

Scottish Borders Health and Social Care Partnership Integration Joint Board

24 January 2024

Health and Social Care Partnership Performance and Delivery Report

Report by Chris Myers, Chief Officer



1. PURPOSE AND SUMMARY

- 1.1. This report provides an overview of Health and Social Care Partnership performance along with delivery against its Strategic Framework and Annual Delivery Plan, and against the implementation of approved directions.
- 1.2. Further to the last update which noted that the report was evolving to replace the former Directions Tracker and Chief Officer reports, this report now also includes performance from both a non-financial and financial perspective, in line with the quarterly performance reports, and is intended to 'integrate' these reports.
- 1.3. In line with feedback from Integration Joint Board members, and a need to review performance and delivery more regularly and routinely, the frequency of the performance overview will increase from a quarterly basis to now be submitted to each Integration Joint Board. This will give Integration Joint Board members, staff, our commissioned partners and members of the public an overview of some of the progress being made in the Scottish Borders to provide more seamless care, and deliver against our Health and Social Care Strategic Framework 2023-26 and associated HSCP Delivery Plan and Financial Plan.
- 1.4. Overall, good progress is being made in relation to the implementation of both the Annual Delivery Plan, and the Directions issued by the Integration Joint Board. Of the Directions issued, 6 are complete, 11 are progressing to plan, 1 is partially delivered, and 3 areas have been highlighted as having significant delivery challenges. The three areas relate to financial performance, the integration of Home First and Adult Social Care, and the Delayed Discharge and Surge plan. Recovery actions are being progressed in all three areas.
- 1.5. The Scottish Borders HSCP has been successful in becoming one of four nationally funded Primary Care Improvement Plan demonstrators. Further information is included within the Highlight report in section 7 below. Within this context, the Direction issued relating to the implementation of the Primary Care Improvement Plan Bundle (SBIJB-190723-2) and the associated assumptions have been superseded. IJB members are asked to support standing down this direction.
- 1.6. Further to Direction SBIJB-151123-1, the short term review of Community Hospital medical cover from the end of March 2024 for the Knoll and Kelso Community Hospitals has been completed, in line with the first element of the direction. Planning is now commencing for the next phase of the Direction.

- 1.7. In relation to overall performance and delivery, of note is progress with improving Child and Adolescent Mental Health waiting times, and positive progress with Community Led Support / WhatMatters Hubs and the associated impact on reducing social work assessment waits.
- 1.8. There continues to be significant financial pressure across the HSCP. At the end of October, there was a projected outturn position of £7.393m overspend for the financial year. £3.442m related to the historic carried forward budgetary gap and partial under-delivery of savings, £2.130m related to prescribing, £1.344m related to Learning Disability (within Health), £0.889m relates to adult social care, and £0.200m relates to the 2C GP practice position in Duns Medical Group. Management and finance actions are in place to reduce this pressure.

2. RECOMMENDATIONS

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

- a) Note the contents of the Health and Social Care Partnership Performance and Delivery Report, review the performance highlights and exceptions, and overall delivery against Directions;
- b) Support the standing down of IJB Direction SBIJB-190723-2 on the basis of the successful bid for the PCIP Demonstrator site and the associated funding; and,
- c) Consider whether any further recommendations should be made at a strategic level in relation to areas highlighted within the report, in order to inform the ongoing prioritisation of the approach of the Health and Social Care Partnership within the remainder of the current financial year, and/or to inform the 24/25 HSCP Delivery Plan and 24/25 Financial Plan.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

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

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

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

4. INTEGRATION JOINT BOARD DIRECTION

- 4.1. A Direction is not required.

5. BACKGROUND

- 5.1. This is a monitoring report to support the effective functioning and performance oversight of the IJB, and the implementation of our strategic objectives.
- 5.2. This report is intended to increase awareness for IJB Members, staff and the public on the breadth of work and added value that is being undertaken by the Health and Social Care Partnership to deliver against our Strategic Framework, develop integration locally, and most importantly to improve outcomes.

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

- 6.1. Appendix 1 provides an overview of performance and Appendix 2 provides an overview of progress against the delivery of directions.
- 6.2. Due to continued work to improve service performance, and work to classify patients in line with national definitions, Child and Adolescent Mental Health waiting times are recovering and it is expected that 90% will be seen within 18 weeks by March 2023.
- 6.3. WhatMatters Hubs have been successful in continuing to provide Community Led Support, and reducing social work waiting lists. WhatMatters Hubs continue to be re-opened across the Borders, and it is envisaged that this improved access will have positive benefits from an early intervention and prevention perspective for our communities.
- 6.4. Delayed discharge performance is currently above trajectory both due to increased demand, challenges around transformation in Home First and Adult Social Care, and slightly reduced transfers to other HSCP services. A range of mitigating actions are described in the report.
- 6.5. Overall, good progress is being made in relation to the implementation of the directions issued. 6 are complete, 11 are progressing to plan, 1 is delayed, and 3 areas have been highlighted as having significant delivery challenges. The Integration Joint Board agreed to defer one of these areas in their September 2023 meeting (Palliative Care review). Of the remaining 3 with significant delivery challenges:
 - The first relates to the overall financial position for the Health and Social Care Partnership, including the financial overspend on delegated and set aside services in health services, which is being regularly reviewed by the IJB and the IJB Audit Committee jointly with both Finance teams across the Health and Social Care Partnership.
 - The second relates to the integration of Home First with Adult Social Care. There have been delays involved in this complex transformation project associated to the need to ensure appropriate staff governance and due to the registration of the new integrated service with the Care Inspectorate.
 - The third relates to the Delayed Discharge and Surge Plan which unfortunately has not been fully realised as further detailed in Appendix 1 Performance report. A range of actions are in place to mitigate the impacts of this, both in terms of reducing the number of people waiting for care, and to reduce hospital occupancy. However it must be noted that it is

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

- 6.6. The Scottish Borders has been successful in becoming one of four nationally funded Primary Care Improvement Plan demonstrators. Further information is included within the Highlight report in section 7 below. Within this context, the Direction issued relating to the implementation of the Primary Care Improvement Plan Bundle (SBIJB-190723-2) has been superseded. The HSCP team is working with Healthcare Improvement Scotland and the Scottish Government to confirm the plan for the Demonstrator, the support to be provided and the associated financial allocation.
- 6.7. In addition, further to Direction SBIJB-151123-1, the review of Community Hospital medical cover from the end of March 2024 for the Knoll and Kelso Community Hospitals has been completed, in line with the first element of the direction. Following the Suitability Feasibility and Acceptability analysis of the short list of options and the careful non-financial and financial appraisal, the preferred model is to share BGH Consultant(s) to support both Kelso and Knoll Community Hospitals, while employing an “in-house” Advance Nurse Practitioner (ANP) to cover both sites. This will ensure an effective sustainable model is developed that best meets needs identified in the short term, and will be delivered within the existing delegated services budget. Work is now being progressed to implement this work.
- 6.8. Planning for the next phase of the work associated to the IJB Direction is being scoped and will commence shortly. In this phase, a model will be defined that is fit for the future is developed closely aligned with the needs of patients in Community Hospitals, and the objectives and ways of working outlined in our Health and Social Care Strategic Framework. This work is being scoped and will commence shortly.

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

Development of a Health and Social Care Partnership Carers Plan

- 7.1. As stated in November’s update, the formation of the Carers Workstream in 2021 created a forum for unpaid Carers to have their voice heard and influence service design and delivery. Carers have consistently stated that they are best supported by services which aim to get care for the cared for person right, respite being key to Carers being able to continue in their caring role and a range of opportunities are being progressed to enable Carers to have a short break. The work on a Carers Strategy and Implementation Plan continues to progress, the plan being co-produced alongside Carers and members of the workstream. The draft strategy’s vision is: “Carers will be supported to easily access flexible support, advice and information to best meet their outcomes and those of the person they look after.” The Borders Carers Centre and Chimes continue to be commissioned to undertake work on Carers and Young Carer support plans, assessments and reviews of Replacement Care being carried out by the Scottish Borders Council Community Care Reviewing Team. As previously stated, to November 2023, 207 Carers were in receipt of a Carers Act budget to support their right to a break from their caring role, an updated figure having been requested at the time of writing.
- 7.2. Four high dependency rooms are envisaged, one currently being available for respite through the independent sector, funding having been secured by way of Carers Act monies. Work also continues in the Newcastleton area to provide day care options to those who require support in the community, the village having identified a community resource as their preference. Research is ongoing to identify options in Eildon and a task and finish group is underway.

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

Teviot Day Supports update

- 7.4. Teviot Day Service Update - We are pleased to report that recruitment has commenced with a good response to the adverts. Shortlisting will take place this week with interviews to follow shortly after. Environmental improvements to the Day Service area are progressing and all furniture has been ordered and the Fire Checklist is with Fire Service. The Care Inspectorate registration is still "in a queue" for allocation of Inspector.
- 7.5. Newcastleton Day Supports - As mentioned previously it was evident that a formal Day Service was not something that the residents of Newcastleton were keen to attend. Instead we have been working with the Newcastleton Trust, SBC Adult Social Care and Holmcare to provide an enhanced Warm and Well Session one day a week. The session will run for a 3 month period, every Monday from 10am -2pm and will commence on the 22nd January with a Burns session. SBC Adult Social Care and Holmcare will support their clients to attend and support any person care needs of their clients during the session. We hope that this will not only provide an opportunity for those who would have previously been unable to attend such a session, but also provide respite for those unpaid family carers at home. This trial will be reviewed after a 2 month period to evaluate the impact on those that have attended and their unpaid carers.

Eildon Day Supports Task and Finish Group

- 7.6. An initial engagement has taken place with 6 drop in events and a survey which was open for 8 weeks and resulted in 51 responses from older adults in Eildon and 9 group responses. The Carers Centre also made contact to individuals over the phone to respond to the survey. Nonetheless, the Task Group reviewed the results and felt further engagement was necessary due to the low number of responses.
- 7.7. The project team are now arranging to meet with more groups including RVS Centres and plan to extend the survey, following some revisions to questions. The next task group has been held on January 22nd where a revised engagement plan will be discussed, with the intention of implementing actions and further consultation in February.

Workforce Planning

- 7.8. The Scottish Borders Health and Social Care Partnership's Integrated Workforce Plan was approved by the Integration Joint Board in October 2022. The purpose of the Three Year Workforce Plan is to support the Integration Joint Board maximise the integration of the workforce across both internal and external adult health and social care services in the Scottish Borders. To do this effectively the Integrated Workforce Plan was designed to consider and evidence the interdependencies across the whole system. To meet the expectations of the Scottish Government, the Integrated Workforce Plan and associated action plan was developed using the Five Pillars (Plan, Attract, Employ, Train and Nurture) as outlined in the Scottish Government's National Workforce Strategy.
- 7.9. An Integrated Workforce Plan update for period October 2022 to September 2023 was presented to the Scottish Borders Health and Social Care Partnership's Joint Executive Team on 3 October 2023. The report highlighted progress to date, the challenges faced and areas of mutual interest. One of the recommendations contained in the report and agreed to by the Joint

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

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

Equality and Human Rights

- 7.11. In March 2023, an email was sent to the Equality and Human Rights Commission, the Scottish Parliament's appointed Regulator, outlining the actions taken to address the findings of the Equality and Human Rights Commission's audit undertaken in 2022. The governance and performance structure approved by the Integration Joint Board in March 2023 and outlined in the email has provided the basis upon which to give the Integration Joint Board ongoing assurance that robust processes are in place to continually improve compliance with the Equality Duty and other legal requirements.
- 7.12. The focus of the Strategic Planning Group's Equality and Human Rights Subgroup for the period March 2023 to December 2023 has been the undertaking of equality and human rights impact assessments, the coproduction of guidance material and the identification of key stakeholders to support the involvement of people with the relevant protected characteristics, people with lived experience and communities who experience inequality in impact assessments.
- 7.13. Membership of the subgroup is drawn from the Scottish Borders Mental Health Forum, Borders Additional Needs Group, Scottish Borders LGBT Forum, the Scottish Borders Violence Against Women Partnership, Physical Disability Group, the Alcohol and Drugs Partnership with links being made via key stakeholders to the Older People's Forum, the Children and Young Peoples Partnership and the Scottish Borders Ukrainian, Syrian and Gypsy Traveller communities. A report detailing the progress and next steps to be taken was presented to the Scottish Borders Health and Social Care Partnership's Joint Executive Team in December 2023. The focus of the subgroup between January 2024 and March 2024 will be the establishment of an online Resource Library and Diversity Directory both designed to support the undertaking of Impact Assessments.
- 7.14. The Integration Joint Board's Equality Outcomes and Mainstreaming Framework, co-produced with members of the Scottish Borders Health and Social Care Partnership's Joint Executive Team and members of the Equality and Human Rights Subgroup, for the period March 2023 to March 2025 were developed to reflect the Scottish Borders Health and Social Care Partnership's Strategic Objectives and Ways of Working. The Violence Against Women's Partnership has taken the lead responsibility for reporting progress against Equality Outcome 4 and the Scottish Borders Health and Social Care Partnership's Integrated Workforce Plan's Implementation Board has taken the lead responsibility for reporting progress against Equality Outcome 5 and 6. Progress against Outcomes 1, 2 and 3 will be coordinated by the Scottish Borders Health and Social Care Partnership's Equality and Human Rights Lead.

Locality Huddles

- 7.15. Work has almost concluded on reviewing community integrated huddles. Current practice has been reviewed alongside gathering information on how practice operates elsewhere. Some excellent practice is currently happening. Both health and social care staff have been identified and agreed to undertake further developments to build on this good practice. A Standard Operating Procedure has been written to sit alongside the social work policy, and implementation of this will enable a greater sense of joint ownership. The Standard Operating Procedure will be launched in the next couple of weeks. Some localities have had poor health representations at locality huddles but have other areas of integrated working where the aims and functions of the huddles are being addressed. While it could be argued that consistency should be implemented, not all localities work in the same way or have the same issues and challenges. Key to the success of community huddles and wider integrated practice are positive working relationships, while there is good evidence and examples of integrated practice, there is more that could be done beyond the huddles to strengthen a more integrated approach.
- 7.16. Feedback, developments, and agreements have been shared and developed throughout the process with colleagues within SBC responsible for operational management and day to day implementation of locality huddles. It appears that significant work was previously undertaken by social care to develop and implement the locality huddles however, the buy in or commitment was variable across teams in the HSCP. This reflected the pressure that a number of teams faced during the covid pandemic. Positively, there is a clear demonstration and evidence of good working relationships on the ground which has positive impacts and outcomes for patients. The ability of our District Nursing teams to escalate concerns and needs of palliative and vulnerable patients with creative and responsive outcomes is evident. Areas for development have been identified and allocated to both health and social care staff with their agreement and commitment to complete the tasks. There remains some work to be done on understanding of respective roles but ways of addressing this have also been identified. Meetings have been arranged to take forward the minimal outstanding pieces of work with a view the work will be concluded by the end of the month.

Social Prescribing: Healthier, Happier, Stronger

- 7.17. 32 applications for the small grant fund for social prescribing were received in 2023 and following a two stage assessment of applications 17 applications were successful and received small grant funding for a variety of community projects and activities all aimed at promoting a healthier, happier and stronger lifestyle for participants.
- 7.18. A partnership approach is now underway to develop a sustainable pathway for social prescribing across the Scottish Borders to ensure there is a clear process for referrals for social prescribing as well as a wide range of relevant community activities available to support individuals to remain healthy, happy and strong in their communities for as long as possible.

