SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

2022-23 ANNUAL PERFORMANCE REPORT & 2023-24 DELIVERY PLAN

Scottish Borders
Health and Social Care
PARTNERSHIP


Welcome to
Scottish Borders

MESSAGE FROM CHIEF OFFICER

2022/23 has been a year where we have reset and renewed our focus as a Partnership. We started this with an open dialogue with our communities through the 'We have Listened' exercise. This provided us with a really rich understanding of what matters to Borderers.

We have used this information, along with a Public Health needs assessment, and a review of outcomes and an understanding of risks to form the Health and Social Care Strategic Framework which sets our path over 2023-26. I am pleased that we now have one strategy which gives us a new 'true North' for Health and Social Care across the Integration Joint Board, Scottish Borders Council, NHS Borders and Community Planning Partnership. As partners, we are working with our communities to ensure that all people in the Scottish Borders are able to live their lives to the full.

The Strategic Framework, along with our Integrated Workforce Plan, and new 2023-25 Equality Outcomes and Mainstreaming Framework help set us in the right direction for the coming years. Our Annual Delivery Plan sets out our approach in line with our Strategic Framework for the year ahead.

There have also been a number of major operational developments over the year including:

- A significant level of work to review and improve carer supports
- The development of our re-ablement approach in adult social care
- Commencing work to integrate our Adult Social Care Home Care and Hospital to Home services,
- Progress on the Primary Care Improvement Plan
- Expansion of the Community Equipment Stores
- Development of pharmacy services for social care service users, and;
- Expansion of the Rapid Assessment and Discharge service.

I am extremely grateful to everyone involved in these operational and strategic developments.

We do this within an environment with continued workforce, financial and economic pressures, along with increasing need for services. Against this challenging backdrop, there is a lot to do which we commit to continue to do in partnership with our communities.

I would like thank everyone who uses our services, works in our services, our partners, unpaid carers and the wider public, for their ongoing support, and I look forward to working with you to deliver over 2023-24.

Chris Myers
Chief Officer Scottish Borders Health and Social Care Integration Joint Board
July 2023

CONTENTS

1. HOW EVERYONE IN THE SCOTTISH BORDERS CAN 'PLAY THEIR PART'

In the 'We have Listened report' we were delighted by how our communities wanted to be more involved and to participate in co-production of plans for health and social care. We restate our commitment to work with and listen to the voice of local people in the ongoing co-production of our plans associated to this Strategic Framework. It is also important to highlight that everyone in the Scottish Borders can play their part to take care of their own health and wellbeing. Small personal changes can make the biggest difference, and there are many ways that you can do this:

- **Looking after yourself as best you can**
  NHS Inform provides much information on healthy living, some of which are included below:
  - ◊ Eating a healthy, well balanced diet
  - ◊ Keeping active
  - ◊ Having a responsible relationship with alcohol
  - ◊ Avoiding the use of illegal drugs

- **Volunteering if possible, or helping others in your community – this is known to have positive impacts on your health and wellbeing, along with those that you are helping**
- **Planning ahead for your future:**
  - ◊ **Discussing what matters most when making plans for your care in the future**
  - ◊ Appointing someone with **Power of Attorney** in case you lose capacity to make decisions

- **Should you need care or support:**
  - ◊ Accessing the **Right Care from the Right Place**
  - ◊ Explaining to staff what matters to you when you are receiving a health or social care service. There is no wrong answer to this question – it's all about what matters to you.
  - ◊ Working with health and social care staff to make shared decisions. This is also known to result in better care and improve outcomes. When being asked to make a decision about care or treatment, asking the following questions will help you make better choices:
    - What options are available to me?
    - What are the risks of each of these options?
    - What are the impacts of these options on my wellbeing and independence?
    - What would happen if I did nothing?

2. ABOUT THE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

2.1. Broad Aims

The Scottish Borders Health and Social Care Integration Joint Board is a Public Authority which is focused on delivering improvements against the nine National Outcomes for Health and Wellbeing, and to achieve the core aims of integration:

- To improve the quality and consistency of services for patients, carers, service users and their families;
- To provide seamless, integrated, quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and
- To ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with long term conditions and often complex needs, many of whom are older.

The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of those functions through the directions issued by it. It does this by developing a needs-based and outcomes-focused Strategic Commissioning Plan, and by commissioning our partners in line with the Integration Planning and Delivery Principles. The Integration Joint Board then reviews progress against this plan and its impacts on outcomes, using this information to refine its approach to commissioning. This combined annual performance report and annual commissioning plan form one important part of this review process.

2.2. Delegated services

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

Scottish Borders
Health and Social Care
PARTNERSHIP

Scottish Borders Council

NHS Borders

NHS Borders

ADULT SOCIAL CARE SERVICES*

- Home care services*
- Extra Care Housing*
- Social Work Services for adults and older people*
- Services and support for adults with physical disabilities and learning disabilities*
- Mental Health Services*
- Drug and Alcohol Services
- Adult protection and domestic abuse*
- Carers Support Services
- Community Care Assessment Teams*
- Care Home Services*
- Adult Placement Services*
- Health Improvement Services
- Reablement Services, equipment and telecare
- Aspects of housing support including aids and adaptations*
- Day Services*
- Local Area Co-ordination
- Respite Provision*
- Occupational Therapy Services*

