workforce situation is unlikely to improve quickly and will require initial investment to realise later clinical and financial stability.

2. RECOMMENDATIONS

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

a) Note this report

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

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

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

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

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required

5. BACKGROUND

5.1. The Associate Medical Director, Dr Amanda Cotton, and General Manager, Simon Burt, took a paper to the NHS Borders Board on 7th December 2023 setting out the medical workforce challenges and proposed mitigating actions which were approved by the Board.

5.2. The main elements of that paper are set out below to appraise the IJB of the background, assessment and mitigating actions taken.

5.3. The paper focusses on areas of particular instability and current and anticipated funding gaps which represent financial and clinical risk to the organisation. Associated recommendations seek to minimise clinical risk, with the aim of ensuring continuity of service and to allow NHS Borders to plan according to the financial implications.

6. ASSESSMENT AND MITGATING ACTIONS

6.1. The medical staffing to the Mental Health and Learning Disability clinical boards is highly internally interconnected and interdependent with the wider multidisciplinary context. There is no 'neat' way to divide and analyse the situation; the paper attempts to do so in a high-level manner with the caveat that not all clinical and financial consequences can be fully anticipated or described. Each subspecialty area is discussed, with more in-depth analysis where needed. The senior and junior out-of-hours cover is discussed. Cover to the inpatient units is discussed as part of the foundational structure supporting senior functioning. Medical skill mix is referenced at appropriate junctures.

6.2. The tables below set out the current substantive medical staffing in post, locums in post and the net balance against establishment. In particular this highlights that of the Consultant establishment we only have 9.05 in post against an establishment of 15.8. Even with locums we are running 3.75 staff short of the establishment.

Table 1: MHLDS ConsultantMedicalStaffing

Team	Cons establishment (wte)	Substantive consultant in post from August 2023	Locum	Balance/notes
AdultSouth	1.25	0.25	-	-1.0
AdultEast	1.2	0	1.4	0.2*
AdultWest	1.7	1.0	-	-0.7
Rehab	1.5	1.4	-	-
MHOAS	3.2	0.9	1.0	-1.3
CAMHS	3.6	2.1	0.6	-0.9
LD	1.0	1.0	-	-
Liaison	0.7	1.0	-	No recurrent funding stream for 3 sessions
BAS	1.0	1.0	-	Consultant expected to resign late 2023

Forensic	0.3	- (included in LD wte)	0.1	0.2 provided by LD cons without forensic CCT
Perinatal	0.25	0.25	-	
Inpatient	Included in relevant est			See recommendation re Physician Associates
BCT	Included in adult est			
ECT	0.05	0.05	-	Cross cover from those with competencies
Adult NDD	0.2	0.2		NAIT funding
Ed sup	0.05	0	-	-0.05
Total	**15.8**	**9.05**	**3.1**	**-3.75**

*1.0 agency locum on 3-month contract; 0.4 senior consultant on 1 year contract

Table 2: Senior Medical General Out-Of-Hours Rota Staffing

On-call	8	5.5	-	-2.5

Table 3: 'Junior'Medical Out-Of-Hours Rota Staffing (minimum 9 wte) and Funding

	WTE on rota	Funding stream	Funding balance/gap
Adult GPST	3	NES	-
Adult CT	1	NES when doctor in post	Up to 1.0 wte
MHOAS CT	1	NES	-
MHOAS FY2	1	NES	-
LD CT	1	NES	-
CAMHS CDF	1	Currently part-funded by senior time	1.0wte
BAS	1	NES when doctor in post	Up to 1.0 wte
Rehab CDF	1	MH Medical budget	-
Total (assuming all full time)	**10**		**+1 to -2.0**

Junior/foundational support

Junior out of hours rota

6.3. Less-than-full-time (LTFT) working is now normal, rather than exceptional, for junior doctors. It will be seen later that expansion and future development of the 'middle-grade' doctor, taking advantage of the new Specialty Doctor (SD) contract, is recommended to build resilience into the medical staffing model and grow our own doctors to eligibility for the new Specialist Doctor role. That will necessitate a clearer distinction between the roles of the junior and middle-grade staff. The first recommendation therefore is to assume a headcount of 10 junior doctors will be required to staff the minimum 9 wte first-on-call rota.

6.4. As has been noted, there is established funding for 7 wte junior doctors. When Core Trainees (CTs) are allocated in the Borders Addictions Service (6-month tenancy) and in General Adult Psychiatry (GAP; 1 year tenancy, trial to commence August 2023) the funding will follow; it will not be allocated by NES if there is no trainee. Funding of the Clinical Development Fellow (CDF) input to CAMHS and contribution to the 'junior' out-of-hours rota is currently dependent on the medical staffing model including a junior doctor role; this is a 1-year trial but is recommended to become part of the establishment at a cost of £95,000. It is further recommended that 2 further doctors are recruited to fill gaps in the event there is no BAS or GAP CT. It is felt reasonable to assume that, in this worst-case scenario, less-than-full-time working across the group will offset this overspend by 1 wte.

6.5. The estimated maximum overspends (which is unlikely to be fully realised) is therefore £190,000. The 'best guess' is with LTFT working and NES funded doctors is that over 1-year extra costs are unlikely to exceed £95,000**.**

6.6. It is not possible to quantify overspends associated with NHS and agency locum fees for doctors filling gaps in the first-on-call rota. The above is therefore likely to be an overestimation of additional costs to the organisation of a resilient model.