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

- 7.19. Delivery of Medication Assisted Treatment (MAT) Standards - Borders ADP is making timely progress on the implementation of the majority of MAT standards. A benchmarking exercise is underway and is led by Scottish Government. However, we are unable to fully achieve MAT 7: All people have the option of MAT shared with Primary Care. MAT is only available in Borders via Borders Addiction Service. A successful pilot has taken place by an Advanced Nurse Practitioner role to test approaches to improve joint working in delivery of physical health care needs but the level of funding associated prevents this role out across Borders.
- 7.20. Delivery of Treatment Target - Borders ADP has previously highlighted to Scottish Government that it is unlikely to meet the Drug Treatment target which is to increase the number of people in Borders receiving MAT prescribing from 415 to 451 individuals. This increase of 36 equates to

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

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

Local Dementia Strategy and Implementation Plan

- 7.22. Prior to the publication of the National Dementia Strategy 'Everyone's Story', (Scottish Government (2023)) a local Dementia Strategy is being developed by the local Dementia Strategy Group and in consultation with the Borders Dementia Working Group that have provided the vision - 'People are able to live well with Dementia in the Scottish Borders, at every point in their journey'. The local Dementia Strategy Group, (made up of carers, people living with dementia, Health and Social work staff and third sector representatives) meets monthly and will lead on the local dementia strategy implementation plan
- 7.23. Currently an Equality and Human Rights Impact Assessment is being completed and stage 2 is in progress along with stakeholder engagement and events. The local Dementia Strategy is due for completion in Spring 2024 and will inform local dementia care and delivery of services across the Health and Social Care Partnership.

Hay Lodge Public Dental Service

- 7.24. Over the last nine months, NHS Borders Public Dental Service have been reviewing the sustainability of the dental surgery clinics currently provided at Hay Lodge Health Centre. This was due to the low numbers of patients that were registered to receive treatment from this site and the need for minor estates work to be carried out to the clinic room to ensure compliance with infection control requirements. As at June 2023, there were 24 patients registered with Hay Lodge.
- 7.25. Following the completion of an Equality and Human Rights Impact Assessment, a public engagement exercise directly with the impacted patients has been completed. Alternative solutions were found for all of the registered patients that we were able to make contact with. These solutions being that the patients were identified as being eligible for domiciliary visits or that the patients were able to travel to Galashiels Health Centre for treatment.
- 7.26. We were unable to make contact with four of the patients due to them moving home, phone number no longer in use and no answer to our phone calls or letters. Primary & Community Services have therefore made the decision to no longer provide a Public Dental Service from Hay Lodge Health Centre, this is being completed with immediate effect.
- 7.27. The Public Dental Service will continue to operate as normal from their other sites, listed below:
- Hawick Dental Centre
 - Coldstream Dental Centre
 - Kelso Health Centre
 - Galashiels Health Centre
 - Borders General Hospital

Community Hospitals Medical Model

- 7.28. The review of Community Hospital medical cover from the end of March 2024 for the Knoll and Kelso Community Hospitals has been completed, in line with the first element of the direction. Following the Suitability Feasibility and Acceptability analysis of the short list of options and the careful non-financial and financial appraisal, the preferred model is to share BGH Consultant(s) to support both Kelso and Knoll Community Hospitals, while employing an “in-house” Advance Nurse Practitioner (ANP) to cover both sites. This will ensure an effective sustainable model is developed that best meets needs is identified in the short term, and will be delivered within the existing delegated services budget. Work is now being progressed to implement this work.
- 7.29. Planning for the next phase of the work associated to the IJB Direction is being scoped and will commence shortly. In this phase, a model will be defined that is fit for the future is developed closely aligned with the needs of patients in Community Hospitals, and the objectives and ways of working outlined in our Health and Social Care Strategic Framework. This work is being scoped and will commence shortly.

Pharmacy support for social care service users

- 7.30. The Pharmacy team are pleased to report significant progress over recent months. From 2nd October, the team has been fully established, and the team have been working with colleagues in Adult Social Care to help review processes for identifying patients for pharmacy assessment, and communicating outcomes. Initially the team were completing pharmacy reviews only for patients where care was been delivered by SB Cares, but we now are able to identify patients for review from all care providers. In addition, the team have been working to support education and training.
- 7.31. The tables below outline progress between June – November 2023 in relation to ensuring that patients receiving care at home are receiving the most appropriate support with their medicines; reducing the need for carer visits where possible, especially for those patients receiving visits to support with medication only and thus release care back into the system; and improving medication safety in our frail older population.

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

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

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

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

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

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

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

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

Integration of Home First and Adult Social Care

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

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

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

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

- 7.37. Discussions through the staff engagement subgroup have also identified the potential impact on staff in relation to this change and the need for sensitivity, reassurance and transparency through the process. It has been identified that ensuring this integration is presented as a 'coming together' of both organisations to deliver integrated reablement on behalf of the HSCP ensures a distinct identity for the service. Work to progress to the formal staff engagement stage has been impacted by the necessary requirement to focus on further work to satisfy the requirements of the Care Inspectorate, and has been postponed at present to allow this work to be completed.
- 7.38. The complexities noted above, primarily in relation to Care Inspectorate requirements have impacted the initial timescales presented for this project. In order to mitigate some of the impact of this delay, work is underway within both services to support additional capacity. Within Adult Social Care this will seek to develop additional reablement capacity within existing teams, and within Home First this will involve review of staff rostering patterns and medicine administration in order to maximise capacity and efficiency.

Business Continuity Planning: Exercise Unity

- 7.39. Exercise Unity was a tabletop exercise designed to proactively address potential winter crises and enhance joint organisational resilience going forwards across Borders Health and Social Care Partnership (HSCP) to support the IJB and HSCP as part of their Category 1 Responder role. Acknowledging the evolving challenges in delivering health and social care during times of crises, the exercise intended to simulate comprehensive crisis scenarios, testing the joint response mechanisms and collaborative capabilities of NHS Borders and Scottish Borders Council (SBC).
- 7.40. The scenarios presented two realistic winter-period emergency situations, demanding real-time decision-making, resource allocation, and effective communication between NHS Borders and SBC colleagues to maintain the high level of service that these organisations provide to the population of the Scottish Borders as members of the HSCP.
- 7.41. Participating stakeholders engaged in dynamic discussions and problem-solving, offering valuable insights into the HSCP's and wider organisations' strengths and weaknesses. The exercise facilitated a holistic learning experience, enabling participants to gain a deeper understanding of their roles and responsibilities during crises.
- 7.42. Exercise Unity and the subsequent debrief successfully uncovered areas of improvement, leading to the creation of tangible and achievable actions that will be taken forward to enhance the resilience of our organisations in the future.

Carr Gomm Partnership of the Year: Millar House

- 7.43. We are delighted to note that Carr Gomm's Borders Team and the Health and Social Care Partnership were successful in receiving the Carr Gomm Partnership of the Year award at the Carr Gomm Annual General Meeting on 24th November.
- 7.44. The award recognised the successful impact that our partnership working has had over many years and celebrated the efforts of our recent collaboration to make Millar House a reality. The nomination recognised the positive difference that our partnership has on the people we support and how we work as a team.

Emergency Department Medical Workforce Review

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

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

8. IMPACTS

Community Health and Wellbeing Outcomes

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

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

Financial impacts

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

Equality, Human Rights and Fairer Scotland Duty

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

Legislative considerations

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

Climate Change and Sustainability

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

Risk and Mitigations

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

9. CONSULTATION

Communities consulted

- 9.1. This is not applicable to this update report.

Integration Joint Board Officers consulted

- 9.2. This is not applicable to this update report.

Approved by: Chris Myers, Chief Officer

Author:

- John Barrow, Carers Support and Self Directed Support Lead
- Gillian Chapman, PMO Senior Project Manager
- Callum Cowan, Resilience Manager
- Bill Edwards, Interim Programme Director
- Emily Elder, Risk Manager
- Elke Fabry, Project Manager
- Philip Grieve, Chief Nurse
- Claire Griffiths, Assistant Service Manager
- Kirsty Kiln, Consultant in Public Health
- Lynne Morgan-Hastie, Quality Improvement Facilitator
- Paul McMenamin, Deputy Director of Finance
- John Yallop, Principle Finance Officer
- Keith Maclure, Lead Pharmacist - Medicines Utilisation & Planning
- Meriel Carter, Information and Business Intelligence Services Manager
- Maggie Cripps, Function Manager - Performance & Improvement
- Clare Richards, Portfolio Manager
- Chris Myers, Chief Officer

Background Papers: Not applicable

Previous Minute Reference: Not applicable

For more information on this report, contact us at:
Chris Myers, Chief Officer at chris.myers@scotborders.gov.uk



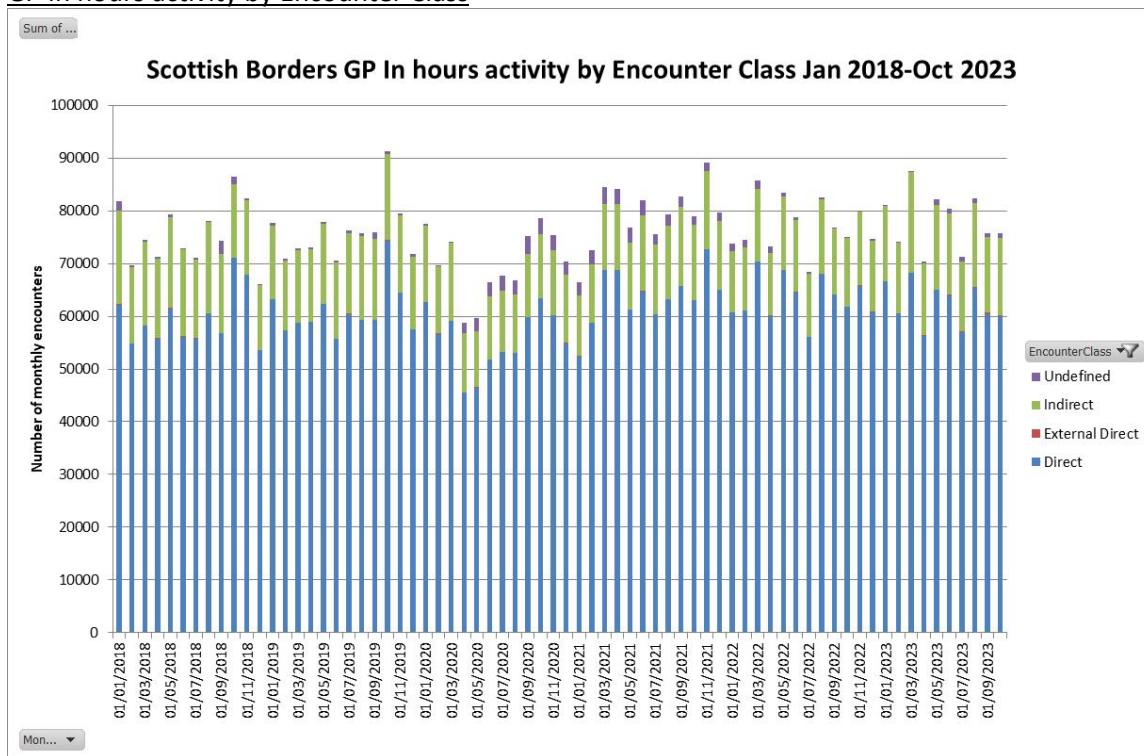
Scottish Borders
Health and Social Care
PARTNERSHIP

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

**SUMMARY OF PERFORMANCE:
Latest available Data**

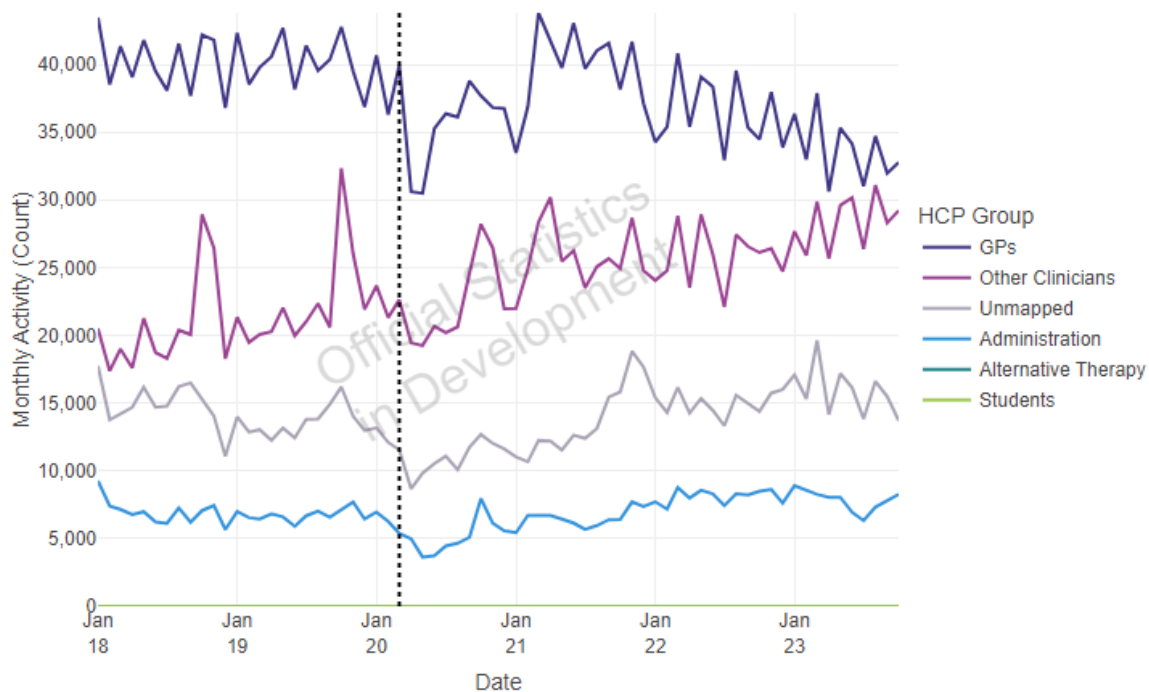
Objective 1: Improving Access

GP In hours activity by Encounter Class



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

Monthly Count of All Activity by HCP Group - NHS Borders



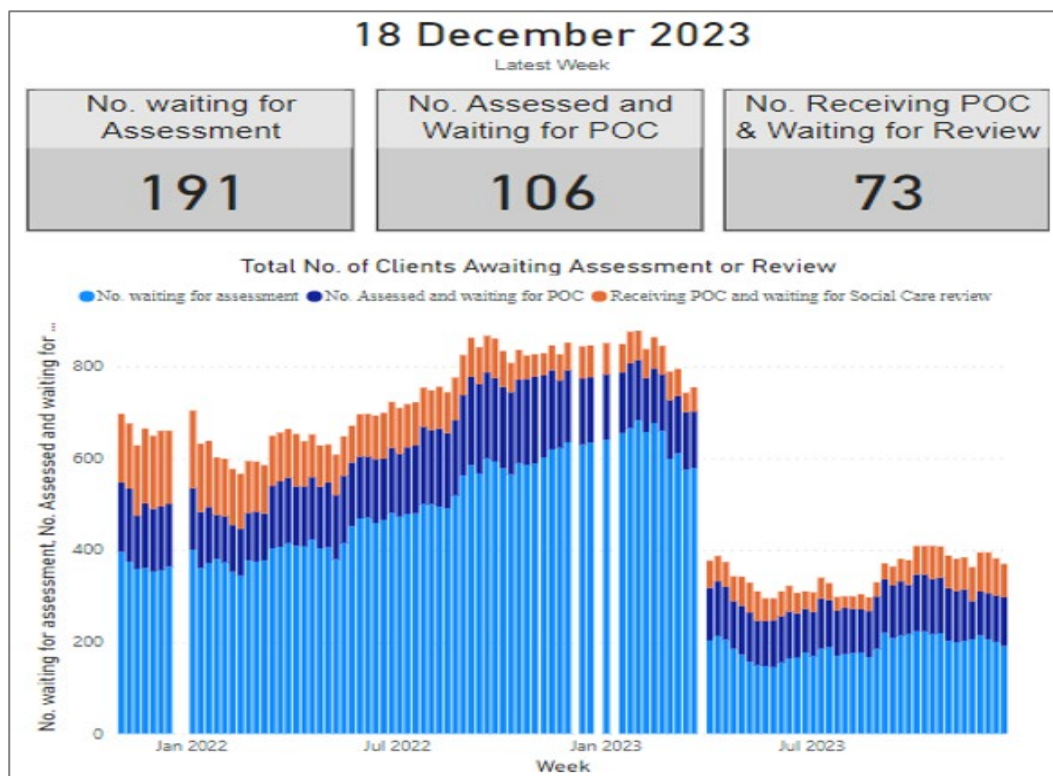
Note: Dashed vertical line indicates March 2020 when the pandemic was declared and lockdown introduced.

