

Appendix 1: Draft Health and Social Care Strategic Framework



Scottish Borders
Health and Social Care
PARTNERSHIP

**SCOTTISH BORDERS
HEALTH AND SOCIAL CARE PARTNERSHIP**

DRAFT HEALTH AND SOCIAL CARE STRATEGIC FRAMEWORK 2023-26

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Foreword

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1. Background

1.1. Who we are

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

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

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

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

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

1.2. Purpose of the Health and Social Care Strategic Framework

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

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

Our Strategic Framework lets people know:

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

As noted throughout this document, the scale of the challenges we face are significant, particularly within the context of resource constraints that we currently face that are likely to get worse. Difficult decisions will need to be taken in partnership with our communities to ensure that we can best support increasing needs within the context of these challenges.

As a result in order to achieve our ambitious aspirations for improved community outcomes, we need to:

- take proactive action to mitigate the strategic issues
- work closely to co-produce solutions and make difficult decisions in partnership with our communities
- have a relentless focus on our objectives and ways of working
- ensure strategic and operational alignment across the Health and Social Care Partnership and with our other Community Planning Partners

If we do not do this, then we will struggle to achieve our objectives and vision.

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

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

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

Despite many notable successes in transforming and developing services to improve the care and services we provide, a number of significant challenges including COVID-19, workforce pressures and broader economic pressures have had a major impact on our local health and wellbeing outcomes.

In addition, some of our ways of working need to be improved to ensure that we work in a close partnership with our communities, and provide more seamless services that put the people of the Scottish Borders at the centre of everything we do.

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

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

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

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



Adult Social Care Services	Community Health Services	Adult Hospital Health Services**
<ul style="list-style-type: none"> • Home care services* • Extra Care Housing* • Social Work Services for adults and older people* • Services and support for adults with physical disabilities and learning disabilities* • Mental Health Services* • Drug and Alcohol Services • Adult protection and domestic abuse* • Carers Support Services • Community Care Assessment Teams* • Care Home Services* • Adult Placement Services* • Health Improvement Services • Reablement Services, equipment and telecare • Aspects of housing support including aids and adaptations* • Day Services* • Local Area Co-ordination • Respite Provision* • Occupational therapy services* 	<ul style="list-style-type: none"> • Primary Medical Services (GP practices)** • Out of Hours Primary Medical Services ** • Public Dental Services** • General Dental Services** • Ophthalmic Services** • Community Pharmacy Services** • Allied Health Professional Services • District Nursing • Mental Health Services • Community Geriatric Services • Community Learning Disability Services • Community Addiction Services • Public Health Services • Community Palliative Care • Pharmacy services • Continence Services • Kidney Dialysis out with the hospital 	<ul style="list-style-type: none"> • Accident and Emergency • Inpatient hospital services in these specialties: <ul style="list-style-type: none"> – General Medicine – Geriatric Medicine – Mental Health – Rehabilitation Medicine – Respiratory Medicine – Psychiatry of Learning Disability – Palliative Care Services provided in a hospital • Inpatient hospital services provided by GPs • Services provided in a hospital in relation to an addiction or dependence on any substance • Pharmacy services • Cross boundary services outlined in the list above

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

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

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

This framework has been developed by:

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

2.1. Social determinants of health

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



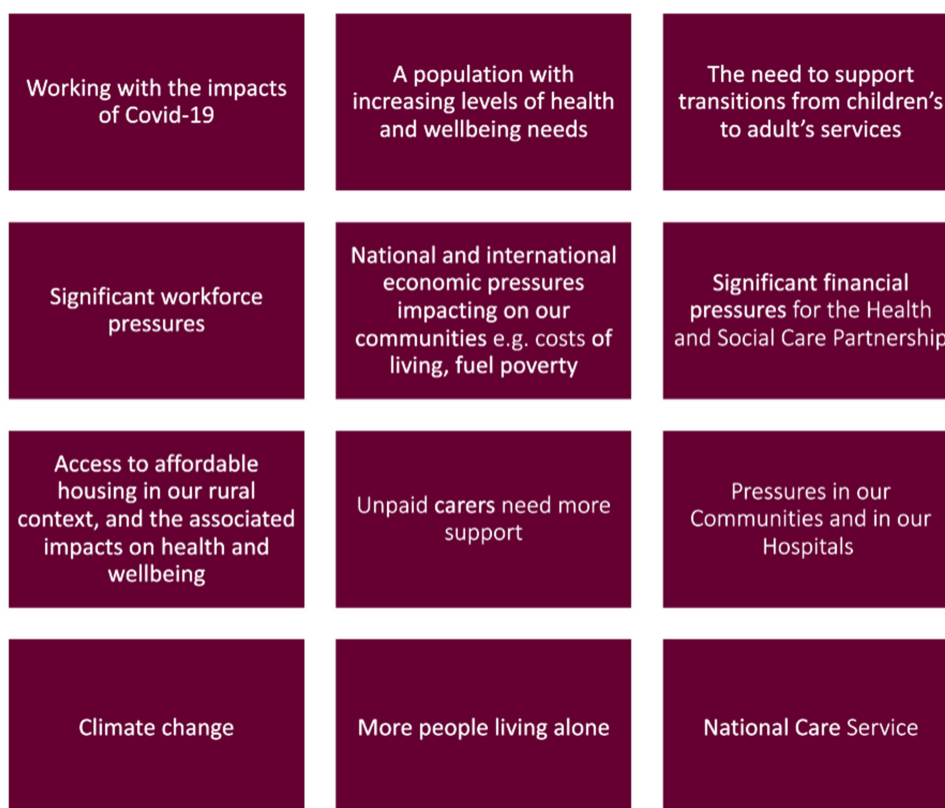
To truly improve health and reduce inequalities, not only do we need to provide high quality health and social care but we need to consider and work to address the societal, economic, cultural, commercial, and environmental context in which we live.

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

2.2. Challenges we currently face

People expect to receive high quality health and care services when they need them, whether as a result of age, disability, sex, gender or long-term health conditions. Yet there are a number of significant challenges in doing this that are summarised below and have been considered as part of our strategic framework. A number of these are likely to directly impact on the social determinants of health and therefore impact on the outcomes of people in the Scottish Borders.

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



2.3. Health and Wellbeing outcomes

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

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

Scottish Borders performance	Health and Wellbeing Outcome Indicator
Better than the national average	<ul style="list-style-type: none"> • People reporting that they are able to look after their health very well or quite well • Premature mortality rate • Emergency admission rate • Spend on hospital stays where the person was admitted due to an emergency (2019/20 data) • Emergency readmissions to hospital within 28 days of discharge • Rate of falls in the Scottish Borders
Broadly in line with the national average	<ul style="list-style-type: none"> • Proportion of care services graded as good or better in Care Inspectorate inspections • Adults receiving care who rated the care they receive as excellent or

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

2.4. Needs of our Communities

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

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

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

There will also be fewer people of working age within the population to offer that support. The number of working age people, ages 18 to 64 is expected to decrease by almost 10% between 2020 and 2040, and account for 51% of the total population in 2040, compared to 56.5% in 2020. The decrease can be attributed to declining numbers of inward migration and low birth rates although there will be other factors at play. There are opportunities to work in partnership to resolve workforce issues and also opportunities in technologically enabled solutions to reduce the need for additional staff.

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

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

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

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

2.5. Listening to our communities

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

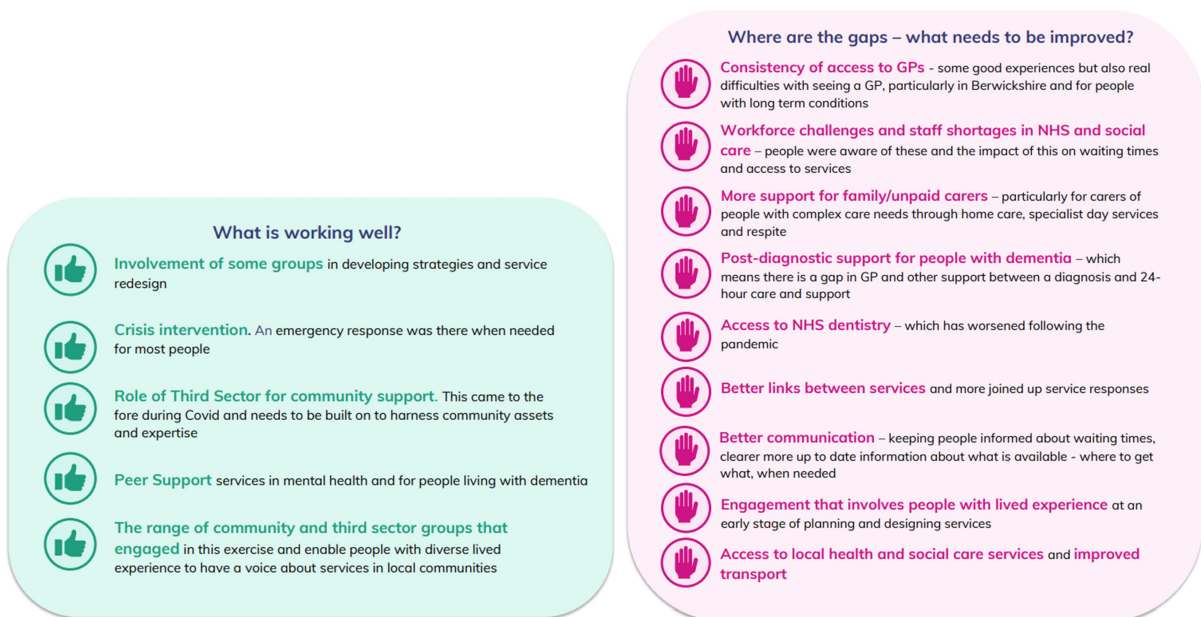
Although the survey showed some positive responses about what is working well in the Borders (e.g. skilled staff, rapid responses to emergencies), most people felt that the delivery of health and social care had worsened over the last four years, in part reflecting the impact of the pandemic; and that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