Inpatients

6.7. Continual cover to the inpatient units is expected; demand to medical staff associated with this has steadily increased over time. In combination with the complexity and changes associated with the junior on-call rota, this has resulted in a significant organisational burden and affected the trainee experience. Calls frequently come from the adult inpatient unit directly to the consultant psychiatrist leading to stress and undermines our efforts to utilise consultant time where it adds most value. As part of prior papers, recommendations have been made to employ 3 permanent Physician Associates, one to cover each of the specialty inpatient areas. Funding for those was only been partially identified. 2 PAs were secured through interview: one is now in post in MHOAS and another was due to start in East Brig in November 2023 but has since withdrawn. A CDF has been employed for one year to cover Huntlyburn; the start date of 2nd August 2023 was delayed. Due to the required expansion of junior time to fill the out-of-hours rota, cover to the inpatient units should become more robust. A PA would not be able to fulfil the range of duties needed in the out-of-hours setting. The current PA is supporting the current situation of depleted staffing in MHOAS however will not negate the need for the more robust medical cover outlined below. Once we move to that strategic stability position, the PA support may not be crucial to the sustainability of medical/support staffing.

6.8. The current cost pressure relating to 1 PA in MHOAS: £57,500. In the event the PA leaves post, the need for replacement will be carefully considered, potentially saving that cost pressure. In the future event there is no GAP CT, it is recommended that a CDF is employed to cover Huntlyburn and contributes to the 'junior' out-of-hours rota.

<u>Senior Staffing by Service Area</u>

LDS

6.9. This service is currently stable in terms of medical staffing though medical staff signal three issues: firstly they are managing Forensic LD cases with specific dedicated time but no specialist Forensic Psychiatry input (clinical and reputational risk); secondly there has been no recognition over time of the added expectation and demand of their time consequent to clinical, legal and other developments and, thirdly, the impact of the 'Coming Home' project. The 'Coming Home' project is a plan to bring home patients with the most complex needs associated with their Learning Disability currently residing in units across the UK. It is likely to require an additional session of medical time to allow these most complex patients to access timely senior medical opinion. This will be considered as part of that project

Rehabilitation Service

6.10. There is senior staffing resilience in the Rehabilitation Service after a prolonged period of deficit. Within that funding envelope however, time is being dedicated to the adult Neurodevelopmental agenda; an overall reduction in senior sessions is anticipated**.**

Table 4: Rehab Medical Staffing plan

	Consultant	Specialty	Specialty	Total (£)	Balance (£)

		Registrar/CDF	Doctor		
Establishment	1.5	1.0	0	335,000	-
Aug 23 – Feb 24	1.4*	1.0	0		
	£ 224,000	£95,000	-	319,000	16, 000
Future Scenario A	1.4	Up to 1.0	0		
	£224,000	£95,000	-	319, 000	16, 000
Future Scenario B^	0.9	Up to 1.0	0.8		
	£144,000	£95,000	£96,000	335,000	0

*NAIT funding included in adult

Liaison Service

6.11. This team has been historically underfunded and is in early stages of development. Despite efforts on behalf of the Mental Health Clinical Board, the funding of the senior post is insecure. A total of 7 sessions are recurrently funded by MH. 3 are funded on an 'ad hoc' and non-recurrent basis for example through past Action 15 funding underspends and currently the promise of funding via Unscheduled Care developments. It is very clear that 10 sessions are required to attract and retain consultant psychiatry in post and the organisation is obligated to either value and fund the service or accept the risk the current incumbent will not be retained due to continual shifting of priorities according to short-term funding streams rather than clinical priorities. The MH service may also seek to utilise that resource to fill urgent gaps within core MH services when needed. That latter situation, whilst a last resort, may prove to be necessary and represents a further risk to the sustainability of the post for the incumbent.

6.12. The strong recommendation is therefore that the wider organisation funds the remaining 3 sessions at a cost of £48,000 in order to ring-fence this role and contribute to a robust foundational structure of consultant psychiatry.

Borders Addiction Service

6.13. The substantive consultant psychiatrist in BAS intends to move to Western Australia early next year and is therefore due to resign from post imminently. He may be in a position to remain as NHS locum (cost neutral) for a further interim period. We are currently in talks with a senior trainee who may apply for the post and could take that up from between April and August 2024. It is unlikely she will undertake senior on-call duties; however, this is a further risk to the continuity of the senior rota which his already under threat. Assuming no other interest in the post, the best case scenario is that we face up to 7 months of no psychiatrist or agency medical cover. It should be borne in mind that there will be no BAS CT from February 2024 due to the anticipated gap in senior cover. The service is also supported by a GP with a Special Interest who has recently resigned. Further planning is underway to mitigate clinical risk and estimate financial risk.

Mental Health of Older Adults Service

6.14. The Scottish Borders has a large and predicted to increase elderly population. Social and support services are stretched and those with higher-level needs are at greater risk of requiring medical care due to both complex comorbidity and local resource issues. Developments aimed at caring for older people at home often require senior clinical support to support quality and sustainability. NHS Borders closed 14 acute dementia care beds in 2019. Two additional consultant sessions were provided to support the newly developed clinical team overseeing care homes. The remaining beds for older adults with acute and complex 'functional' psychiatric illness or dementia, totalling 18, are routinely 100%+ occupied, placing further demand on community services led by and dependent upon consultants. The range of consultant sessions

represents total funding rather than ideal staffing models; in reality consultants have regularly and at short notice shifted areas of responsibility, models of medical staffing and care arrangements to adapt to a changing resource landscape. Continuous disruption to service continuity and job planning was instrumental in a substantive colleague leaving post in 2023.

6.15. There is currently an agency locum without CCT providing support to the service. Our plan includes a direct employment arrangement to reduce costs of his employment to the organisation and to support towards CCT (consultant credential) equivalent as a further governance assurance step. A minimum 'floor' of senior time is needed to supervise non-consultant doctors and to serve the senior functioning of the service overall; currently we are below this minimum. For one year there will be a LTFT senior trainee, providing a degree of support but requiring senior supervision. The plan is to advertise for a new Specialist Doctor to secure a more immediately resilient model, allowing us to 'grow' current SD doctors to eligibility for application for the Specialist grade. Both scenarios are represented below.

