

# Scottish Borders Health and Social Care Partnership Integration Joint Board



Scottish Borders  
**Health and Social Care**  
PARTNERSHIP

20 March 2024

## Health and Social Care Partnership Performance and Delivery Report

Report by Chris Myers, Chief Officer

### 1. PURPOSE AND SUMMARY

- 1.1. The Integration Joint Board are asked to note the overview of the Health and Social Care Partnership delivery against its Strategic Framework and Annual Delivery Plan, and against the implementation of approved directions.
- 1.2. This report is intended to give Integration Joint Board members, 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 Annual Delivery Plan. Appendix 1 provides an overview of performance and Appendix 2 provides an overview of progress against the delivery of directions.
- 1.3. There continues to be positive progress developing the carer strategy and implementation plan, along with steps taken to increase supports with additional bed based respite, the day support pathfinder in Newcastleton, and the new day service in Hawick being close to opening. Work to review day supports in Eildon is ongoing and has provided much valuable information about the constraints and opportunities in the area.
- 1.4. Our What Matters Hubs continue to expand in function and location, including Young Persons Hubs continuing to develop in High Schools.
- 1.5. High levels of Self Directed Support and continued increases in homecare capacity show our collective success in this area. However, despite 12% extra homecare and Self Directed Support hours being brought into place between April 2022 and January 2024, this has accommodated a 2% increase in the number of service users. This reflects the growing levels of need from amongst our communities. This has also been experienced in rising acuity and medical length of stay in hospital, and the increase in demand for care from the hospital system.
- 1.6. In line with this, despite the £1.9m delayed discharge plan commissioned by the Integration Joint Board, and levels of transfers to care / HSCP services being in line with our forecasts, this has been offset by significant levels of additional demand which has been 16.1 per week and 26% higher than our forecast demand of 12.8 per week and based on the actual demand over the preceding 26 week period before the trajectory was put into place:
  - 1.6.1. Had demand been in level with forecast, then in the week commencing 11 March, based solely on current transfers to HSCP services, we would have been one above trajectory with a total of 30 delayed discharges (compared to the actual of 71). Based on both current transfers to HSCP services and the current level of removals due to ill health, there would be 0 delayed discharges.

- 1.6.2. Had we not had the additional removals associated to the surge plan, based on actual demand there would have been 194 people delayed and waiting for care in the week commencing 11 March (compared to 71). As a result, despite performance being above trajectory due to demand, it is worth noting that the IJB £1.9m delayed discharge plan has had a significant impact and brought us 123 less people being delayed discharges to date, and longer term additionality in terms of investments into care. We have also seen high levels of people discharged without delay (96.5% in the latest data (4 March)).
- 1.7. At this stage it is unclear as to whether demand will continue to remain at this high level, reduce or continue to grow.
- 1.8. Further actions are planned (e.g. development of reablement in home care, social work digital pathfinder), and work has commenced to try to model out future trajectory scenarios, but in common with the position last year, we will not be able to confirm additional actions and the trajectory until we have received both payment offers and are in a position to agree the IJB budget for 24/25.
- 1.9. Appropriate supports and ongoing transformation for increased productivity / capacity in health and social care, with increased focus on preventative measures such as Community Led Support and services that promote Wellbeing, the ongoing development of carer respite, along with Hospital at Home/ virtual ward will clearly need to be key planning considerations for the financial plan and HSCP delivery plan for 2024/25, and beyond. The work agreed by the last IJB to commission whole system capacity of health and care modelling will be key to the IJB's planning over the longer term. All of this work will need to occur against the very challenging financial and workforce constraints we face, and increase the requirement for transformation, savings and integration.
- 1.10. Overall, good progress is being made in relation to the implementation of the directions issued. 6 are complete, 12 are progressing to plan, 1 is delayed, and 3 areas have been highlighted as having significant delivery challenges. 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, consider differences in pay terms and conditions, and current service overspend. A paper will be developed for the Joint Executive Team in the first instance in order to determine the next steps.
  - The third relates to the Delayed Discharge and Surge Plan which unfortunately has not been fully realised as detailed above and in Appendix 1 Performance report.

## 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 Delivery Report.

### 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 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 improve outcomes.

### 6. HIGHLIGHTS RELATING TO INTEGRATION WORKSTREAMS WITHIN THE ANNUAL DELIVERY PLAN

#### Care Village update – Tweedbank and Hawick

6.1. Tweedbank will have 60 beds for Intermediate, long stay residential, respite and dementia care. A needs assessment is ongoing as part of the development of the Full Business Case for the Hawick Care Village to determine the requirements in Hawick. This considers the interface and impacts of the proposed Extra Care Housing in the area that will be developed by Eildon Housing Association on the Stirches site.

6.2. There is close working across the HSCP on the model of care requirements and dementia design. There is partnership working with the voluntary sector and Stirling University (Dementia Services Development Centre). There is also partnership working with Eildon for the Hawick development. Partnership working will increase as the project progresses to include Borders College, Borders Social Enterprise, Voluntary groups and others as required.

## Tackling Health Inequalities in the Scottish Borders

- 6.3. The THIS Borders Strategy (Tackling Health Inequalities in the Scottish Borders) is currently in development and it is anticipated that it will be published in Spring 2024. A thorough data analysis has been undertaken and work is underway to develop metrics to support review of our progress following the production of the strategy. We have engaged with a range of staff groups across the Health and Social Care Partnership and beyond, and we have plans to engage more widely with third sector partners to understand the how we can work together to address the wider determinants of health. Through consultation with members of the Community Planning Partnership (CPP) we have agreed to create a delivery group for taking forward actions arising from the recommendations in the strategy. The delivery group will bring together CPP partners across a wide range of sectors to consider how we can have collective impact in promoting prevention and early intervention.

## What Matters Hubs / Community Led Support

- 6.4. Currently we are running Galashiels (Tuesday), Peebles and Kelso (Wednesday) and Hawick (Thursday) 'What Matters Hubs' weekly from 10am – 3pm. Duns and Eyemouth run on alternate Tuesdays but in March, this changes to weekly. There is third sector support at the hubs from Social Security Scotland, Alzheimer's Scotland, Telecare, Local Area Co-ordination, Sustainable Selkirk, Red Cross, BCASS, CAB and Borders Carers Centre.
- 6.5. In Kelso on the 21 February 2024 we launched a Mental Health Information Station which will run monthly and will be hopefully rolled out to all the hubs. We also are launching a Young Persons Hub within Hawick High School on 28/2/24 and this will run weekly over a lunch time from 1-15 – 2.15 and will be themed to include young carers, keep safe, careers, local clubs and supports. This will replicate the Young Person's hub which runs at Peebles High School each Thursday lunchtime.

## Partnership with Home Energy Scotland

- 6.6. From October to December 2023, Home Energy Scotland worked in partnership with Scottish Borders Health and Social Care Partnership to delivery energy advice in person to patients attending vaccination clinics across the Scottish Borders. Home Energy Scotland (HES) is a free and impartial service funded by Scottish Government and managed by the Energy Saving Trust. The service provides advice on energy efficiency, renewable technology, sustainable transport and water advice aimed at keeping people warm, helping them to save money and reducing carbon emissions. As well as a range of practical advice, HES identify households who are eligible for Warmer Home Scotland which is focussed on improvements to energy efficiency in the home. The value of improvements available to households can be up to £10,000 with a wide range of insulation and heating improvements provided subject to a personal survey of the property.
- 6.7. The team engaged with 1074 people over a three month period in 8 locations at Galashiels, Peebles, Kelso, Lauder, Newton, Duns, West Linton and Selkirk. The demographics of the vaccination cohorts commencing with at-risk groups followed by older members of the community means that energy advice and keeping warm are very relevant and useful messages to receive.
- 6.8. The people engaged with received bespoke advice in person, a resource to take home with contact information. Around 10% of people agreed to more in-depth follow up with a phone call from an advisor where further help such as referrals to Warmer Home Scotland can be explored and a number of households have received this help with a range of very successful outcomes benefiting health and wellbeing.

## Development of a Health and Social Care Partnership Carers Plan/Strategy

- 6.9. 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 are 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.
- 6.10. Following the update in January 2024, further consultation is ongoing with aim of completing the Integrated Impact Assessment in relation to the Carers Plan/Strategy. The target date for completion of the Integrated Impact Assessment is April 2024, and then to submit the paper to the IJB for approval.

## Supporting unpaid carers to get breaks from caring

- 6.11. 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. Four high dependency respite rooms are envisaged, one currently being available for respite through the independent sector.
- 6.12. Our pathfinder in Newcastleton to provide day supports for people including those with personal care needs by bolstering existing community supports with the provision of home care is ongoing in the Buccleuch Warm and Well. We have had good feedback to date and plan to evaluate this shortly.
- 6.13. In relation to the new Hawick Day Service, the Care Inspectorate has allocated an Inspector to support the onward registration process of the new service. The Inspectorate have indicated that an April completion date for the registration may be possible. Based on this information, we will aim to get this new service based in Hawick Community Hospital up and running promptly after we receive registration. Decoration and flooring of the main day service area and corridor is completed. The shower area is still outstanding but will not delay opening of the service. Staffing and recruitment is complete.
- 6.14. A visit to the Hawick Community Hospital setting was made on 29 February by members of the Teviot and Liddesdale Task and Finish Group, the Teviot Day Service Support Group and the Care Inspectorate where they received an update on progress. All that attended were pleased to see the improvements that had been made and the environment that had been created, stating that these exceeded their expectations.
- 6.15. We will support a launch event once the service is ready to open which will be an opportunity to ensure that relevant community stakeholders are kept apprised and where possible are able to be involved with the service. Integration Joint Board members will be invited to this event.
- 6.16. Research is ongoing to identify need and options for day supports in Eildon via the Eildon Day Supports Task and Finish Group is underway. As part of this we have liaised with a range of community groups, individuals and staff through in person meetings and via surveys.

## Local Area Coordination Review

- 6.17. The review is now complete and the recommendations are currently being considered engaged on with staff. The review recommendations include a reset of the service to ensure it meets the objectives of a Local Area Coordination model generating opportunities within localities and

neighbourhoods for participation in activities and areas of interest for those who meet social care criteria. A period of consultation will now take place with staff and our communities as part of our Integrated Impact Assessment process. The consultation period will take in the region of 3 months to complete, and a paper will come back to the IJB with the final recommendations.

### Physical Disability Strategy

- 6.5 The Physical Disability Strategy group have been working with people with Physical disabilities and long term conditions. They have met groups of users carers and interested parties 8 times over the past year. The strategy, its key ambitions and action plan have been coproduced and reflect the aspirations and challenges experienced by people with a physical disability living in the Scottish Borders.
- 6.6 The next phase will involve carrying out an Integrated Impact Assessment where a range of other groups of people with relevant protected characteristics will be engaged in the strategy development.
- 6.7 The development meetings have been attended by 17 Ability Borders members attended all of whom have either a long-term health condition or physical disability, 4 family carers and representatives from; Scottish Borders Council, Occupational Health, Housing, NHS Borders, Joint Health Improvement Team, Borders Older People's Forum, Dynamic Community Fusion, Hawick Acorn Project Initiative, HCC Reaching Out Scottish Borders, Scottish Borders Carer's Centre Spinal Injuries Scotland and Wildsmith Training.

## 7. IMPACTS

### Community Health and Wellbeing Outcomes

- 7.1. 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**

- 7.2. 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**

- 7.3. An assessment against these duties is not required as this is a summary report and IIAs will be conducted as required for each item.

## **Legislative considerations**

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

## **Climate Change and Sustainability**

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

## **Risk and Mitigations**

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

## **8. CONSULTATION**

### **Communities consulted**

- 8.1. Details of communities consulted are included in each of the relevant IJB reports.

### **Integration Joint Board Officers consulted**

- 8.2. Not relevant.

