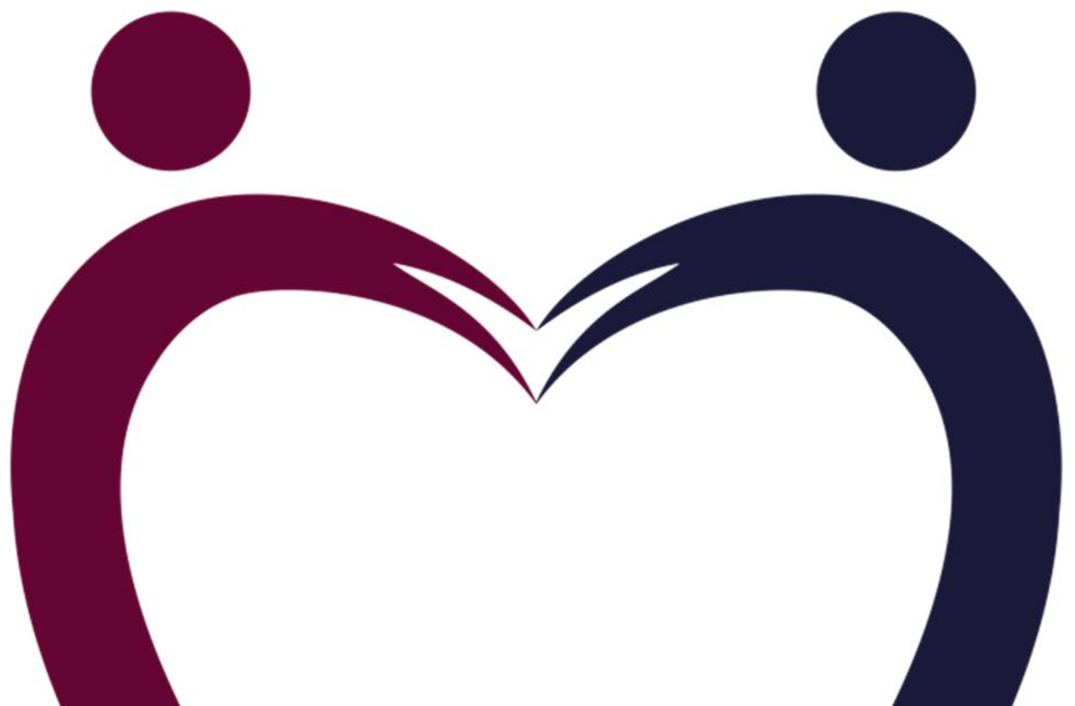
SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

2021-22 ANNUAL PERFORMANCE REPORT & 2022-23 COMMISSIONING PLAN



Scottish Borders Health and Social Care Integration Joint Board

Message from Chief Officer

In my first five months as Chief Officer, I have heard from many people who use our services, from unpaid carers, and from people delivering health, social care and adult social work services that the pressures they are experiencing are unlike anything that they have ever faced before. This certainly also rings true from my perspective.

The prolonged impacts of Covid-19 have unfortunately been felt by everyone in the Scottish Borders, and this is reflected in our health and wellbeing outcomes. It has also led to pressures in the health, social care and adult social work services commissioned by the Integration Joint Board.

Whilst recognising that there is a lot that needs to be done; within this challenging context that has gone on for a prolonged time, much progress has been made to best respond to these pressures, to sustain services and to support the health and wellbeing of people in the Scottish Borders.

I would like to express my deepest gratitude to everyone who works in health, social care and social work services; to all of the unpaid carers in the Scottish Borders; to all of our partners; and to everyone who has used health, social care, or adult social work services during this extremely challenging time.

I would also like to thank all Integration Joint Board members for their support including our former Chief Officer, Rob McCulloch-Graham, our outgoing Chair, Councillor David Parker, and to our former Elected Members for their leadership and support to the Integration Joint Board.

In addition to Covid-19, we are faced with meeting increased levels of need and dependency, in the context of significant financial challenges and workforce challenges for those who deliver health and social care.

One of the key take home messages from the pandemic, is that even in the most challenging circumstances, that by working together, everyone achieves more. Integration in its purest sense is about forming and developing partnerships and co-production to improve services and outcomes. I firmly believe that by moving together in the same direction with all of our partners with the common goal of improving outcomes, we can do better.

The Integration Joint Board will continue to renew its focus on partnerships, on engagement and on working with our communities to enhance how we strategically commission to best improve the outcomes for people living in the Scottish Borders, in these challenging times. By taking this approach, the Integration Joint Board will support improved outcomes while supporting a sustainable future health, social care and adult social work landscape, with the people of the Scottish Borders at the front and centre of everything we do.

Chris Myers
Chief Officer, Scottish Borders Health and Social Care Integration Joint Board
June 2022

Scottish Borders Health and Social Care Integration Joint Board

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1. About the Health and Social Care Integration Joint Board

1.1. Broad Aims

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

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

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

1.2. Delegated services

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

ADULT SOCIAL CARE SERVICES*

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

ACUTE HEALTH SERVICES (PROVIDED IN A HOSPITAL)*

- Accident and Emergency;
- Inpatient hospital services in these specialties:
  - General Medicine;
  - Geriatric Medicine;
  - Rehabilitation Medicine;
  - Respiratory Medicine;
  - Psychiatry of Learning Disability;
- Palliative Care Services provided in a hospital;
- Inpatient hospital services provided by GPs;
- Services provided in a hospital in relation to an addiction or dependence on any substance;
- Mental health services provided in a hospital, except secure forensic mental health services.

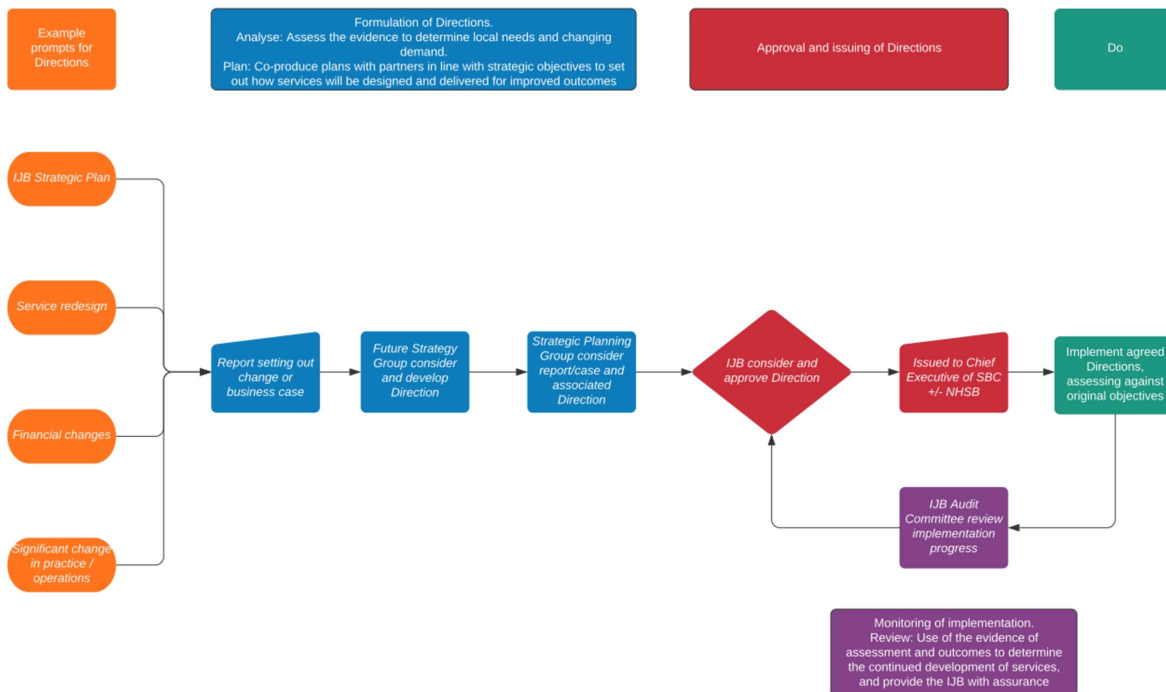
COMMUNITY HEALTH SERVICES*

- District Nursing
- Primary Medical Services (GP practices)*
- Out of Hours Primary Medical Services*
- Public Dental Services*
- General Dental Services*
- Ophthalmic Services*
- Community Pharmacy Services*
- Community Geriatric Services
- Community Learning Disability Services
- Mental Health Services
- Continence Services
- Kidney Dialysis outwith the hospital
- Services provided by health professionals that aim to promote public health
- Community Addiction Services
- Community Palliative Care
- Allied Health Professional Services

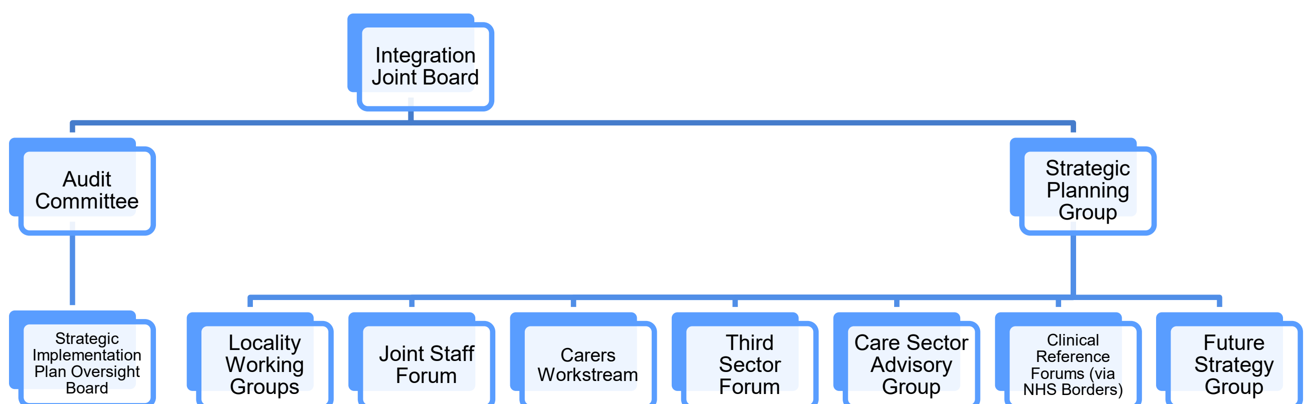
*Adult Social Care Services for adults aged 18 and over.
*Acute Health Services for all ages – adults and children.
*Community Health Services for adults aged 18 and over, excepting those marked with an asterisk (*), which also include services for children.