Table 5: MHOAS Medical Staffing Plan

	Cons	SD	Specialist Doctor	Total (£)	Balance (£)
Establishment	3.2	0	0	512,000	-
Contingency Plan A (development)	1.8	1.8	1.0		
	£288,000	£216,000	£127,000	631,000	(119,000)
Contingency Plan B (stability)	1.8	Up to 1.0	1.0		
	£288,000	£120,000	£127,000	535,000	(23,000)

CAMHS

6.16. The Child and Adolescent Mental Health Service is under extreme pressure with extensive waits for initial assessment, and a growing number waiting a significant amount of time post-assessment for clinical intervention. Despite an increase in staffing secondary to government funding (Recovery and Renewal), the wider MDT staffing situation has recently been affected by maternity, other leave and resignations. Pressure to address the waits, increased referral rates and greater efficiency in some pathways has led to a higher level of clinical need being addressed within the teams. The recent loss of a 0.9 WTE consultant psychiatrist, and no suitable replacement, has focussed this increased responsibility on the fewer senior doctors. A model of added junior time is being trialled and, as with other services, additional support to consultants to maximise use of their time is sought. Despite this, pressure on the senior doctors is unsustainable and their clear recommendation is to replace the lost consultant time. It is recommended therefore that we immediately advertise for a Specialist Doctor and that we move towards an over-established permanent SD complement in order to 'grow' towards that senior role if we are unsuccessful. As noted above, it is recommended the SR/CDF post become permanent in order to support the 'junior' on-call rota and provide at least some support meanwhile to senior doctors

Table 7: CAMHS Medical Staffing Plan

	Cons	AS	Specialist Doctor	SR/CDF	SD	Total (£)	Balance (£)
Establishment	3.6	0.6	0	0	0	657,000	-
To Aug 24	2.9*	0.6	0	1.0	0.8		
	£464,000	£81,000	0	£95,000	£96,000	736,000	(79,000)
Contingency Plan A	2.7	0.6	1.0	1.0	0		
	£432,000	£81,000	£127,000	^	-	640,000	17,000
Contingency Plan B	2.7	0.6	0	1.0	Up to 1.6		
	£432,000	£81,000	-	^	£192,000	£705,000	(48,000)

*2 additional sessions funded through R&R underspends; 1 for additional leadership responsibilities and 1 for NDD pathway backlog

^The SR/CDF cost is counted in the junior establishment, see table 2

General Adult Psychiatry

6.17. The establishment of the 3 adult teams is 1.7 wte consultants each. In the South and East catchment this has translated to 1.2 wte consultants and support from Specialty Registrar or Specialty Doctor time, up to 1.0 wte. The adult consultants support Borders Crisis Team and have historically contributed proportionately the most to the second-on-call rota. With regard to BCT, specific and dedicated senior medical leadership is requested. The medical Personality Disorder lead, a 0.5 wte Specialty Doctor, is not included in the below table.

6.18. In order to move towards sustainability, it is recommended that there are SD doctors in each of the 3 teams, being actively developed and supported towards the new Specialist Doctor grade or though CESR to consultant level. In this way we will 'grow our own' capable and autonomous doctors who can actively contribute to the effective use of resource in our services, support the consultants to undertake the consultative role (including consideration of senior support to BCT) and provide a degree of stability and continuity if senior staff move on. The SD role will be undertaken by doctors at different developmental stages. It has been mentioned that a certain critical mass of consultant doctors is needed to deliver leadership across clinical and other areas. It is recommended therefore that the minimum number of consultants is 1.0 wte per adult team plus 4.0 Specialty Doctors or vice versa: 4 consultants (including the potential for a Specialist Doctor) and 3 SDs.

6.19. For simplicity, the complex temporary and subspecialty cover arrangements are not covered below. The middle grade and senior staffing across the 3 teams has been combined.

Table 8: GAP Medical Staffing Plan

	Cons	SD	Specialist Doctor	Total (£)	Balance (£)
Establishment	4.1	2.0	0	896,000	-
Contingency Plan A	3.0	3.0	1.0		
	£480,000	£360,000	£127,000	967,000	(71,000)*
Contingency Plan B	3.0	4.0	0		
	£480,000	£480,000	-	960,000	(64,000)
(Plan C)	4.0	3.0	0		
	£640,000	£360,000	-	1,000,000	(104,000)

*In the summary table, the Specialist Doctor option is costed as 'best guess' as we aim to grow SDs

Senior Out of hours rota

6.20. In the above plans, the senior out-of-hours rota remains in a precarious state; these shifts are falling to fewer doctors to fulfil, albeit at an enhanced rate, and without recognition they contribute to exhaustion over time. It is recommended time off is added to locum shifts offered to substantive colleagues to ensure they are sustainable however impact on daytime activity (and cross-cover arrangements) must be considered

Retention

6.21. There has been a recent exodus of experienced substantive consultant psychiatrists from NHS Borders Mental Health Services. As explained within that, many pressures on the profession are national and out with the direct control of NHS Borders. That being said, the issue facing NHS Borders prior to that was one of retention of existing staff. Recruitment to the service (with one exception: MHOAS) had been successful, albeit achieved through a targeted and individualised approach to identifying and attracting senior staff. We need to learn from experience and use all levers locally available to support substantive doctors in our employment and address their concerns. The final recommendation therefore is that NHS Borders Mental Health Service focus on retention of its residual medical workforce and, as an urgent measure, provide dedicated administrative support to all senior medical staff

Summary

6.22. The current medical staffing situation is precarious. Further recommendations may result from work looking to retain senior staff and should be prioritised. Foundational support to senior doctors is required including adequate administrative support, robust cover to the 'junior' on-call rota and cover to the inpatient units. Almost half of additional costs in the 'worst case' position arise from the need for full cover to the first-on-call out-of-hours rota and does not meaningfully address the deficits in senior cover. The Liaison Psychiatry sessions represent a longstanding deficit but are added for completeness. Strategically, £57,500 for PA support may not be required in the long-term. Substantive senior doctors should be fully supported to fulfil added responsibilities falling to them to maintain core services and to ensure their leadership is contribution is actively facilitated.