**Approved by:** Chris Myers, Chief Officer

**Author:** Various

**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](mailto:chris.myers@scotborders.gov.uk)



Scottish Borders  
**Health and Social Care**  
PARTNERSHIP

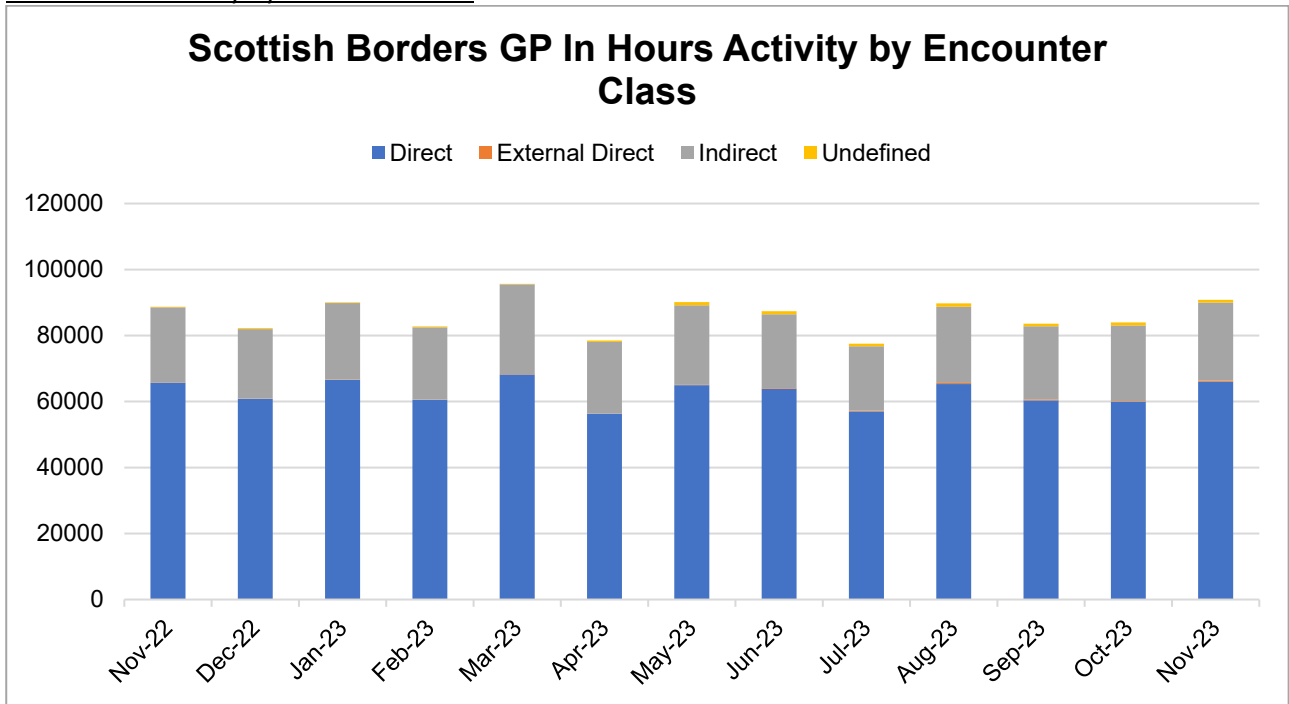
**Performance Report (including Quarterly Performance Report) for the  
Scottish Borders Integration Joint Board March 2024**

**SUMMARY OF PERFORMANCE:  
Latest available Data**

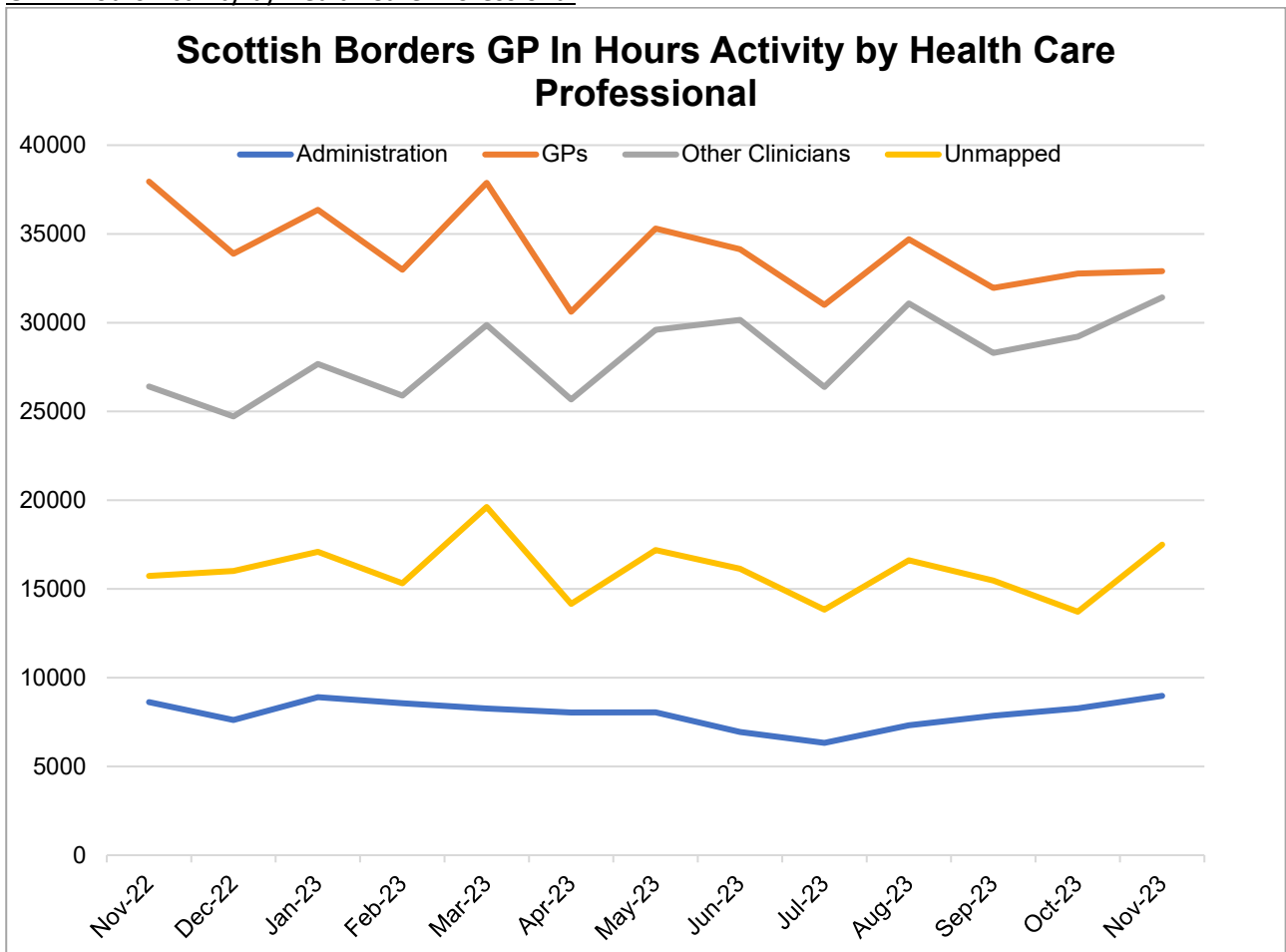


**Objective 1: Improving Access**

GP In Hours Activity by Encounter Class



GP In Hours Activity by Health Care Professional



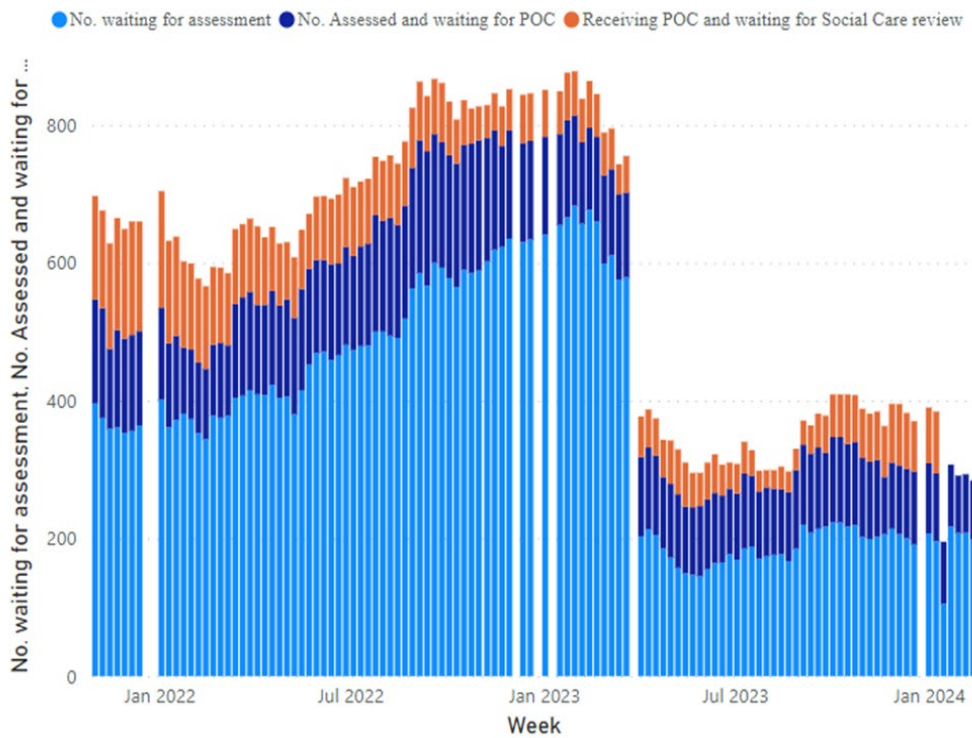
Social Work Assessment Waiting List

12 February 2024

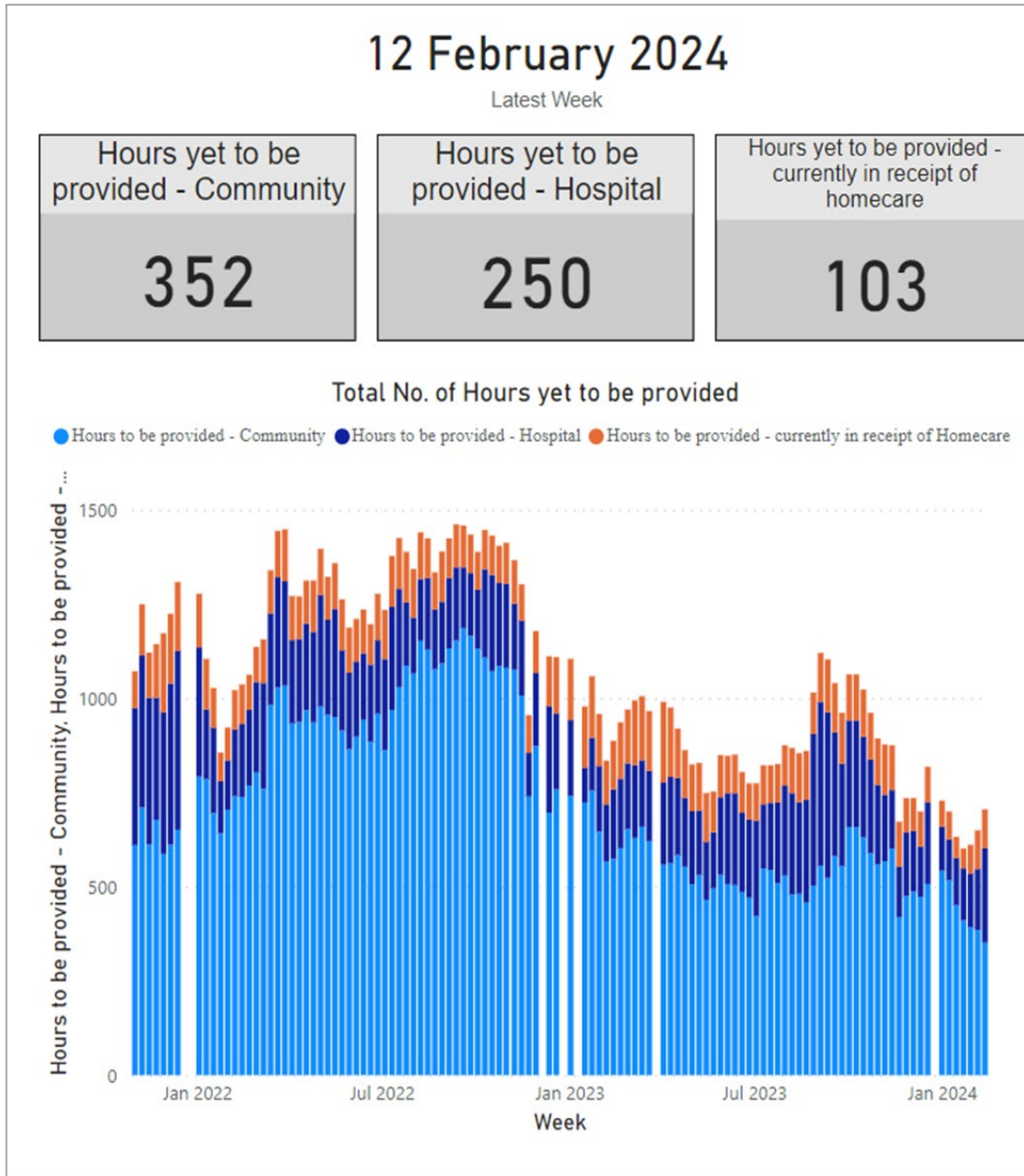
Latest Week

No. waiting for Assessment	No. Assessed and Waiting for POC	No. Receiving POC & Waiting for Review
198	86	(Blank)