1.3. Our Commissioning Process and Structure

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



The diagram below outlines the internal structure of the Integration Joint Board. The Audit Committee reviews the delivery of the Integration Joint Board and of its Directions. The Strategic Planning Group develops new plans and directions following consultation and engagement with relevant stakeholders, and its subgroups represent the diversity of partners. The Strategic Planning Group works to ensure a continued focus on outcomes and the delivery of the Integration Planning and Delivery Principles.



1.4. Membership of the Integration Joint Board

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

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

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

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

- The Chief Social Work Officer of the constituent Local Authority
- A General Practitioner representative, appointed by the Health Board
- A Secondary Medical care Practitioner representative, employed by the Health Board
- A Nurse representative, employed by the Health Board
- A staff-side representative
- A third sector representative
- A carer representative
- A service user representative
- The Chief Officer of the Integration Joint Board
- The Section 95 Officer of the Integration Joint Board

The Scottish Borders Health and Social Care Integration Joint Board goes beyond the minimum requirements outlined in the Order and the membership in 2021/22 and in the current year is outlined below.

Scottish Borders Health and Social Care Integration Joint Board

1.4.1. Integration Joint Board Members: 1 April 2021 to 31 March 2022

Name	Designation	Membership status
Ms. Lucy O'Leary From 01.04.2021	Non-Executive Director, NHS Borders (Vice Chair)	Voting member
Mr. Malcolm Dickson Until 31.07.2021	Non-Executive Director, NHS Borders	Voting member
Mrs. Harriet Campbell From 15.12.2021	Non-Executive Director, NHS Borders	Voting member
Ms. Karen Hamilton	Non-Executive Director, NHS Borders	Voting member
Mr. John McLaren	Non-Executive Director, NHS Borders	Voting member
Mr. Tris Taylor	Non-Executive Director, NHS Borders	Voting member
Cllr. David Parker	Elected Member, Scottish Borders Council (Chair)	Voting member
Cllr. Shona Haslam	Elected Member, Scottish Borders Council	Voting member
Cllr. John Greenwell Until 28.07.2021	Elected Member, Scottish Borders Council	Voting member
Cllr. Jenny Linehan From 28.07.2021	Elected Member, Scottish Borders Council	Voting member
Cllr. Elaine Thornton-Nicol	Elected Member, Scottish Borders Council	Voting member
Cllr. Tom Weatherston	Elected Member, Scottish Borders Council	Voting member
Mr. Stuart Easingwood	Director of Social Work and Practice	Chief Social Work Officer
Dr. Kevin Buchan	Chair of GP Subcommittee	General Practitioner
Dr. Lynn McCallum	Executive Medical Director	Secondary Care Medical Practitioner
Mrs. Nicky Berry Until 01.06.2021	Director of Nursing, Midwifery and Operations	Nursing representative
Ms. Sarah Horan From 01.06.2021	Director of Nursing and Midwifery and Allied Health Professionals	Nursing representative
Mr. David Bell	Unite	Staff-side
Ms. Vikki MacPherson /Ms. Gail Russell	Partnership NHS	Staff-side
Ms. Jenny Smith	Borders Care Voice	Third Sector representative
Ms. Juliana Amaral From 15.12.2021	Berwickshire Association of Voluntary Services and Borders Third Sector Interface	Third Sector representative
Ms. Lynn Gallacher	Borders Carers Centre	Carer representative
Ms. Linda Jackson	LGBTQ+ representative	Service User representative
Mrs. Morag Low Until 28.07.2021	-	Service User representative
Mr. Nile Istephan	Chief Executive, Eildon Housing Association	Social Housing representative
Dr. Tim Patterson	Joint Director of Public Health	Public Health representative
Mr. Rob McCulloch-Graham Until 30.10.2022	Chief Officer and Joint Director of Health and Social Care	Integration Joint Board Chief Officer representative
Mr. Chris Myers From 01.11.2022	Chief Officer and Joint Director of Health and Social Care	Integration Joint Board Chief Officer representative
Vacant (Role undertaken by Andrew Bone, Director of Finance, NHS Borders and David Robertson, Chief Financial Officer, Scottish Borders Council)	Chief Financial Officer	Section 95 Officer of the Integration Joint Board

Scottish Borders Health and Social Care Integration Joint Board

1.4.2. Integration Joint Board Members: Current Membership (as of June 2022)

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

2. Core Suite of Indicators

2.1. Health and Wellbeing Outcomes

This section provides an overview at a glance of our local performance against the National Health and Wellbeing Outcomes, compared to national performance in 2018/19 and 2019/20, which is the most up to date available information. These are derived from survey feedback.

Unfortunately, within the Scottish Borders, it is worth noting that in line with national data, we have seen a deterioration in our National Health and Wellbeing Outcomes.

Within the Scottish Borders, the latest data indicates that over this period, we performed better than the national benchmarks in the following areas:

- More people than the national average reported that they are able to look after their health very well or quite well
- More adults who were supported at home agreed that they are supported to live as independently as possible
- More adults receiving care than the national average would rate the care they receive as excellent or good
- More people had a positive experience of care at their GP practice than the national average
- Slightly more adults supported at home than the national average agreed that their services and support had an impact on improving or maintaining their quality of life

Within the Scottish Borders, we performed worse than the national benchmarks in the following areas:

- Fewer adults supported at home agreed that they had a say in how their help, care or support was provided
- Fewer adults supported at home agreed that their health and social care services seemed to be well co-ordinated
- Fewer carers felt supported to continue in their caring role
- Fewer adults supported at home agreed they felt safe

Over 2022/23, the Integration Joint Board Strategic Planning Group and its subgroups will focus on how the Integration Joint Board can promote improvements in all areas, with a focus on driving improvements in the areas where we performed worse in the Scottish Borders than the national benchmarks.

	Indicator	Title	Scottish Borders rate			Scotland rate		
			2015/16	2017/18	2019/20	2015/16	2017/18	2019/20
Outcome indicators	NI - 1	Percentage of adults able to look after their health very well or quite well	95.58%	94.34%	94.29%	94.51%	92.91%	92.85%
	NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible [1]	-	-	81.1%	-	-	80.8%
	NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided [1]	-	-	69.6%	-	-	75.4%
	NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated [1]	-	-	70.0%	-	-	73.5%
	NI - 5	Percentage of adults receiving any care or support who rate it as excellent or good [1]	-	-	85.0%	-	-	80.2%
	NI - 6	Percentage of people with positive experience of care at their GP practice	88.7%	88.5%	82.3%	85.3%	82.6%	78.7%
	NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life [1]	-	-	80.1%	-	-	80.0%
	NI - 8	Percentage of carers who feel supported to continue in their caring role	41.0%	36.1%	32.1%	40.0%	36.5%	34.3%
	NI - 9	Percentage of adults supported at home who agreed they felt safe [1]	-	-	80.5%	-	-	82.8%

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

Scottish Borders
Health and Social Care
Integration Joint Board

2.2. Quantitative Indicators

This section provides an overview at a glance of our local performance against the national integration data indicators, compared to our local and national performance in 2018/19, 2019/20 and 2020/21, which is the most up to date available information. These are derived from national data sources.

The latest data indicates that over 2021/22, we performed better than the national benchmarks in the following areas:

- There was a lower premature mortality rate in the Scottish Borders than the national average
- There was a lower emergency admission rate in the Scottish Borders than the national average
- There was a lower spend on hospital stays where the person was admitted due to an emergency
- There was a lower rate of falls in the Scottish Borders than the national average
- There was a higher proportion of care services graded as good or better in Care Inspectorate inspections

Within the Scottish Borders, our performance was in line with the national average in the following area:

- The number of emergency readmissions to hospital within 28 days of discharge

Within the Scottish Borders, we performed worse than the national benchmarks in the following areas:

- There were a lower number of adults with intensive care needs in the Scottish Borders receiving care at home, compared to the national average
- There were a higher number of occupied bed days in hospital associated to emergency admissions in the Scottish Borders, compared to the national average
- A lower proportion of people in their last 6 months of life spent this at home or in a community setting in the Scottish Borders, compared to the national average
- There was a higher rate of bed days spent in hospital for people who were ready to be discharged in the Scottish Borders, compared to the national average

Over 2022/23, the Integration Joint Board Strategic Planning Group and its subgroups will focus on how the Integration Joint Board can promote improvements in all areas, with a focus on driving improvements in the areas where we performed worse in the Scottish Borders than the national benchmarks.