6.23. Growth of the 'middle' grade is underway. These doctors can also be developed to include certain service-level leadership roles however this requires initial structural support which will rely on the consultants. This could be assisted by Specialist Doctors, and advert for those is recommended; in the interim agency consultant will be needed.

6.24. Table 9 below sets out a summary of the recommendations discussed within this paper. As can be seen we have 3 scenarios with our best guess cost to establish stability within the workforce and provide a more cost-effective staffing model than at present. The best guess scenario will require additional investment of £262k pa which will provide a reduction in the recurring cost pressure of £266k pa.

Table 9: Summary of Recommendations With Cost Implications

Recommendation number/type		Cost difference from current (Best Case)	Cost difference from current (Worst Case)	Best guess stability position
Junior				
1 & 2	SR/CDF	(95,000)	(190,000)	(95,000)
3	PA	0	(57,500)	0
Subtotal Junior		**(95,000)**	**(247,500)**	**(95,000)**
Senior				
-	Rehab cons session	16,000	0	16,000
4	Liaison cons sessions	(48,000)	(48,000)	(48,000)
5	MHOAS	(23,000)	(119,000)	(23,000)
6	CAMHS	17,000	(48,000)	(48,000)
7	GAP	(64,000)	(71,000)	(64,000)
Subtotal senior		**(102,000)**	**(270,000)**	**(167,000)**
Total Recommendation		**(197,000)**	**(533,500)**	**(262,000)**
***2021 medical staffing overspend**		**(528,168)**	**(528,168)**	**(528,168)**
Difference – Rec. vs 2021 overspend		**331,168**	**(5,332)**	**266,168**

*2021 chosen as 2022 was a year of comfortable substantive senior staffing that is no longer achievable in the current climate

7. IMPACTS

Community Health and Wellbeing Outcomes

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

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

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

Financial impacts

7.2. As set out within table 9 above (para 6.24), this medical staffing plan relies upon a best-case scenario additional investment of £262k pa. It should be noted that this could fluctuate between a range of £197k and £533k pa. The best-case scenario investment of £262k pa will reduce the average cost pressures of £528k pa by £266k pa

Equality, Human Rights and Fairer Scotland Duty

7.3. A stage 1 Integrated Impact Assessment was undertaken and is attached in the Appendix. As this relates to our approach to staffing to ensure service sustainability and affordability rather than a plan for change, it was deemed that a stage 2 Integrated Impact Assessment is not required.

Legislative considerations

7.4. This paper provides a medical workforce sufficient to meet the requirements set out within the Mental Health Act legislation.

Climate Change and Sustainability

7.5. None

Risk and Mitigations

7.6. The risks related to this workforce plan are largely centred around our ability to recruit to it. Mitigations within the plan include the range of options we have set out in the individual contingency plans whereby we have a range of grades to recruit to.

7.7. This workforce plan provides options to mitigate against the difficult medical workforce recruitment environment being faced by all Health Boards and across Health services within the UK.

7.8. This plan looks to reduce the financial cost pressures associated with the current level of agency spend.

8. CONSULTATION

Communities consulted

8.1. Not applicable

Integration Joint Board Officers consulted

8.2. IJB Chief Officer

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

- NHS Borders Board

Approved by:

Chris Myers, Chief Officer

Author(s)

Dr Amanda Cotton, Associate Medical Director
Simon Burt, General Manager

Background Papers: n/a

Previous Minute Reference: n/a

For more information on this report, contact us at Simon Burt, General Manager, simon.burt@nhs.scot

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Scottish Borders Health and Social Care Partnership Integration Joint Board

24 October 2024

Scottish Borders Macmillan Improving the Cancer Journey

Report by Jen Holland, Director of Strategic Commissioning and Partnerships

1. PURPOSE AND SUMMARY

1.1. **To appraise the Joint Board on the implementation of the Macmillan Improving the Cancer Journey (ICJ) service in Scottish Borders**

1.2. This Report notes the context for establishing the Macmillan ICJ in Scottish Borders and updates on the progress towards implementation.

2. RECOMMENDATIONS

2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) and Strategic Planning Group is asked to note the progress towards implementation of the Macmillan Improving the Cancer Journey service in Scottish Borders.**

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

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

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

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

4. INTEGRATION JOINT BOARD DIRECTION

A direction is not required.

5. BACKGROUND

5.1 The Cancer Strategy for Scotland 2023-2033 sets out the vision and priorities of the Scottish Government for cancer over the next 10 years, with the aim to improve cancer survival and provide excellent, equitably accessible care to all.

5.2 During the period 2014-2018 there were an average of 831 people per annum in the Borders diagnosed with cancer and trends estimate that this will increase by approximately 3% per annum, resulting in over 1000 people per annum by 2025. The prevalence of cancer primarily resides within populations with the highest deprivation. The Borders has small number of areas which would be regarded as being some of the most deprived in Scotland. The Scottish Index of Multiple Deprivation (SIMD) has consistently identified the same handful of local areas in Scottish Borders as being Multiply-Deprived.

5.3 Cancer survival continues to improve, but not at a satisfactory rate. Improving cancer survival means the number of people who have, or have had, cancer will continue to grow substantially in the coming decades, as mortality rates decline. There will also be an increasing number of people with cancer due to the ageing population and Scotland's success in reducing mortality from other diseases. This will contribute to an increasing demand on health and social care services. It is vital that Realistic Medicine is embedded throughout cancer services as people need holistic care and support throughout their cancer journey.

5.4 Building on the previous Strategy and Action Plans, person-centred care for all is one of the key priority areas of the Cancer Strategy for Scotland 2023-2033. Transforming Cancer Care (TCC) is a partnership between Macmillan Cancer Support and the Scottish Government, launched back in 2019 with the aim of transforming cancer care and support from the point of diagnosis by tailoring it to meet all needs of the individual. The TCC partnership began under the 2016 Cancer Strategy and has seen £18 million invested to date with a further £9 million announced in July 2023.

