Scottish Borders Health and Social Care Partnership
Integrated Joint Board Audit Committee

18 March 2024

MINISTERIAL STEERING GROUP SELF-EVALUATION

Report by Chris Myers

1. PURPOSE AND SUMMARY

1.1. **To appraise the IJB Audit Committee of the process, findings and actions associated to the self-evaluation against the Ministerial Steering Group recommendations.**

2. RECOMMENDATIONS

2.1. **The Scottish Borders Health and Social Care Integration Joint Board (IJB) Audit Committee is asked to:-**
   a) Note the enclosed self-assessment process.
   b) Note the associated action plan and progress made in delivering on the improvement actions.

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 efficiency and effectiveness	Reducing poverty and inequalities
		X		X	

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

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required

5. BACKGROUND

5.1.   The Ministerial Steering Group (MSG) was established in 2008 to provide a forum in which leaders from health and social care could meet to discuss matters of mutual interest and to provide leadership, direction and support in working across organisational and structural boundaries. It assumed overall responsibility for policy matters that crossed the local government / NHS Scotland interface and is a key forum for taking forward COSLA and the Scottish Government's joint political leadership of health and social care integration.

5.2.   The group is chaired by the Cabinet Secretary for Health and Sport and has a membership that includes three COSLA elected members, Health Board Chairs, the Scottish Council of Voluntary Organisations (SCVO), Scottish Care, Scottish Social Services Council (SSSC), Healthcare Improvement Scotland, Integrated Joint Boards, Social Work Scotland, and more recently, the Care Inspectorate.

5.3.   Since Health and Social Care Integration went live in April 2016, the MSG has played a key role in reviewing progress and in February 2019 they produced a report entitled "Review of Progress with Integration of Health and Social Care". In November 2018, Audit Scotland also produced a report providing an "Update of Progress" of Health and Social Care Integration. The "Review of Progress" defined 25 detailed proposals for improvement of IJBs/Partnership working.

5.4.   Of these, 3 of the proposals were to be taken forward by the Scottish Government, with the remaining 22 to be taken forward by the individual Health and Social Care Partnerships. The MSG requested that each Partnership undertake a self-assessment against the 22 proposals, on an ongoing basis. The Scottish Borders HSCP self-evaluation against the 22 proposals was last submitted to Government in June 2020.

5.5.   At the end of 2022, the Improvement Service was commissioned to undertake a new self-assessment process on behalf of the IJB. Following a planning process, the Improvement Service sent out a self-assessment to IJB members in March 2023, asking them to agree or disagree with statements outlining the potential effectiveness of the IJB against the 22 proposals. The results are summarised in the table below.

Theme	Agree/Strongly Agree	Disagree/Strongly Disagree	Don't Know
IJB Response to COVID-19	73%	17%	10%
Leadership and Relationships	63%	24%	13%
Governance and Accountability	50%	39%	11%
Community Engagement and Participation	70%	27%	3%
Outcomes and Impact	37%	46%	17%
Performance Management and Use of Evidence	51%	38%	11%

5.6.   The highest rated statements are listed below:

- Statement 7 - IJB meetings take place within a positive spirit of transparency, openness and trust. (86% Agree)
- Statement 20 - Agreed priorities and outcomes in the Health and Social Care Strategic Plan reflect the key challenges of the area identified through any data analysis and community engagement activity. (86% Agree)
- Statement 5 - The IJB should look to permanently retain new ways of working developed during the response to COVID-19. (79% Agree)

5.7.   The lowest rated statements were noted as:

- Statement 24 - The IJB realigns resources in order to better deliver early intervention and prevention approaches. (93% Disagree)
- Statement 16 - The IJB holds individual Board members to account for their performance and contribution to the outcomes in the Health and Social Care Strategic Plan. (57% Disagree)
- Statement 26 - The performance information considered by the IJB is timely, relevant and provides a good measure of progress towards the desired outcomes and key time specific targets. (57% Disagree).

5.8.   The Improvement Service summarised the information from the self-assessment and then held a Consensus and Improvement Planning Workshop for IJB members on 19 April 2023. As part of this, the IJB reviewed the feedback from the self-assessment, reviewed the areas for improvement identified in the checklist, and then agreed priorities for further focus.

5.9.   The three areas identified by IJB members were:

- Outcomes and impact: *"Consider how the IJB can further align resources to facilitate the desired shift to early intervention and prevention"*.
- Governance and accountability: *"Clarify the roles and responsibilities of IJB members to ensure they are clear on what is expected of them"*.
- Community engagement and participation *"Reflect upon the IJB's current mechanisms for engaging with service users and the wider public to more effectively seek their views."* Despite good progress in this area noted by IJB members, it was felt that this must continue to be an ongoing priority.