Scottish Borders Health and Social Care Integration Joint Board

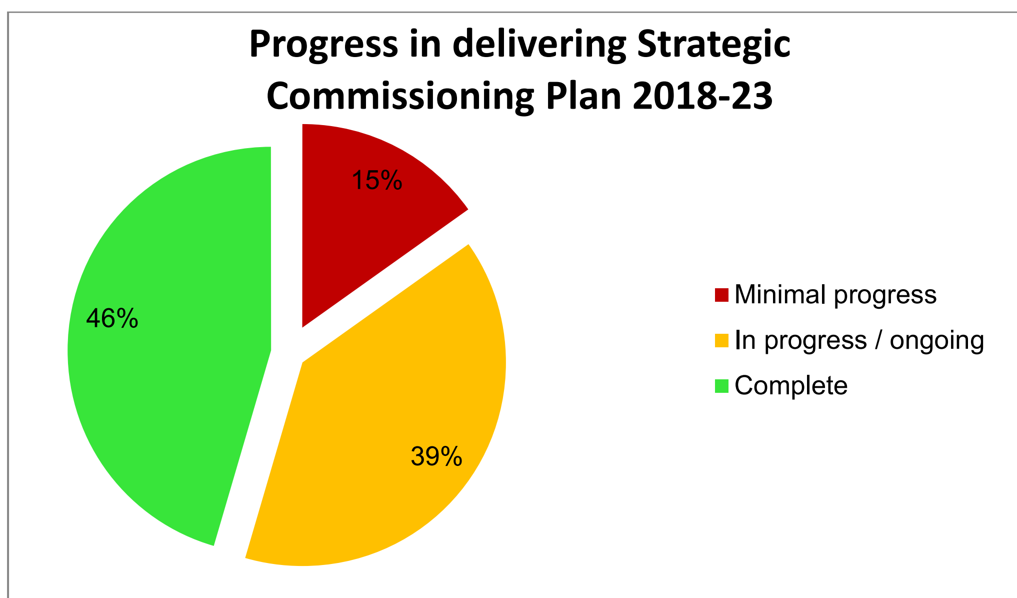
Data indicators	Indicator	Title	Scottish Borders rate			Scotland rate		
			2018	2019	2020	2018	2019	2020
	NI - 11	Premature mortality rate per 100,000 persons	388	315	367	432	426	457
	NI - 18	Percentage of adults with intensive care needs receiving care at home	62.2%	63.6%	59.6%	62.1%	63.0%	62.9%
			2018/19	2019/20	2020/21	2018/19	2019/20	2020/21
	NI - 12	Emergency admission rate (per 100,000 population)	12,425	12,181	10,248	12,279	12,525	10,951
	NI - 13	Emergency bed day rate (per 100,000 population)	131,471	119,798	105,790	119,986	118,552	100,710
	NI - 14	Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	109	107	120	103	105	120
	NI - 15	Proportion of last 6 months of life spent at home or in a community setting	85.5%	86.0%	89.6%	88.0%	88.3%	90.3%
	NI - 16	Falls rate per 1,000 population aged 65+	18.7	21.1	18.1	22.5	22.8	21.7
	NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections [2]	78.5%	85.7%	90.1%	82.2%	81.8%	82.5%
	NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	761	656	588	793	774	484
	NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	21.7%	20.2%	18.3%	24.1%	24.3%	21.0%

3. Progress in delivering the current Strategic Commissioning Plan

The Scottish Borders Integration Joint Board is responsible for setting the strategic direction for the delivery of delegated health, social care and adult social work services by developing a Strategic Commissioning Plan, based on need, focused on outcomes and in line with the integration planning and delivery principles.

The Integration Joint Board then commissions its partners by issuing Directions to implement this Strategic Commissioning Plan, and evaluates progress within its Audit Committee and through regular quarterly and annual review. A formal review against progress was undertaken in March 2022 by the IJB Audit Committee, and then in April 2022 by the Integration Joint Board Strategic Planning Group.

The chart below provides a breakdown of the current progress relating to the delivery of the actions detailed in the Strategic Implementation Plan 2018-22.



There has been significant work undertaken by the Integration Joint Board and its partners to deliver the Strategic Implementation Plan. The delivery actions that have been fully implemented include:

- Review of community hospital and day hospital provision
- Appointment of GP Cluster Leads
- Roll out of the Distress Brief Intervention Service
- Increasing the provision of housing with care and extra care housing
- Developing discharge to assess and home based intermediate care
- Development of Community Link Worker and Local Area Coordination services
- Funding of the Borders Carers Centre to undertake carer’s assessments
- Extending the scope of the Matching Unit to source care and respite care at home

- Development of hospital inpatient pharmacy services to optimise outcomes, reduce re-admissions and length of stay
- Implementation of the Transforming Care After Treatment Programme for people with cancer
- What Matters Hubs are now operational in all 5 localities of the Scottish Borders

The delivery actions which are in progress include:

- Fully embedding transitional care / home based intermediate care as a model (Home First has capacity issues)
- Developing step up across all intermediate care services (Home First and the 4 Community Hospitals have this in place, but work is ongoing in Garden View to develop this)
- Full implementation of the Primary Care Improvement Plan Pharmacotherapy service
- Further increasing post diagnostic support rates for people with dementia – while the service is meeting demand, the referral rate is low (this also relates to an action in red)
- Progress in ongoing to improve uptake for Self Directed Support
- There are many examples of best value in the commissioning and delivery of health and social care, and the design and implementation of cost-effective alternatives to traditional costly models of care, but these need to continue to be progressed and reported upon
- There has been good uptake in the use of telecare and telehealthcare, however there remains further potential and in the context of workforce pressures and Covid-19, a real need to further increase uptake
- There has been redesign of day services with a focus on early intervention and prevention in line with national policy and legislation, and a redesign of learning disability day services, however concern has been raised about the provision of older adults day services. As a result, the IJB Carers workstream is co-producing a further needs assessment to develop an updated position on day supports.
- Work has progressed in realigning resources to deliver our strategic priorities and disinvest from services not required (e.g. the closure of Cauldsheils and the repatriation of individuals from out of area into the Millar House Integrated Community Rehabilitation Service), however due to system and covid-19 pressures, there is further work that can be undertaken
- There is work in progress to develop a re-ablement approach for care at home services. This needs to be considered in the context of the Home First service, and the potential for integration of services
- Community pharmacy services have been developed significantly and work is ongoing

The delivery actions that have not been progressed significantly include:

- Increasing the referral rate for people with dementia to post diagnostic support services
- Developing the Buurtzorg model of care and integrated locality management
- Providing polypharmacy support to social care service users to prevent medication-related admissions and improve the quality of disease management

Prioritised areas of focus for 2022-23 are outlined in section 7.

4. Financial Overview

The figure below provides an overview of IJB commissioned budget of by service area (£M) in 2021/22, excluding the unallocated NHS Borders savings requirements of £5.83M. Whilst this represents budget by service area, as a number of areas deliver a number of functions, it does not represent budget by function or service user group. The total IJB budget in 2021/22 was £178.4M.

From 2022/23, the IJB will work to develop a financial recovery plan to support financial sustainability. In addition, the new Strategic Commissioning Plan for 2023-26 will also work towards financial sustainability.

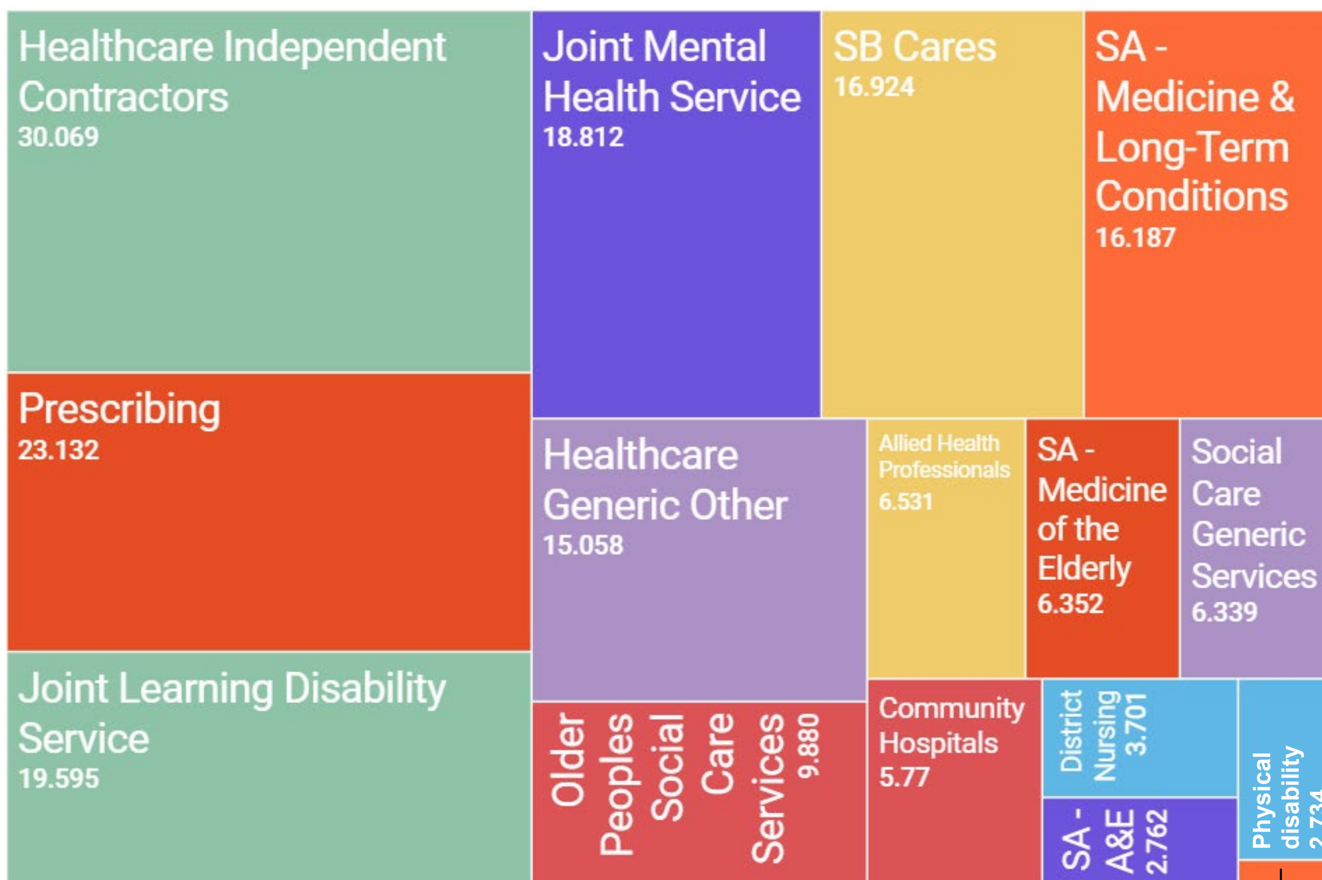


Figure 1 2021/22 Budgets by service area (£M) Excludes £5.83M savings requirement. SA denotes hospital set-aside. Total budget £178,415,000

The Integration Joint Board continues to face significant financial challenges and both of its partners are facing challenges in meeting the demand for health and social care services within the financial quantum available. This, going forward, will have a direct impact on the levels of funding provided to the Integration Joint Board. The key barriers to managing the financial position arises from demographic pressures of demand, together with capacity to plan and deliver required levels of transformation and efficiency savings. The significant growth anticipated in the number of older people and their need for suitable services, requires innovative solutions to allow services to be provided within funding levels available and, the ability of the partnership to transform services to help meet this demand.