5.4 In response to the 2016 Cancer Strategy, through the Transforming Care After Treatment (TCAT) programme, NHS Borders have implemented a number of new approaches to support people diagnosed with cancer to prepare them to live an independent life with confidence but knowing who to contact and when. During 2014-2015 NHS Borders' TCAT Project Team reviewed and piloted ways to improve services for all cancer patients within the TD9 (Hawick) postcode area. Although funding for the project finished it was agreed that it would greatly improve patient journeys if we were able to roll out some key aspects of TCAT across the whole of NHS Borders area. With this in mind it was agreed to:

a) embed the use of the electronic Holistic Needs Assessments (eHNA) for all patients with cancer at the end of treatment
b) each patient to be offered the chance to attend a Health and Well Being Event
c) develop End of Treatment Summaries (EOTS) and trial the use of these.

5.5 More recently, with Scottish Government funding, the implementation of the Single Point of Contact (SPOC) service ensures that everyone who is referred for urgent suspicion of cancer (USC) or diagnosed with cancer has a single point of contact with dedicated person-centred

support through their clinical cancer pathway that aims to improve patient communication, experience and outcomes.

5.6 The SPOC model developed in the Borders incorporates an offer of a holistic needs assessment (HNA). Macmillan's HNA is a structured method of discussing someone's physical, emotional, family, practical, lifestyle and spiritual needs. It can be used to co-produce with the individual a personalised care and support plan to address any identified concerns including signposting and referral to relevant services.

5.7 ICJ is one of the newer aspects of the TCC. The model is being implemented across all of the 31 Health and Social Care Partnership (HSCP) areas in Scotland as part of the TCC programme. Macmillan Improving the Cancer Journey services are open for referrals in: Dumfries and Galloway, East Dunbartonshire, Fife, Glasgow City, Highland (Highland and Argyll and Bute), Inverclyde, East Renfrewshire, South Lanarkshire, Lothian (Edinburgh City, Midlothian, East Lothian and West Lothian), Renfrewshire, Tayside (Dundee City, Angus and Perth & Kinross), West Dunbartonshire. It is expected that Macmillan ICJ services will be provided across Scotland by the end of 2024 in: North Lanarkshire, Ayrshire and Arran (East Ayrshire, North Ayrshire and South Ayrshire), Forth Valley (Clackmannanshire & Stirling and Falkirk), Grampian (Aberdeen City, Aberdeenshire and Moray), the Islands (Western Isles, Orkney and Shetland) and Scottish Borders.

5.8 ICJ is the development of a seamless cancer pathway from Acute into the Community, to support people newly diagnosed with cancer with both their clinical and non-clinical needs. The ICJ also supports carers and family members affected by the diagnosis and ensures that the person with is at the centre of their care. The service integrates psychosocial care into the cancer pathway and, through the holistic needs assessment and care planning process, individuals can access timely support that is relevant, appropriate, and sufficient for their needs.

5.9 ICJ utilises the Macmillan eHNA, a simple and secure web-based tool which enables the team to identify a patient's concerns, start a conversation about their needs, develop a personalised care and support plan, share information and signpost or refer to local support services. The eHNA invites people to identify concerns under the headings of physical, practical, emotional, family/relationships, spiritual and information/support, scoring each concern identified between 1 and 10. The ICJ can refer and signpost to community-based services such as Housing, Welfare and Benefits, Smoking Cessation, physical activity programmes, social groups and more.

5.10 Evidence from independent evaluation of ICJ demonstrates that it improves outcomes for people living with and affected by cancer at an individual level, service level and cultural level and that it reaches the people who most need support.

5.11 The ICJ service can deliver financial gains for clients (the average from the Glasgow evaluation was £5,300 per person) and mitigate costs of living pressures to ensure people can heat their home and afford food and clothing. Working closely with partners, it can also ensure that no one diagnosed with cancer loses their home and that new housing solutions meet their needs. ICJ can help people to keep their jobs, to remain at work or return to work sooner, and to support employers to make good decisions about their staff. The wider health gains of onwards referrals from ICJ to community based services such as smoking cessation and exercise programmes are also notable. In addition, ICJ supports statutory responsibilities towards carers by ensuring their needs are also met.

6. ICJ IN THE SCOTTISH BORDERS

6.1 In June 2021, Scottish Borders HSCP was awarded a grant from Macmillan Cancer Support to the sum of £319,998 to establish the Macmillan Improving the Cancer Journey service in the Borders. This included £259, 933 for two Macmillan Link Worker posts (3-year period) one Project Manager (3 years period) and one Macmillan Project Assistant post (3-year period), plus £60,065 for non-salary costs. The grant is for a fixed period of 48 months with a further 3 years of funding for the Link Worker roles recently announced (July 2023).

6.2 The grant will facilitate a partnership between Macmillan Cancer Support, the Scottish Government and Borders HSCP to deliver key objectives of the Scottish Cancer Plan and other Scottish Government strategies, by implementing the ICJ model to ensure that all people diagnosed with cancer can easily access all the support they need as soon as they need it to enable them to live as well and as independently as possible, for as long as possible. The ambition is to develop a sustainable ICJ services across the Scottish Borders that support all people affected by long term conditions.

6.3 The NHS Borders Cancer Services Strategy has a vision to provide high quality, safe, seamless and sustainable cancer services for the Borders' population. The vision stresses that services should be person-centred and based on evidence to deliver the best possible health outcomes. The commitment to meeting not just the clinical needs of people diagnosed with cancer, but the holistic needs ensures that cancer is not just seen as a medical issue. Implementing the ICJ service will ensure that everyone diagnosed with cancer is offered, from the point of diagnosis, a specialist Link Worker who can assess and triage their holistic needs, provide the right support and signpost or refer on to appropriate services in the person's local community. This whole-system approach building on the successes of current services, will increase partnership working across acute, primary care and community settings, promote the use of digital technology, increase engagement with local communities and people with lived experience of cancer, and increase the provision of practical and emotional support for people affected by cancer.