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

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

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

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



The top priorities expressed by our communities are noted below:

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

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

3. Our Strategic Framework

Our Strategic Framework is laid out over three components:


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

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

3.1. Our Mission, Vision and Intended Outcomes

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

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

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

3.2. Our Objectives and Ways of Working

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

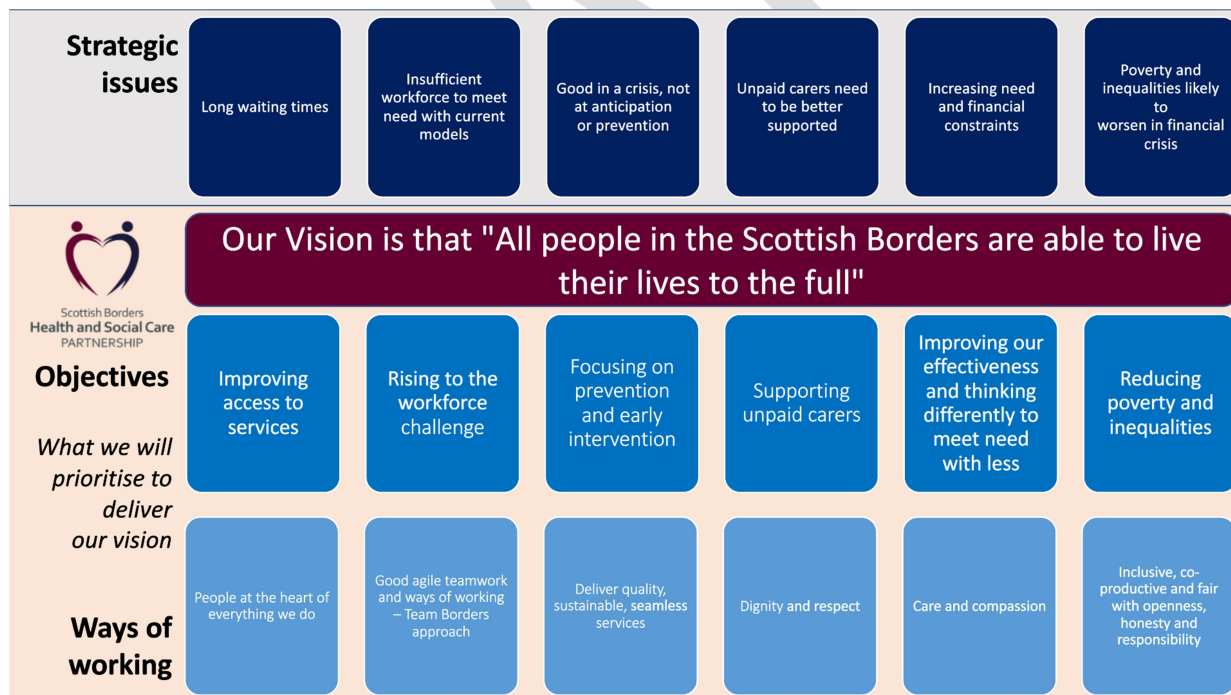
Strategic objectives were then set to address these strategic issues, and our Strategic Planning Group considered the strategic issues further and then developed high level actions to support these strategic objectives. These are listed by the level of risk associated to each issue.