The partnership faced a number of risks which required management and mitigation in 2021/22. Going forward, these continue to be prevalent:

- The 2022/23 Financial Plan does not currently address all historic and existing pressures;
- The Partnership's Delegated and Set-Aside Budgets remain under considerable pressure in 2022/23 as a result of the additional spend requirement of responding to the Covid-19 situation during the first half of the financial year, the additional costs of remobilisation and recovery, slippage in Transformation Programme workstreams and the inability across partner organisations to deliver required efficiency savings on which the Financial Plan is predicated;
- In respect of planned savings, there remains a significant shortfall between the level of planned efficiency savings requirement and those identified, particularly from a NHS Borders perspective. This is despite a non-recurring freeze on the allocation of any further efficiency savings requirement to delegated functions by NHS Borders beyond those brought forward from 2021/22;
- The Integration Joint Board holds a significant reserve in respect of COVID19 funds. This is expected to be utilised in 2022/23 in line with Scottish Government guidance to offset the overall costs of the Scottish Borders Health and Social Care COVID response. At this stage it is not anticipated that there will be any further allocations made available to support this expenditure in the next year.
- The Integration Joint Board has now mainstreamed the services previously provided under its Transformation Programme by permanently base-lining its supporting recurring budget. In turn, this means that any future transformation activity that the Partnership wishes to undertake will require additional supporting resources to now be identified beyond the small level of historic resource carried forward;
- With pressures across all health board and council functions as a result of the Covid-19 pandemic, both delegated and non-delegated, there is a risk going forward that if these are not funded by the Scottish Government in full, neither partner will be in a position to make additional contributions to top-up the budget delegated to the IJB or Set-Aside as it has in previous financial years. Accordingly, the Partnership may be at risk of over-spend, without mitigating solutions, at the end of the financial year;
- The financial challenges facing NHS Borders is expected to result in a requirement for further brokerage in 2022/23 to enable it to meet its statutory obligations, including funding any over-spend incurred by the IJB;
- The partnership's Strategic Plan covers the 4 years from 2018/19 to 2021/22. Similarly, its Strategic Implementation Plan runs from 2019/20-2023/24. Both NHS Borders and Scottish Borders Council currently receive only a 1-year financial settlement;
- Prescribing remains a high risk area due to the forecast level of spend and volatility of price and supply. Whilst there was a significant downturn in the level of prescribing and resultant expenditure levels in 2021/22 due to Covid-19, as primary care services remobilise, this trend is not expected to continue;
- There is an ongoing risk in relation to the sustainability of the workforce both internally and with our external care partners;

- Further cost pressures within core operational services may emerge during 2022/23 that are not yet projected or provided for within either partner's financial plans, nor the resources delegated to the IJB;
- The risk of loss of service provision as a result of market failure would result in additional costs as alternative supply is transitioned.

Going forward, delivering financial balance will require the Integration Joint Board to increase its focus on identifying and delivering a greater level of savings in year and on a permanently recurring basis. Monitoring of existing actions to mitigate emerging pressures will further support a reduction in spend required to address the pressures it experienced during 2021/22 and previous financial years. In setting its strategic agenda for the medium-term and planning the outcomes and new health and care services, the Health and Social Care partnership must target financial efficiency benefits and strive for overall affordability reducing in time, the requirement for Scottish Government brokerage.

5. Audit Committee

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

The IJB Audit Committee has met 4 times on a virtual basis during the financial year on 14 June, 20 October and 9 December 2021, and 14 March 2022 to consider reports pertinent to the audit cycle.

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

The Minutes of IJB Audit Committee meetings were presented for noting by the IJB following their approval by the Committee, and the Committee referred any exceptional items to the IJB in accordance with its Terms of Reference.

6. Strategic Planning Group

The role of the Strategic Planning Group is to develop the Integration Joint Board's strategic commissioning approach in line with the National Health and Wellbeing outcomes, and to achieve the core aims of integration.

Over 2021/22, the Integration Joint Board's Strategic Planning Group has informed the development of the Integration Joint Board's strategic commissioning and engagement approach. They have also influenced the development of local policy and formal directions.

Scottish Borders Health and Social Care Integration Joint Board

In acknowledgement of the level of work that the Integration Joint Board needs to undertake to develop a new Joint Strategic Needs Assessment, including a thorough review of population health needs, and public engagement, the Integration Joint Board supported the development of the Future Strategy Group as a subgroup to the Strategic Planning Group.

As part of their discussions, the Strategic Planning Group have considered the following areas:

- How to better address health and care inequalities
- Progress on improving cancer journeys
- How to develop meaningful conversations with communities
- The approach to the development of a workforce strategy
- The next steps for the Oral Health Needs Assessment
- How the Integration Joint Board should respond to the outputs from the Alliance Scotland/ Third Sector interface event, exploring service provision in the Scottish Borders ‘20 Years into the Future’
- How to take the findings from discussions at the Strategic Planning Group about engagement and co-production to inform the Integration Joint Board's commissioning approach
- How the Integration Joint Board should respond to the 'A Change is as Good as a rest' report from the Borders Carers Centre
- Modelling residential and nursing care bed demand
- The potential impacts of the National Care Service in the Scottish Borders
- All Directions issued from 2022 onwards

Through the development of the Integration Joint Board's refreshed approach to Commissioning, all new plans or formal directions that are for consideration by the Integration Joint Board must be considered and approved by the Strategic Planning Group before getting onto the agenda for the Integration Joint Board. This ensures that the Strategic Planning Group have an enhanced scrutiny role in relation to new plans for the

Integration Joint Board, to ensure they appropriately align to the Integration Planning and Delivery Principles, and the National Health and Wellbeing Outcomes.

7. Progress over 2021/22

The work of the Integration Joint Board reduced due to the ongoing pressures associated to the pandemic. Within 2021/22, the Integration Joint Board:

- Supported the response to the pandemic, as a Category 1 responder, developing a Critical Functions Framework in partnership with the Scottish Borders Health and Social Care Partnership
- Developed its strategic commissioning approach, including the development of a Directions Policy and Procedure, aligned to the National Health and Wellbeing Outcomes, the Integration Planning and Delivery Principles and best practice
- Improved its approach to collaboration, engagement and co-production with service users, unpaid carers, staff, the third sector, the independent sector and delivery partners
- Co-produced our vision and needs based approach to better support and improve outcomes for unpaid carers with the Carers Workstream and Borders Carers Centre
- Commissioned care home modelling
- Worked with the Third Sector to support the development of the Community Mental Health and Wellbeing Fund

Oversaw the development of:

- The Primary Care Improvement Plan
- Integration of Community Health and Social Care services, and social prescribing through the Pathway 0 workstream
- The Older People's Acute Hospital and Intermediate Care Pathways
- The Autism workstream to improve supports for people with autism
- The Dementia Strategy Group
- The Alcohol and Drugs Partnership

Issued formal directions in areas including:

- The development of a Health and Social Care Integrated Workforce Plan, to support ongoing workforce sustainability and immediate workforce pressures from our partners
- Support for the development of the Strategic Commissioning Plan 2023-26
- Development of the Millar House Integrated Community Rehabilitation Service, and;
- The scoping and development of business cases for Care Villages in Tweedbank and Hawick

8. Commissioning Plan 2022/23

Based upon the National Health and Wellbeing Outcomes, the financial and workforce situations within the Scottish Borders, the focus on the Integration Joint Board in 2022/23 will explore how it can prioritise most of the actions from its Strategic Implementation Plan 2018-23, with a focus on the following areas:

- Better integration and co-ordination of community health and social care services
- Ensuring a person-centred approach to service delivery across health and social care
- Reducing the number of people waiting for care in our communities and in hospital
- Continuing to develop support for unpaid carers
- Enhanced support for people with intensive needs receiving care at home, e.g.
    - Technology Enabled Care
    - Pharmacy support for social care service users
    - Developing Community Geriatric provision, with the potential for service transformation
    - Consideration of the Hospital at Home model as a transformation initiative
- Developing community palliative care services, with the potential for service transformation
- Promoting financial and workforce sustainability

Due to the need to ensure good foundations for a number of the actions outlined in the Strategic Implementation Plan, it is recommended that the following Strategic Implementation Plan 2018-23 actions continue to be progressed over 2022/23, but that the expectation is for implementation in future years:

- Developing step up across all intermediate care services
    - Work needs to be progressed on the continued development of intermediate care and medical pathways to ensure that step up can be delivered appropriately.
- Developing best value in commissioning for both health and social care
    - A review of strategic commissioning has been undertaken for Social Care. Consideration needs to be put into the approach for the commissioning of delegated health services
- Developing the Buurtzorg model of care
    - The Kings Fund note that this can take 5 years to cultivate genuinely new ways of working and to appreciate the benefits. Whilst we must maintain this

    aspiration, there is much work to do and we should focus on developing our approach in line with the Framework for Community Health and Social Care Integrated Services in the first instance to establish a good base for further change.

- Shifting resources from acute health and social care to community settings
    - This is a key requirement of integration. It is expected that the Integration Joint Board will work with its partners to identify further transformation programmes which support this ambition. The new Integration Joint Board Chief Financial Officer will develop a supporting framework to facilitate this, and the Integration Joint Board will work closely with its partners to develop an appropriate approach to support this aim.