6.4 The Project Team now has additional support from both Scottish Borders Council and NHS Borders for project assistant and administrative capacity respectively. Governance is in place for the project, with the Steering Group meeting six weekly and an Operational Delivery Group now also established to oversee the operational elements and create the service pathway. The Borders and Dumfries and Galloway Steering Groups have agreed to collaborate to learn from each other with the first joint Steering Group meeting taking place on 9th November 2023.

6.5 Following appraisal of the options, recent decisions taken by the Steering Group include the team that will host the staff; Scottish Borders Council's Local Area Coordination team, and posts will be recruited to through the Council.

6.6 The ICJ pathway is being co-designed with staff from across the partnership, with people with lived experience of cancer and with the public through a series of engagement opportunities planned jointly between Macmillan and the Health and Social Care Partnership to ensure seamless care and support for everyone diagnosed with cancer.

6.7 Work continues to ensure that the service is established by January 2024 to provide everyone newly diagnosed with cancer, their families and cares with seamless clinical and non-clinical support to meet their individual needs.

7. IMPACTS

Community Health and Wellbeing Outcomes

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

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

Financial impacts

7.2. There are no costs attached to the implementation and embedding of the Macmillan Improving the Cancer Journey service for the first 6 years as all pay and non-pay costs are covered by the grant from Macmillan. It should be noted that a small amount of project support capacity (2 days per week) from Scottish Borders Council (SBC) and admin support capacity (0.5 days per month) from NHS Borders are currently contributed to enable the service to establish. A sustainability plan is being developed to embed the ICJ service across the Borders with an Evaluation and Measurement plan informing the on-going design of the sustainable service to enable the service to continue to be delivered for people affected by cancer and other long term conditions.

Equality, Human Rights and Fairer Scotland Duty

7.3. The IJB three stage Equality and Human Rights Impact Assessment process is planned during the engagement and pathway development phase of the project (estimated October to December 2023).

7.4. In addition, the Macmillan Equity Impact Assessment will be undertaken by the Project Team in collaboration with people affected by cancer to design an equitable ICJ service.

Legislative considerations

7.5. A Data Impact Assessment will be undertaken as part of the pathway development to ensure the service is compliant with Data Governance legislation.

Climate Change and Sustainability

7.6. There are no climate change impacts of the ICJ service.

Risk and Mitigations

7.7. As the ICJ service develops and is implemented, a project Risk and Issues log will be maintained and reported regularly to the project Steering Group with appropriate governance processes in place to bring these to the attention of the IJB.

7.8. Current risks identified include:

	Risk	**Mitigation**
a	ICJ seen as another project with time limited funding and not as a permanent service to drive the transformation of the delivering of Health and Social Care services for people diagnosed with cancer and other long term conditions	Sustainability is being considered at an early stage, with a Monitoring and Evaluation Framework developed to enable regular reporting of individual, service and cultural impacts through governance structures, supporting the case for continuation beyond the funding period
b	High levels of previous and current community engagement across the region impacts negatively on the uptake of opportunities to shape the ICJ in the Borders	A multi-agency Engagement sub-group will develop a series of engagement opportunities reaching out to where key stakeholders are
c	People diagnosed with cancer decline the opportunity to participate in ICJ	A robust referral process will be tested and refined with ICJ staff undergoing good conversations training, awareness raising across the system and a formal launch to promote the service and build confidence and trust in the service
d	People who initially decline the offer to participate in ICJ may need it at a later stage	People who decline the ICJ offer will receive written information about the service and a call back at a future date arranged to renew the offer
e	Not all patients diagnosed with cancer are referred to ICJ and therefore the service does not reach everyone newly diagnosed with cancer	A robust referral process will be developed in collaboration with other cancer care services and tested and refined to ensure everyone diagnosed with cancer is referred to ICJ
f	Funding to deliver the ICJ beyond the Macmillan funding is not secured	Sustainability is being considered at an early stage, with a Monitoring and Evaluation Framework to support this and regular reporting through governance structures
g	People diagnosed with cancer, their families and carers are confused about the role of each cancer service	A communications strategy is t developed in advance of the roll out
h	Staff delivering care and support for people diagnosed with cancer are confused about the role of each service and how they work together	Collaboration and engagement throughout the development of the ICJ service with other services already delivering acute and community based support for people diagnosed with cancer will ensure streamlined services

8. CONSULTATION

Communities consulted

8.1. A Communication and Engagement Sub-Group of the Operational Delivery Group is being established. This includes representatives from Communications and Engagement Teams in NHS Borders, Scottish Borders Council and Third Sector.

8.2. This group will plan a series of engagement activities to involve people with lived experience of cancer, staff across the system and members of the public in shaping the service.

8.3. Through a series of community and stakeholder engagements, the following groups will be consulted in the development of the ICJ:

- People with lived experience of cancer, their families and carers
- Staff in cancer services
- Staff in the Local Area Coordination team
- Primary care staff
- IJB Strategic Planning Group
- Carers
- Members of the public
- Third sector partners

Integration Joint Board Officers consulted

8.4. IJB Chief Officer , ICJ operational Lead, Joint Chairs

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

- HSCP Joint Executive

Approved by:

Jen Holland, Director of Strategic Commissioning and Partnerships

Author(s):

Laura Gibson, Project Manager (Scottish Borders and Dumfries & Galloway) Macmillan Improving the Cancer Journey

Background Papers:

Scottish Government Cancer Strategy 2023-2026
https://www.gov.scot/publications/cancer-strategy-scotland-2023-2033/

Napier University Evaluation of Improving the Cancer Journey in Glasgow
https://www.napier.ac.uk/~/media/worktribe/output-2710068/evaluation-of-improving-the-cancer-journey-final-report.pdf

Previous Minute Reference: n/a

For more information on this report, contact us at laura.gibson3@nhs.scot

Scottish Borders Health and Social Care Partnership
Integration Joint Board

24 January 2024

INTEGRATION JOINT BOARD AUDIT COMMITTEE MINUTES

Report by Iris Bishop, Board Secretary

1. PURPOSE AND SUMMARY

1.1. **To provide the Integration Joint Board with the approved minutes of the Strategic Planning Group meeting, as an update on key actions and issues arising from the meeting held on 19 June 2023.**

1.2. The meeting focused on several main areas including: Financial Regulations; 2022/23 Annual Report and self assessment; 2022/23 Annual Assurance Report; 2022/23 Draft Annual Accounts; 22/23 Annual Assurance Statement; and the Monitoring of Directions issued.