5.10.   Action plans were developed for each of these areas, and are enclosed in Appendix 1.

6.   IMPACTS

Community Health and Wellbeing Outcomes

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

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	No impact

2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	No impact
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.	No impact
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.	No impact
7	People who use health and social care services are safe from harm.	No impact
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Increase
9	Resources are used effectively and efficiently in the provision of health and social care services.	Increase

Financial impacts

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

Equality, Human Rights and Fairer Scotland Duty

6.3.   The IJB has a statutory obligation to eliminate unlawful discrimination, harassment and victimisation; advance equality of opportunity between people who share a characteristic (age, disability, gender re-assignment, trans/transgender identity, marriage or civil partnership, pregnancy and maternity, race groups, religion or belief, sex-gender identity, and sexual orientation) and those who do not; and foster good relations between people who share a characteristic and those who do not. This involves tackling prejudice and building understanding.

6.4.   Additionally, where proposals are "strategic", the Fairer Scotland Duty requires us to show that we have actively considered how we can reduce socio-economic inequalities in the decisions that we make and to publish a short written assessment on how we have done this.

6.5.   In this instance, an Integrated Impact Assessment is not required.

Legislative considerations

6.6.   There are no known legislative considerations relating to this report.

Climate Change and Sustainability

6.7.   There are no known climate change and sustainability impacts or considerations relating to this report.

Risk and Mitigations

6.8.   No specific risks need to be raised or addressed.

7. CONSULTATION

Communities consulted

7.1. As this relates to a self-evaluation, only IJB members have been consulted to date.

Integration Joint Board Officers consulted

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

7.3. In addition, consultation has occurred with our statutory operational partners at the:
- HSCP Joint Executive

Approved by:

Chris Myers, Chief Officer

Author(s)

Chris Myers, Chief Officer

Background Papers:
Scottish Borders Health and Social Care Integration Joint Board MSG self-assessment Action Plan 2020. Available from: https://scottishborders.moderngov.co.uk/documents/s42389/Appendix-2020-AC3%20-%20Appendix%201%20Scottish%20Borders%20Health%20and%20Social%20Care%20Partnership%20Action%20Plan.pdf

Scottish Borders Health and Social Care Integration Joint Board MSG self-assessment approach 2019. Available from (Item 6e):
https://scottishborders.moderngov.co.uk/ieListDocuments.aspx?CId=218&MId=4792&Ver=4

Previous Minute Reference:
Minute of May 2019 IJB (Item 10) Available:
https://scottishborders.moderngov.co.uk/documents/s36944/IJB%20Minutes%2008.05.19.pdf

For more information on this report, contact us at Chris Myers, by email.

Scottish Borders IJB – PSIF Self-Assessment
PSIF Improvement Plan – April 2024

5.9 Outcomes and Impact:
1. Consider how the IJB can further align resources to facilitate the desired shift to early intervention and prevention.

Risks if Improvement Actions Are *Not* Implemented

- Costs will increase if we do not invest in prevention
- May have to deprioritise/disinvest other areas to be able to target resources to do this
- Need to recognise balance needed between increasing focus on 'upstream' prevention with current operational responsibilities
- Will not progress if we do not get public buy in
- Age profile of those using services and age profile of the staff in HSCP getting older

Improvement Actions	Measure	Status	Lead	Target Date
1.1. Map current expenditure on early intervention/ prevention and discuss increasing the proportion and ambition of IJB budget/resources/staff that can be allocated into prevention and early intervention, recognising the current financial context. Seek views of Community Councils as part of process.	Finance section of the Annual Report. Use Programme Budgeting and Marginal Analysis (PBMA) toolkit to measure impact of shift of resources on the prevention agenda.	Delayed due to long-term unplanned absence of CFO	Hazel Robertson	August 23

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Improvement Actions	Measure	Status	Lead	Target Date
1.2. Work with partners in the Community Planning Partnership (CPP) to align and push early intervention and prevention initiatives. Link to CPP theme of *Enjoying Good Health and Wellbeing.*	CPP Community Plan/LOIP (CPP to consider how to appropriately measure activity)	Through consultation with members of the Community Planning Partnership we have agreed to create a delivery group for taking forward actions associated with Theme 3: Good Health and Wellbeing. The delivery group will have a focus on Tackling Health Inequalities in the Scottish Borders and will align with actions arising from our Health Inequalities Strategy (THIS Borders), which will be published in the spring. Representation on the delivery group from a range of sectors, including housing, transport and education, will provide us with opportunities to collectively take action to address the wider determinants of health. The CPP have been briefed on the data analysis we have undertaken to understand the impact of health inequalities and we have widespread enthusiasm amongst the group to work together to demonstrate collective progress.	Chris Myers and Sohail Bhatti	May 2023 (update to CPP on *Health and Wellbeing*)
1.3 Develop a *Team Borders Approach* to engaging and commissioning with the Third Sector around early intervention and prevention. To include: a) One path for commissioning to simplify process and funding streams b) Review one-year funding for Third Sector to provide more security for the sector c) Look to join up IT systems where possible.	mapping is complete, take this to the IJB to show what budget is spent on, and make use of the PBMA toolkit to develop a proposal around early intervention and prevention being more of a focus within current resource.		Bryan Davies, Jen Holland and Hazel Robertson	September 2023