What is the data telling us?

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

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

Social Work Assessment Waiting List



What is the data telling us?

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

What is being done?

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

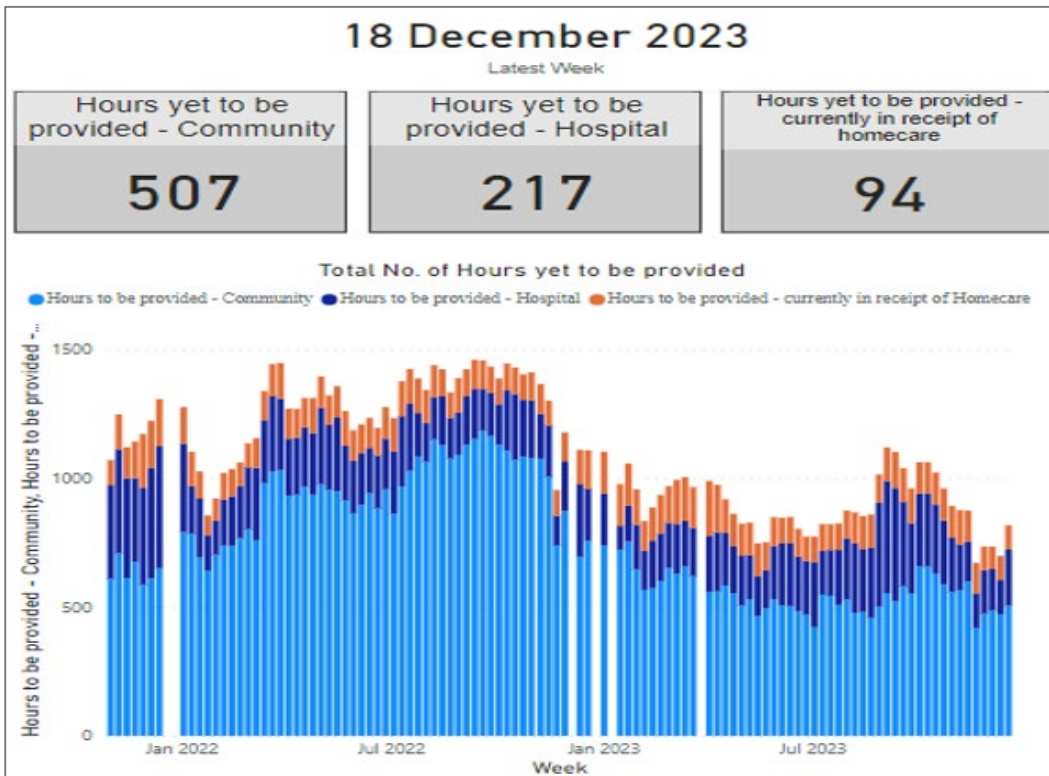
Two of our teams are at establishment (Cheviot and Tweeddale), however there are gaps in the remaining three localities and the Emergency Duty Team. There have been significant levels of extra social work input to offset this via overtime and agency cover, however this does not bring us to full establishment.

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

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

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

Total Hours of Unmet Homecare Need



What is the data telling us?

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

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

What is being done?

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

Agency staff have been deployed into Adult Social Care.

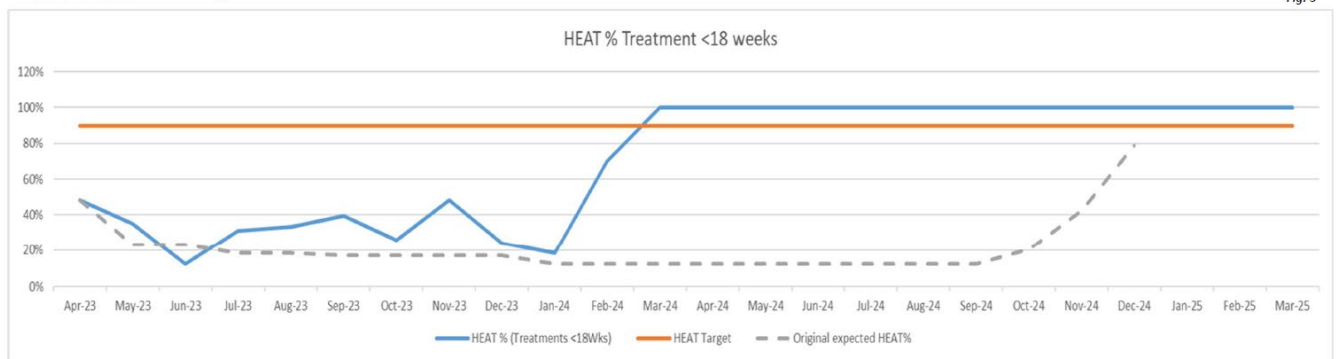
In addition, work to integrate Home First and Adult Social Care and develop a reablement model will reduce demand for long term home care.

Child and Adolescent Mental Health Waiting Times

Updated 05.01.24

Mental Health Waiting Times – CAMHS

Fig. 5



What is the data telling us?

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

Plan to Reduce Child and Adolescent Mental Health Waiting Times

New Patient Assessments (NPA)

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

School Referral Rollout

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

Recruitment

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

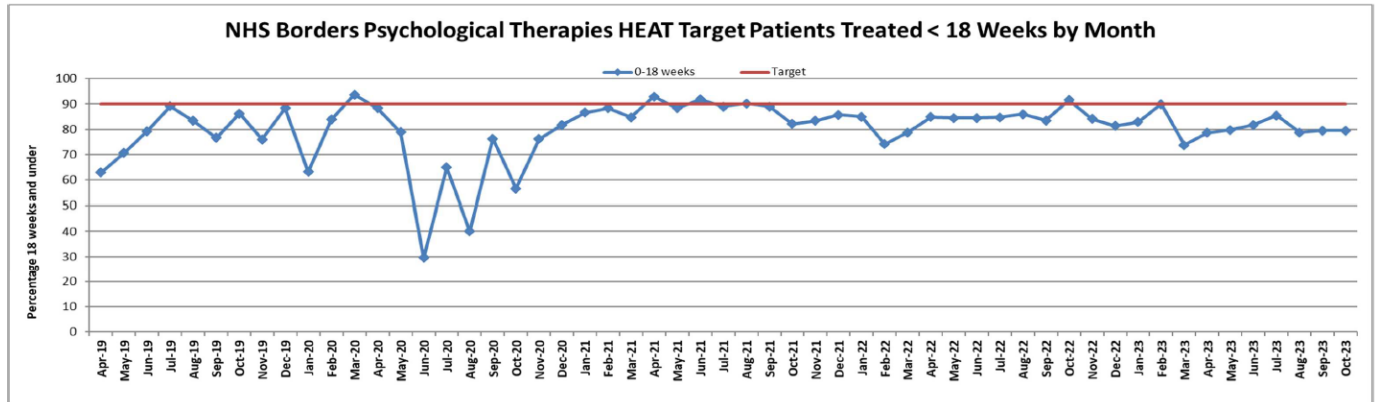
- Administration continues to be under a great deal of pressure with sickness from a team secretary. Along with annual leave. Leaving the admin service with restricted resources and having to call on other services to provide additional remote support.

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

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

Psychological Therapies

Mental Health Waiting Times - Psychological Therapies



What is the data telling us?

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

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

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

Current Psychological Therapies Waiting List

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

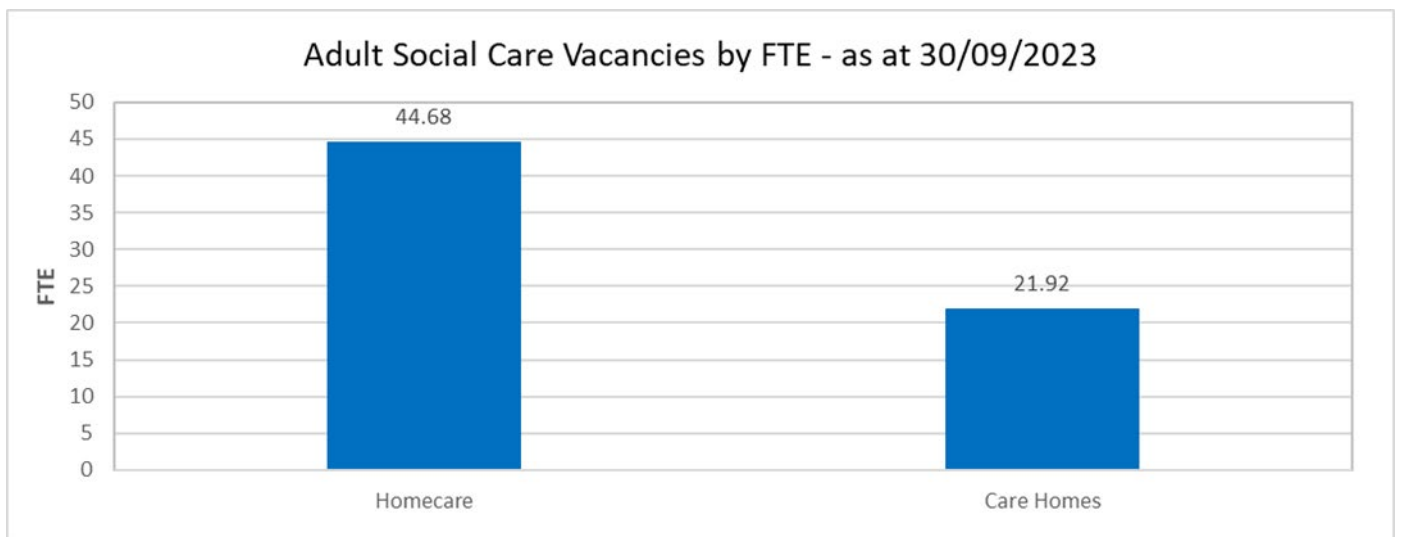
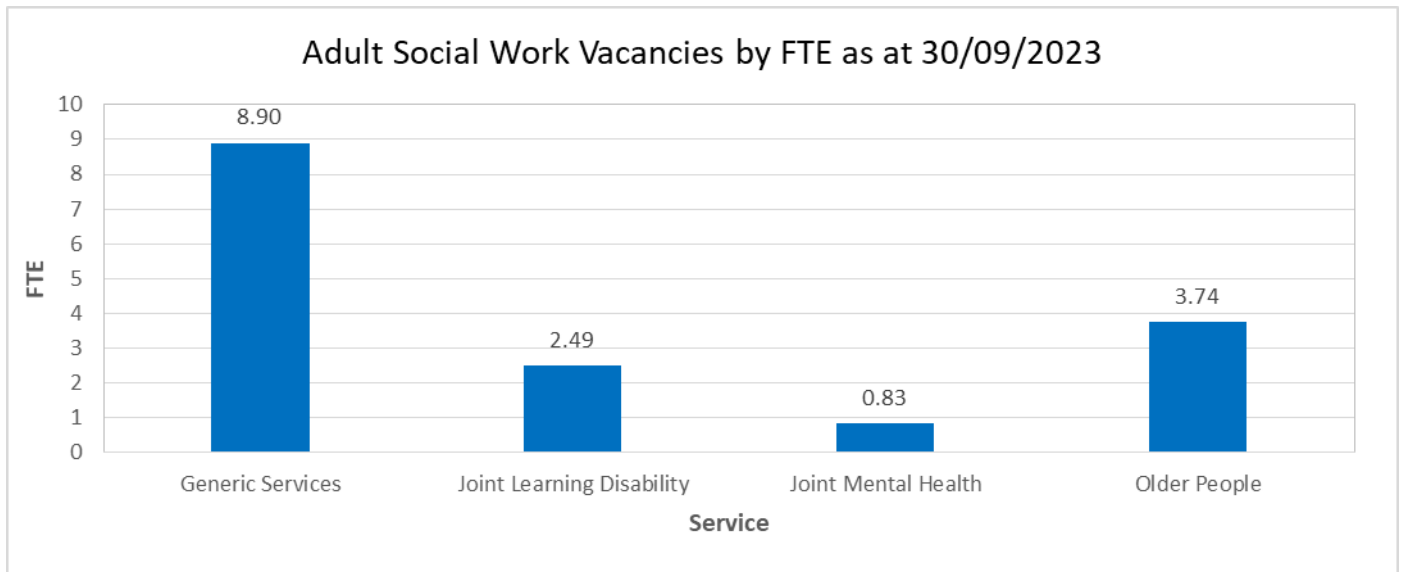
Workforce

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

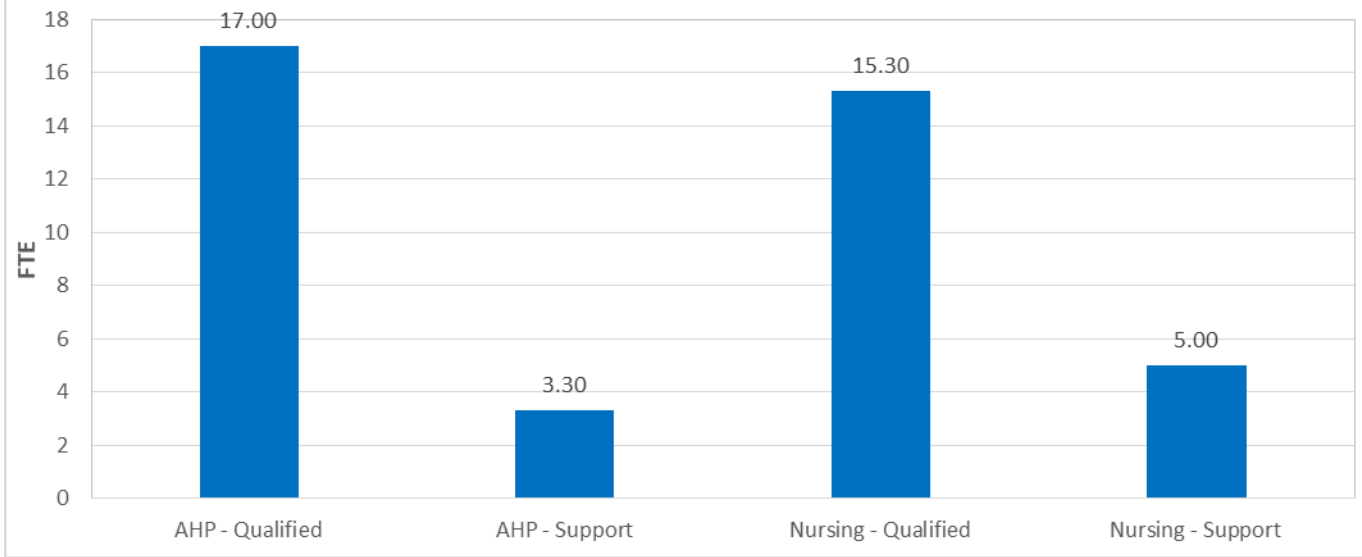
using some locums where possible. We have three members of staff on maternity leave in child psychology/CAMHS.