2. RECOMMENDATIONS

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

a) Note the IJB Audit Committee minutes of 19 June 2023.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

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

3.2. All items discussed at the IJB Audit Committee will fall into the categories listed below.

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

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

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required.

5. BACKGROUND

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

6. IMPACTS

Community Health and Wellbeing Outcomes

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

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

Financial impacts

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

Equality, Human Rights and Fairer Scotland Duty

6.3. An IIA is not required.

Legislative considerations

6.4. Not applicable.

Climate Change and Sustainability

6.5. Not applicable.

Risk and Mitigations

6.6. Not applicable.

7. CONSULTATION

Communities consulted

7.1. Not applicable.

Integration Joint Board Officers consulted

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

Approved by:

Chris Myers, Chief Officer Health & Social Care

Author(s)

Iris Bishop, Board Secretary

Background Papers: IJB Audit Committee Minutes 19.06.23

Previous Minute Reference: Not applicable

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

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Scottish Borders
Health and Social Care
PARTNERSHIP

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

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

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

1. APOLOGIES AND ANNOUNCEMENTS

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

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

1.3 The Chair confirmed the meeting was quorate.

2. DECLARATIONS OF INTEREST

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

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

3. MINUTE OF PREVIOUS MEETING

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

4. MATTERS ARISING

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

5. FINANCIAL REGULATIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7. INTERNAL AUDIT ANNUAL ASSURANCE REPORT 2022/23

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

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

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

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

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

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

8. ANNUAL GOVERNANCE STATEMENT 2022/23

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

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

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

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

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

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

9. IJB DRAFT ANNUAL ACCOUNTS 2022/23

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

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

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

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

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

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

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

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

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

10. MINISTERIAL STEERING GROUP SELF-EVALUATION

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

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

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

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

11. MONITORING OF DIRECTIONS

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

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

11.3 The Chair echoed Mrs Hamilton's comments.

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

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

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

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

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

12. EXTERNAL AUDIT POINTS UPDATE

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

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

13. DIRECTIONS TRACKER

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

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

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

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

The **SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) AUDIT COMMITTEE** noted the contents of the Directions Tracker, particularly noting the ongoing challenging status of two Directions, and the intention to report on that to the IJB.

- PCIP (implementation of GP contract)
- Financial Recovery Plan (ideas being generated but the scale of the challenge is very significant.

14. AUDIT SCOTLAND REPORTS

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

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

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

15. ANY OTHER BUSINESS

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

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

16. DATE AND TIME OF NEXT MEETING

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

Scottish Borders Health and Social Care Partnership
Integration Joint Board

24 January 2024

STRATEGIC PLANNING GROUP MINUTES

Report by Iris Bishop, Board Secretary

1. PURPOSE AND SUMMARY

1.1. To provide the Integration Joint Board with the approved minutes of the Strategic Planning Group meeting, as an update on key actions and issues arising from the meeting held on 1 November 2023.

1.2. The meeting had focused on: Dental Access and Performance against the 6 objectives within the strategic plan.

2. RECOMMENDATIONS

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

a) Note the SPG minutes of 1 November 2023.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

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

3.2. All items discussed at the SPG will fall into the categories listed below.

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

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

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required.

5. BACKGROUND

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

6. IMPACTS

Community Health and Wellbeing Outcomes

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

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

Financial impacts

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

Equality, Human Rights and Fairer Scotland Duty

6.3. An IIA is not required.

Legislative considerations

6.4. Not applicable.

Climate Change and Sustainability

6.5. Not applicable.

Risk and Mitigations

6.6. Not applicable.

7. CONSULTATION

Communities consulted

7.1. Not applicable.

Integration Joint Board Officers consulted

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

Approved by:

Chris Myers, Chief Officer Health & Social Care

Author(s)

Iris Bishop, Board Secretary

Background Papers: SPG Minutes 01.11.23

Previous Minute Reference: Not applicable

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

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

Present: Cllr David Parker (Chair)
Chris Myers, Chief Officer for Health & Social Care
Caroline Green, Public Member
Wendy Henderson, Independent Sector Lead
Linda Jackson, Service User Representative
Gwyneth Lennox, Group Manager, Social Work
Kathleen Travers, Borders Care Voice
Lynn Gallacher, Borders Carer Centre

In Attendance: Amanda Young (Minute Taker), Adelle McElrath, Clare Oliver, Katrina Culley, Rebecca Devine, Erick Ullrich

1. APOLOGIES AND ANNOUNCEMENTS

1.1. Apologies received from: Amanda Miller, Colin McGrath, David Bell, Cathy Wilson, John McLaren, John Barrow

2. MINUTES OF THE PREVIOUS MEETING

2.1. **Scottish Borders Health & Social Care Strategic Planning Group** approved the Minute of the previous meeting held 2 August 2023.

3. MATTERS ARISING/ACTION TRACKER

3.1. Outstanding actions are considered complete. Members were thanked for deleting an email sent in error and reassured that incident had been reported to the information governance teams, who are satisfied that all appropriate action have been taken.

