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



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

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

Andrew Bone Director of Finance NHS Borders

Dear Suzy and Andrew,

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

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

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

## Principles

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

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

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

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

#### National and local operating environment

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

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

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

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

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

# Payment from NHS Borders and the Scottish Borders Council

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

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

## Allocation of resources by the Integration Joint Board

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

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

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

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

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

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

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

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

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

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

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

Yours sincerely,

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

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

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