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

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

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

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



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

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3.3. Bringing the Strategic Framework to life

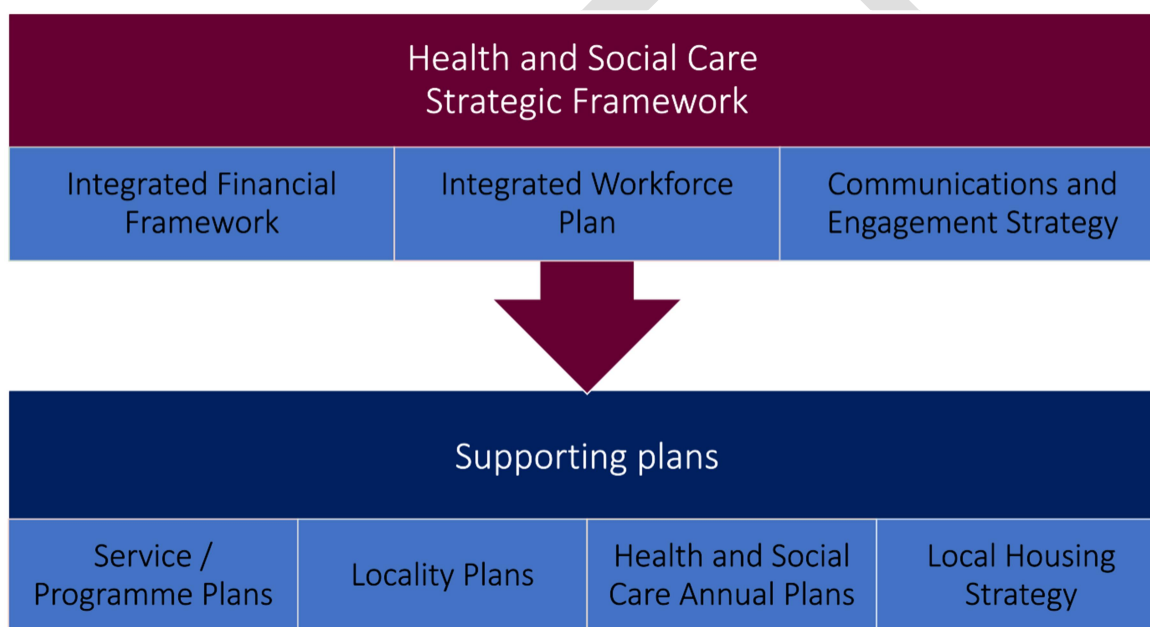
3.3.1. Supporting Plans

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

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

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

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



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

3.3.1.1. Integrated Financial Framework

Resources, people, services, buildings and money are limited. The IJB is currently running with an underlying deficit of upwards of £7m and rising. Costs are increasing, and available funds from Scottish Government are reducing due to the impact of excessive inflation driven by fuel costs and the impact of inflation on staff costs. The challenge of recruiting to permanent posts within the context of the differential in pay between different parts of the sector roll up into one of our six strategic objectives – resolving the workforce crisis. External providers are facing sustainability challenges which have been in part supported by Covid sustainability payments, but these stop at end March 2023. Our savings programmes are not delivering the level of savings required to meet the fiscal challenges ahead.

The Financial Framework will help guide how we use our financial resources to enable delivery of our strategic framework. This will be based on:

- How much resource will we have
- How we will use this resource to best meet our Strategic Objectives
- Ensure we operate best practice in our financial processes, agreements and transactions to comply with our Financial Regulations
- How we can ensure best value for every pound?
- How we will involve and engage the public in participating in our financial choices and in investing in services that best meet demand and our quality outcomes
- How we will improve community engagement in this process through participatory budgeting in localities

Risks and Challenges

- Need to be able to consider total resource available to the Partnership, and move resource to areas of greatest need and impact (which may involve disinvestment decisions)
- Financial resources from Scottish Government are published annually which can hinder our ability to make long term resourcing choices
- Historical savings targets mainly within Health have been non recurrently supported by Scottish Government, with a need to have a long-term plan in place to resolve
- Current high levels of inflation and consequent impact on staffing and external services

3.3.1.2. Integrated Workforce Plan

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

3.3.1.3. Communications and Engagement

The Health and Social Care Partnership is committed to timely and effective communication and engagement with our communities. Listening to the experiences of people who use services is vital, and we have heard how important this is to the public through the views expressed in the 'We Have Listened' Report. Communications and engagement plans will be developed to support projects and programmes of work that take place to ensure that people are involved and informed with the work of the Partnership.