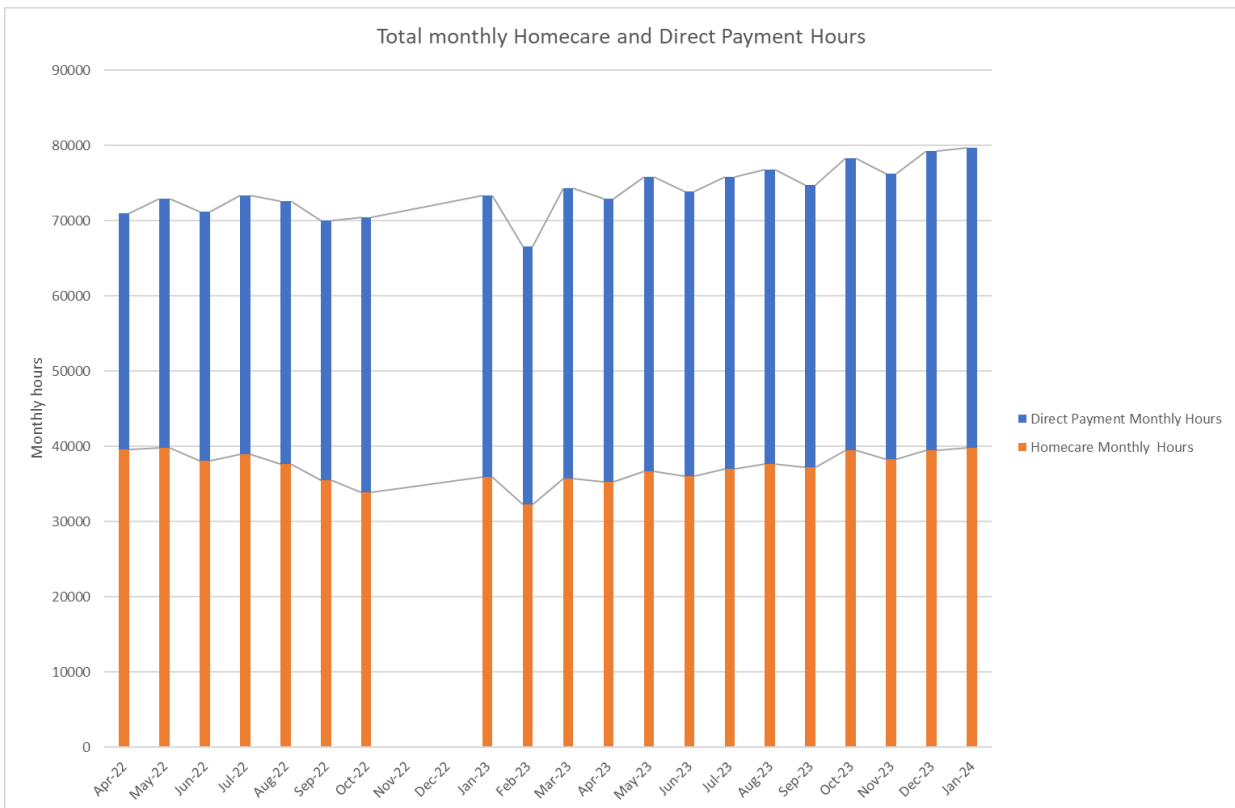
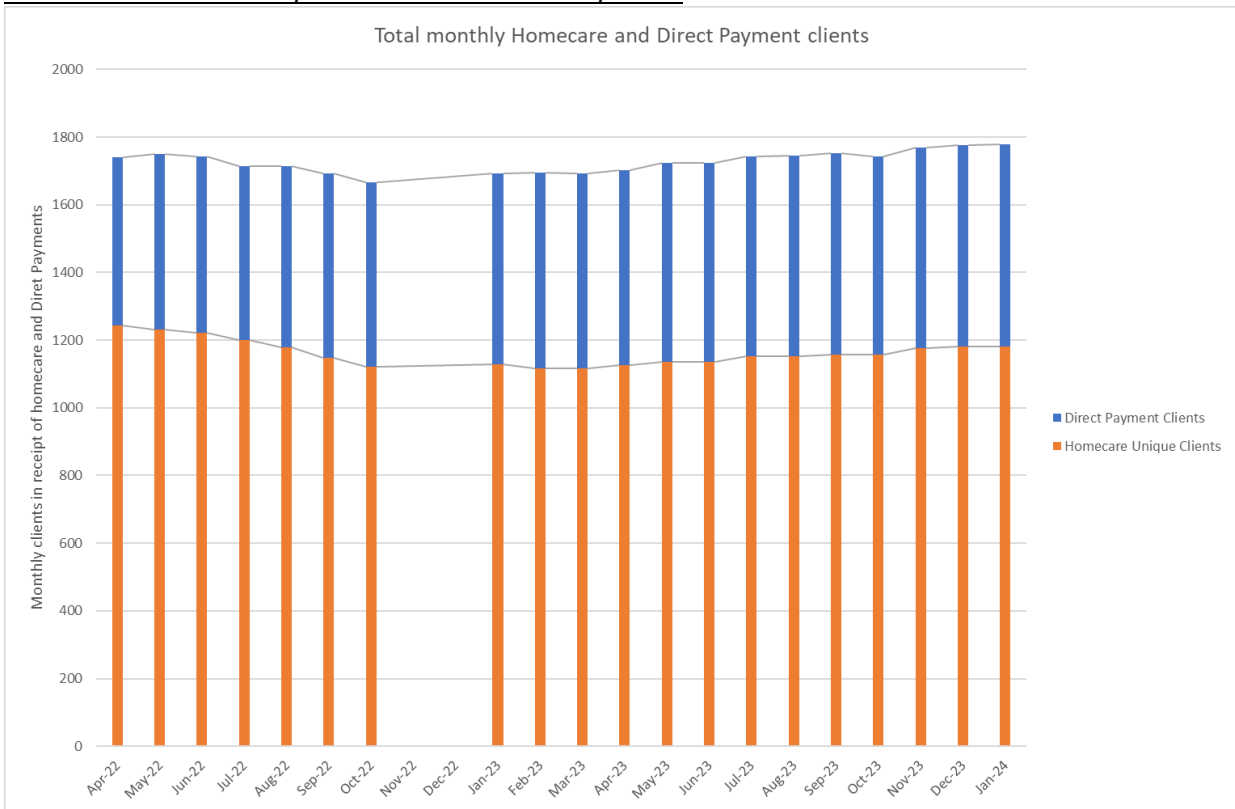
Total No. of Clients Awaiting Assessment or Review



Total Hours of Unmet Homecare



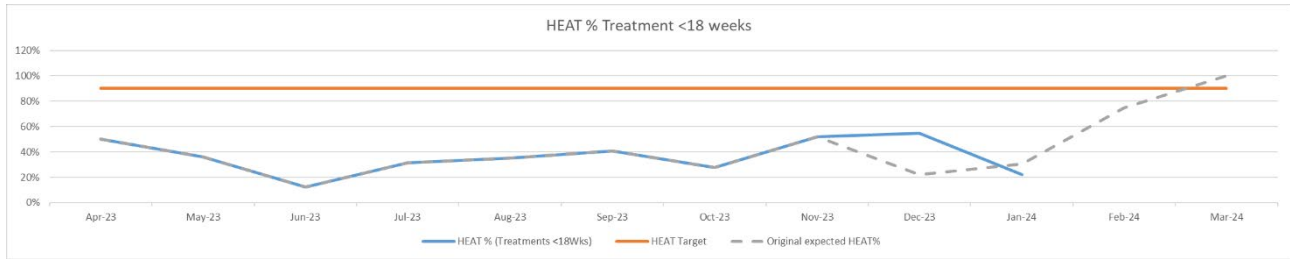
## Homecare and Direct Payment clients and monthly hours



\*'Homecare' includes internal and external homecare, housing with care and Extra Care Housing.

Despite 12% extra homecare and Self Directed Support hours being brought into place between April 2022 and January 2024, this has accommodated a 2% increase in the number of service users. This reflects the growing levels of need from amongst our communities.

## Child and Adolescent Mental Health Waiting Times



### 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% Cat 2 and 30% Cat 1 in order to meet the LDP (Heat target) earlier than originally reported.

**Patients Seen** - Performance (0-18 weeks) for January 2024 has decreased to 22.2% compared to data for last month (54.5%). The number of patients being seen has increased (27) compared to 11 for December 2023. 0 patients have been seen in the over 35-week cohort as there are no patients waiting in this cohort.

**Patients Waiting** - The total number of patients waiting as at end of January 2024 has decreased (78) compared to 105 as at end of December 2023.

There has been a decrease in patients waiting over 18 weeks for treatment: 26 patients for January 2024, compared to 41 for December 2023.

**Patients Waiting Queue Shape** - The longest wait for treatment yet to commence is unadjusted 38 weeks (this is reduced to 8 weeks with adjustment for DNA) as at the end of January 2024, this patient has been seen for treatment in February 2024.

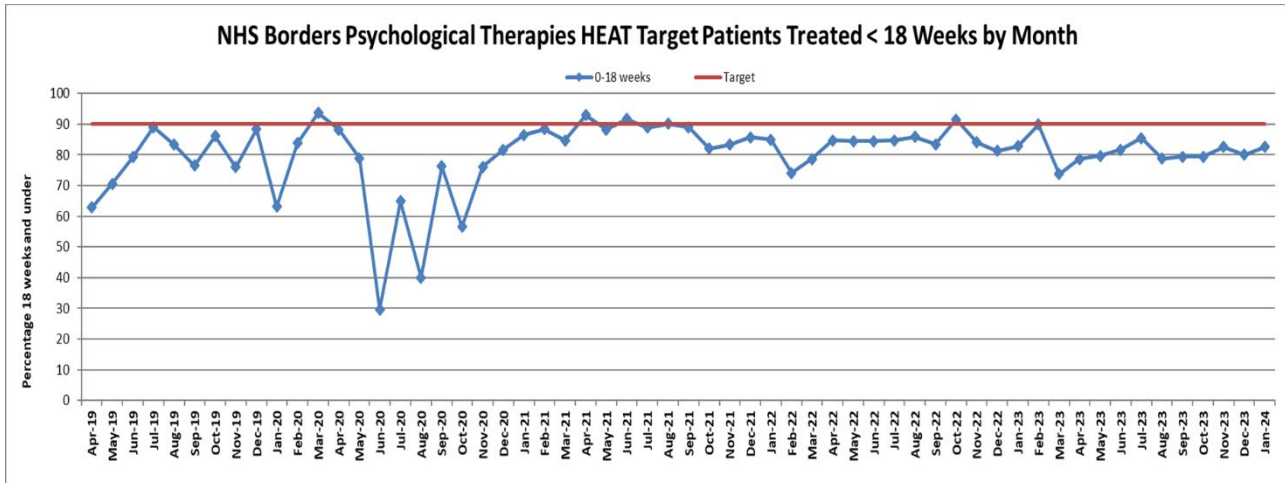
**DNA** - For January 2024 there were 3 DNAs for a first patient appointment, this is an increase from 1 for December 2023. However, first contact appointments have increased for January 2024 with 28 patients being seen for a first contact compared to 11 in December 2023. Therefore, the percentage DNAs for a first patient appointment has increased only slightly to 9.7% for January 2024 compared to 8.3% for December 2023.