Objective 2: Rising to the workforce challenge

Vacancies by FTE

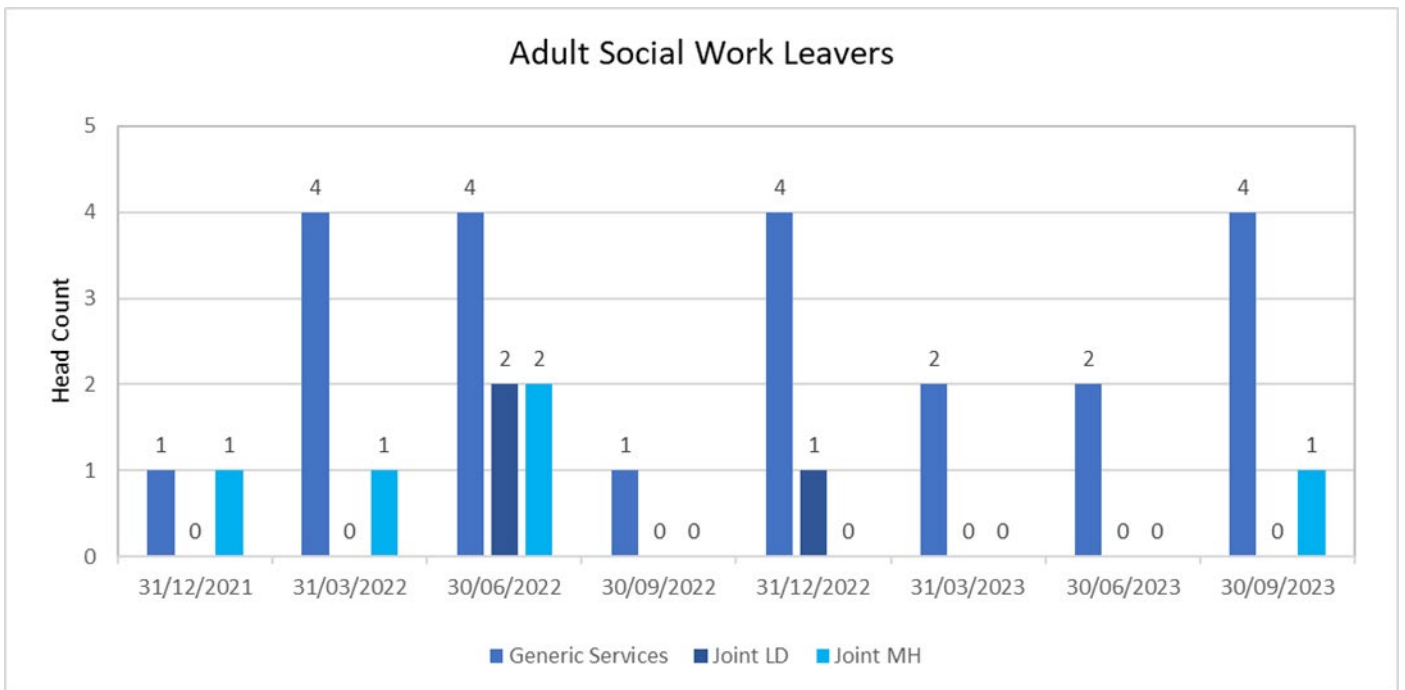


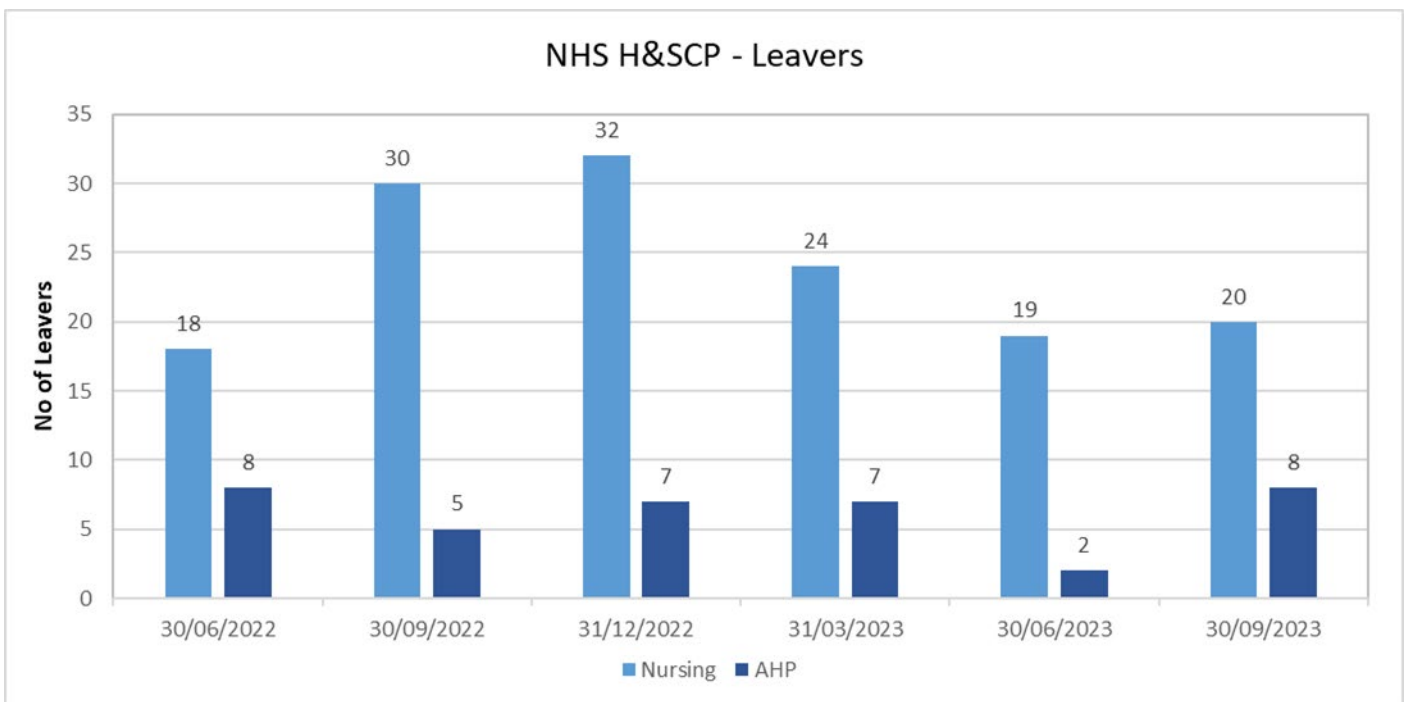
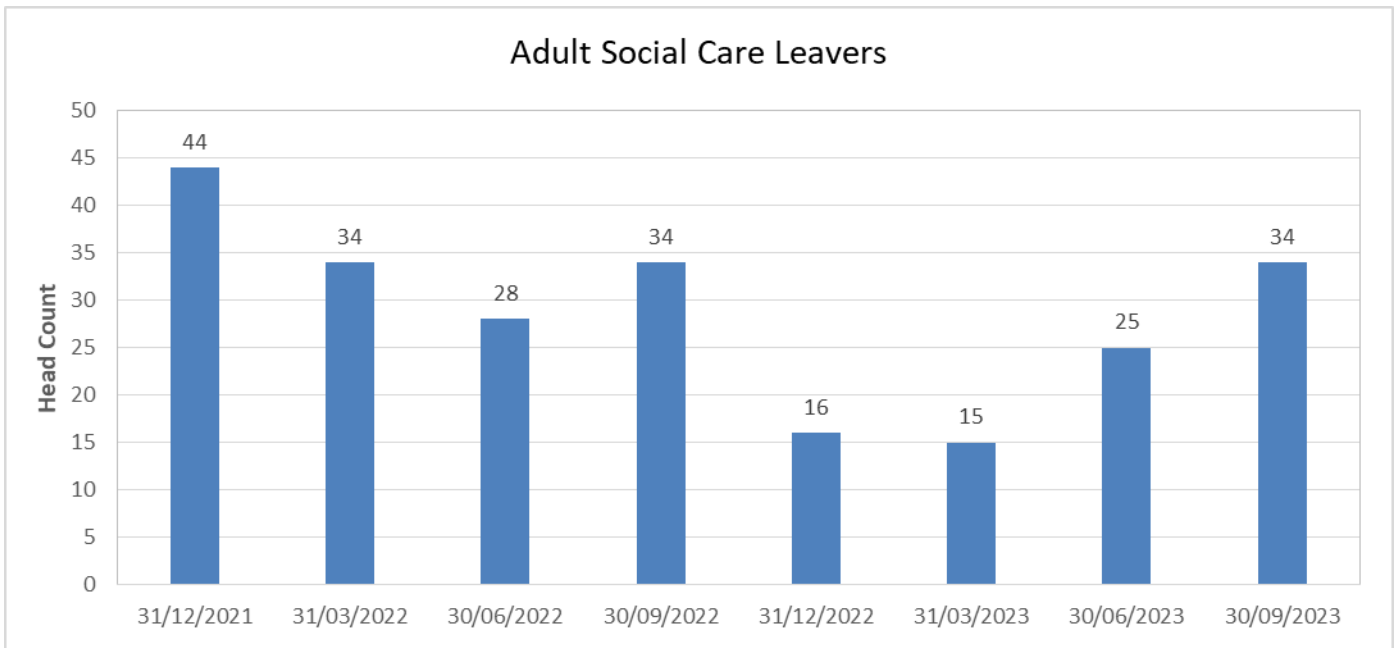
NHS H&SCP Vacancies by FTE - as at 30/09/2023



Leavers

Adult Social Work Leavers





How are we performing?

Adult Social work

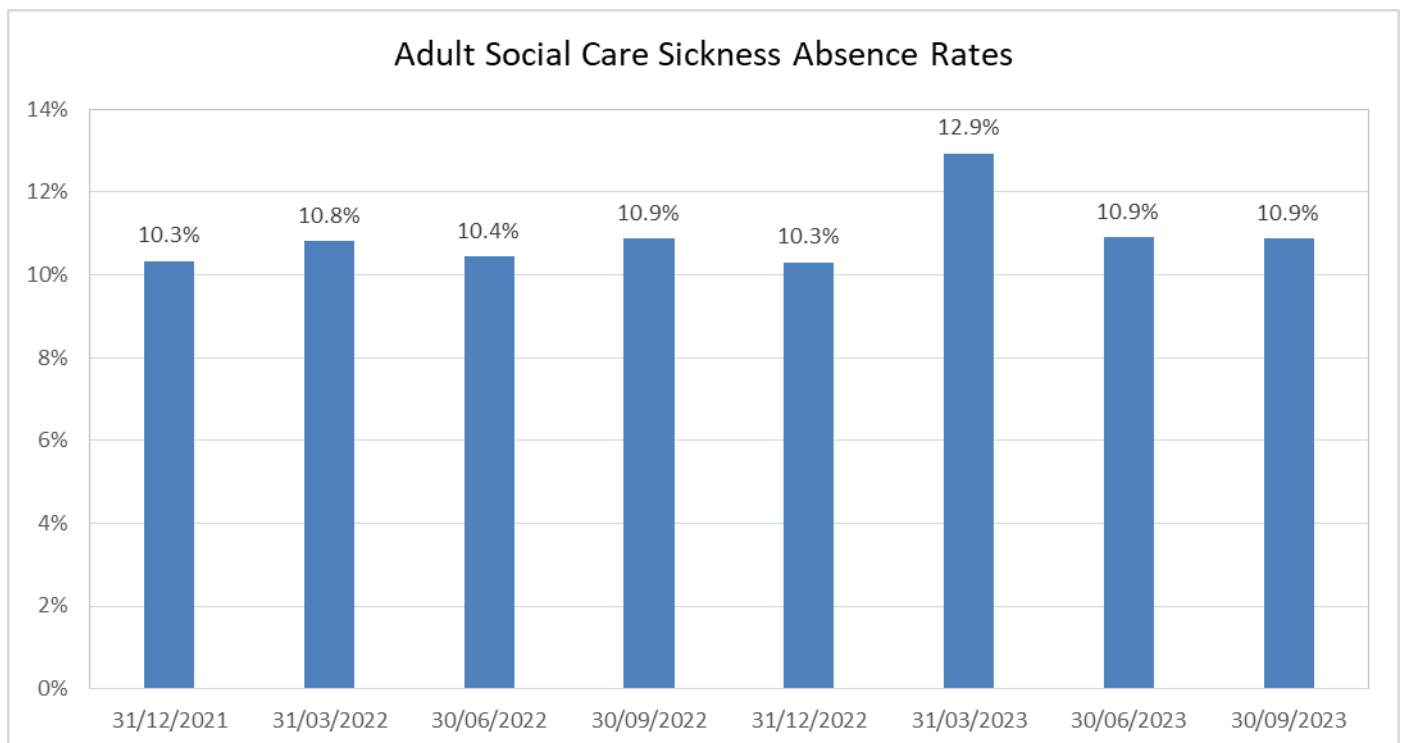
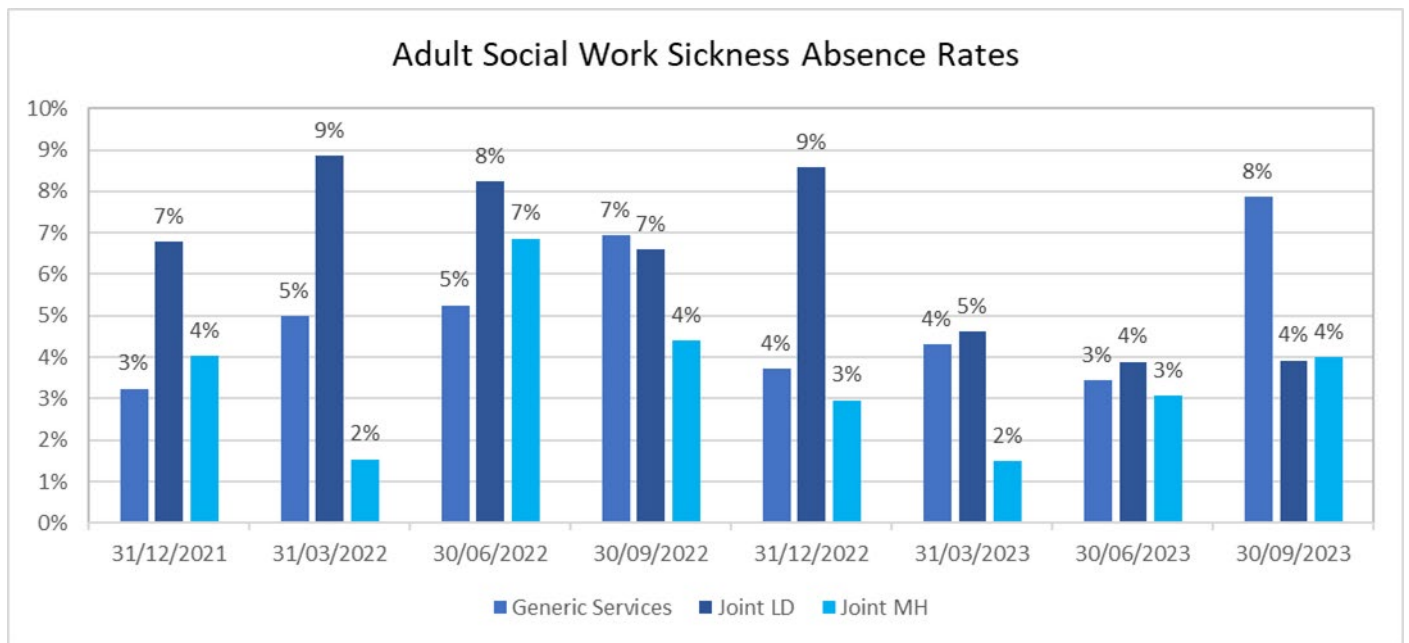
Adult Social work have experiences challenges with recruitment and retention of OTs, partly due to the difference in pay awards between NHS and COSLA. An OT assistant post is currently advertised, however, several unsuccessful adverts have been previously released due to no candidates/lack of qualified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