COMMUNITY HEALTH SERVICES

- Primary Medical Services (GP practices)**
- Out of Hours Primary Medical Services **
- Public Dental Services**
- General Dental Services**
- Ophthalmic Services**
- Community Pharmacy Services**
- Allied Health Professional Services
- District Nursing
- Mental Health Services
- Community Geriatric Services
- Community Learning Disability Services
- Community Addiction Services
- Public Health Services
- Community Palliative Care
- Pharmacy services
- Continence Services
- Kidney Dialysis out with the hospital

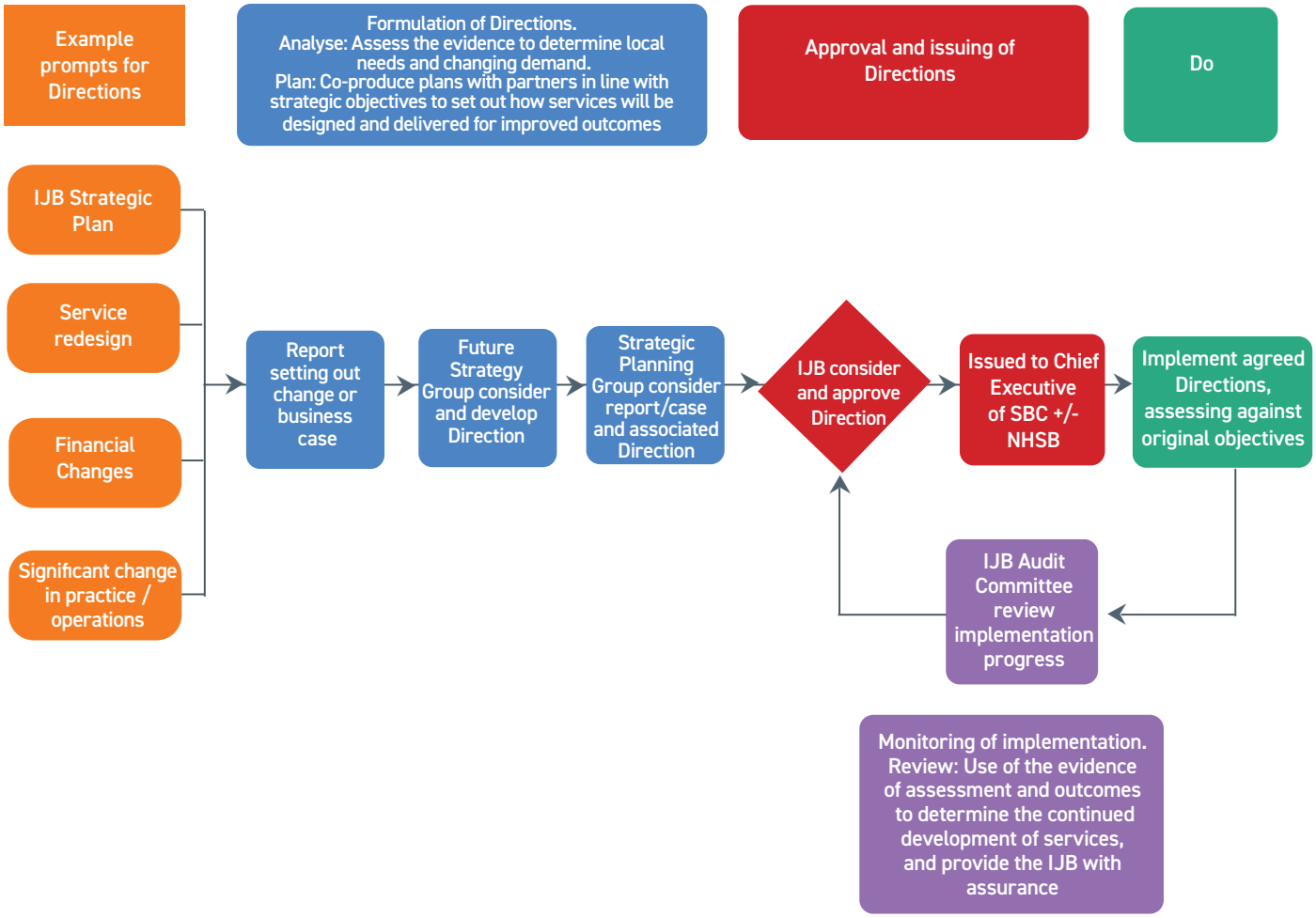
ADULT HOSPITAL HEALTH SERVICES **

- Accident and Emergency
- Inpatient hospital services in these specialties:
  - General Medicine
  - Geriatric Medicine
  - Mental Health
  - Rehabilitation Medicine
  - Respiratory Medicine
  - Psychiatry of Learning Disability
  - Palliative Care Services provided in a hospital
- Inpatient hospital services provided by GPs
- Services provided in a hospital in relation to an addiction or dependence on any substance
- Pharmacy services
- Cross boundary services outlined in the list above