During 2022-23, broadly speaking the Integration Joint Board will also consider the following areas:

- Working with partners to reduce the pressures associated to Covid-19
- Continuing to refine and improve its commissioning approach, including a focus on continuous improvement within the Integration Joint Board structure
- Developing the Integration Joint Board's focus on Equalities and Human Rights, including the development of the Partnership's Equality Outcomes and Mainstreaming Action Plan
- Developing the partnership and engagement approach of the Integration Joint Board with its communities, including service users, carers, staff, the independent sector, third sector, localities, and other key strategic partners
- Undertaking a Joint Strategic Needs Assessment, underpinned by public engagement, in order to develop a new Strategic Commissioning Plan for 2023-26
- Responding to national policy, including the development of the National Care Service and Community Health and Social Care Boards

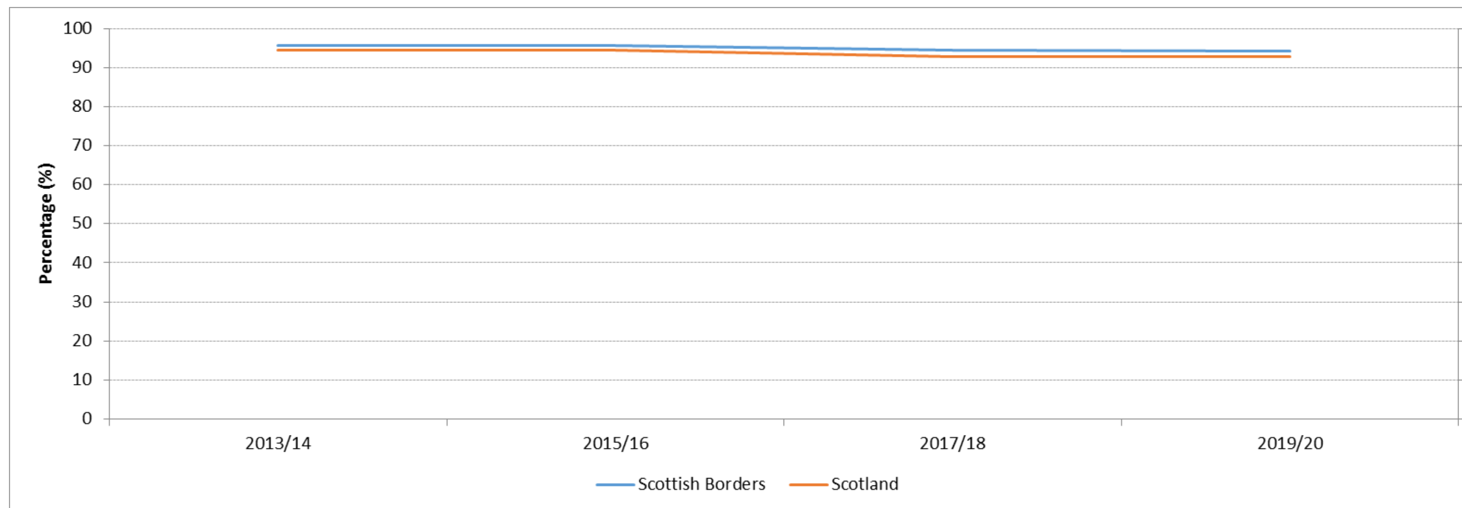
Scottish Borders Health and Social Care Integration Joint Board

Annex A: National Health and Wellbeing Outcomes

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

Time series for - **Scottish Borders**

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

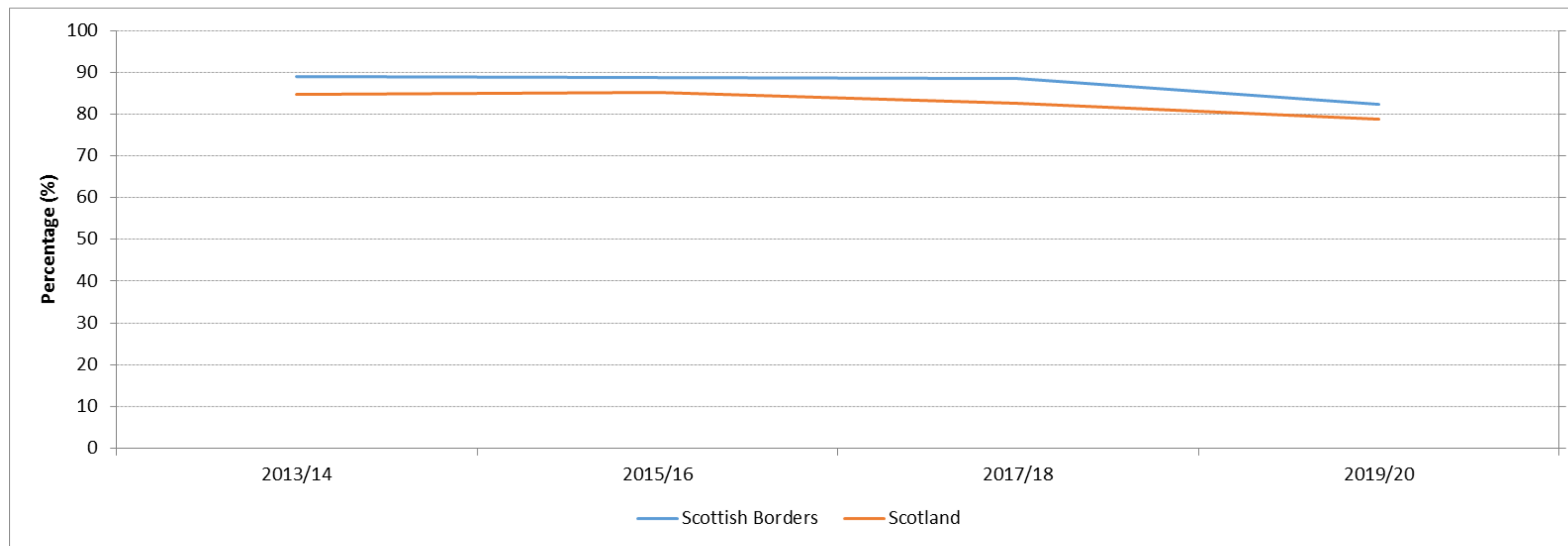


Source: Q52 - 2013/14 Health and Care Experience Survey, Q51 2015/16 Health and Care Experience Survey, Q40 2017/18 Health and Care Experience Survey, Q34 2019/20 Health and Care Experience Survey

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

Time series for - **Scottish Borders**

	2013/14	2015/16	2017/18	2019/20
Scottish Borders	89.0%	88.7%	88.5%	82.3%
Scotland	84.8%	85.3%	82.6%	78.7%

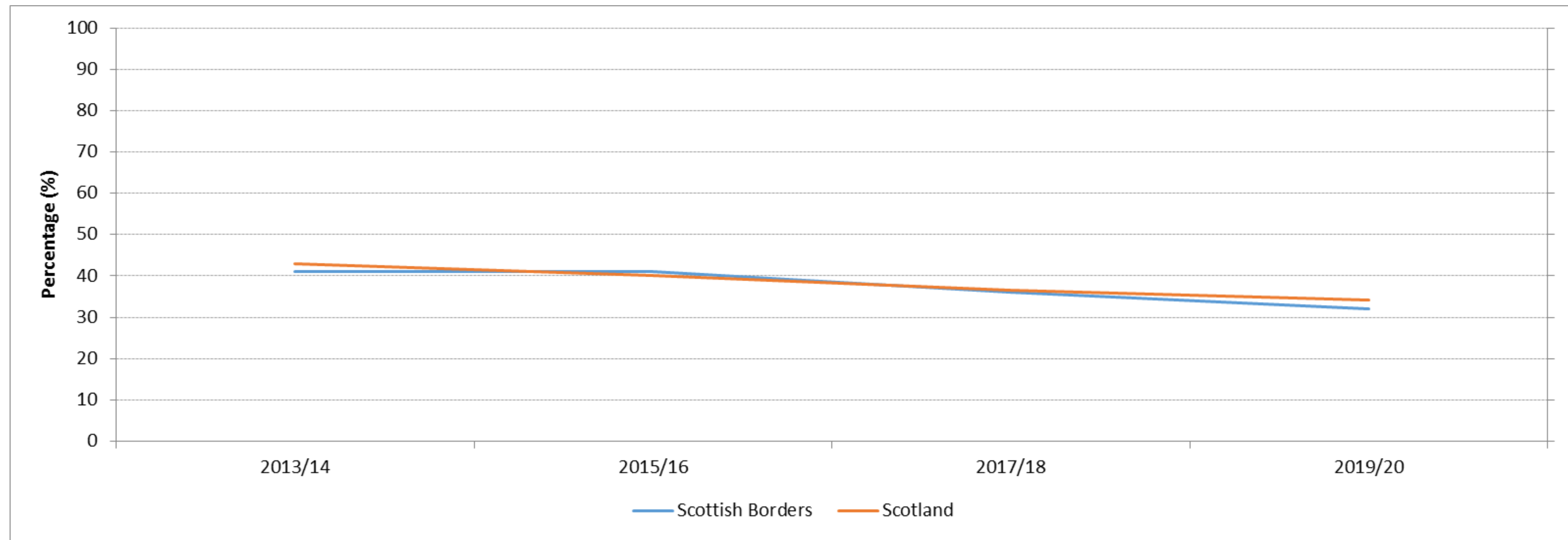


Source: Q27 - 2013/14 Health and Care Experience Survey, Q25 2015/16 Health and Care Experience Survey, Q8d 2017/18 Health and Care Experience Survey, Q10 2019/20 Health and Care Experience Survey

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

Time series for - **Scottish Borders**

	2013/14	2015/16	2017/18	2019/20
Scottish Borders	41.0%	41.0%	36.1%	32.1%
Scotland	43.0%	40.0%	36.5%	34.3%



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

Notes for National Indicators 1, 6 and 8:

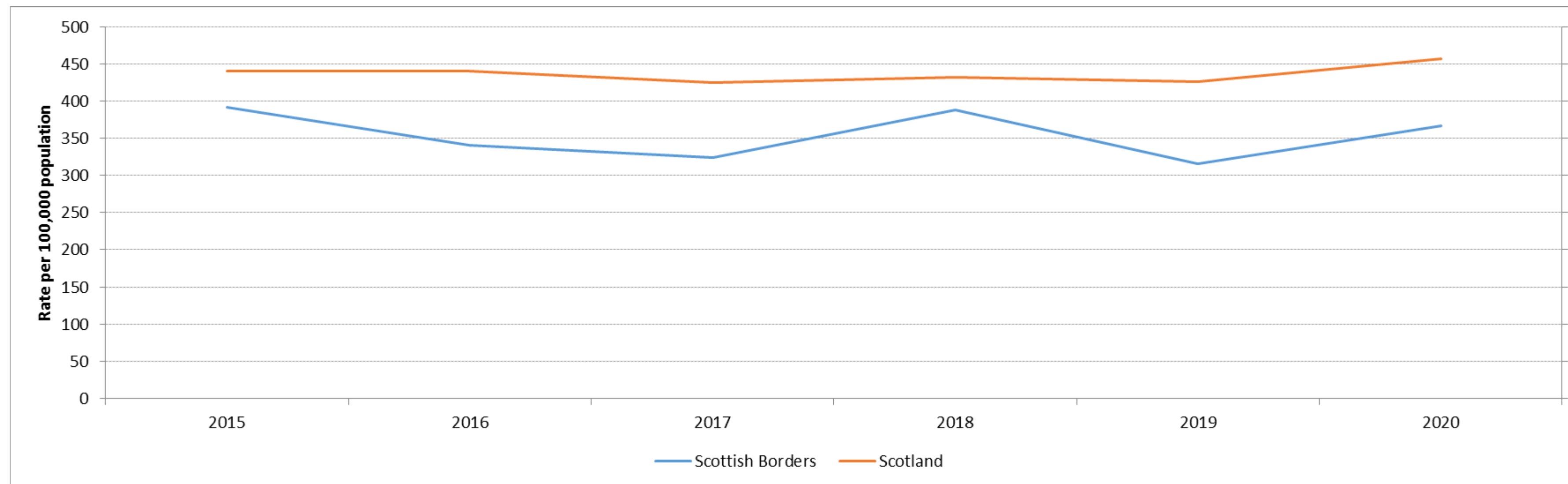
1. The Health and Care Experience Survey is a sample survey of people aged 17+ registered with a GP practice in Scotland. The results are therefore affected by sampling error. The effect of this sampling error is relatively small for the national estimates, however the sampling error will be greater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