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

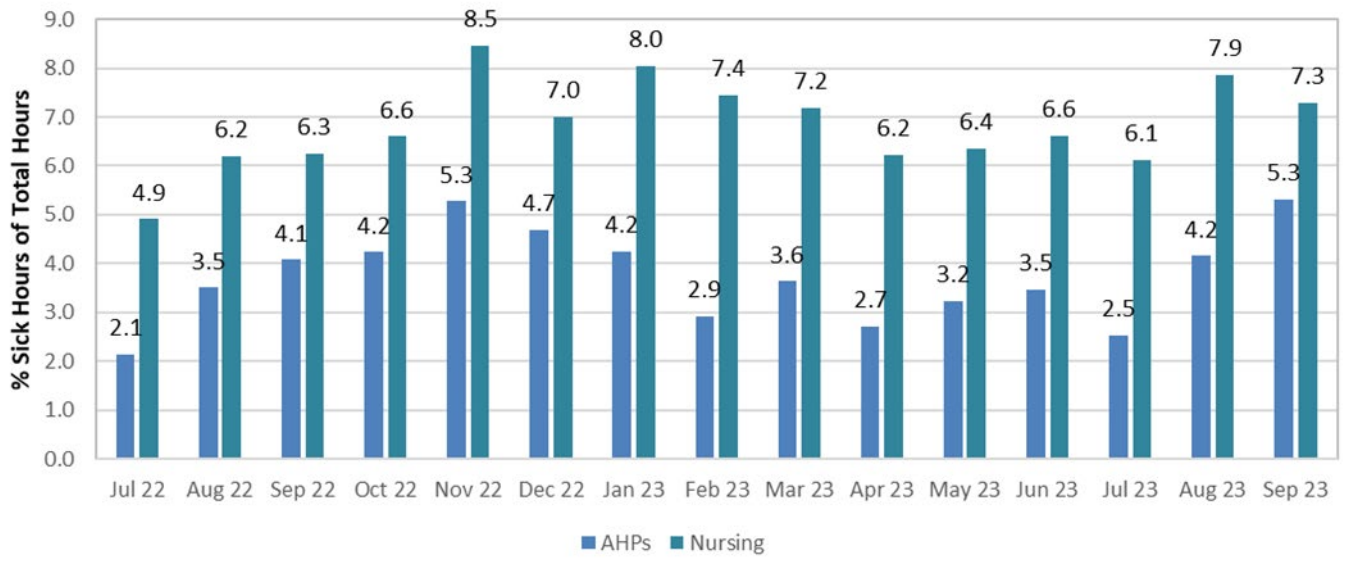
approach those who move internally between services (Childrens to Adults and vice versa) to get a better understanding of what drives internal movement too.

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

Sickness absence

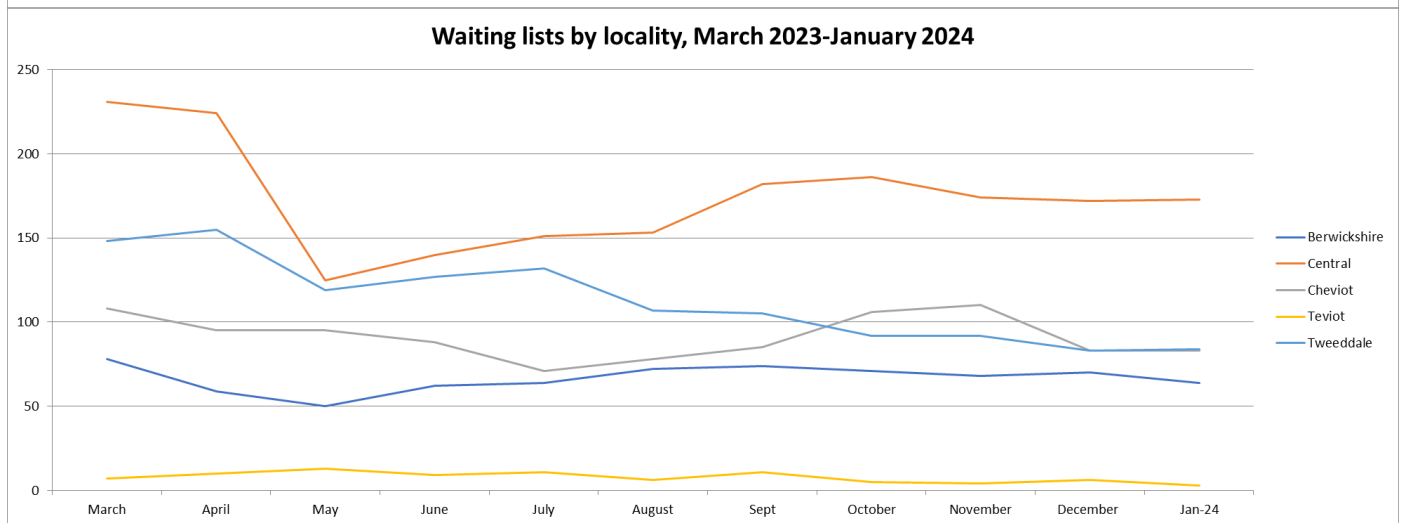
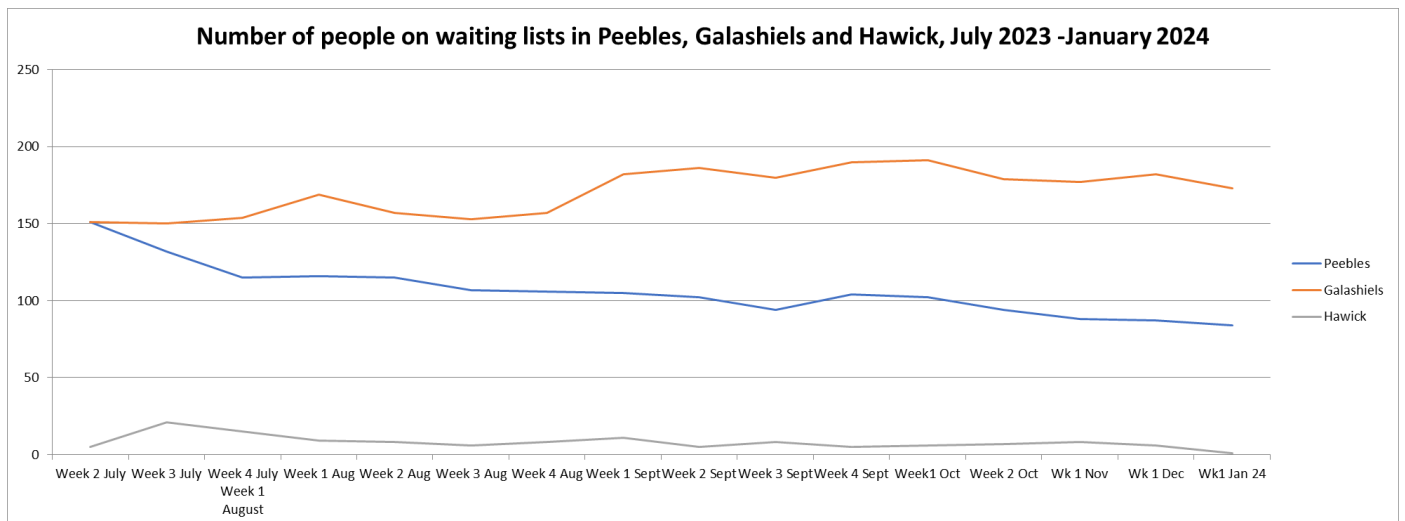
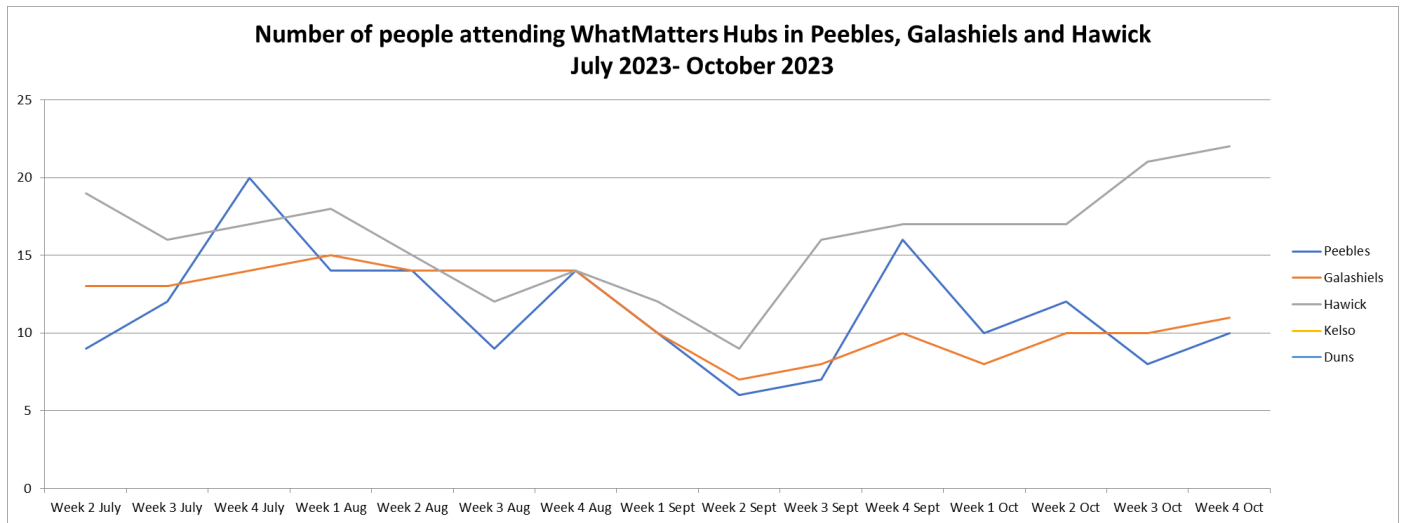


NHS H&SCP Staff Sickness Absence



Objective 3: Prevention and Early Intervention

WhatMatters Hub Statistics July 2023 – September 2023

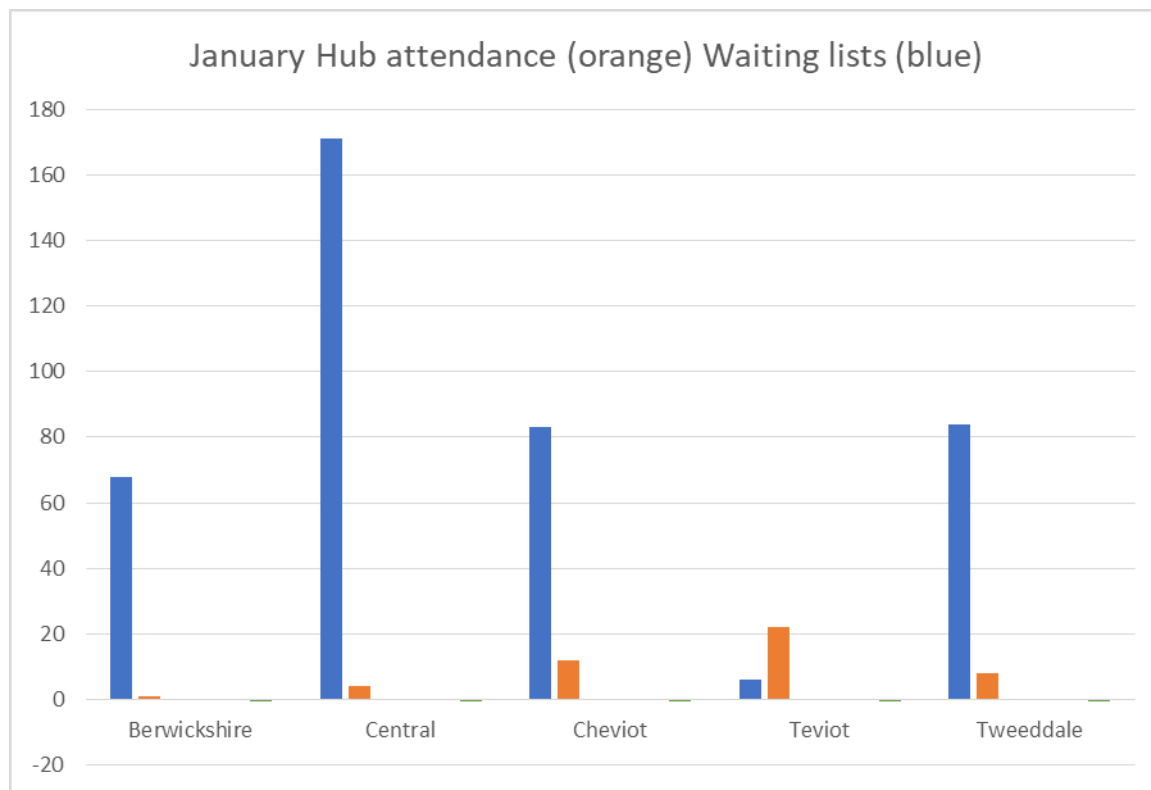


What is the data telling us?