**Referrals** - There has been a decrease in the total number of referrals for January 2024 (41) compared to 44 for December 2023.

There has been an increase (+1) in the number of rejected referrals for January 2024 (28) compared to 27 for December 2023. The percentage rejected has therefore increased for January 2024 (68.3%) compared to December 2023 (61.4%).

**Open Caseload** - Caseload has decreased by 31 to 547 for January 2024.

## Psychological Therapies



### Current activity and performance against HEAT Target

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 slightly down from last month at 80% - last month was 82.61%. In December the service started treatment with 120 patients (184 in November 2023) of which 24 (32 in November 2023) patients had waited longer than 18 weeks for a first treatment appointment (Figure 1).

Our LD 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 PT Waiting List

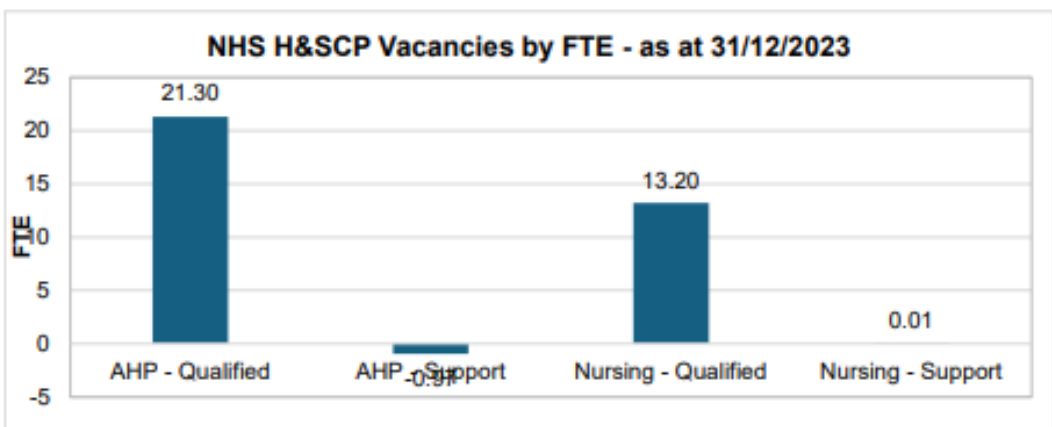
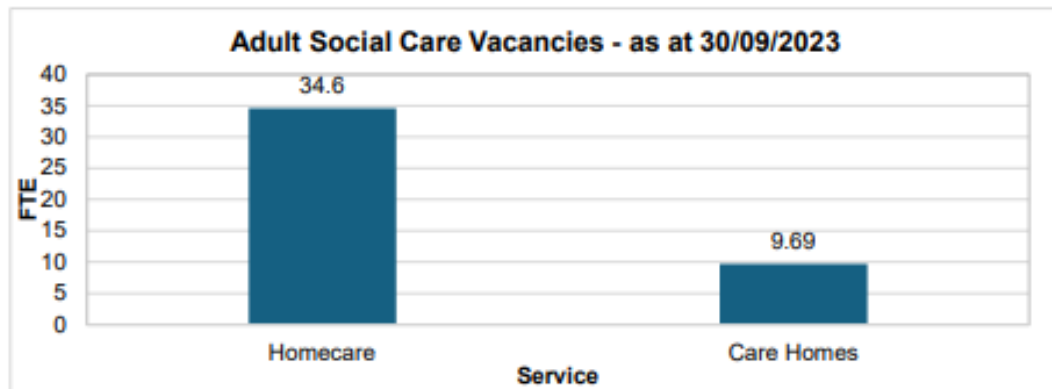
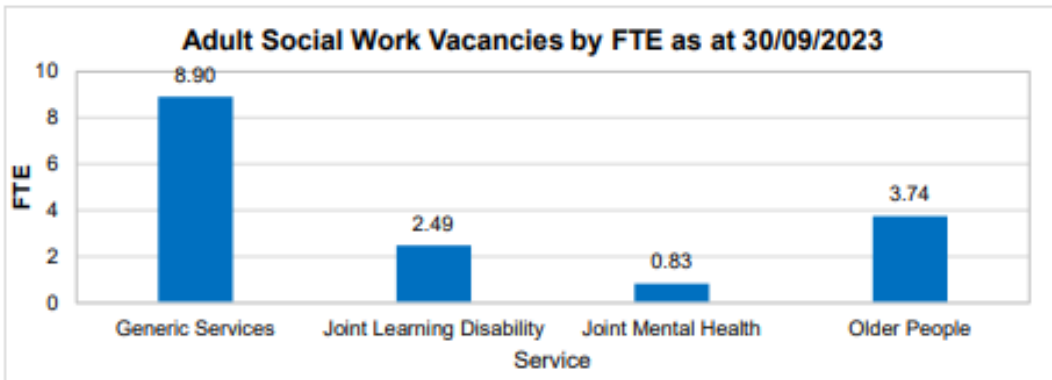
As at 31st December 2023 we have 640 people on our waiting list, a slight increase of 2 from last month, 88.1% of whom have waited less than 18 weeks. We do not have anyone waiting over 52 weeks. We have 7 people waiting in the 35-52 week range which represent 1.1% of those waiting. Waits over 18 weeks 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.

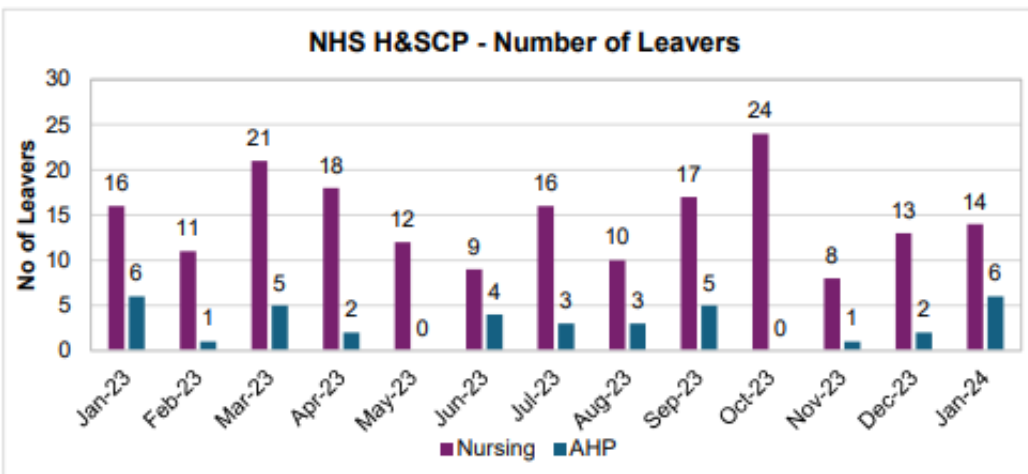
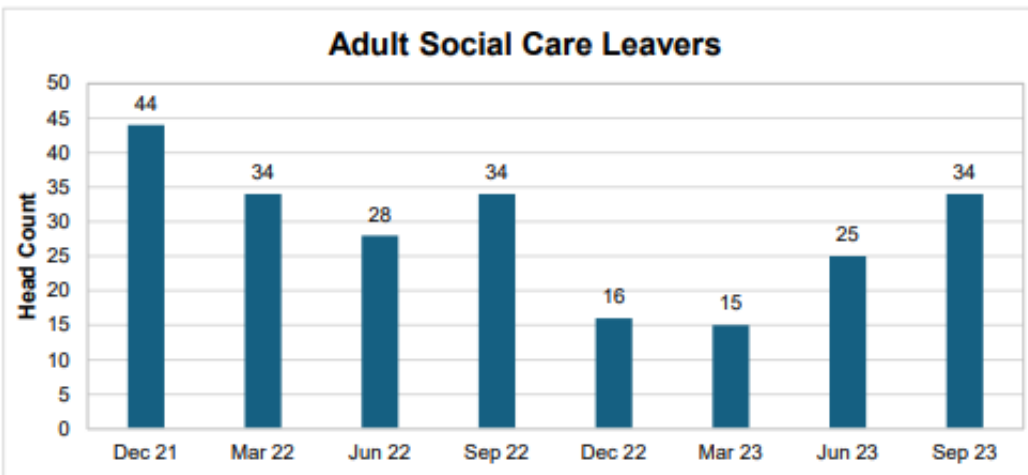
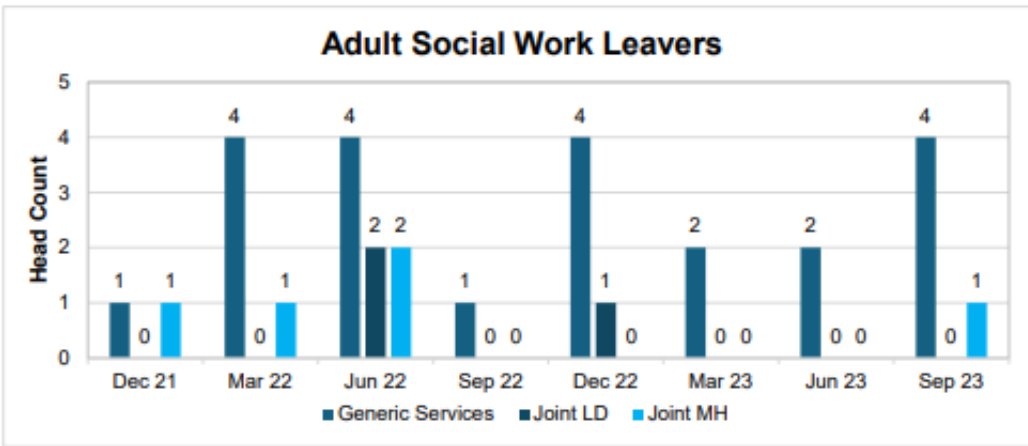
**Objective 2. Rising to the workforce challenge**