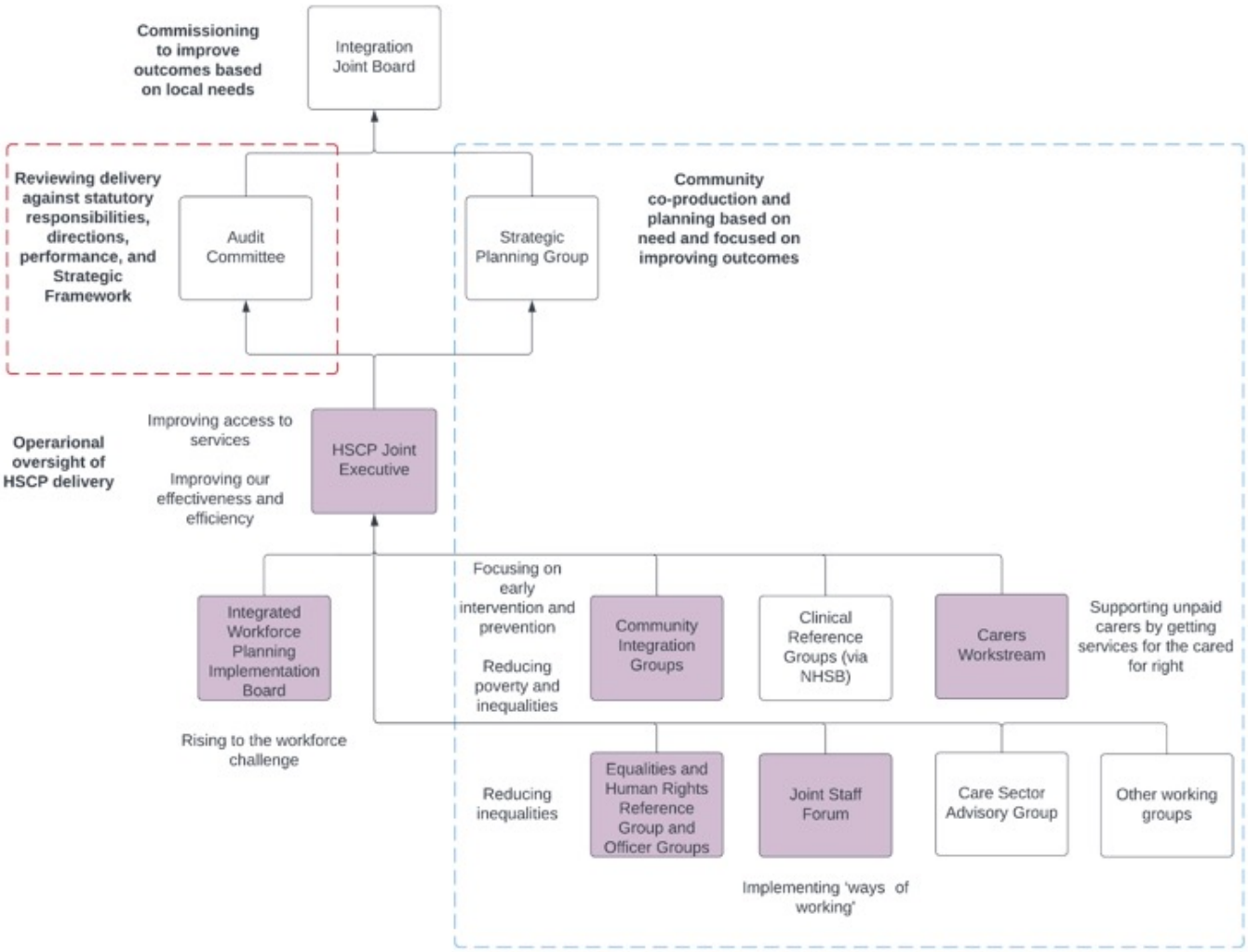
2.3. Our Commissioning Process and Structure

The responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the Integration Joint Board sits wholly with the Integration Joint Board as a statutory public body. Commissioning in the Scottish Borders Health and Social Care Integration Joint Board is needs based and outcomes focused. It involves significant levels of engagement and consultation with our stakeholders.

The diagram below summarises our high-level approach to commissioning (and de-commissioning).



The diagram below outlines the internal structure of the Integration Joint Board from 2023 onwards. The Audit Committee reviews the delivery of the Integration Joint Board and progress against its Directions. The Strategic Planning Group develops new plans and directions following consultation and engagement with relevant stakeholders, and its subgroups support meaningful co-production with our diverse communities. The Strategic Planning Group ensures a continued focus on outcomes and the delivery of the Integration Planning and Delivery Principles.



2.4. Membership of the Integration Joint Board

The Public Bodies (Joint Working) (Membership and Procedures of Integration Joint Boards) (Scotland) Order 2014 ("the Order") sets out requirements about the membership of an Integration Joint Board. This includes minimum required membership, and provision for additional members to be appointed.

The Integration Joint Board is a distinct legal entity that binds the Health Board and the Local Authority together in a joint arrangement. The membership of an Integration Joint Board reflects equal participation by the Health Board and Local Authority to ensure that there is joint decision making and accountability. The Order requires that the Local Authority and Health Board put forward a minimum of three nominees each.

The Integration Joint Board makes decisions about how health and social care services are planned and delivered for the communities within their areas. To do this effectively, they will require professional advice, for example, to ensure that the decisions reflect sound clinical practice. It is also essential that Integration Joint Boards include key stakeholders within the decision making processes to utilize their advice and experience.

To ensure this, the Order sets out a minimum further membership, but allows local flexibility to add additional nominations as Integration Joint Boards see fit. In addition to Health Board and Local Authority representatives, the Integration Joint Board membership must also include:

- The Chief Social Work Officer of the constituent Local Authority
- A General Practitioner representative, appointed by the Health Board
- A Secondary Medical Care Practitioner representative, employed by the Health Board
- A Nurse representative, employed by the Health Board
- A Staff-side representative
- A Third Sector representative
- A Carer representative
- A Service user representative
- The Chief Officer of the Integration Joint Board
- The Section 95 Officer of the Integration Joint Board

The Scottish Borders Health and Social Care Integration Joint Board goes beyond the minimum requirements outlined in the Order, and the membership in 2022/23 and in the current year are outlined in the sections below.