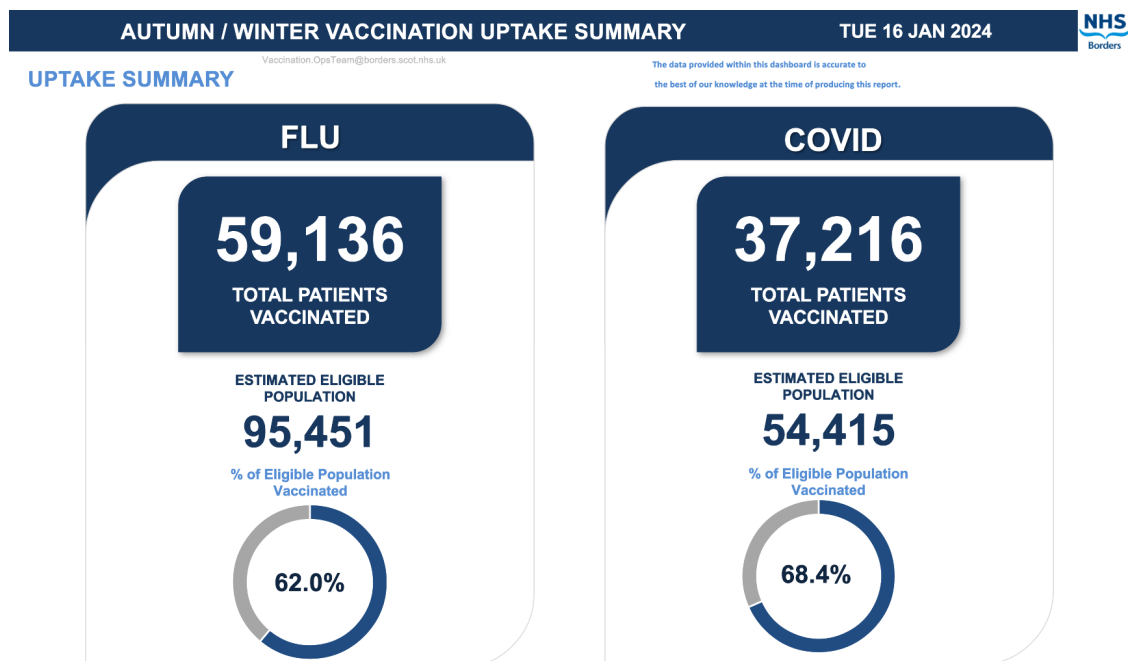
In localities where WhatMatters Hubs operate, there has been a reduction in waiting list numbers and waiting times. Teviot has consistently run its Hub for a period of 20 months; this is reflected in low waiting

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

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



Covid and Influenza Vaccination uptake



Vaccination.OpsTeam@borders.scot.nhs.uk

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

UPTAKE SUMMARY BY COHORT

FLU
58,983

TOTAL PATIENTS VACCINATED

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

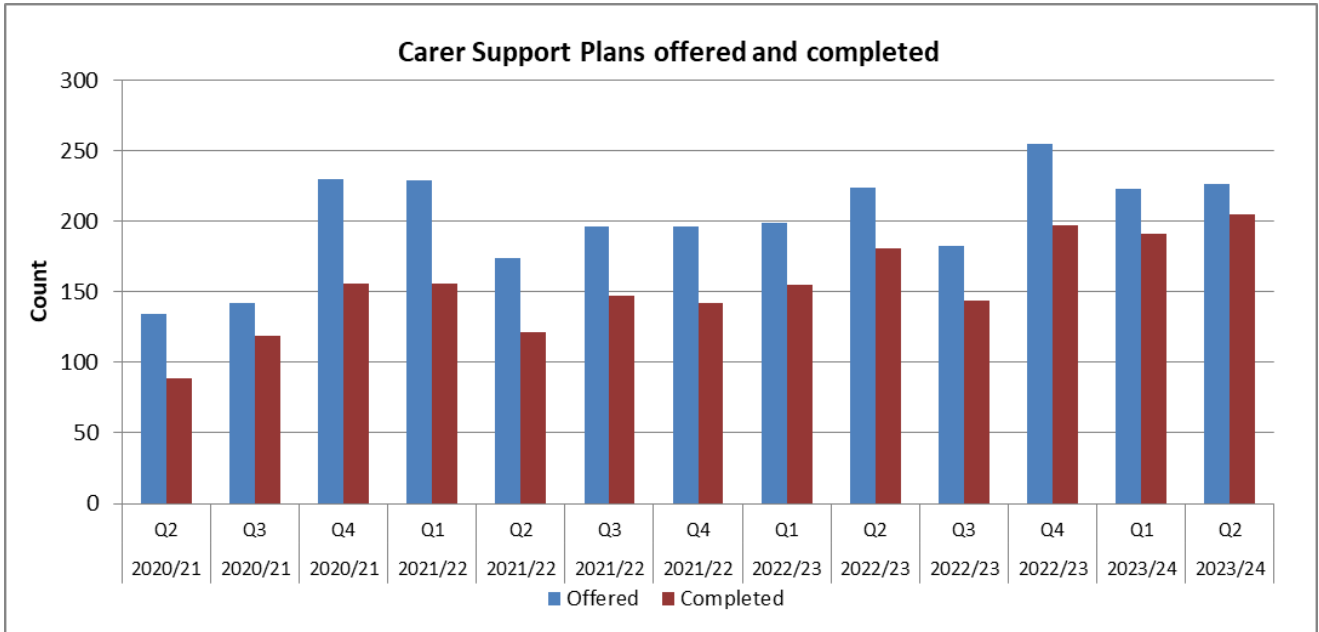
COVID
37,216

TOTAL PATIENTS VACCINATED

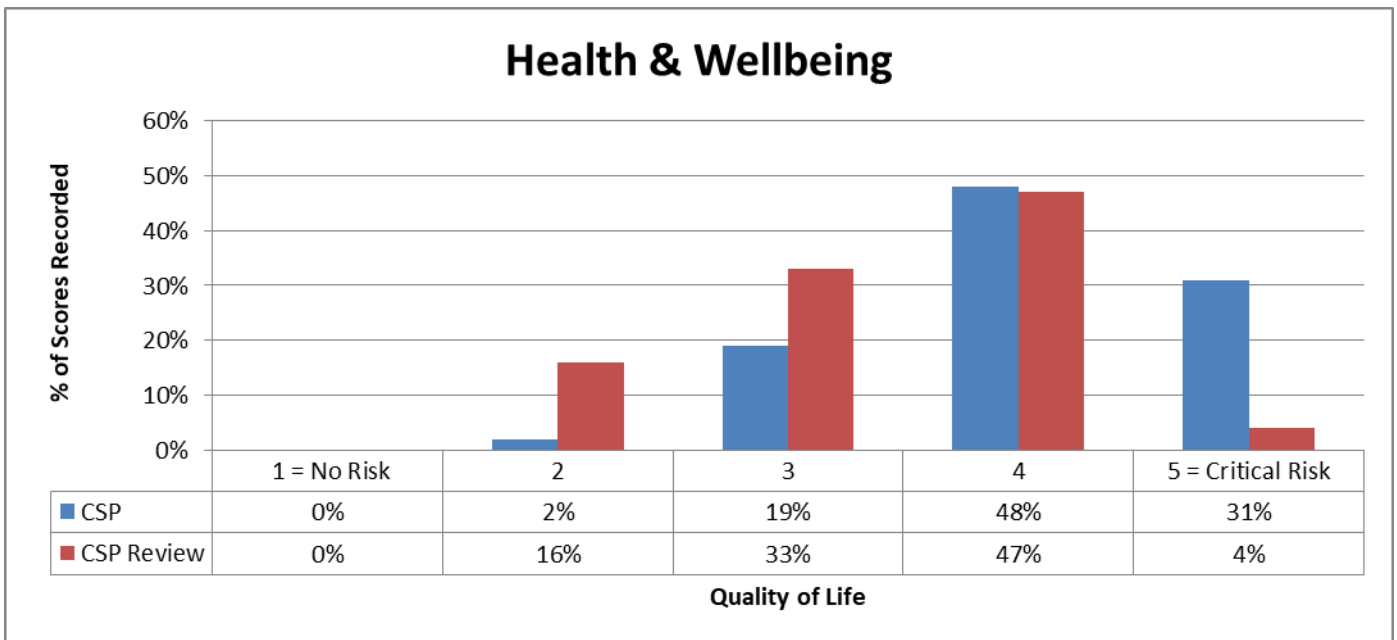
UPTAKE BY COHORT			Uptake Aspiration
Frontline Health Care Workers	970	40.9%	HCW: 60%
Social Care Workers	923	29.7%	SCW: 45%
Care Home Residents	638	92.5%	95%
Over 75 Years Old	13,242	88.0%	90%
65 – 74 Years Old	12,793	81.4%	90%
WIS 12+	1,849	69.3%	60%
12 – 64 At Risk	6,715	47.7%	60%
5 - 11 At Risk	82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

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

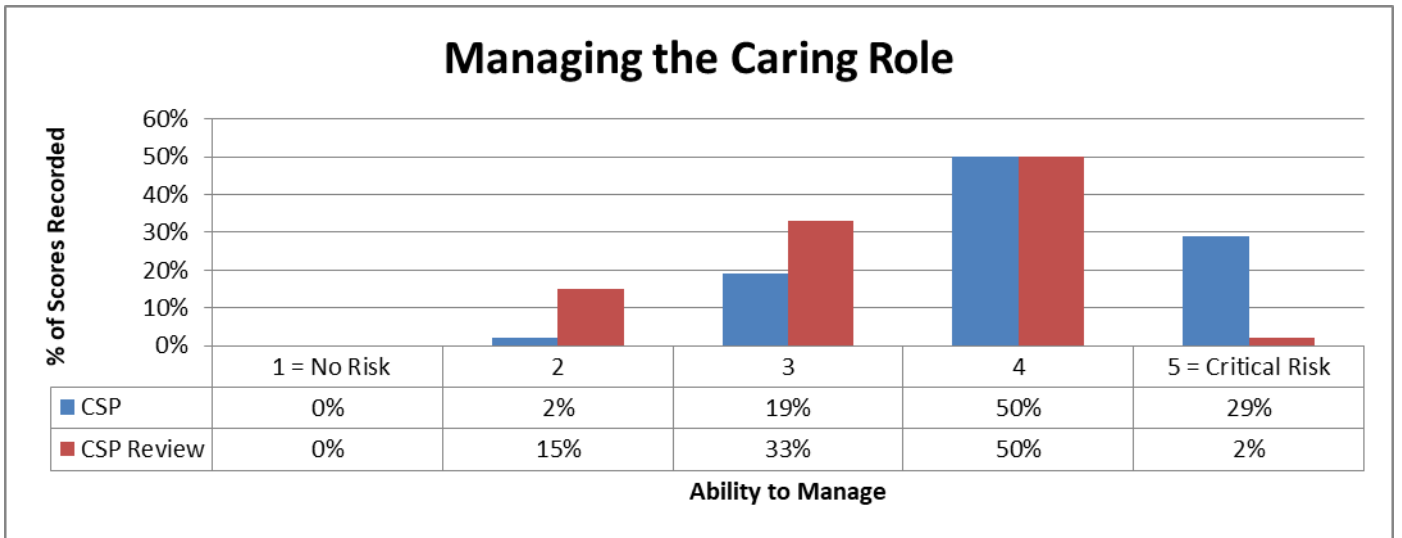
Unpaid Carers offered and completed Carer Support Plans



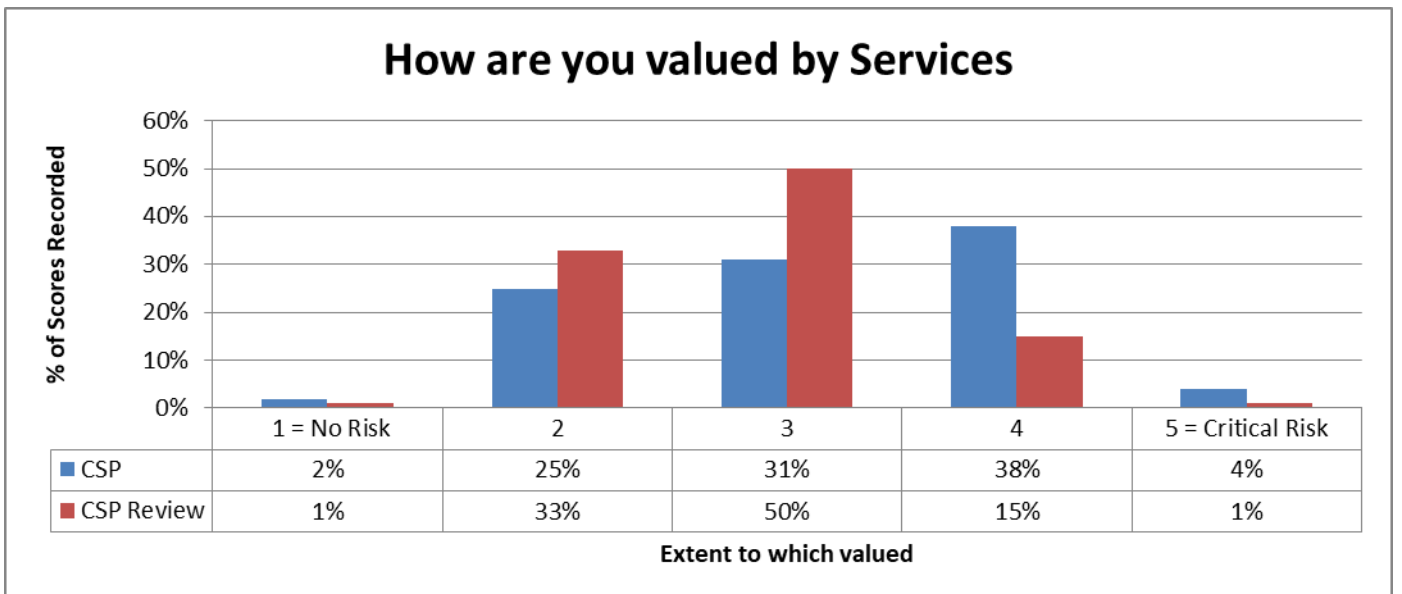
Impact of Carer Support Plans (CSPs) on reported health and wellbeing of Unpaid Carers (Q2 2023/24)



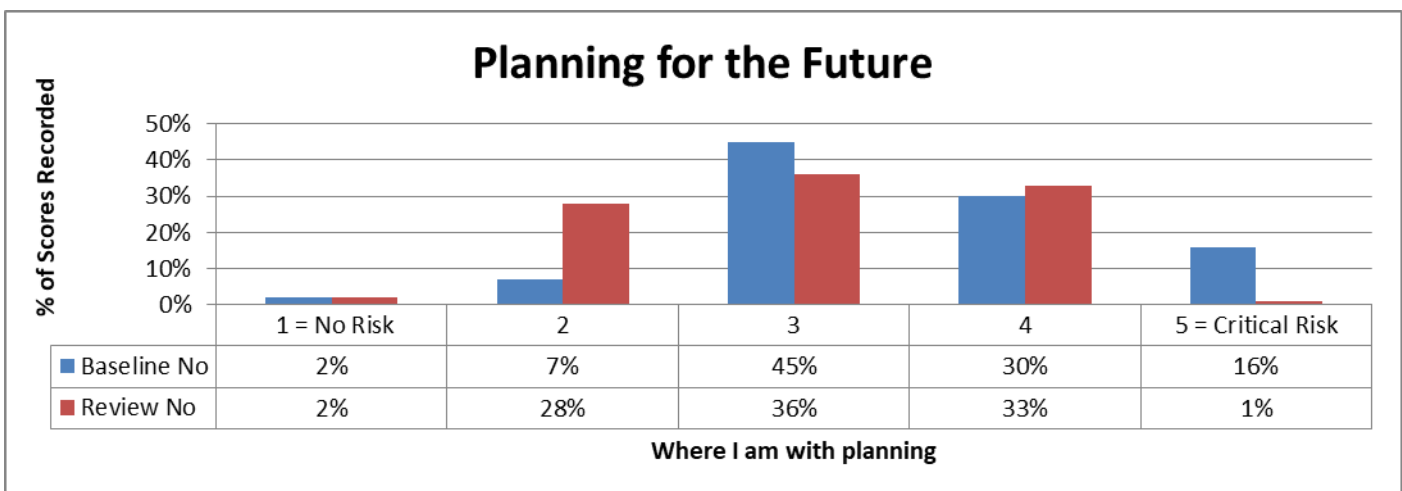
Impact of Carer Support Plans on how Unpaid Carers are able to manage the Caring role (Q2 2023/24)