**Vacancies by FTE**



**Leavers**

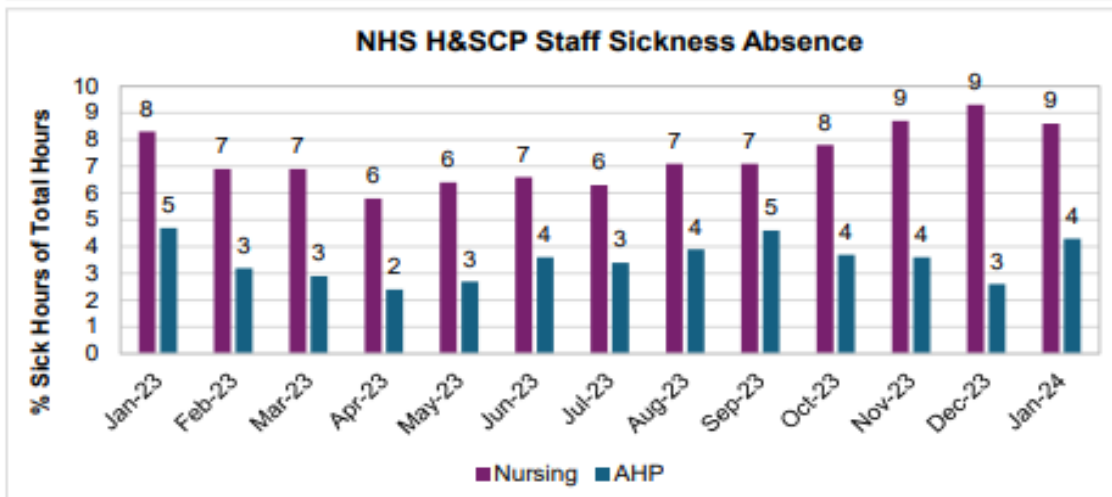
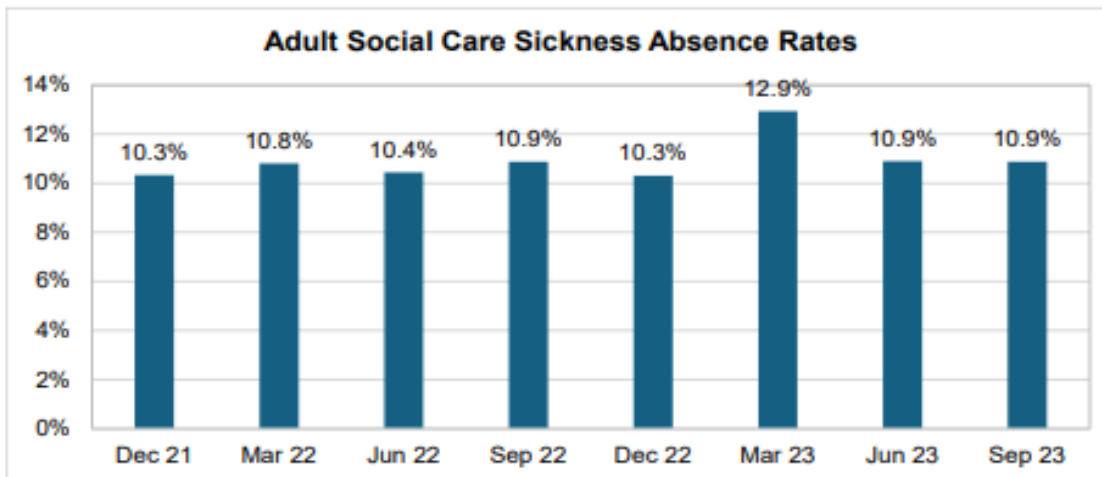
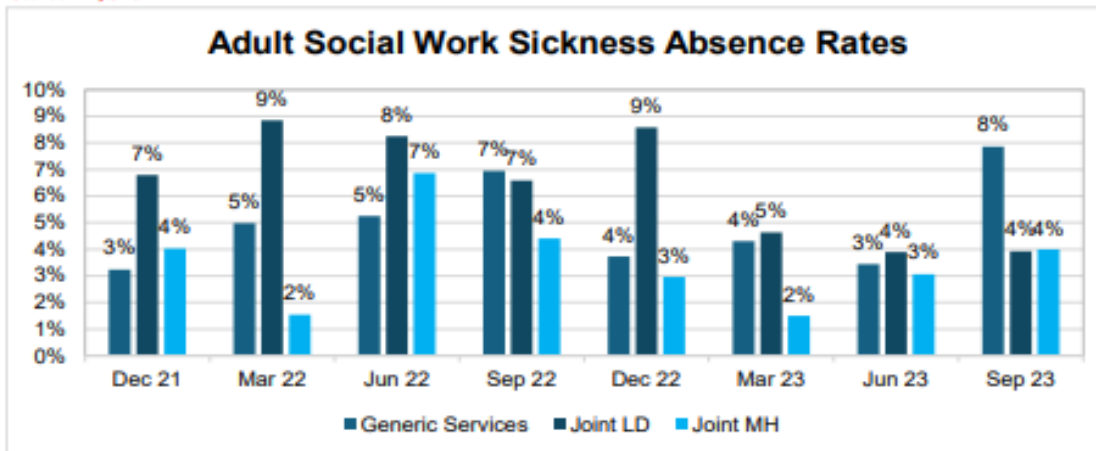
Source: HR, SBC





**Sickness Absence Rates**

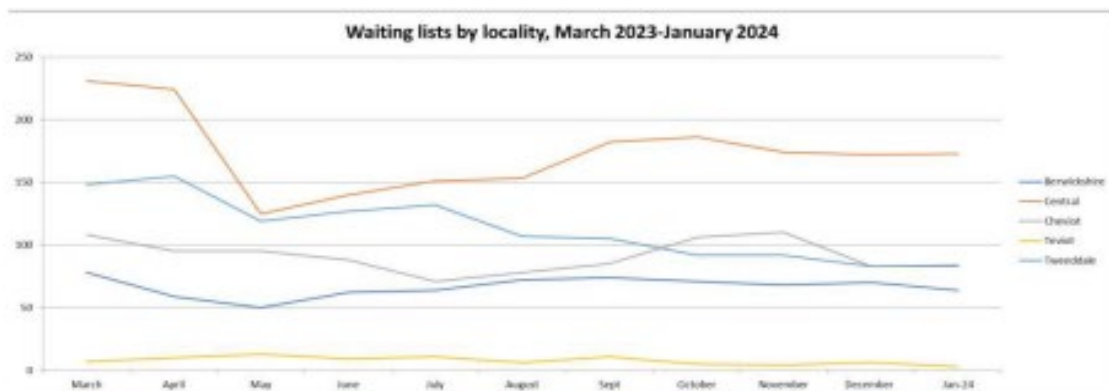
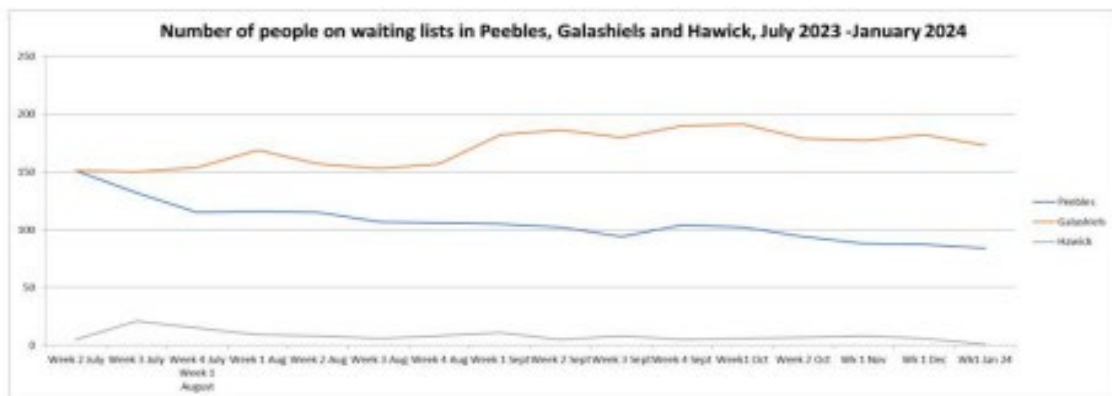
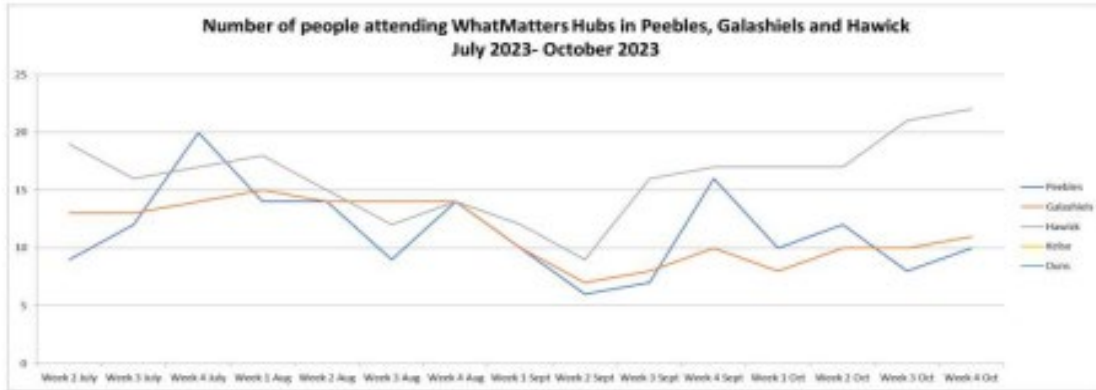
Source: HR, SBC

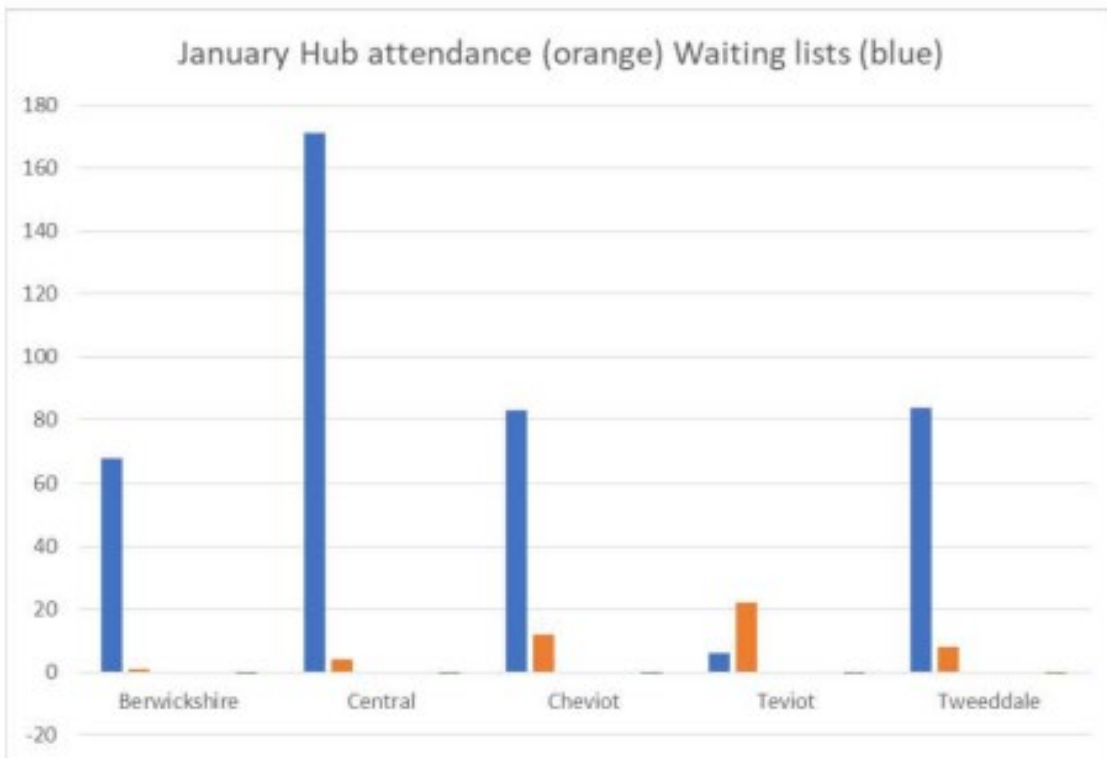




### Objective 3. Prevention and early intervention

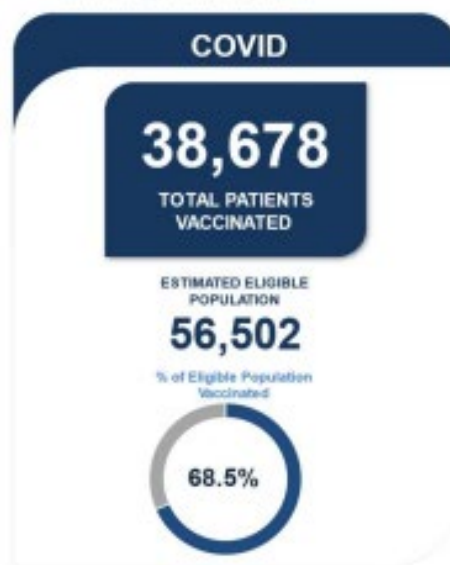
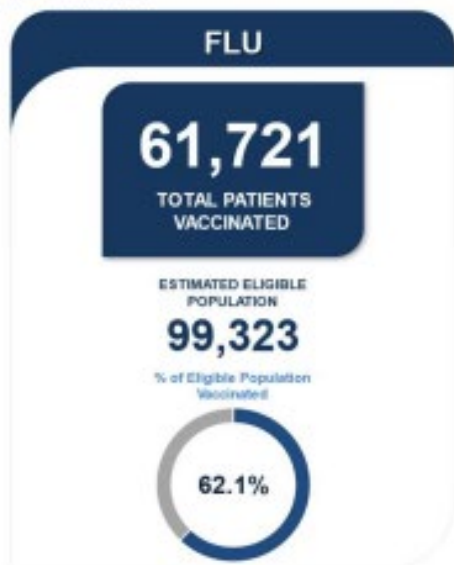
#### WhatMatters Hub Statistics July 2023 – September 2023