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Improvement Actions	Measure	Status	Lead	Target Date
1.4. Engage with Children and Young People's Planning Partnership (CYPPP) to raise awareness around early intervention and prevention, and to advocate for this in the children's delegated services (AHPs, Primary Care, School Nursing, Health Visiting, CAMHS and Young Carers).	Link to the Promise and CYPPP measures from prevention perspective.	The Board role is to ensure strategic governance of the implementation of the Scottish Borders Children's Services Plan, with a strong focus on the Promise, GIRFEC, the UNCRC and corporate parenting responsibilities. The Whole Family Wellbeing Fund sits within the CYPPP and has a focus on early intervention and prevention supporting transformational change. Work plans are being developed within each of the four networks involving AHPs, Social Work, School Nursing, Health Visiting & CAMHS to embed change.	Sarah Horan	Ongoing
1.5. Clarify outcomes for the five Locality Groups to improve and put in place tangible activity around early intervention and prevention (in particular for hard to reach groups). Adopt a designing with people approach, such as 'Nothing for me, without me'.	Annual Reporting and Pathfinder output.	• We have an agreed strategy to recreate five Community integration groups, to engage community stakeholders on regarding health and social care issues. • Key stakeholders from NHS Borders and SBC are presently engaged in defining and shaping four new support roles to support the work of the community integration groups. • Once this shaping process is complete, we will recruit one full time community engagement officer and one .5fte admin support officer to support the pathfinder pilot in the Eildon Community. • Once the pilot is complete and has been reviewed a plan will be developed to launch the four remaining community integration groups. • At this stage we will recruit for the remaining full time community engagement officer and another .5fte Admin Support worker	Stephen Fotheringham	(Hopeful) June 2024 (Establishment of one Locality Group) Agree timescales for other 4 Groups

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Improvement Actions	Measure	Status	Lead	Target Date
1.6. Ensure that a Community Led Support (CLS) agenda is pursued around early intervention and prevention, which is inclusive and avoids a 'one professional lens' approach (i.e. covers health, social work and social care).	CLS agenda metrics reporting to IJB.	Community Led Support at WhatMatters Hubs has been introduced in all localities in the Scottish Borders. The project has benefitted by having a full time co-ordinator and involves a commissioned service from the Red Cross, input from Social Security Scotland and other voluntary representatives. Early intervention and preventative inputs at WhatMatters Hubs has seen a 30% decrease in waiting numbers and has reduced waiting times. In March 2023 there were 659 people on waiting lists and by January 2024 this has fallen to 431.In one locality there's currently no-one awaiting assessment and the aim is to ensure that this is the case throughout all five localities in the Borders within 18 months. In addition to adult services, young people Hubs have been successfully located in High Schools in Peebles and Hawick. Involvement with Police Scotland, schools and social work aims to form different relationships with young people, to prevent young people with problems entering the criminal justice system. Data from the Hubs is now available on a Dashboard and over time will provide better analysis about how CLS impacts on people and services.	Gwyneth Lennox	September 2023 (To IJB)
Improvement Actions	**Measure**	**Status**	**Lead**	**Target Date**
1.7. Review our effectiveness and efficiency as partners. Review how we are using services, what are we commissioning (IJB, CPP and partners). Need to ensure services are evidence-based and	- Output around existing commissioning to IJB in September - Local service measures providing info on number of people turning up for appointments		All partners contributing	September 2023 Ongoing thereafter

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consider if these are the best use of resources to achieve strategic objectives and outcomes.	and are they using the services we have, productivity of services, etc. - Ensure evidence-based - Bring granular performance information to the IJB Audit Committee			
1.8. Consider opportunities available as a large employer to encourage better staff wellbeing through prevention. Wellbeing will be rolled out in council and the college in summer. Staged roll out to other organisations later.	iMatter for the whole HSCP. Consider other measures to gather views of partners.		Sohail Bhatti	Ongoing through the Joint Staff Forum and Integrated Workforce Planning Group.