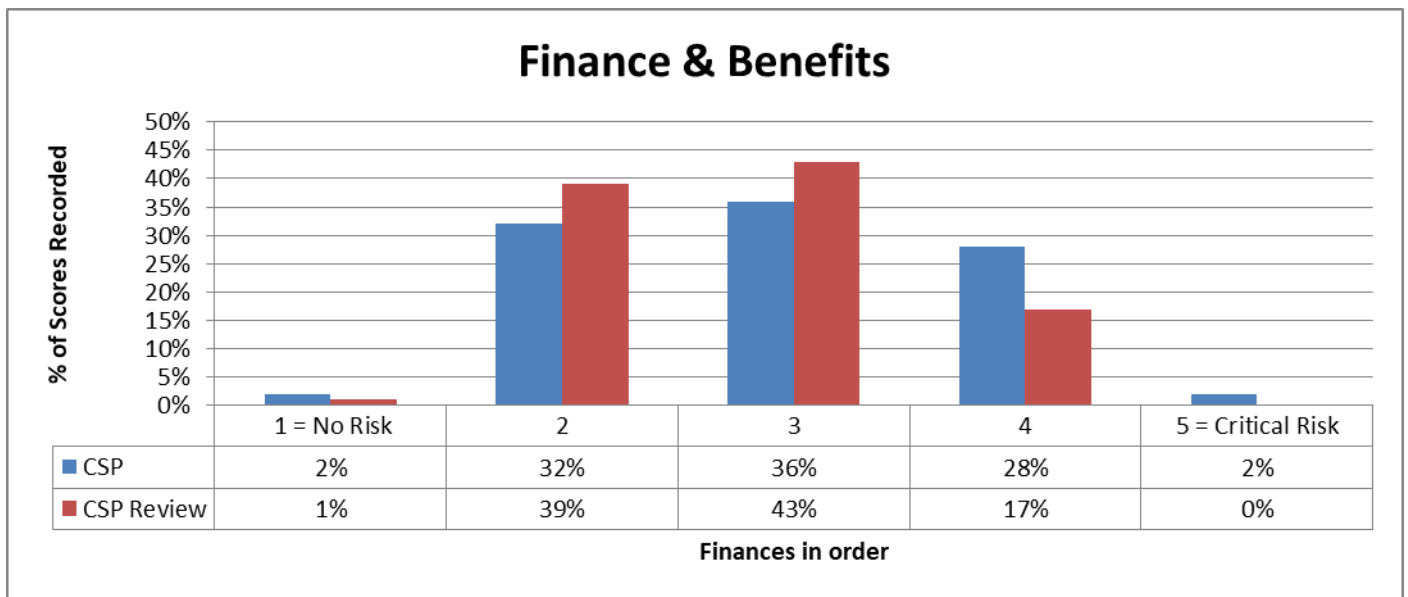
Impact of Carer Support Plans on how Unpaid Carers feel valued by services (Q2 2023/24)



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



Finance and benefits (Q2 2023/24)



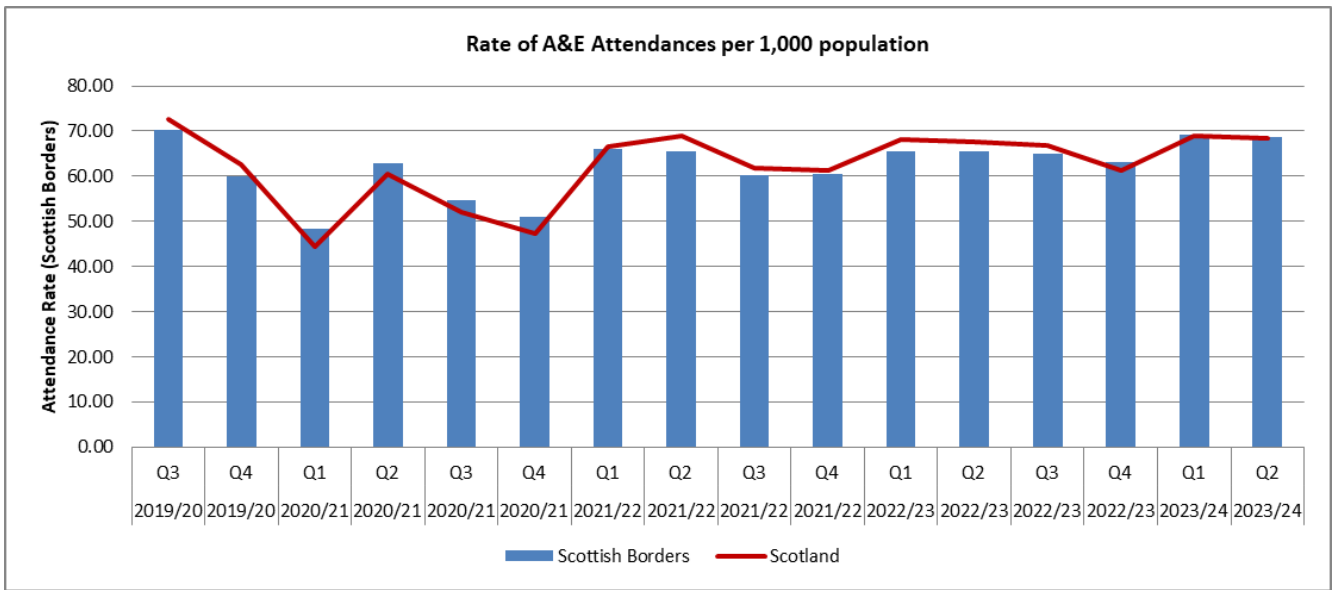
What does the data tell us?

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

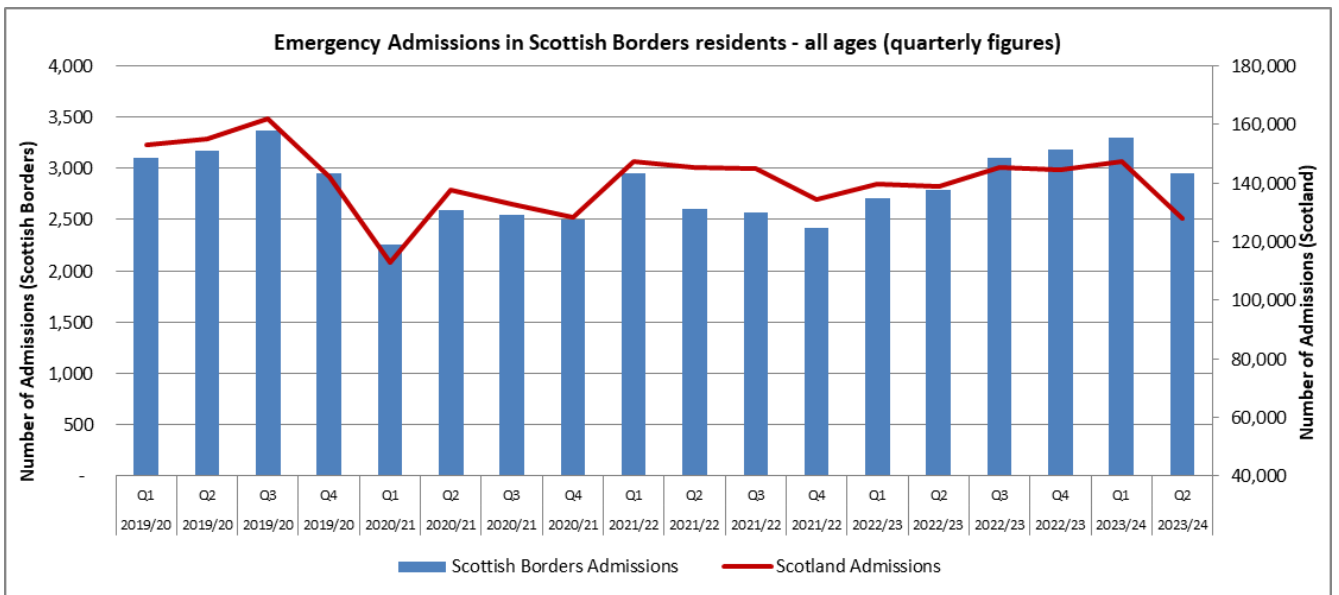
The benefits of Carer Support Plans can be implied from the movement between categories that we are managing to lift Carers out of the 'Critical Risk' category to 'Significant Risk' and from 'Significant Risk' to 'Moderate Risk' category.

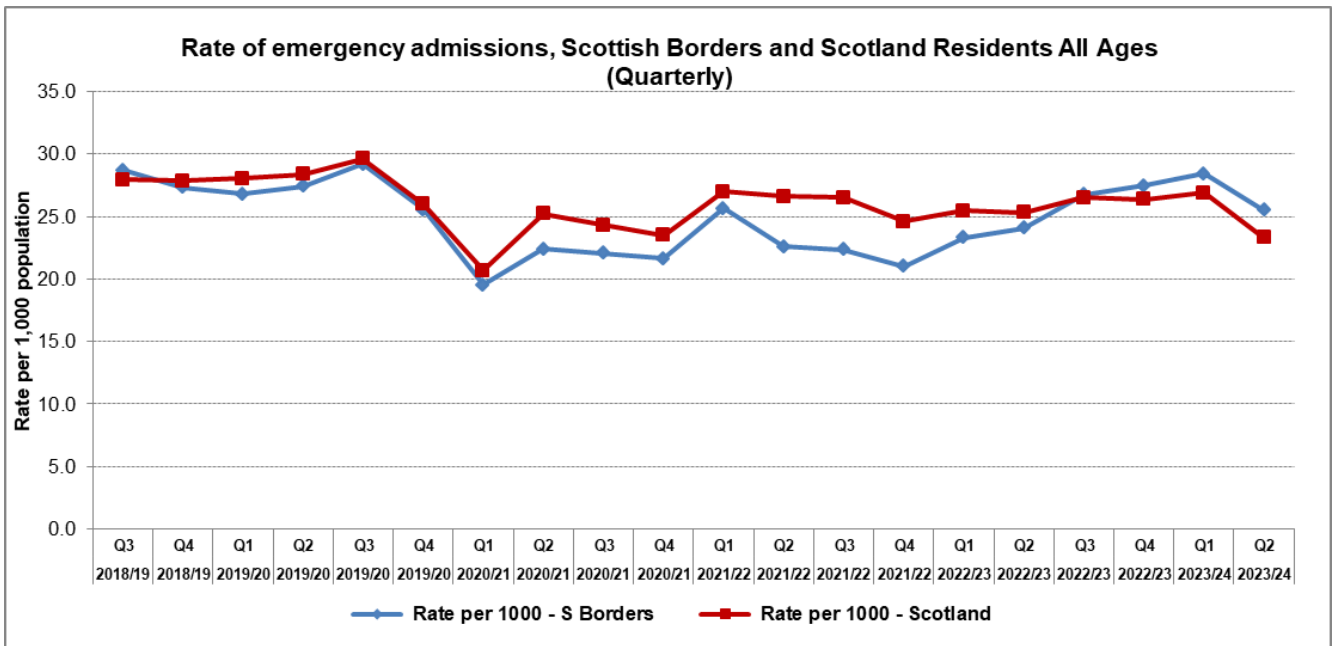
Objective 5. Improving effectiveness and efficiency

Rate of A&E Attendances per 1,000 population



Emergency Admissions, Scottish Borders residents All Ages

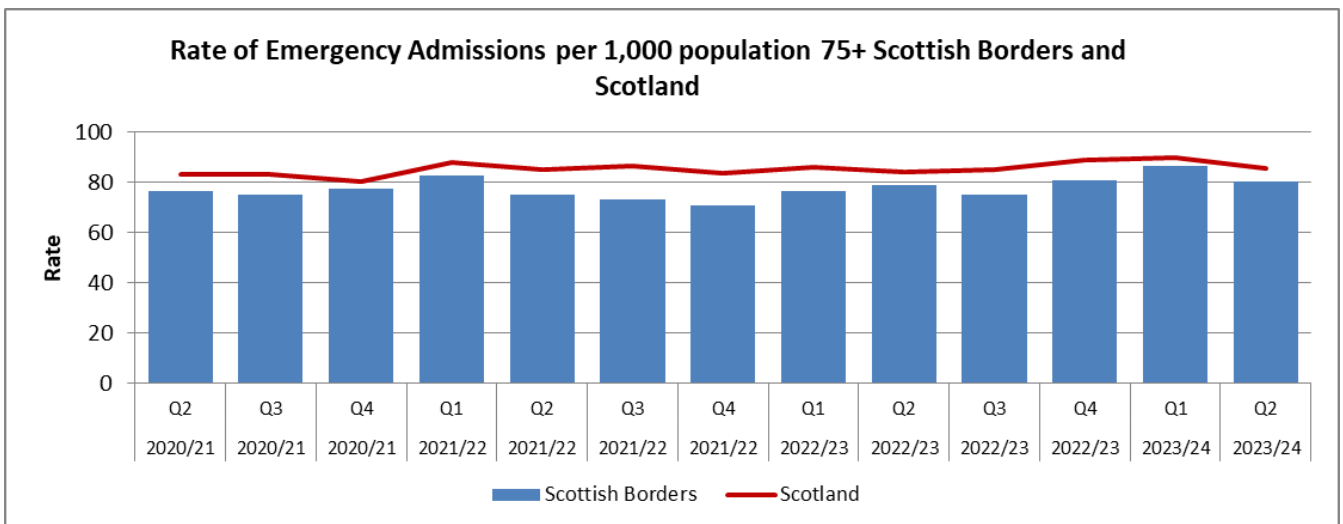




What does the data tell us?

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

Emergency admissions, Scottish Borders age 75+



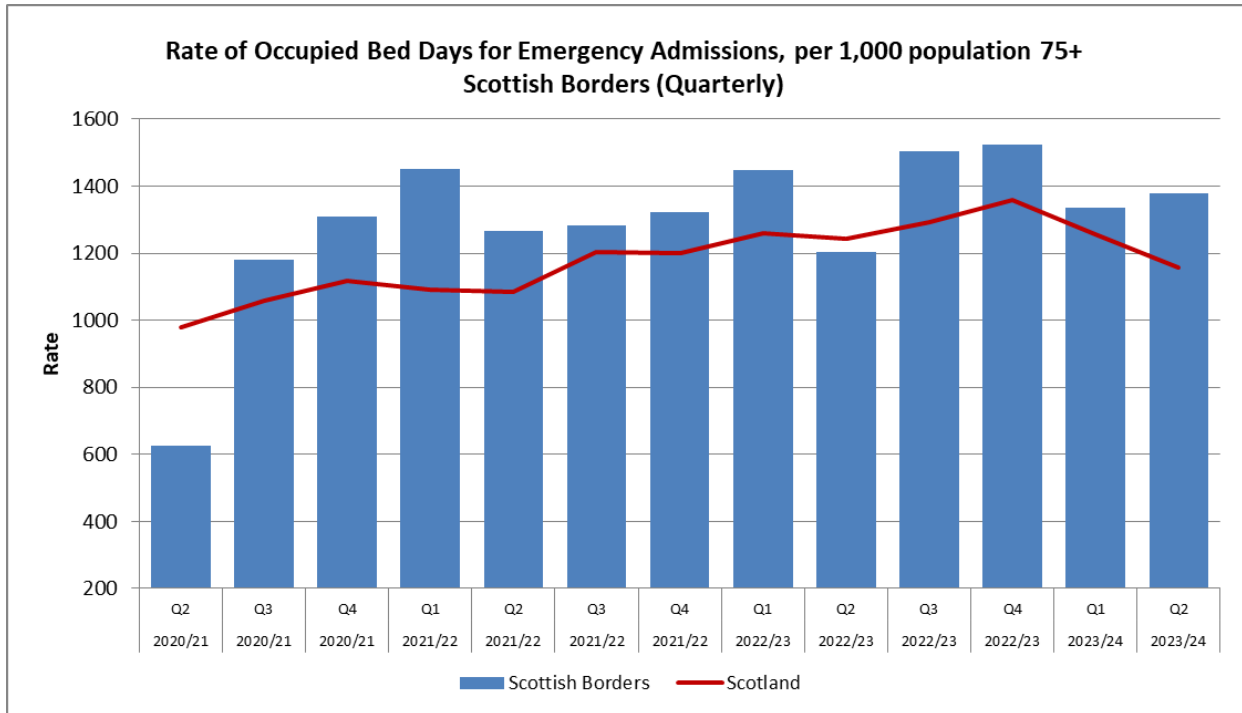
What is the data telling us?