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

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

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

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



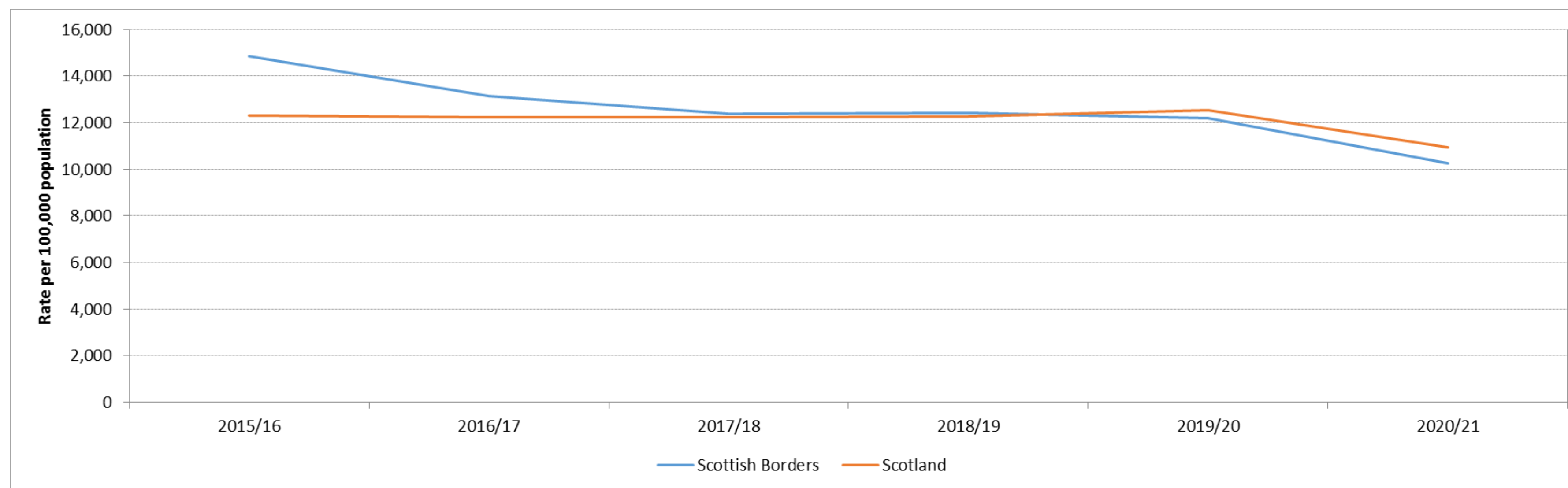
Source: National Records for Scotland (NRS)

1. Age-standardised using the 2013 European Standard Population

National Indicator 12 Emergency admission rate

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

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Scottish Borders	14,833	13,135	12,382	12,425	12,181	10,248
Scotland	12,295	12,229	12,210	12,279	12,525	10,951



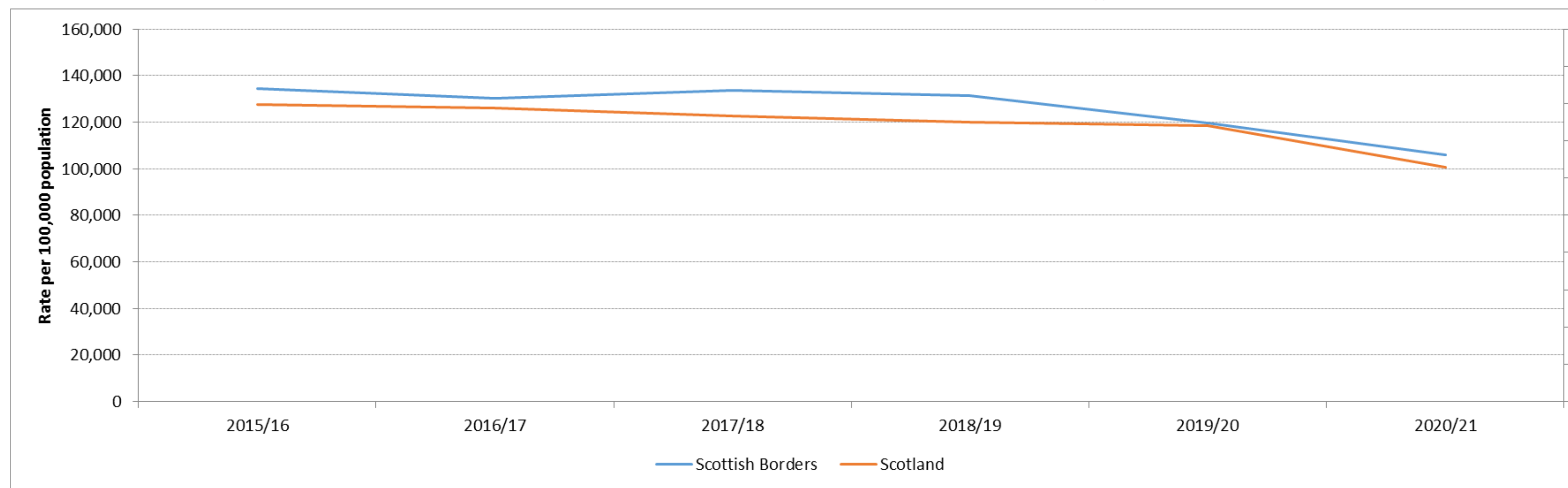
Source: PHS - SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), including Geriatric Long Stay (GLS) discharges
SMR04 (mental health inpatient records from NHS hospitals in Scotland

Notes:
1. Includes emergency admissions to all hospital specialties (acute, geriatric long stay and mental health) occurring within the selected year.
2. A hospital stay is selected if an emergency admission occurred in the first episode of the stay.
3. 2020 population estimates have been used to calculate rates from 2020 onwards. For data relating to years prior to this, population estimates for the corresponding year have been applied.

National Indicator 13 Emergency bed day rate

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

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Scottish Borders	134,442	130,181	133,824	131,471	119,798	105,790
Scotland	127,609	126,007	122,541	119,986	118,552	100,710



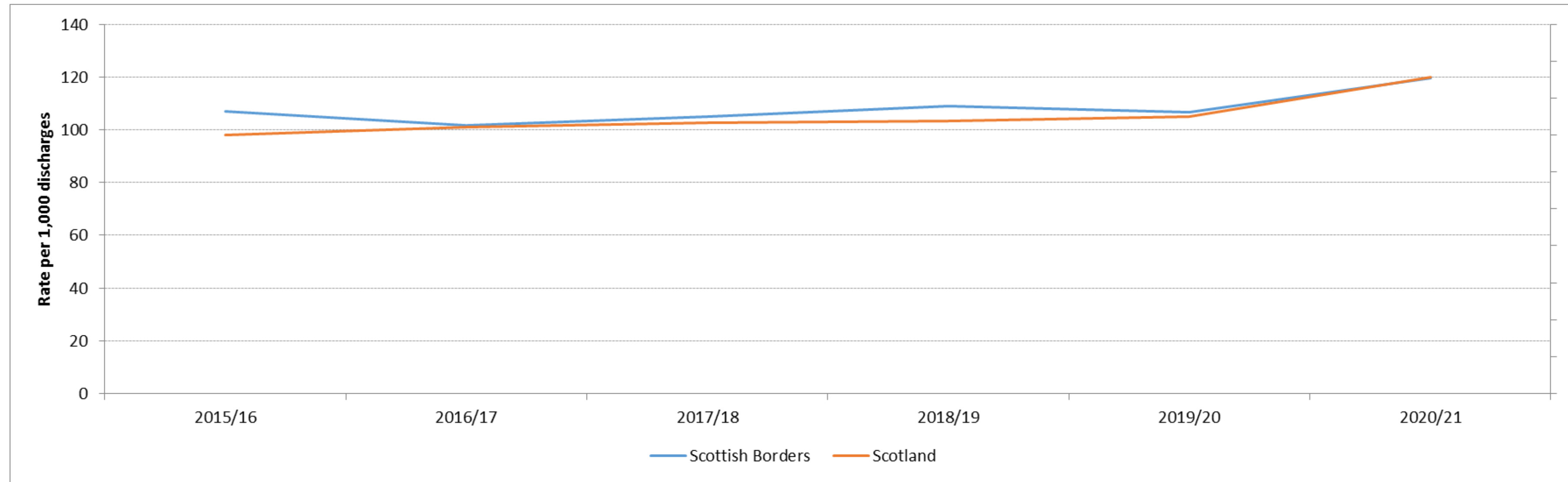
Source: PHS - SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), including Geriatric Long Stay (GLS) discharges
SMR04 (mental health inpatient records from NHS hospitals in Scotland

Notes:
1. Includes emergency admissions to all hospital specialties (acute, geriatric long stay and mental health) occurring within the selected year.
2. A hospital stay is selected if an emergency admission occurred in the first episode of the stay.
3. 2020 population estimates have been used to calculate rates from 2020 onwards. For data relating to years prior to this, population estimates for the corresponding year have been applied.