**Covid and Influenza Vaccination uptake**

UPTAKE SUMMARY



## UPTAKE SUMMARY BY COHORT

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

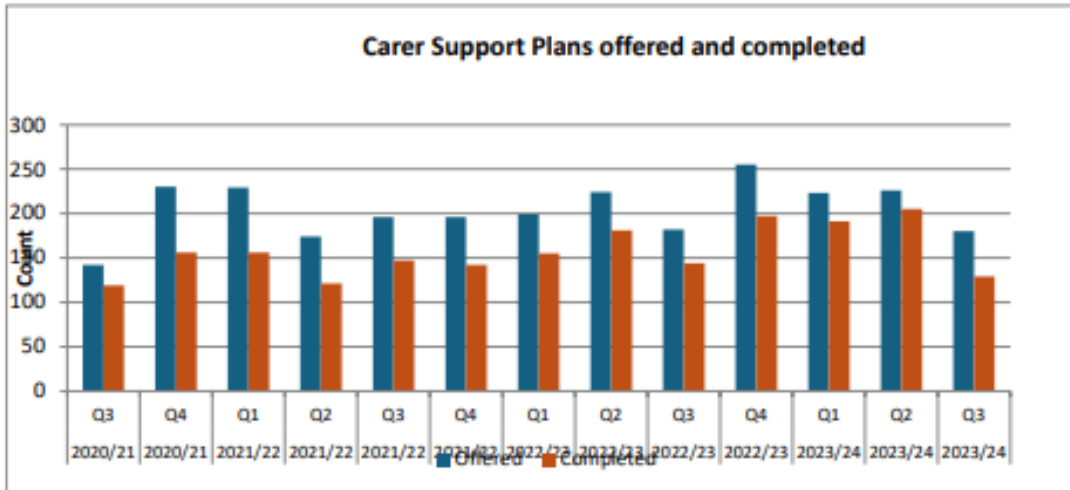
FLU 61,721			
TOTAL PATIENTS VACCINATED			
UPTAKE BY COHORT			Uptake Aspiration
Health Care Workers	1,951	49.7%	HCW: 60%
Social Care Workers	1,258	40.7%	SCW: 45%
Care Home Residents	639	92.0%	95%
Over 75 Years Old	13,511	87.9%	90%
65 - 74 Years Old	13,531	81.1%	90%
WIS 12+	1,941	73.9%	80%
18 - 64 At Risk	8,891	54.1%	60%
50 - 64 Years Old	6,788	37.2%	60%
2 - 5 years old (not yet at school)	1,562	50.3%	65%
Primary School Pupils	5,946	75.4%	80%
Secondary School Pupils	4,321	81.5%	65%
6 Months - 2 Years At Risk	12	50.0%	

COVID 38,679			
TOTAL PATIENTS VACCINATED			
UPTAKE BY COHORT			Uptake Aspiration
Frontline Health Care Workers	963	41.5%	HCW: 60%
Social Care Workers	927	29.9%	SCW: 45%
Care Home Residents	638	92.5%	95%
Over 75 Years Old	13,606	88.5%	90%
65 - 74 Years Old	13,650	81.9%	90%
WIS 12+	1,855	69.7%	60%
12 - 64 At Risk	6,924	46.7%	60%
5 - 11 At Risk	84	12.5%	60%
6 Months - 4 Years At Risk	5	3.0%	

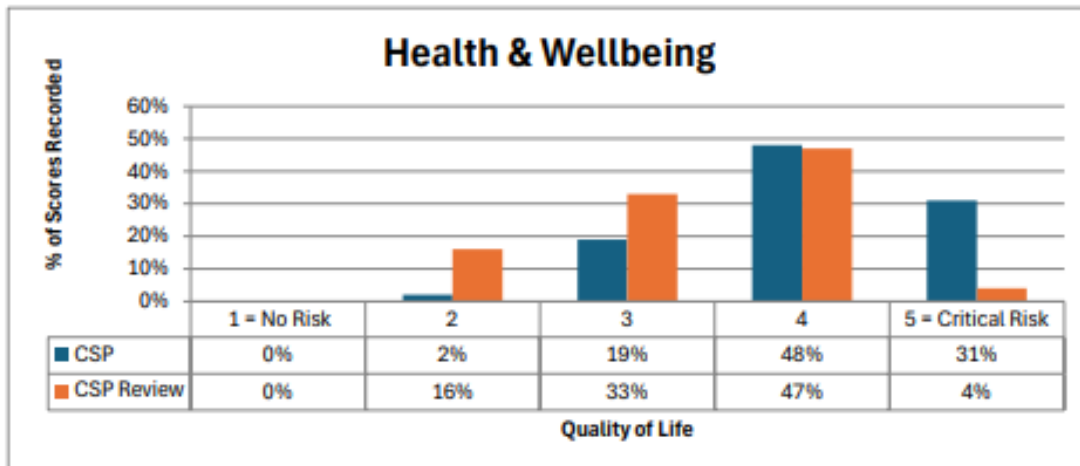
**Objective 4: Supporting unpaid carers by getting services for the cared for right**

Unpaid Carers offered and completed Carer Support Plans

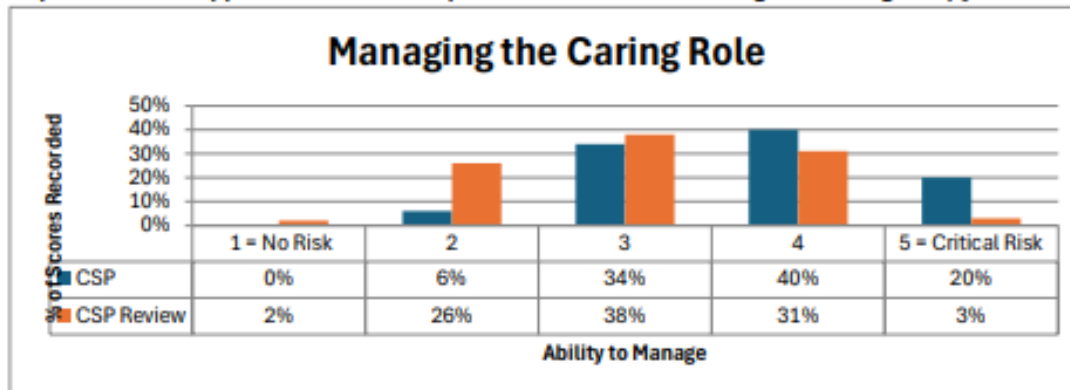
Source: Borders Carers Centre



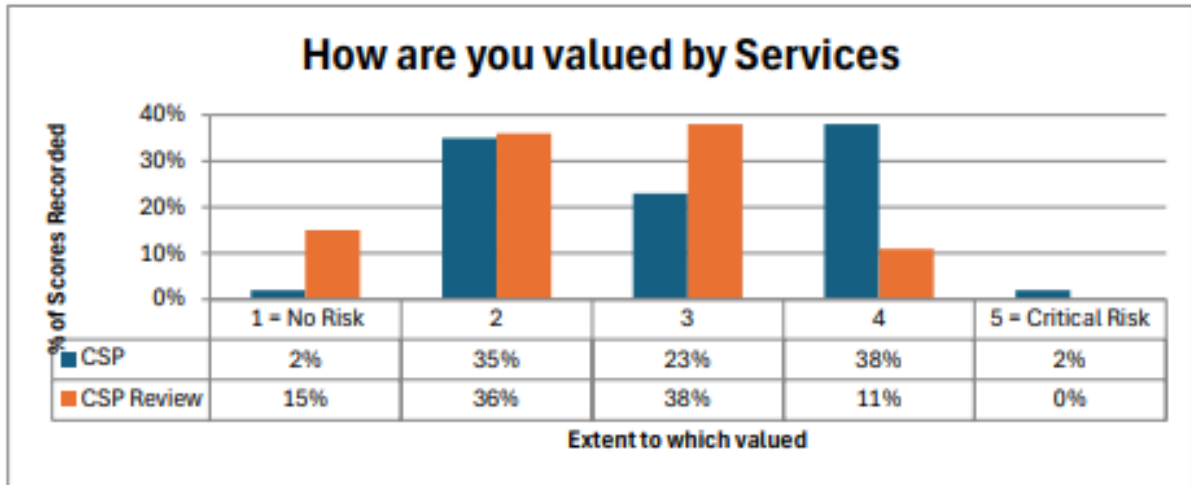
**Impact of Carer Support Plans (CSPs) on reported health and wellbeing of Unpaid Carers (Q3 2023/24)**



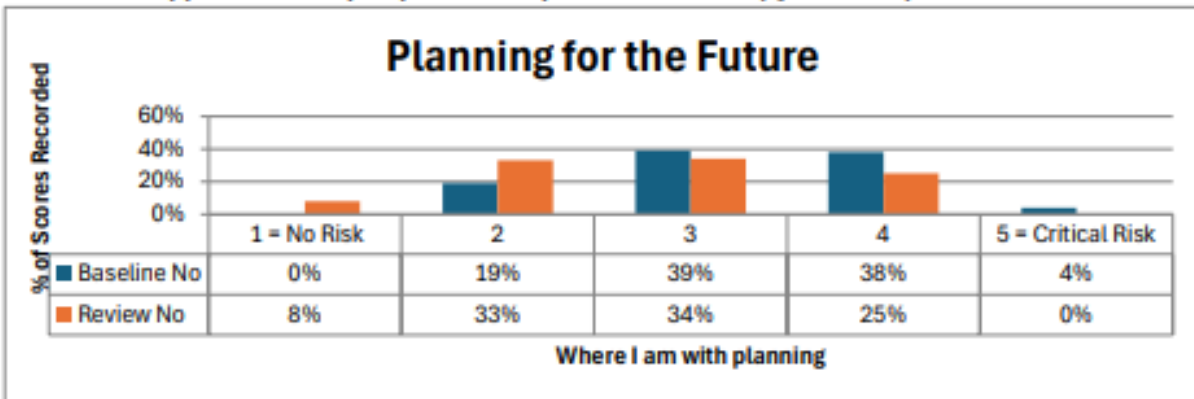
**Impact of Carer Support Plans on how Unpaid Carers are able to manage the Caring role (Q3 2023/24)**



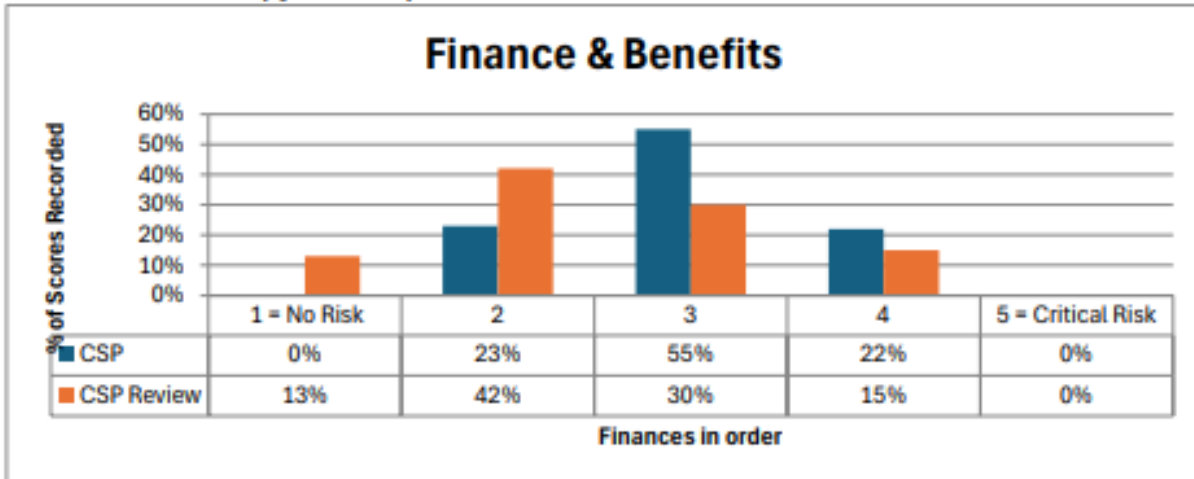
**Impact of Carer Support Plans on how Unpaid Carers feel valued by services (Q3 2023/24)**