2.4.1. Integration Joint Board Members: 1 April 2022 to 31 March 2023

Name	Designation	Membership status
Ms. Lucy O'Leary	Non-Executive Director, NHS Borders (Chair)	Voting member
Ms. Harriet Campbell	Non-Executive Director, NHS Borders	Voting member
Cllr. Jane Cox	Elected Member, Scottish Borders Council	Voting member
Ms. Karen Hamilton	Non-Executive Director, NHS Borders	Voting member
Mr. John McLaren	Non-Executive Director, NHS Borders	Voting member
Cllr. David Parker	Elected Member, Scottish Borders Council	Voting member
Cllr. Robin Tatler	Elected Member, Scottish Borders Council	Voting member
Mr. Tris Taylor	Non-Executive Director, NHS Borders	Voting member
Cllr. Elaine Thornton-Nicol	Elected Member, Scottish Borders Council	Voting member
Cllr. Tom Weatherston	Elected Member, Scottish Borders Council	Voting member
Mr. Chris Myers	Chief Officer, and Joint Director of Health and Social Care	Integration Joint Board Chief Officer Section 95 Officer of the Integration
Ms. Hazel Robertson	Chief Financial Officer	Joint Board
Mr. Stuart Easingwood	Director of Social Work and Practice	Chief Social Work Officer
Dr. Kevin Buchan	Chair of GP Subcommittee	General Practitioner
Dr. Lynn McCallum	Executive Medical Director	Secondary Care Medical Practitioner
Ms. Sarah Horan	Director of Nursing, Midwifery and Allied Health Professionals	Nursing representative
Dr. Tim Patterson / Dr. Sohail Bhatti	Joint Director of Public Health	Public Health representative
Mr. David Bell	Unite	Staff-side
Ms. Vikki MacPherson	Unite	Staff-side
Ms. Juliana Amaral	Berwickshire Association of Voluntary Services and Borders Third Sector Interface	Third Sector representative
Ms. Jenny Smith	Borders Care Voice	Third Sector representative
Ms. Lynn Gallacher	Borders Carers Centre	Carer representative
Ms. Linda Jackson	LGBTQ+ representative	Service User representative
Mr. Nile Istephan	Chief Executive, Eildon Housing Association	Social Housing representative

2.4.2. Integration Joint Board Members: Current Membership (as of April 2023)

Name	Designation	Membership status
Ms. Lucy O'Leary	Non-Executive Director, NHS Borders	Voting member (Chair)
Mrs Fiona Sandford	Non-Executive Director, NHS Borders	Voting member
Ms. Karen Hamilton	Non-Executive Director, NHS Borders	Voting member
Mr. John McLaren	Non-Executive Director, NHS Borders	Voting member
Mr. Tris Taylor	Non-Executive Director, NHS Borders	Voting member
Cllr. David Parker	Elected Member, Scottish Borders Council	Voting member
Cllr. Neil Richards	Elected Member, Scottish Borders Council	Voting member
Cllr. Robin Tatler	Elected Member, Scottish Borders Council	Voting member
Cllr. Elaine Thornton-Nicol	Elected Member, Scottish Borders Council	Voting member
Cllr. Tom Weatherston	Elected Member, Scottish Borders Council	Voting member
Non voting members and Professional Advisors		
Mr. Chris Myers	Chief Officer and Joint Director of Health and Social Care	Integration Joint Board Chief Officer
Ms. Hazel Robertson	Chief Financial Officer	Section 95 Officer of the Integration Joint Board
Mr. Stuart Easingwood	Director of Social Work and Practice	Chief Social Work Officer
Dr. Rachel Mollart	Chair of GP Subcommittee	General Practitioner
Dr. Lynn McCallum	Executive Medical Director	Secondary Care Medical Practitioner
Ms. Sarah Horan	Director of Nursing and Midwifery and Allied Health Professionals	Nursing representative
Mr. David Bell	Unite	Staff-side
Ms. Vikki MacPherson / Ms. Gail Russell	Partnership NHS	Staff-side
Ms. Jenny Smith	Borders Care Voice	Third Sector representative
Ms. Juliana Amaral	Berwickshire Association of Voluntary Services and Borders Third Sector Interface	Third Sector representative
Ms. Lynn Gallacher	Borders Carers Centre	Carer representative
Ms. Linda Jackson	LGBTQ+ representative	Service User representative
Mr. Nile Istephan	Chief Executive, Eildon Housing Association	
Miss Iris Bishop	Board Secretary	IJB/NHS Borders
Mr. Ralph Roberts	Chief Executive	NHS Borders
Mr. David Robertson	Chief Executive	Scottish Borders Council
Dr Sohail Bhatti	Director of Public Health	NHS Borders
Mrs. June Smyth	Director of Planning & Performance	NHS Borders
Mrs. Jen Holland	Director - Strategic Commissioning & Partnerships	SB Cares
Mrs. Susie Flower (until 30.04.23) Mr. Philip Grieve (from 17.05.23)	Chief Nurse Health & Social Care Partnership	NHS Borders
Mrs. Laura Jones	Director of Quality & Improvement	NHS Borders
Mrs. Clare Oliver	Head of Communications & Engagement	NHS Borders

3. CORE SUITE OF INDICATORS

3.1. Health and Wellbeing Outcomes

This section provides an overview at a glance of our local performance against the National Health and Wellbeing Outcomes, which is the most up to date available information. These are derived from national Health and Care Experience Survey feedback for people in the Scottish Borders. Public Health Scotland have indicated that there will be no updates to the Health and Care Experience survey this year which forms the basis of this section. The next update is due in May 2024. As a result, in this performance report we continue to present on data as presented in last year's report, for 2021/22.