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

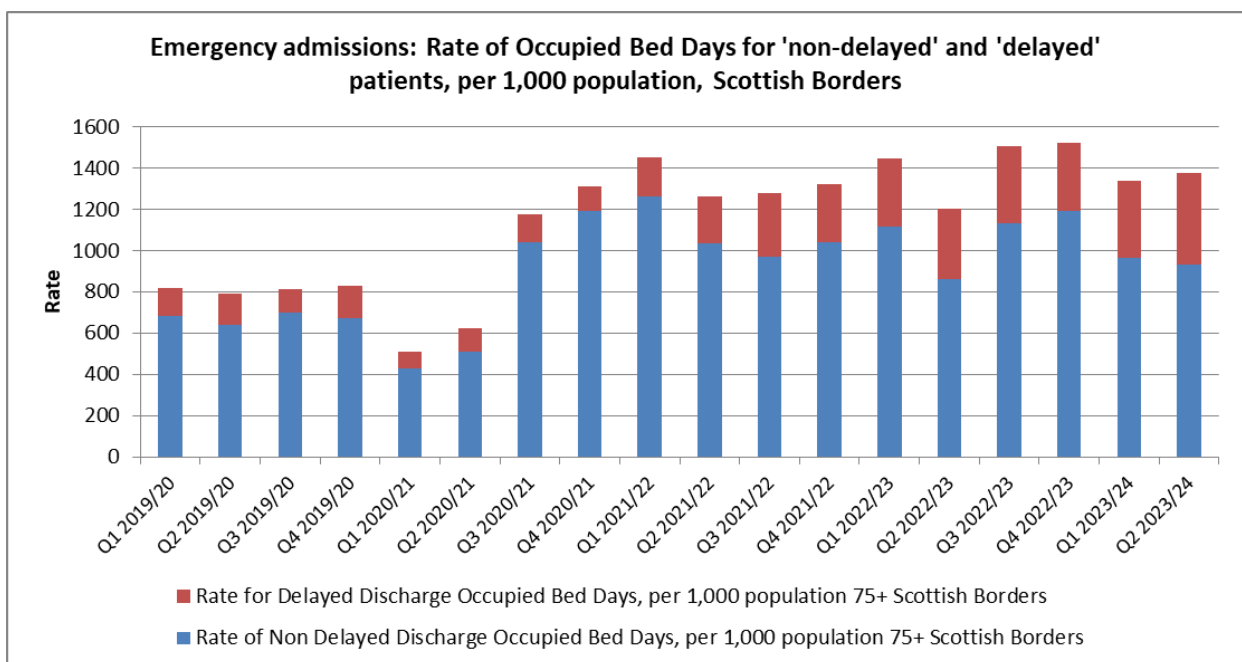
gap has generally widened from Q2 2021/22 to Q3 2022/23, but reduced in Q4 2022/23. Q1 2023/24 saw Borders 13 points per 1,000 population lower than Scotland).

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

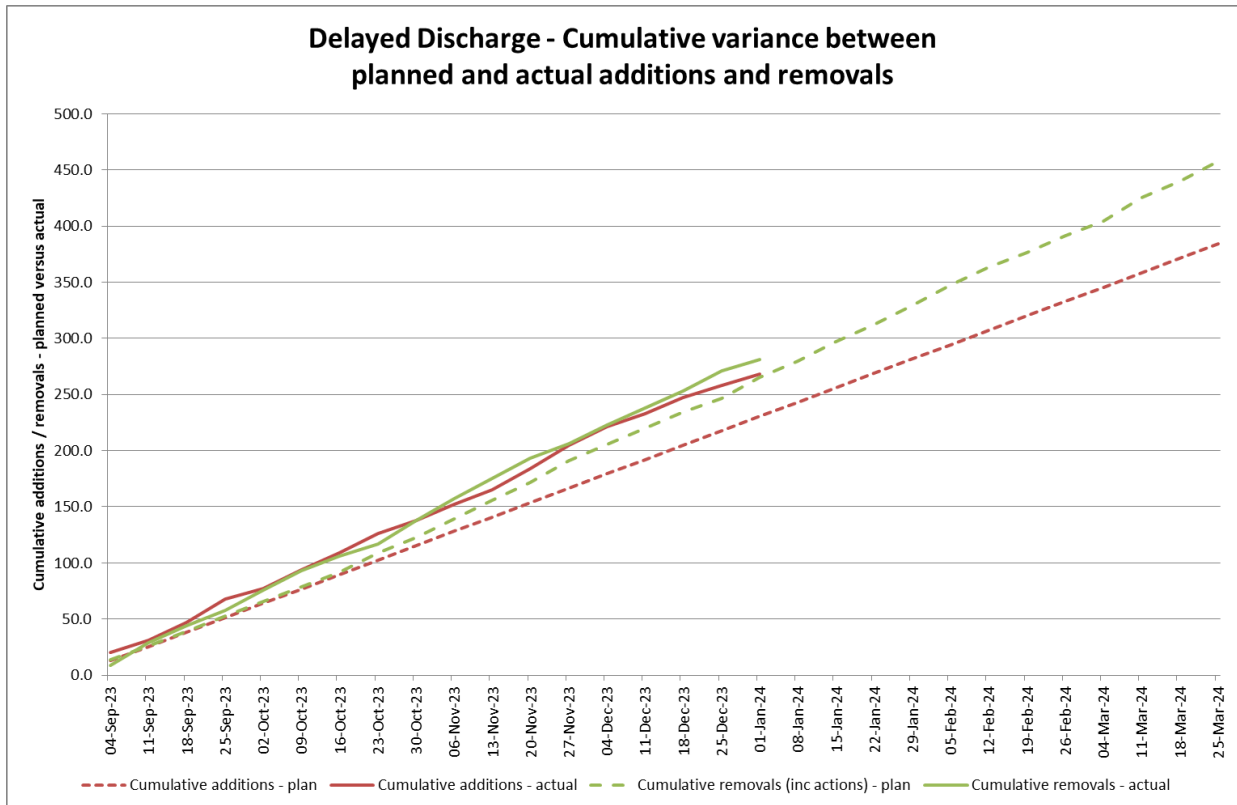
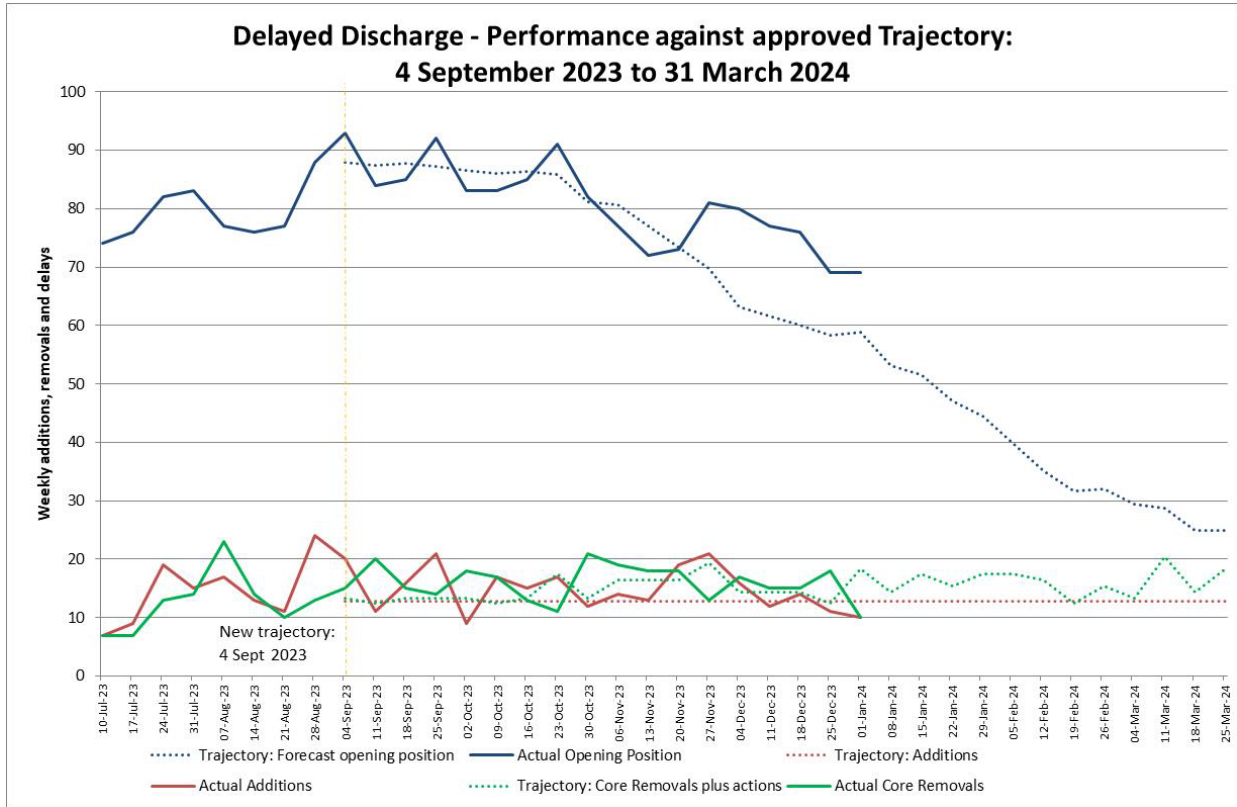
Rate of Occupied Bed Days for people admitted to hospital as an emergency over the age of 75

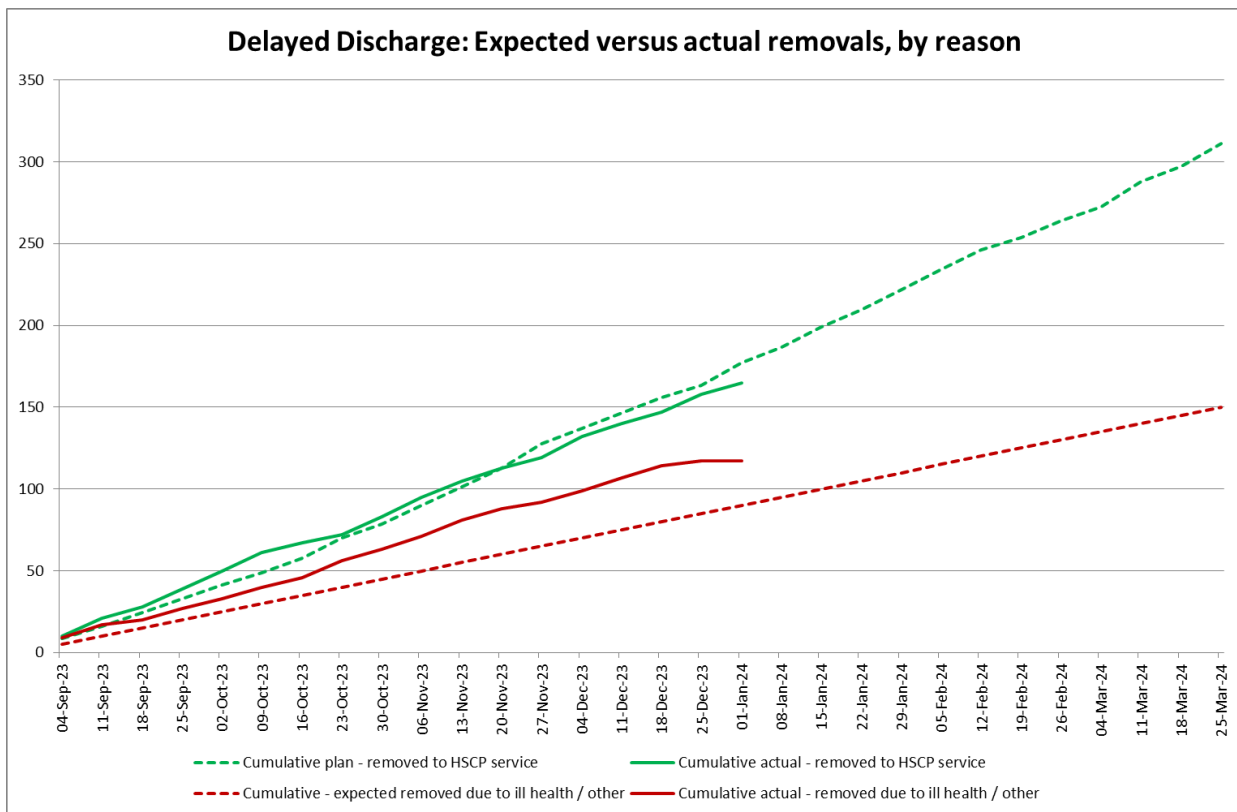


Breakdown of occupied bed days associated to treatment, versus days waiting for care



Delayed Discharge Performance against trajectory





What is the data telling us?

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

Why is this the case?

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

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

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

What is being done?

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

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

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

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

Reducing demand:

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

Increasing capacity:

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

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

Financial Performance to 31 October 2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Objective 6. Reducing poverty and inequalities

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

Appendix 2: Directions tracker:

Ref	Date	Service	Purpose	Direction	Value £000s	Outcomes	Mar-23
SBIJB-151221-1	02/02/22	Workforce	Development of plan	Development of a HSCP Integrated Workforce Plan, including support of immediate workforce sustainability issues			Complete
SBIJB-151221-2	02/02/22	Strategic Commissioning	Development of plan	Resource support for the development of the IJB's Strategic Commissioning Plan			Complete
SBIJB-151221-3	02/02/22	Care Village Tweedbank and Care Home Hawick	Development of FBC	Development of Full Business Cases for Care Village in Tweedbank, and the scoping of Care Home Provision in Hawick to Outline Business Case		Revised direction below	
SBIJB-020322-1	02/02/22	Millar House	Commissioning	Commissioning the Millar House Integrated Community Rehabilitation Service	£256k R	Quality of care, Length Of Stay, Costs	
SBIJB-150622-2	16/06/22	Day services for adults with learning disabilities	Commissioning	To re-commission a new model of Learning Disability Day Services by going to the open market	1,643,000	Savings target £350,000. All nine health and well being outcomes	
SBIJB-150622-3	16/06/22	Pharmacy support to social care users	Polypharmacy	To provide an Integrated service for all adult social care service users	NR £150k	Savings will be identified to CFO. Review of service after two cycles	

SBIJB-150622-4	16/06/22	All	Budgetary framework	To deliver services within the budgets and under the framework outlined in Item 5.7 of the 15 June 2022 Integration Joint Board			
SBIJB-151221-3	21/09/22	Care Home Hawick update	Development of FBC	Hawick Outline Business Case		Present business case	
SBIJB-150622-5	16/06/22	Health Board Oral Services	Development of plan	To provide support for the production of an Oral Health Plan	As per Sol	Focussed on planning principles, health improvement plan, and be financially sustainable	
SBIJB-210922-1	21/09/22	Hospital at home	Scope the development of Hospital at home	Develop a business case to come back to IJB for approval	300	To be discussed at range of groups prior to IJB in March	
SBIJB-210922-2	21/09/22	Integrated home based reablement service	Report to IJB with business case for integrated SB Cares and Home First Service	Develop a business case to come back to IJB for approval	expected that costs will reduce	To review by SPG before IJB in December	Further work required to ensure that the model aligns to Care Inspectorate Feedback

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

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

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