**How Carer Support Plans help Unpaid Carers plan for the future (Q3 2023/24)**



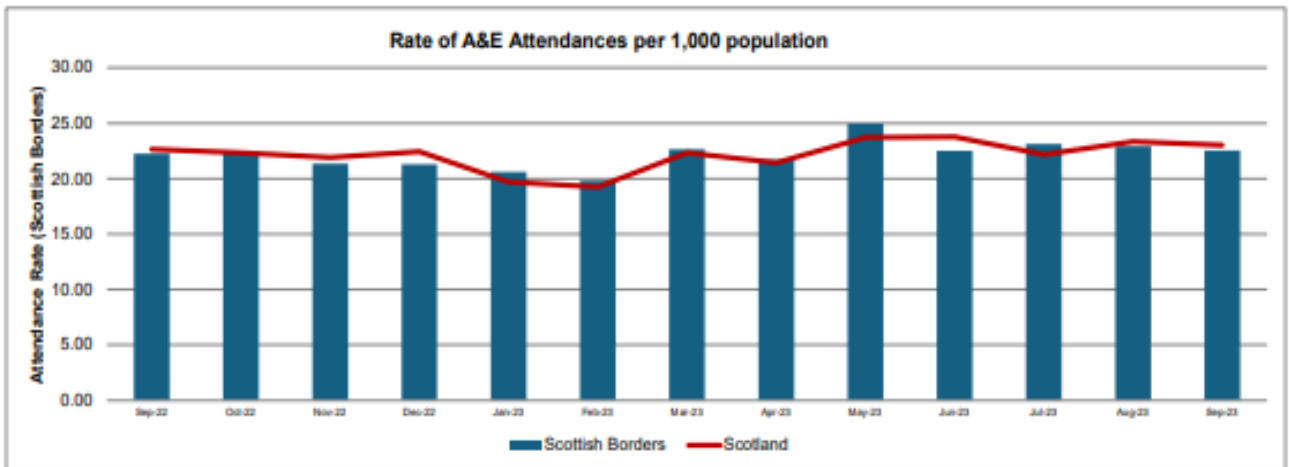
**Finance and benefits (Q3 2023/24)**



Objective 5. Improving effectiveness and efficiency

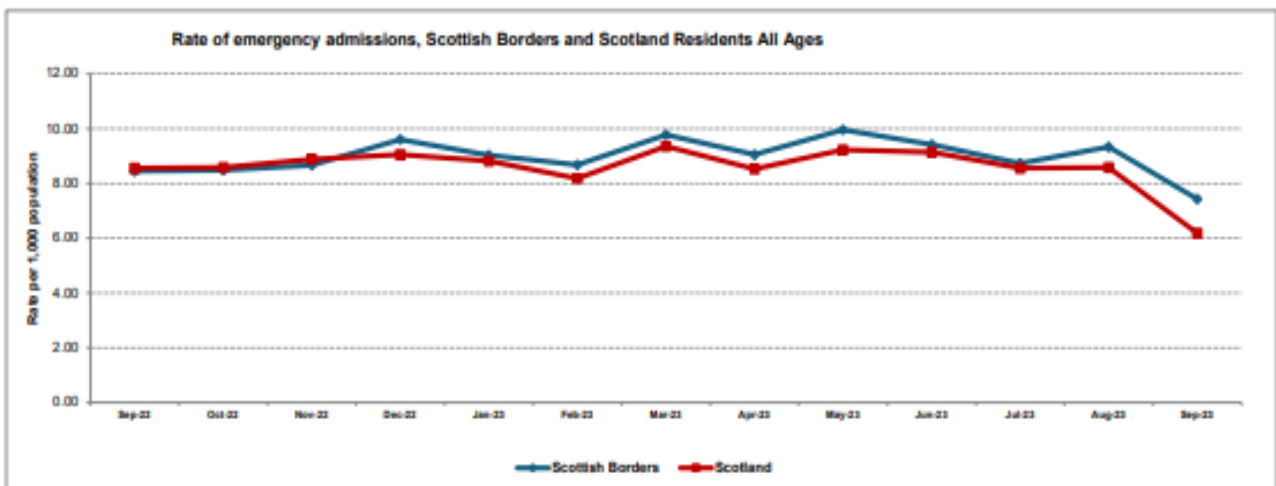
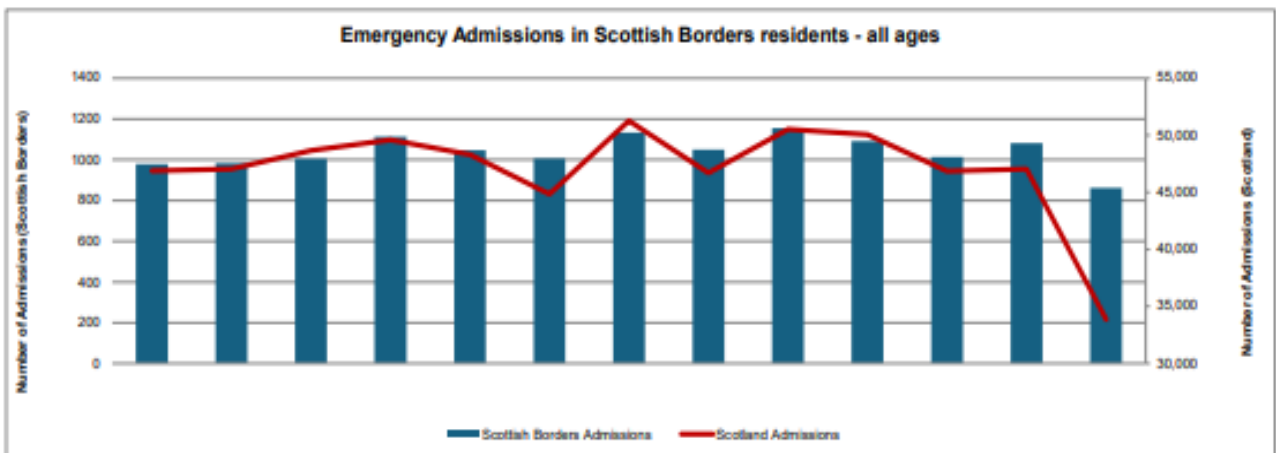
**Rate of A&E Attendances per 1,000 population**

Source: MSG Integration Performance Indicators workbook (data from NHS Borders Trakcare system)



**Emergency Admissions, Scottish Borders residents All Ages**

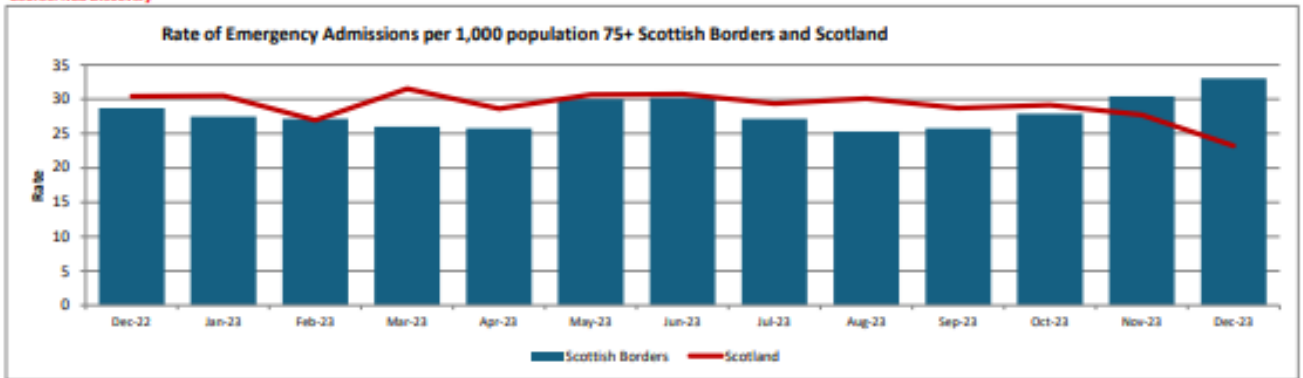
Source: MSG Integration Performance Indicators workbook (SMR01 data)





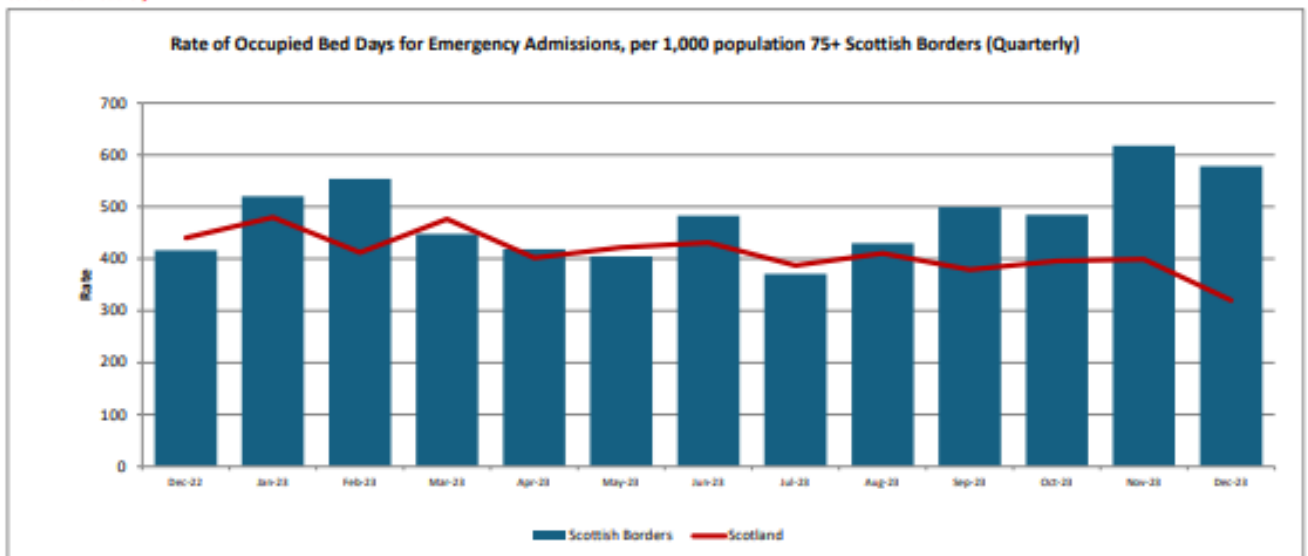
**Emergency Admissions comparison, Scottish Borders and Scotland residents age 75+**