3.2. The **Scottish Borders Health & Social Care Strategic Planning Group** noted the Action Tracker.

4. DENTAL ACCESS PAPER

4.1. Adelle McElrath, Interim Director of Dentistry NHS Borders gave an overview of the Dental Access Paper discussing current issues around accessing dental care, highlighting recent government changes to funding, challenges and risks to the dental service and noting despite the current landscape, Scottish Borders is doing very well with its' provision of dental care. The service is 'pragmatically positive' about the type of changes Scottish Government is introducing. A draft Strategic Plan is being developed and will be presented to IJB in February or March.

4.2. David Parker thanked Adelle McElrath for her comprehensive presentation and opened the floor to questions.

4.3. Rebecca Devine enquired about the national impact of the new government funding discussed in the paper, in the short term, medium term and long term. It was noted that there was to be review in three months' time to access the impact of the new 'codes' for claiming payment. Use of the codes being accessed and the volume of claims linked to these codes will need to analysed. It was acknowledged it may take up to year to understand the true impact of the changes.

4.4. Claire Oliver thanked Adelle for the paper and for sharing with colleagues, both in the NHS and SBC and noted that there needed to be activity around the framework and possible community talks linking in with the British Dental Association.

4.5. Wendy Henderson thanked Adelle and Morag Muir for embracing equalities and human rights in a positive way, but noted that the impact assessment could be expanded to include the most disadvantaged groups. Wendy offered to assist with making the links to the protected characteristic, communities who experience inequality and those with lived experience via the sub group and other key stakeholders. It was noted that inequalities exist in the heart of communities. Partnership working will be achieved by listening to all providers.

ACTION Wendy Henderson to link in with Adelle McElrath and Morag Muir to discuss the impact assessments.

4.6. Chris Myers added Equalities and Human Rights are the driver behind the work to reach out to disadvantaged groups. It was noted that dental services operate more than dentists. They provide services linking to child health, to care homes and the child smile programme in schools. Through partnership working, including the provision of data from SBC officers, the Scottish Borders has successfully been recognised as SDAI 'rural' area due to its rurality, which will bring real benefits in the future.

4.7. David Parker thanked Adelle McElrath for her contribution.

5. QUARTERLY PERFORMANCE REPORT

5.1. Chris Myers introduced the quarterly performance report, explaining that the report is structured around 6 objectives in the strategic plan. It highlights what we are doing well what we need to improve and drawing attention to where data is not readily available.

5.2. **Chris Myers gave an overview of Objective 1. Improving access**.
Rebecca Devine asked if the data could be broken down into gender and age, which may make the data more useful. Claire Oliver observed that data could form the basis of 'community conversations' and could be linked into the communications strategy.
Wendy Henderson note the performance report could be used to identify inequalities, which would allow action to be taken to address identified equalities.
David Parker thanked Wendy Henderson for her useful contribution
Lynn Gallacher asked if the data could include more information around SDS and unmet care, acknowledging that it is currently a challenge to deliver on all four options.

ACTION Gwyneth Lennox agreed to take this forward

6. Chris Myers gave an overview of Objective 2. Rising to the workforce challenge.

6.1. It was noted that the data currently does not have a denominator to quantify the vacancies. The impact of vacancies on staff wellbeing should be considered. It is difficult to get this data consistently as there are thirty-eight different services collating data, not necessarily in the same format, which brings challenges.

ACTION: Look at adding information to the performance report about where current vacancies are. Information about where the leavers are going to may be useful. This links in with work being carried out by the Integrated Workforce Planning Implementation Group. Wendy Henderson, Erick Ullrich and Claire Oliver will link in with Rebecca Devine.

7. Chris Myers gave an overview of Objective 3: Prevention and Early intervention

7.1. There was discussion around this subject and the of type of reporting which should be done and what data would be most useful. Linking into communities and social prescribing activity could be useful. It was agreed there should be focus on prevention and there is more work to be done.

8. Chris Myers gave an overview of Objective 4: Supporting unpaid carers

8.1. It may be that data on 'unpaid carers' with recognition of both the carer and the cared for person would be pertinent in line with the strategic objective, and needs consideration. Erick Ullrich noted this data may be difficult to gather as there is not a consistent format for gathering the data. This data reporting may link back to the Carers Workstream.

9. Chris Myers gave an overview of objective 5: Improving effectiveness and efficiency

9.1. Wendy Henderson observed that there may need to be more definition about what 'safe at home' means, and how do we know that care is delivered equally. Further analysis of the data currently reported on may be useful as would depth of data provided. Evolving data may include women's health, linking back to gender reporting.

10. Chris Myers gave an overview of Objective 6: Reducing poverty and inequalities

10.1. This area of the performance report is still being developed and the lack of data was discussed. Wendy Henderson mentioned that equality impact assessments may help shape this date. Existing frameworks will already have this data captured and could possibly be accessed through these avenues.

ACTION: Chris Myers to link in with Wendy Henderson to look closer at this area.

10.2. **The Scottish Borders Health & Social Care Strategic Planning Group** approved the paper, with the acknowledgement that as a quarterly report, it will return the Joint Executive for further scrutiny in the future.

11. CSWO REPORT

11.1. Gwyneth Lennox presented the Chief Social Work Officers Annual Report. CSWO has a legal role under the Public Bodies (Joint Working) (Scotland) Act 2014, and are independent advisors to IJB. The Annual Report covers all social work activity including Adult and Children's Services. Gwyneth Lennox summarised the contents of the report.

ACTION Wendy Henderson noted that the cover paper could be further developed around the equality statement and offered to link in with Gwyneth Lennox and John Fyfe to do this.

11.2 Scottish Borders Health & Social Care Strategic Planning Group approved the report, acknowledging this had been presented and approved by SBC.

12. AOB

12.1. Linda Jackson asked about Winter Preparedness. Chris Myers reported that due to changing Scottish Government guidance, this work was started in the summer so the plans are complete for the forthcoming winter.

David Parker thanked **Scottish Borders Health & Social Care Strategic Planning Group** for their attendance.

13. The next meeting will be held on the 6 December 2023 10am -12pm.