5.9 Governance and accountability:
2. ***Clarify the roles and responsibilities of IJB members to ensure they are clear on what is expected of them.***

Risks if Improvement Action *NOT* Implemented

➢ IJB will continue to risk ineffective operation via lack of scrutiny
➢ Members not able to make the best contribution they can
➢ Risk of doing this badly perpetuates inequalities between constituencies
➢ Ongoing confusion for people on where roles and responsibilities sit in relation to the IJB
➢ National Care Service implementation may impact on this

Costs

➢ Staff resource costs for development of information resource but also member time costs to co-produce

Improvement Actions	Measure	Status	Lead	Target Date
2.1. Develop an information resource which can be used by Board members, the wider workforce and the public that clearly defines: • The roles and responsibilities of the Board • the roles and responsibilities of Board members • Board structure and processes.	Information resource developed. Feedback from Board members, workforce and public.	Chief Officer held an IJB Development Session in October with the Improvement Service on integration, the roles and responsibilities of the IJB and Board structure. Information resource developed. Feedback from Board members, workforce and public Included a paragraph on the role of professional clinical advisers to the IJB to cover their professional accountabilities. **Complete:** Shared with the IJB members on an annual basis.	Led by Chris Myers with all partners contributing, with support from Iris Bishop.	September 2023

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Ensure this resource is co-produced with all Board members.				
2.2. Organise face to face development session with Board members to share the resource – what it contains, etc.	Development session held.	*As per 2.1* **Complete:** Development session held.	Iris Bishop	October 23
2.3. As part of Communications Plan, ensure information resource is communicated to wider workforce and public. This will ensure transparency of what we are doing, who is in what role, what function they are executing at the IJB	Development session held.	Invite a Communications Representative to the Joint Executive Meetings Website is to be updated to include names of IJB members, roles and purpose, photos and contact details Continue with Joint Staff Forum Meetings Additionally: To hold a planning meeting for Communications before each IJB meeting – this will look at agendas and what needs communicated to workforce and public The Delivery Report is to be published each time it is updated Develop an annual report based on the Delivery Report Explore using SWAY or VIVA to update workforce	Chris Myers Clare Oliver Kat Slater	Complete TBC Ongoing Ongoing Ongoing Ongoing
2.4. Chair to ask members to clarify in which capacity they are presenting a paper if they have more than one role on the IJB. Amend the way minutes of meetings are written to ensure member's roles for particular papers are clearly defined.	Board meetings are minuted reflecting member's roles for particular papers.	**Complete**	Chair and Iris Bishop	May 2023

5.9 Community engagement and participation:

3. *Reflect upon the IJB's current mechanisms for engaging with service users and the wider public to more effectively seek their views*

Despite good progress in this area noted by IJB members, it was felt that this must continue to be an ongoing priority.

Risks if Improvement Action *NOT* Implemented

Risks
➢ If actions do not work, then public will not be involved.
➢ If there is a lack of oversight, then there could be uncoordinated approach.
➢ If resources are not available, then we will be unable to undertake quality engagement.
➢ If we do not use the equality and diversity lens, then it will not be reflective of our population (Particularly action 1)

Costs
➢ There will be costs to undertake engagement. Some funding has been included in budget

Improvement Actions	Measure	Status	Lead	Target Date
3.1. Ensure our Locality Working Groups (Community Integration Groups) facilitate diversity and inclusivity to ensure representation from the wider population and all stakeholder networks.	➢ Evidence of co-production through each IJB Paper ➢ User satisfaction on community engagement	Delayed due to the movement of the timescale of Pathfinder launch, and community integration groups.	Stephen Fotheringham	September 2023 for first locality
3.2 Use our developed Locality Working Groups (Community Integration Groups) to design our approach to engagement to	➢ Increased numbers engaging ➢ Equalities monitoring	Delayed due to the movement of the timescale of Pathfinder launch, and community integration groups.	Stephen Fotheringham	December 2023

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	ensure wider population representation.	➢ Press take up and greater profile			
3.3	Align engagement strategies and activities across partners to ensure partnership approach.	➢ To check – community engagement tools ➢ Readiness to undertake participatory budgeting in early 2024	NHS and SBC hold regular community engagement update meetings where opportunities for joint working are discussed. 'Time for Change' conversations (NHS led community engagement between Oct – Dec 2023) utilised the Area Partnership and Community Council networks. In addition, specific follow up conversations took place with representatives from a number of Place Making groups. SBC led Community Conversations that took place during 2023 were not available to NHS representatives for input or presence however we will continue to explore joint working opportunities across the Partnership.	Clare Oliver/ Kat Slater / Jenni Craig / Juliana Amaral	December 2023
3.4.	Consider how we engage through existing groups and activity e.g. staff and their wider family network.		There is a vast network of groups with membership from a wide cross section of our communities that form part of our regular engagement activities. We continue to take active steps to grow this network and focus on groups with membership from people with lived experience of services; and those whose voices may be seldom heard. As Anchor Institutions we recognise the importance of our staff and their wider family networks; and public health colleagues are leading on a piece of work in this area.	Clare Oliver/ Kat Slater/ Sue Bell Lesley Horne/Bryan Davies	September 2023 March 2024 for commissioning

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