3.3.1.4. Service / Programme Plans

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

3.3.1.5. Locality Plans

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

Locality planning is a key tool in the delivery of change required to meet new and existing demands in the Scottish Borders. The IJB is required by the Scottish Government to undertake this activity

through the development of locality forum arrangements, where professionals, communities and individuals can inform locality planning and redesign of services to meet local need in the best way.

The Scottish Borders has five localities:

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



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

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

3.3.1.6. Housing and Homelessness

Housing is recognised as fundamental to an improvement in health and wellbeing outcomes, and is a key component in effectively shifting the balance of care from institutional care to community based services and supports. At least 8% of the population has experienced homelessness, over half of A+E and acute hospital admissions are from people who have experienced homelessness and 80% of admissions to mental health specialities are from people who have experienced homelessness.

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

- Increases in Affordable Housing supply
- Considerable additional Extra Care Housing across the Scottish Borders,
- 7,500 homes with adaptations in the Scottish Borders,
- More energy efficient and affordably warm housing,
- Targeted work to reduce fuel poverty and housing crises,
- Support for care leavers
- Introduction of Housing First pilot project

The Housing (Scotland) Act 2001 places a statutory requirement on local authorities to prepare a Local Housing Strategy every five years, setting out a vision for the supply, quality and availability of housing in their local area. The Local Housing Strategy is the key planning document, providing a framework of action, investment and partnership-working to deliver these local priorities. A new

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

This new plan will build on the progress made on the issues identified in the Local Housing Strategy 2017-22 and will address newly arising housing matters particularly in response to the publication of new Local Housing Strategy Guidance, 'Housing to 2040', the COVID-19 pandemic and economic factors such as inflation and cost of living crisis.

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

- tackle attainment
- reduce inequalities
- improve health and wellbeing outcomes
- create sustainable communities
- assist in regenerating the places where we live

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

Strategic objectives	Role of housing
Rising to the workforce challenge	<ul style="list-style-type: none"> • A lack of access to housing has been highlighted by our Integrated Workforce Plan and the Local Housing Strategy as a barrier to attracting and retaining health and social care key workers in the Scottish Borders
Improving access to services	<ul style="list-style-type: none"> • Providing safe, secure, warmer and more comfortable homes of an appropriate size, in an appropriate location and that are affordable to live in will reduce existing health problems – heart attacks, strokes, hypothermia, raised blood pressure, asthma, mental health problems, respiratory disease and also help prevent health issues occurring. • Delivery of adaptations and handyman's service (including fall prevention measures such as grab rails) • Providing housing support, directly and with partners to help people remain in their own home and prevent homelessness. Reduces stress, anxiety – keeping people in their homes. Improving access to affordable energy efficient housing stock, adaptations and reducing homelessness all support an improvement in people's health outcomes.
Focusing on prevention and early intervention	<ul style="list-style-type: none"> • Good housing and supports help to reduce health incidents (e.g. falls in the home, warm homes). In addition, the role of housing for people who are homeless or threatened with homelessness is key to supporting good health and wellbeing. • Preventing homelessness through the Housing Options approach • Borders Homelessness and Health Strategic Partnership • Investment in Adaptations with a strategic review of Scheme of Assistance to shift activity towards preventative investment • Expand on and develop new initiative housing with support models through the Rapid Re-housing Transition Plan. • Provision of welfare benefits advice and financial inclusion services

	<ul style="list-style-type: none"> • Unified, partnership working framework for assessing health and housing needs (Unified Health Assessment) • Development of Housing Information and Advice <p>Affordable warmth actions outlined in LHS 2023-2028</p>
Supporting unpaid carers	<ul style="list-style-type: none"> • Good quality housing with appropriate supports support service users and their unpaid carers
Reducing poverty and inequalities	<ul style="list-style-type: none"> • Housing is the biggest cost to people each month – so providing affordable housing that is energy efficient plays a huge role in helping to reduce poverty and inequalities • Significant levels of investment in improving the Energy Efficiency of homes across the Borders, as well as the provision of Home Energy Advice, helping to make homes warm and more comfortable. • Activities of Housing providers in terms of the provision of information and advice to tenants on a range of issues from financial advice, eating well and keeping warm. • Improving access to health and social care services for homeless people, particularly for those with complex needs by working with integration partners.
Improving our effectiveness and thinking differently to meet need with less	<ul style="list-style-type: none"> • Develop the supply of appropriate, affordable and quality housing to meet changing needs • Good housing options are critical, giving people more freedom and choice; • Continue building capacity in communities to support older people at home and having housing in place to keep people independent • There is a strong link between access to good housing and the general Health of the population