Source: NSS Discovery



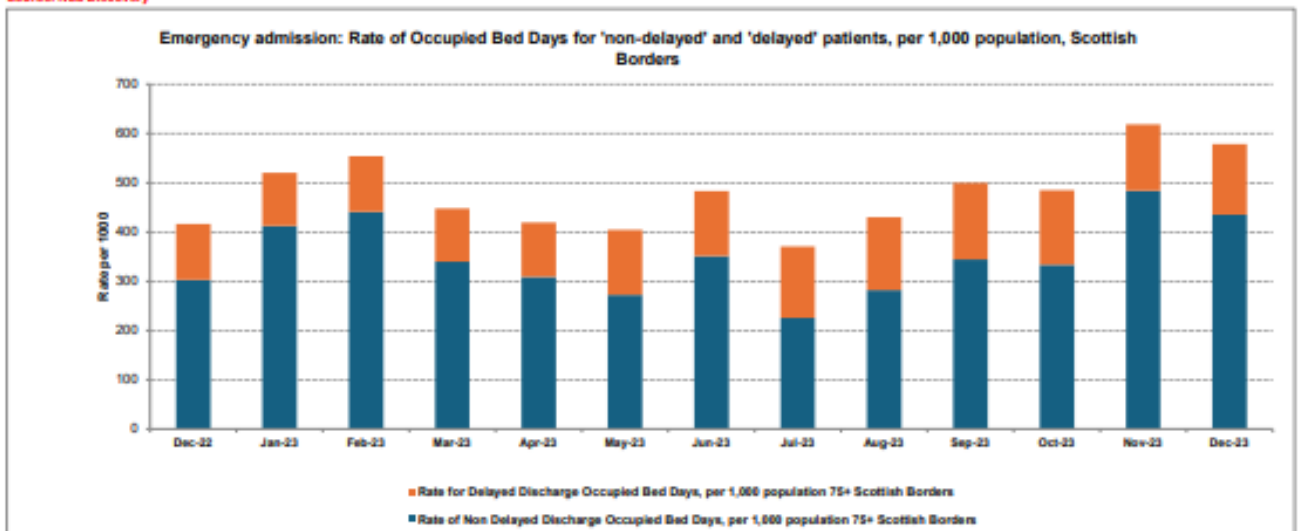
**Occupied Bed Days for emergency admissions, Scottish Borders and Scotland Residents age 75+**

Source: NSS Discovery



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

Source: NSS Discovery

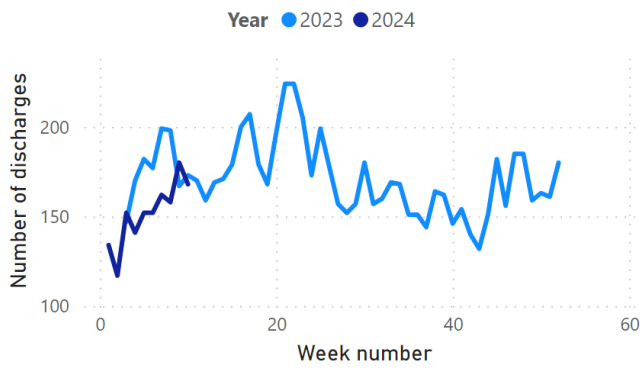


Please Note: where two areas are concerned it is not possible to show values as a control chart.

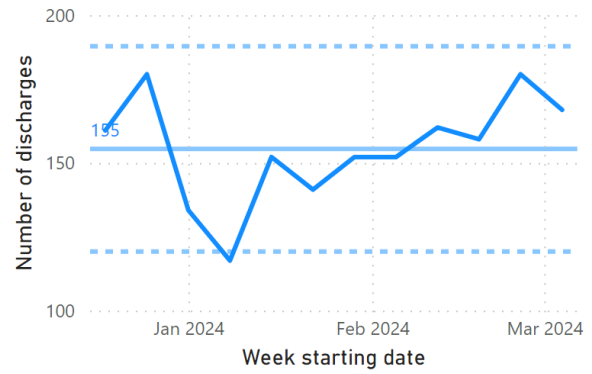
Source: NHS Borders Traiccare system

## Discharged without Delay

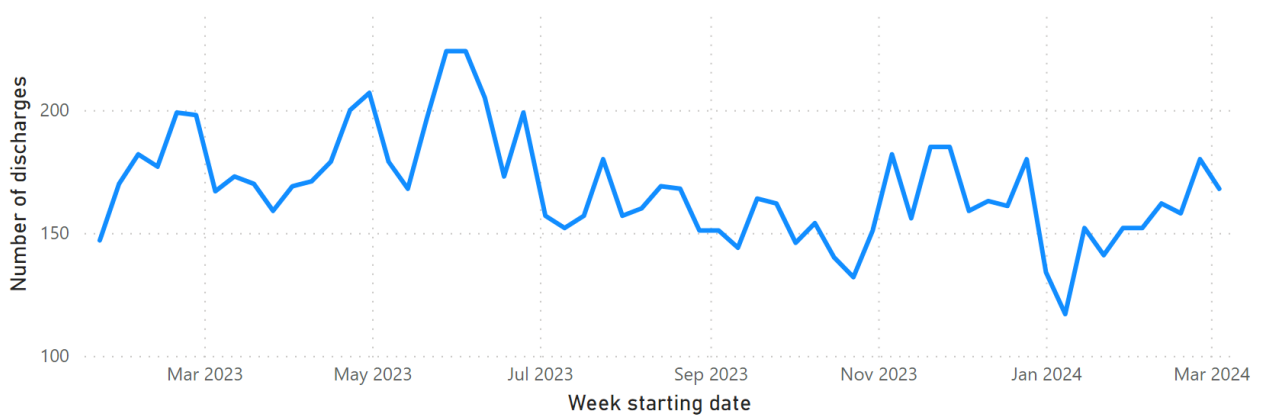
Year on Year Comparison



Latest 3 months, degree of variation\*\*

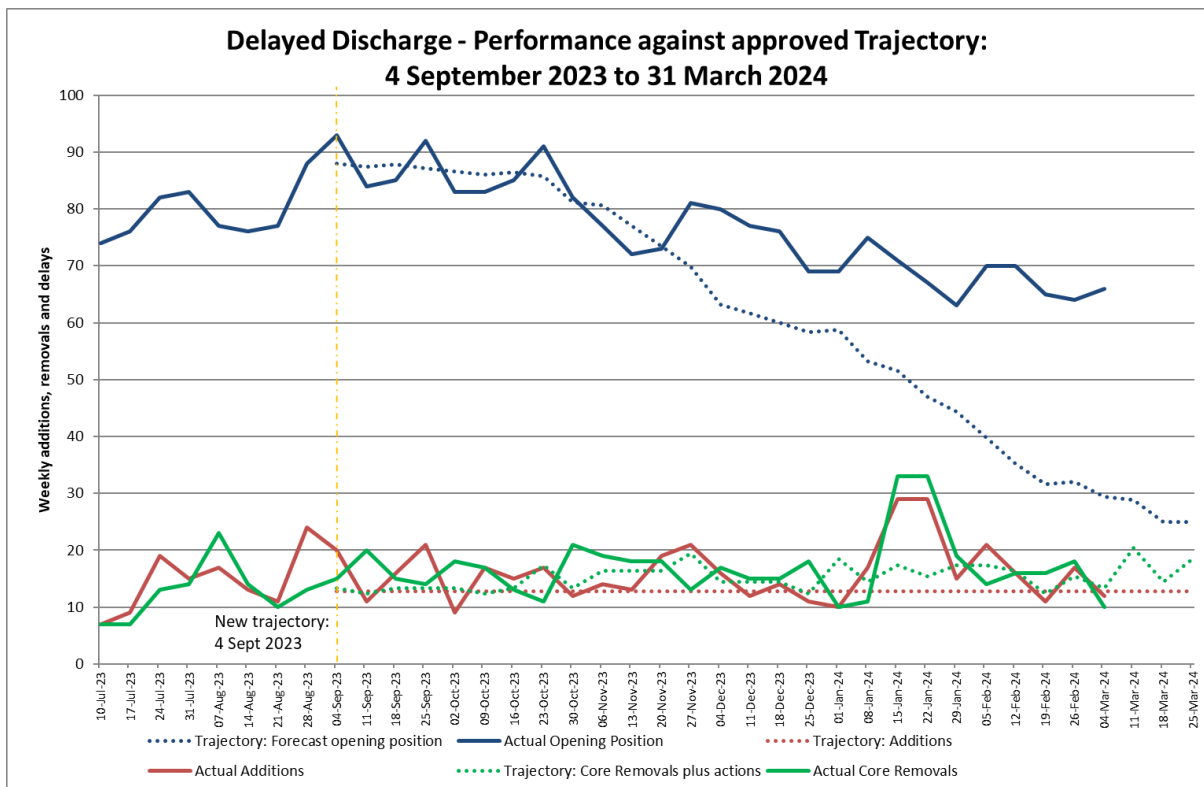


Longer trend, with BRAG thresholds where available

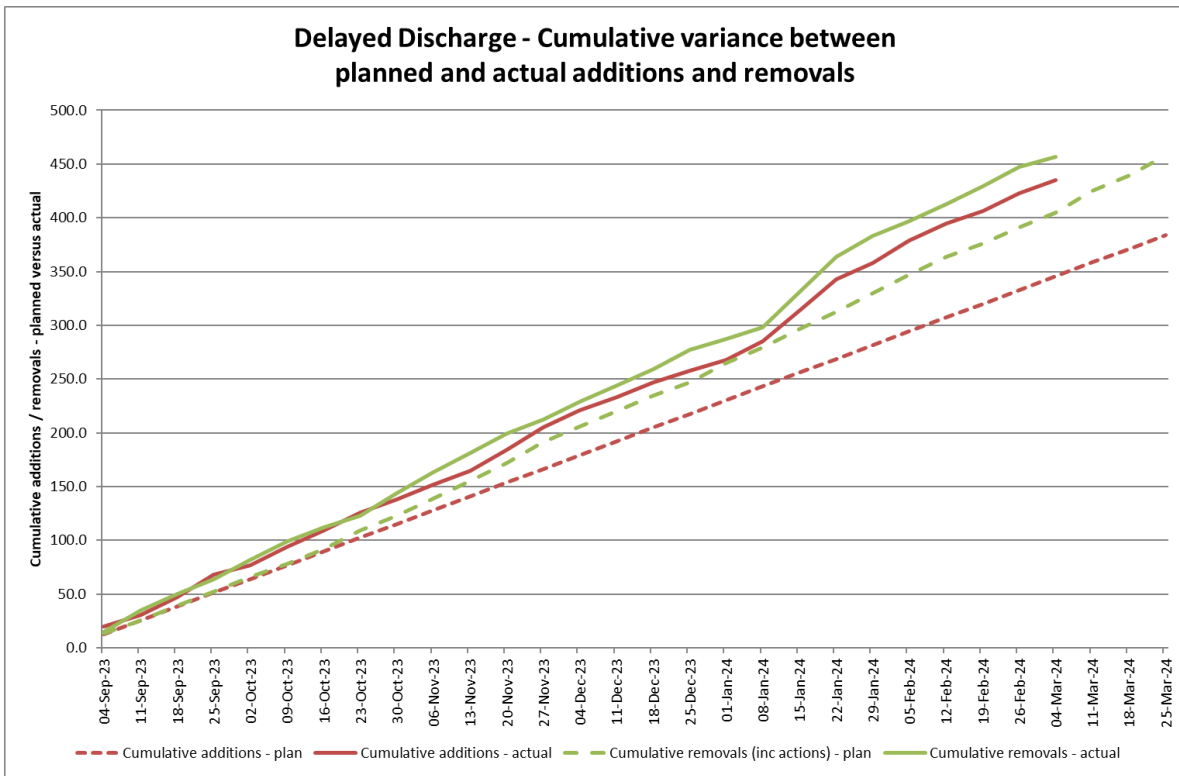


Out of 174 discharges in the latest reported week, there were 168 patients discharged without delay (4<sup>th</sup> March 2024) – 96.5%.

## Delayed Discharge



### Delayed Discharge - Cumulative variance between planned and actual additions and removals



**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 based on constraints noted in the introduction

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	
SBIJB-240124-1	23/01/24	Reprovision of Night Support	Reprovisioning of Adult Social Care Night Support service	To implement the 'Reprovisioning of night support service' report recommendations considered by the Integration Joint Board. This includes review at 6 months in the IJB Audit Committee	Further savings of £158,035 beyond the first phase are anticipated, bringing the total recurring	It is expected that the proposal will improve National Health and Wellbeing outcomes 2, 3, 4, 6, 8 and 9.	



					saving to £343,692 per annum.		
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