National Indicator 14 Readmission to hospital within 28 days

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

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Scottish Borders	107	102	105	109	107	120
Scotland	98	101	103	103	105	120



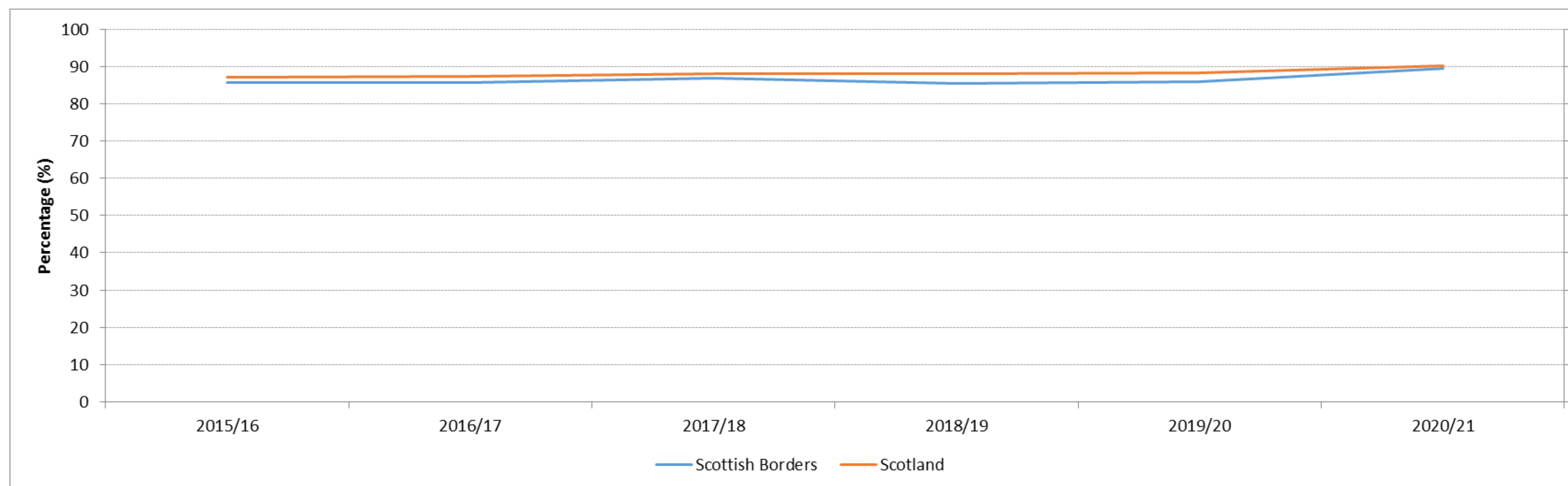
Source: PHS - SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), excluding Geriatric Long Stay (GLS) discharges

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

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

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

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Scottish Borders	85.6%	85.6%	86.9%	85.5%	86.0%	89.6%
Scotland	87.0%	87.4%	88.0%	88.0%	88.3%	90.3%



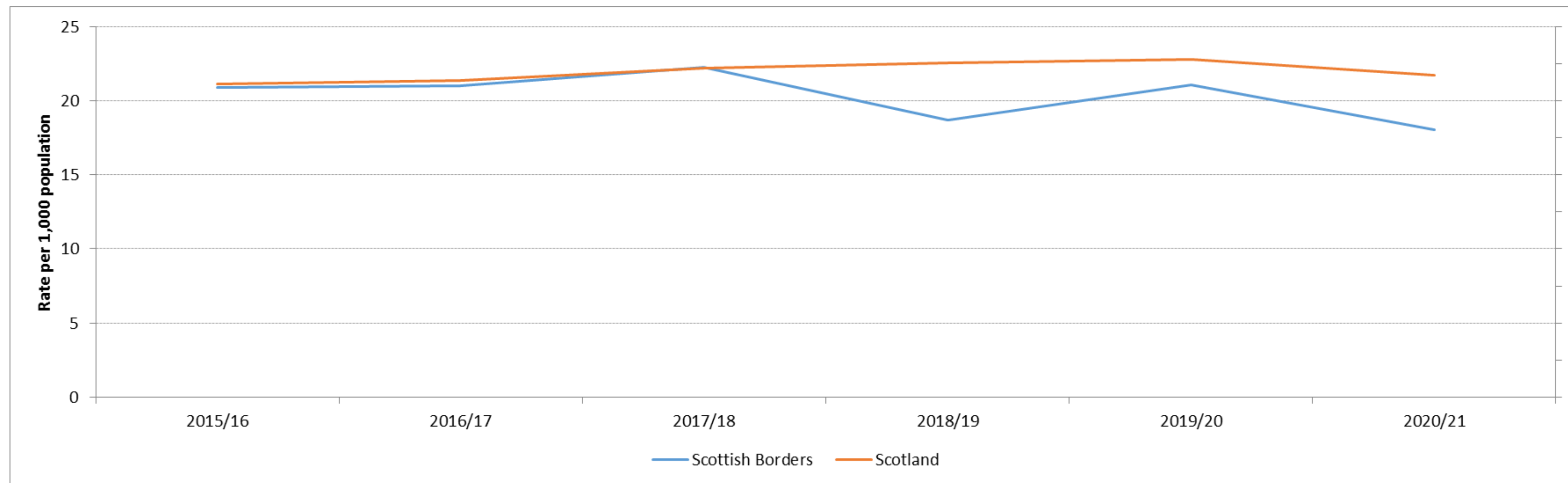
Source: PHS - SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), including Geriatric Long Stay (GLS) discharges
SMR04 (mental health inpatient records from NHS hospitals in Scotland
National Records for Scotland

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

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

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

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Scottish Borders	21	21	22	19	21	18
Scotland	21	21	22	23	23	22



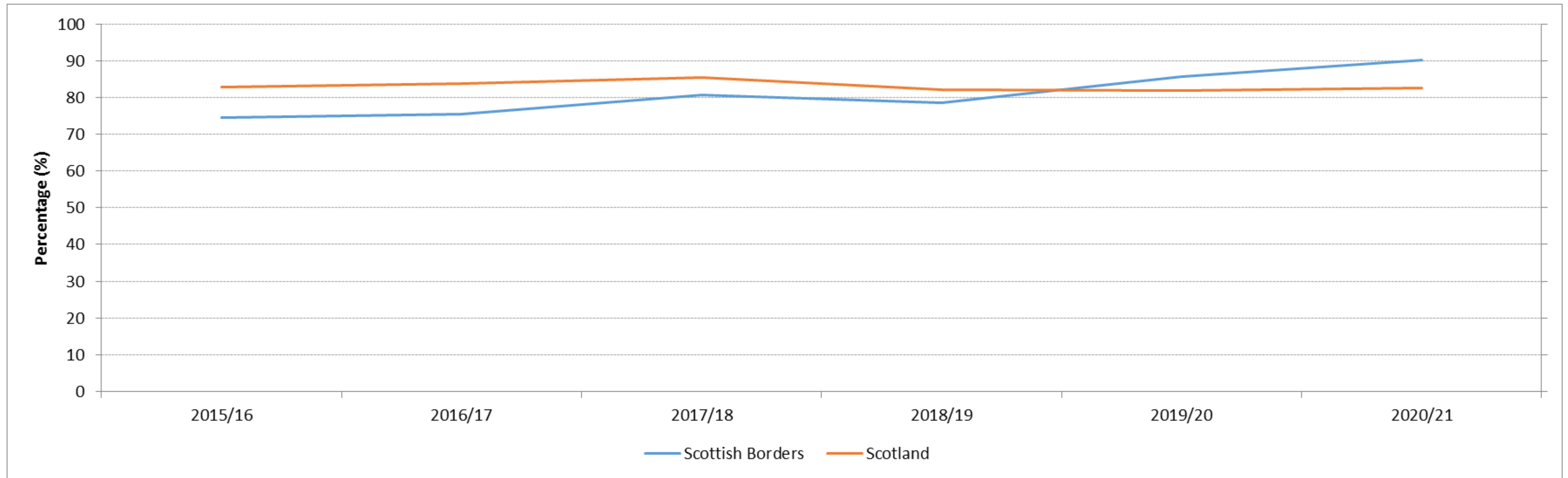
Source: PHS - SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), excluding Geriatric Long Stay (GLS) discharges

Notes:
1. Emergency admissions code 33-35 have been used and ICD10 codes W00 - W19.
2. 2020 population estimates have been used to calculate rates from 2020 onwards. For data relating to years prior to this, population estimates for the corresponding year have been applied.

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

The Care Inspectorate have advised that this indicator is developmental.

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Scottish Borders	74.6%	75.4%	80.7%	78.5%	85.7%	90.1%
Scotland	82.9%	83.8%	85.4%	82.2%	81.8%	82.5%


100
90
80
70
60
50
40
30
20
10
0
Percentage (%)
2015/16
2016/17
2017/18
2018/19
2019/20
2020/21
Scottish Borders
Scotland