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

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

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

- Registered Social Landlord adaptations – providing adaptations to their tenants to enable them to live independently, for example providing a handrail or ramp at the entrance, or a shower in place of a bath
- Housing support services for homeless people – providing housing and tenancy support to vulnerable homeless people
- New supply housing – the Strategic Housing Investment Plan (SHIP) 2018-23 identified potential for up to 1320 new affordable homes over the five-year period and total investment in the region of £268m over the period. This latter figure assumes that all identified challenges and infrastructure issues are resolved, funding is available and the construction sector has capacity to deliver the identified projects.

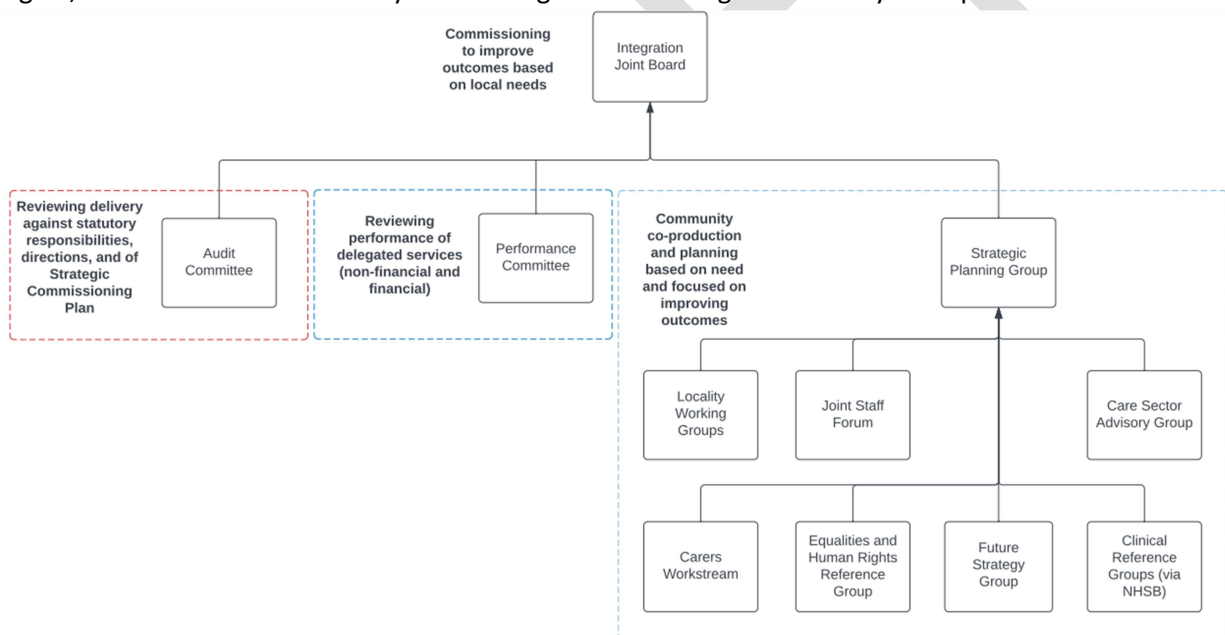
This Strategic Framework recognises the role of housing in the context of health and social care in the Borders. In particular, it stresses the importance of housing options, giving people more freedom and choice; of developing the supply of appropriate housing to meet changing needs as the populations ages; of building capacity in communities to support older people at home and having housing in place to keep people independent.

3.3.2. How we will implement our Strategic Framework

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

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

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



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

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

Appendices

Appendix 1 – Equalities

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

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

The characteristics that are protected under the Act are:

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

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

Appendix 2 – Environmental assessment

PESTLE analysis

COVID-19

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

Growing and ageing population

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

Transitions of people from children's to adult services

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

Workforce pressures

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

Financial pressures

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

National Care Service (NCS)

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

Unpaid Carers

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

Acute hospital pressures

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

Technology

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

Climate Change

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

Political and Economic pressures

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

Housing

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

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

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

SWOT Analysis

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

SWOT ANALYSIS