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

Scottish Borders performance	Health and Wellbeing Outcome indicator
Better than the national average	• People reporting that they are able to look after their health very well or quite well • Premature mortality rate • Emergency admission rate • Spend on hospital stays where the person was admitted due to an emergency (2019/20 data) • Emergency readmissions to hospital within 28 days of discharge • Rate of falls in the Scottish Borders
Broadly in line with the national average	• Proportion of care services graded as good or better in Care Inspectorate inspections • Adults receiving care who rated the care they receive as excellent or good • People who had a positive experience of care at their GP practice • Carers who felt supported to continue in their caring role • Adults supported at home who agreed they felt safe • People in their last 6 months of life spent this at home or in a community setting in the Scottish Borders, compared to the national average
Below the national average	• Adults supported at home who agreed that they had a say in how their help, care or support was provided • Adults supported at home who agreed that their health and social care services seemed to be well co-ordinated • Adults supported at home who agreed that they were supported to live as independently as possible • Adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life • Adults with intensive care needs in the Scottish Borders receiving care at home, compared to the national average • Occupied bed days in hospital associated to emergency admissions

Figure 1: 2021/22 Health & Wellbeing Outcomes performance (2022/23 national data not yet available)

Over 2023/24, the Integration Joint Board Strategic Planning Group and its subgroups will focus on how the Integration Joint Board can promote improvements in all areas, with a focus on driving improvements in the areas where we performed worse in the Scottish Borders than the national benchmarks.

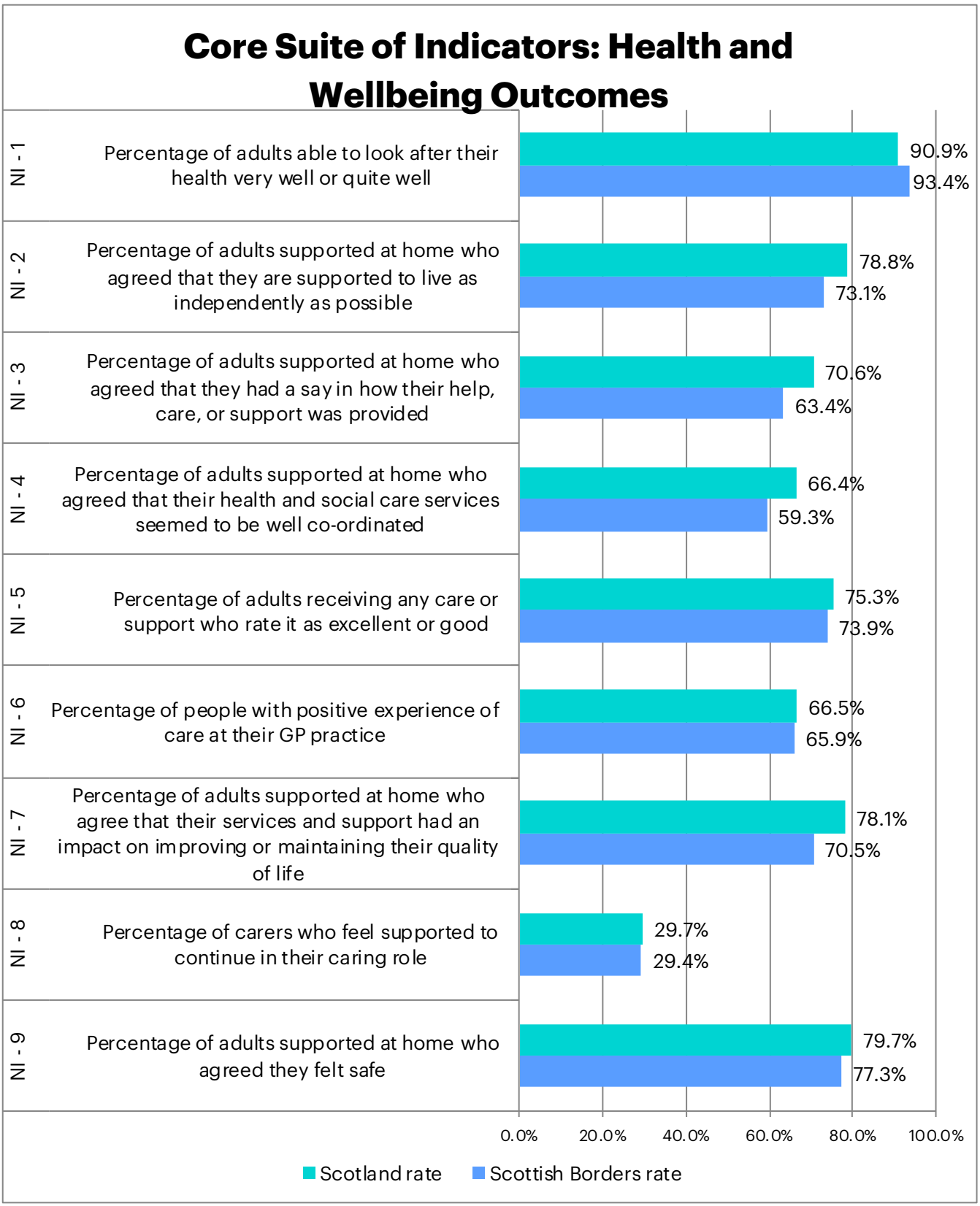


Figure 2: 2021/22 Health & Wellbeing Outcomes rates (2022/23 national data not yet available)

Further detailed information on the National Health and Wellbeing Outcomes is included in Annex A.