Source: Care Inspectorate

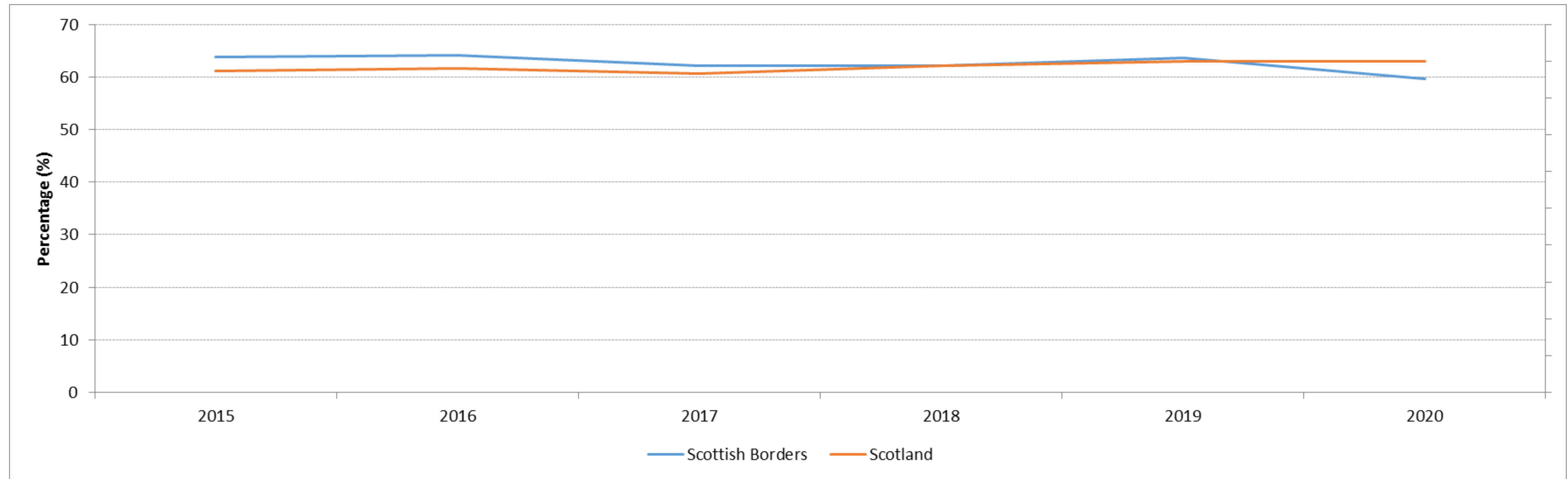
Notes:

1. Data presented in 2020/21 - Advice from directors of Public Health in Scotland was that inspection visits would present a real risk of introducing and spreading COVID-19 in Scotland's care homes. Therefore, to limit the spread of COVID-19, and with agreement from Scottish Government the Care Inspectorate restricted their presence in services unless necessary. This approach resulted in the majority of services not being graded as normal and instead retaining the grades they had last received. Instead the Care Inspectorate intensified oversight using a range of remote and virtual approaches to ensure services were supported and operating well throughout the pandemic.
2. Data are provisional.
3. Based on services registered with the Care Inspectorate as at 31 March of each year. Grades are those published on the CI website, also at 31 March in each year.
4. The information about the Local Authority in which the service provides care has been taken from the Care Inspectorate Annual Returns, and relates to 31 December in each year.
5. Some services that are not premises based (Housing Support and Support Services - Care at Home) might provide a service in several Local Authorities.
6. For care services that provide a service in more than one Local Authority there are duplicate entries - one entry for each Local Authority. Therefore the total number of services does not match the overall number of services registered, as published by the Care Inspectorate in the Annual Report and other publications.
7. For services that did not submit an annual return or registered after 31 December 2020 only the Local Authority where the service is based is used to determine where the service is provided.
8. Combined housing support and support services - care at home only submit one annual return (usually under the housing support service). The information contained in the one annual return has been applied to the other part of the service and is displayed in the data.
9. For those services that did not mention the Local Authority that they are based in as a Local Authority that they provide a service in, this Local Authority was added as one where they provide a service.

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

The number of adults (18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing long-term care.

	2015	2016	2017	2018	2019	2020
Scottish Borders	63.8%	64.1%	62.2%	62.2%	63.6%	59.6%
Scotland	61.2%	61.6%	60.7%	62.1%	63.0%	62.9%



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

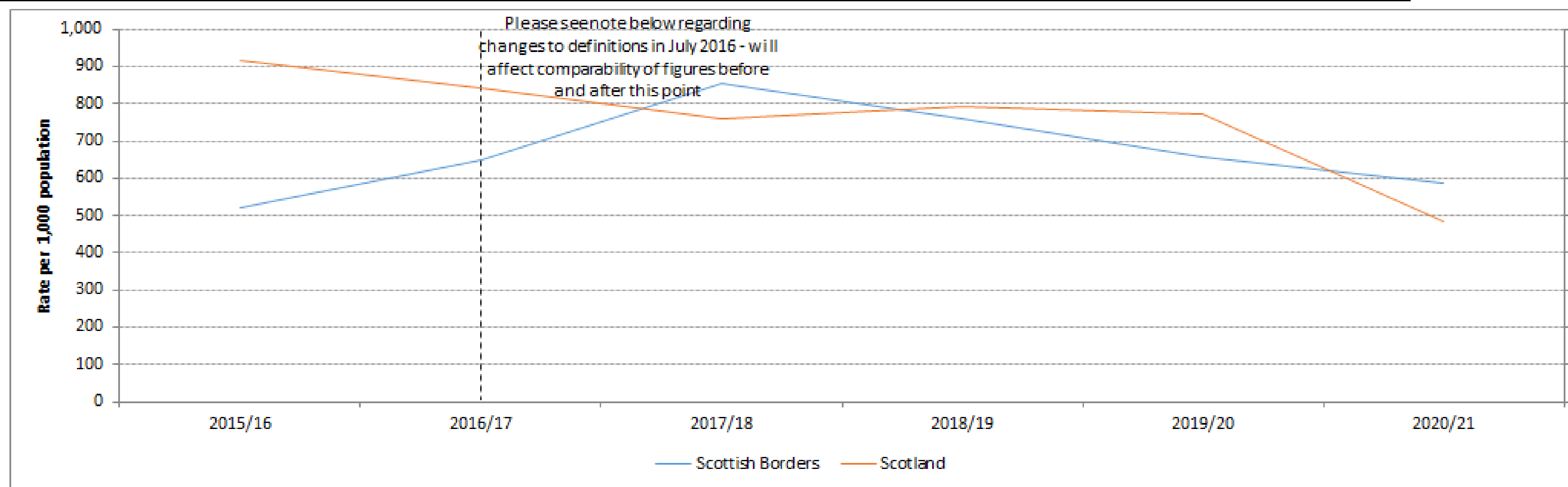
Notes:

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

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

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

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Scottish Borders	522	647	855	761	656	588
Scotland	915	841	762	793	774	484



Source: PHS Delayed Discharge data collection

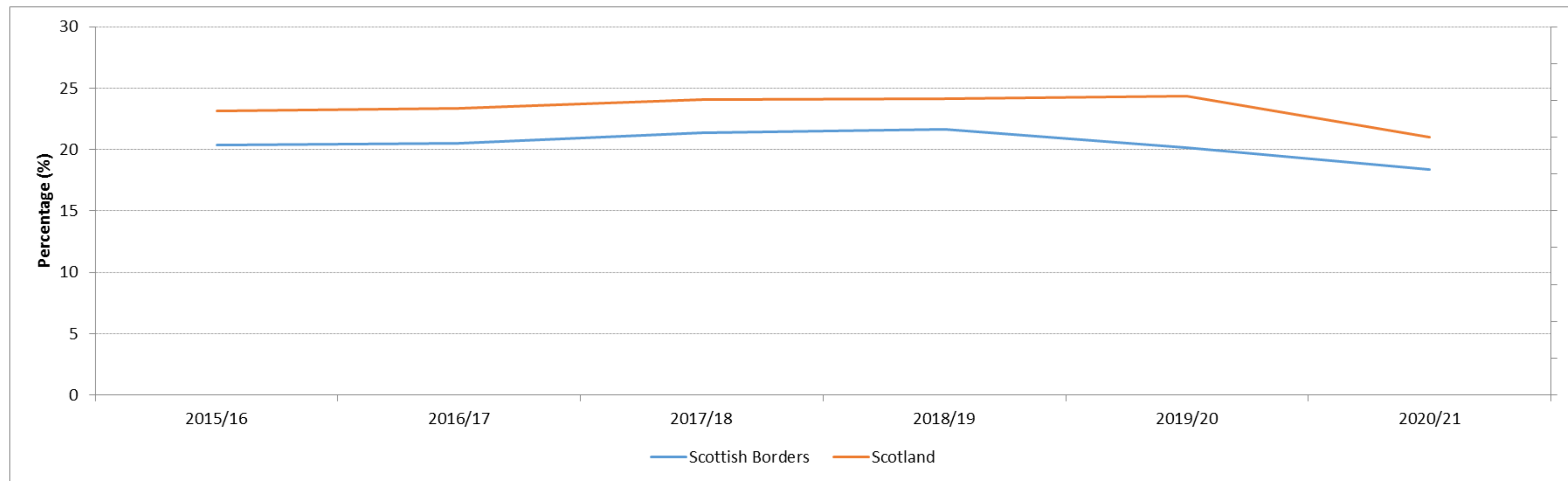
Notes:

1. Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account for the definitional changes during the year 2016/17. The changes affected reporting of figures in some areas more than others therefore comparisons before and after July 2016 may not be possible at partnership level. It is estimated that, at Scotland level, the definitional changes account for a reduction of around 4% of bed days across previous months up to June 2016, and a decrease of approximately 1% in the 2016/17 bed day rate for people aged 75+.
2. 2020 population estimates have been used to calculate rates from 2020 onwards. For data relating to years prior to this, population estimates for the corresponding year have been applied.

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

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

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Scottish Borders	20.4%	20.5%	21.4%	21.7%	20.2%	18.3%
Scotland	23.2%	23.3%	24.1%	24.1%	24.3%	21.0%



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

Notes:
1. The numerator includes emergency admissions to all hospital specialties (acute, geriatric long stay and mental health) occurring within the selected year.
2. Associated bed day costs are counted in the numerator if an emergency admission occurred in the first episode of the stay.
3. For health activity in the numerator, 2019/20 costs have been used as a proxy for costs in subsequent years with a 1% uplift to account for inflation. For health and social care activity in the denominator, 2018/19 costs have been used as a proxy for subsequent years with a 1% uplift to account for inflation (aside from 2019/20 where a 1.9% uplift has been applied to match the uplift used during the 2019/20 PLICS process - please see Notes tab for more detail).
4. Total expenditure includes all health and social care activity and is published in the IRF publication by financial year. Please see the publication link for more detailed information regarding this.
5. Cost information derived using the patient level costing (PLICS) methodology has been included in this indicator. Please see this link for more detail https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Health-and-Social-Care-Integration/Analytical-Outputs/Method-Sources.asp.
6. Please note that 2018 unit costs for C3 specialty (Anaesthetics) in NHS Ayrshire and Arran were extremely high and impacting the numerator within the rates presented. 2017 costs have therefore been used for this specialty instead. The PHS Costs team has contacted the NHS Board for more details to clarify the issue for future updates.