3.2. Quantitative Indicators

This section provides an overview at a glance of our local performance against the national integration data indicators. The latest data available for these indicators currently is the 2022 calendar year and, as a result, calendar year rather than financial year figures have been presented.

Emergency admission rate (per 100,000 population)	2018/19	2019/20	2020/21	2021/22	2022
Scottish Borders rate	12,425	12,181	10,248	10,230	9,633
Scotland rate	12,279	12,525	10,951	11,629	11,155

Emergency bed day rate (per 100,000 population)	2018/19	2019/20	2020/21	2021/22	2022
Scottish Borders rate	131,471	119,798	105,790	124,148	127,849
Scotland rate	119,986	118,552	100,710	112,637	113,134

Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	2018/19	2019/20	2020/21	2021/22	2022
Scottish Borders rate	109	107	120	97	114
Scotland rate	103	105	120	107	102

Proportion of last 6 months of life spent at home or in a community setting	2018/19	2019/20	2020/21	2021/22	2022
Scottish Borders rate	85.5%	86.0%	89.6%	88.2%	87.9%
Scotland rate	88.0%	88.3%	90.3%	89.8%	89.3%

Falls rate per 1,000 population aged 65+	2018/19	2019/20	2020/21	2021/22	2022
Scottish Borders rate	18.7	21.1	18.1	17.9	15.7
Scotland rate	22.5	22.8	21.7	22.6	22.2

Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	2018/19	2019/20	2020/21	2021/22	2022/23
Scottish Borders rate	78.5%	85.7%	90.1%	77.9%	81.1%
Scotland rate	82.2%	81.8%	82.5%	75.8%	75.2%

Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	2018/19	2019/20	2020/21	2021/22	2022/
Scottish Borders rate	761	656	588	982	1,364
Scotland rate	793	774	484	748	919

Premature mortality rate per 100,000 persons	Rate	Year of latest data
Scottish Borders rate	348	2021
Scotland rate	466	

Percentage of adults with intensive care needs receiving care at home	Rate	Year of latest data
Scottish Borders rate	60.6%	2022
Scotland rate	63.5%	

Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Rate	Year of latest data
Scottish Borders rate	20.2%	2019/20
Scotland rate	24.0%	

4. FINANCIAL OVERVIEW

Funds available to the Integration Joint Board include:

- The budget for health and social care, delegated from NHS Borders and Scottish Borders Council.
- The set aside budget which comprises NHS Borders unscheduled care (large hospital services such as A&E, emergency medical wards and services for medicine for the elderly and long term conditions).

The figure below provides an overview of the IJB spend by service area (by £1,000s) in 2022/23 compared to 2021/22. This represents actual expenditure by portfolio, not at individual service area. The total IJB spend in 2022/23 was £244.6m.

Total Expenditure 2021/22 and 2022/23

	2021/22	2022/23
Joint Learning Disability Service	23,257	**25,879**
Joint Mental Health Service	21,280	**22,841**
Joint Alcohol and Drug Service	920	**1,038**
Older People Service	25,245	**30,101**
Physical Disability Service	2,573	**2,586**
Prescribing	23,552	**25,263**
Primary and Community Services	88,876	**104,495**
Total Delegated Services	**185,703**	**212,204**
Accident & Emergency, Out of Hours	4,233	**4,999**
Medicine of the Elderly	18,008	**7,412**
Medicine & Long-Term Conditions	6,076	**19,946**
Total Set Aside	**28,317**	**32,358**
Grand Total	**214,020**	**244,562**

Meeting financial targets continue to be a significant challenge with overspends across many of the delegated and set aside services:

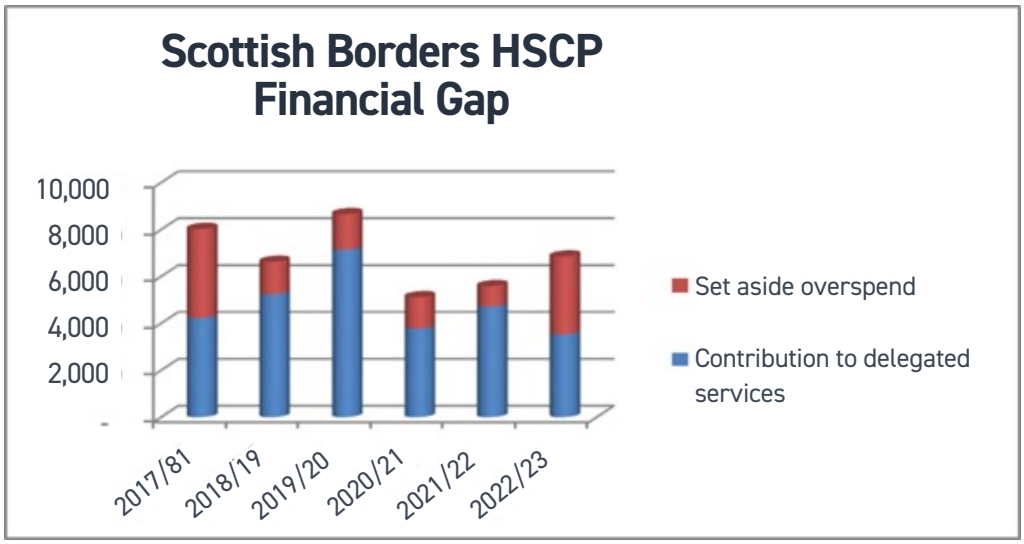
- Delegated services were overspent by £3.521m with three main contributory elements – Learning Disability £1.1m, Primary Care Prescribing £1.8m and Primary and Community Services £1m.
- Set aside service was overspent by £3.3m with all service areas contributing to this position, A&E being the largest element at £1.2m.

Under the Scheme of Integration, at the year end, the partner organisations make an additional contribution to the IJB in respect of the overspend in delegated services. This additional payment has been required for each year of the IJB's operation. The year end overspend on set aside is not subject to the same payment mechanism.

Since its inception the IJB has had difficulty in living within budget and challenges in meeting savings targets. The key areas of pressure in managing the financial position relate to demographic pressures and the associated increase in the levels of need and demand, increase in the availability and price of medicines, and inflation on pay and supplies. This leads to pressure on capacity to plan, and deliver required levels of transformation and efficiency savings.

During the Covid pandemic response period, the Government made available significant additional funds to IJBs. That funding has been reducing in last year and has now stopped. This, on top of the significant cost pressures in relation to pay and inflation means that 2023/24 financial plan contains significant risk.

Previous financial performance of the IJB is summarized in the chart below.



An IJB Financial Recovery Plan is in development, which will set out the approach to be taken to financial risk and moving towards a breakeven position. This plan is complementary to the NHS Borders Recovery Plan.

Going forward, delivering financial balance will require the Integration Joint Board to increase its focus on identifying and delivering a greater level of savings in year and on a permanently recurring basis. Engagement with our staff, service users and the wider public will be key to helping us to consider options for change. The financial challenge facing the IJB is one of the six strategic priorities included in the Strategic Commissioning Framework.

5. AUDIT COMMITTEE

The remit of the IJB Audit Committee is to have high-level oversight of the IJB's framework of internal financial control, corporate governance, risk management systems and associated internal control environment.

The IJB Audit Committee has met 5 times on a virtual basis during the financial year on 20 June, 31 August (extraordinary meeting), 28 November and 19 December 2022, and 20 March 2023 to consider reports pertinent to the audit cycle.

To fulfil this remit, it sought assurance through material it received from Internal Audit, External Audit, other external scrutiny and audit bodies, and from Management, and it placed reliance on the Partners' governance arrangements and assurance frameworks and considered relevant national reports that give rise to introducing best practice arrangements or lessons learned.

For all audit reports, the IJB Audit Committee considered whether it was satisfied that an adequate Management response was in place to ensure action would be taken to manage risk and address concerns on internal controls and governance arrangements.

The role of the IJB Audit Committee also includes the monitoring of the delivery of the IJB's Strategic Commissioning Plan and progress against its Directions, which reflects the development of the IJB's refreshed Approach to Commissioning and formal Directions Policy. In accordance with the timelines in the IJB Directions Tracker, the IJB Audit Committee during its meetings on 20 June and 19 December 2022, and 20 March 2023 monitored and reviewed progress with the implementation of IJB Directions made to partners to assess service and financial performance, and achievement of objectives.

The IJB has received the Minutes of the IJB Audit Committee meetings throughout the year, which outline the business conducted.

During their annual self-assessment Members of the IJB Audit Committee have reflected on the Committee's performance during the year in respect of its functions and effectiveness and have identified areas for further improvement.

6. STRATEGIC PLANNING GROUP

The role of the Strategic Planning Group is to develop the Integration Joint Board's strategic commissioning approach in line with the National Health and Wellbeing outcomes, and to achieve the core aims of integration. The Strategic Planning Group includes a broad range of our key communities (including service users, public members, staff and staff-side and partners).

The Strategic Planning Group met 5 times over 2022/23.

As part of their core work, the Strategic Planning Group considered and steered compliance of all new plans, directions and proposals with the Integration Planning Principles.

Significant progress has been made by the Strategic Planning Group to oversee the development of the Equality, Human Rights and Fairer Scotland duties, and evidencing compliance with these duties. An Equality and Human Rights Foundation Group was established as a subgroup to the Strategic Planning Group with the support of our new Strategic Lead for Equalities.

From December 2022 onwards, the Strategic Planning Group also commenced the review of compliance with our Equality, Human Rights and Fairer Scotland duties prior to recommending new plans to the Integration Joint Board.

The substantive work of the Strategic Planning Group and the supporting officers Future Strategy Group over the past year has been to direct the development of the new Health and Social Care Strategic Framework, which started by speaking to our communities to understand what matters to them. We commissioned a process of independent community engagement via the National Development Team for Inclusion to start this process. In addition the group oversaw the development of the Joint Strategic Needs Assessment, reviewed national outcome measures and considered the strategic issues that were identified. These were used to form the strategic objectives, visions and outcome measures in the Strategic Framework, along with the associated priorities for the Annual Delivery Plan 2023/24.

Over 2023/24 in addition to the business as usual of the group, the Strategic Planning Group will continue to develop its approach to community engagement and integration by sponsoring work at a locality and more local level, and through the oversight of a Communications and Engagement Plan associated to the Strategic Framework. Significant transformation and redesign is required to ensure that our services are able to meet need sustainably within the context of increased need, workforce and financial constraints, and we are committed to doing this in partnership with our communities.

7. WHAT WE LEARNT FROM THE LAST STRATEGIC COMMISSIONING PLAN

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

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

8. STRATEGIC FRAMEWORK 2023-26

Despite many notable successes in transforming and developing services to improve the care and services we provide, a number of significant challenges including COVID-19, workforce pressures and broader economic pressures have had a major impact on our local health and wellbeing outcomes. In addition, some of our ways of working need to be improved to ensure that we work in a close partnership with our communities and provide more seamless services that put the people of the Scottish Borders at the centre of everything we do.

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

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

Based upon the National Health and Wellbeing Outcomes, the financial and workforce situations within the Scottish Borders, the focus of the Integration Joint Board will be to prioritise the management of the strategic issues, strategic objectives and ways of working, as outlined below:

Strategic Issues

- Long waiting times
- Insufficient workforce to meet need with current models
- Good in a crisis, not at anticipation or prevention
- Unpaid carers need to be better supported
- Increasing need and financial constraints
- Povery and inequalities likely to worsen in financial crisis

Objectives

Ways of Working

- People at the heart of everything we do, and by being inclusive, co-productive and fair
- Good agile teamwork and ways of working "Team Borders" approach
- Providing quality, sustainable, seamless services
- Dignity and respect
- Care and compassion
- Openness, honesty and responsibility

9. ANNUAL DELIVERY PLAN 2023/24

An Annual Delivery Plan has been developed to outline the key actions to be undertaken by the Scottish Borders Health and Social Care Partnership over 2023/24 to enable it to deliver against the Strategic Framework and Scottish Government requirements. The plan has been broken down into the following groups:

These groups will deliver actions which achieve the Strategic Objectives and Ways of Working within the Strategic Framework. Their work will be supported by a number of wider partnership and supporting programmes in the areas below:

Relevant actions are also reflected in the NHS Borders Annual Delivery Plan and the Council Plan for the financial year 2023/24.

The full IJB Annual Delivery Plan 2023/24 is included in Annex B.

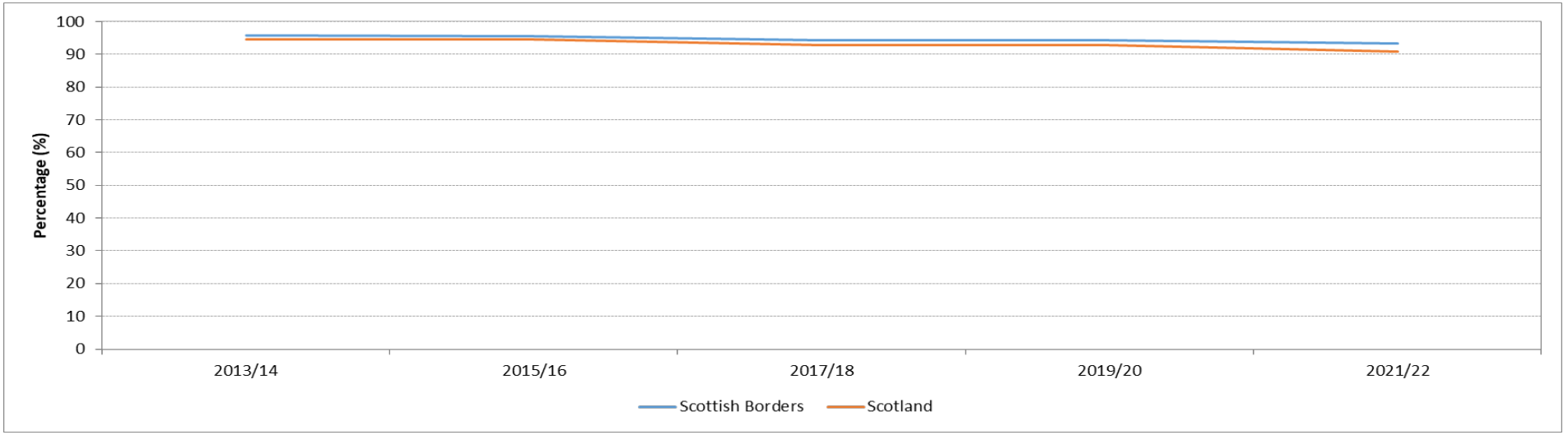
Annex A: National Health and Wellbeing Outcomes

Please Note: Public Health Scotland have indicated that there will be no updates to the Health and Care Experience (HACE) survey this year which forms the basis of this section. The next update is due in May 2024. As a result, in this performance report we continue to present on data as presented in last year's report, for 2021/22.

National Indicator 1 **Percentage of adults able to look after their health very well or quite well**

Time series for - **Scottish Borders**

	2013/14	2015/16	2017/18	2019/20	2021/22
Scottish Borders	95.7%	95.6%	94.3%	94.3%	93.4%
Scotland	94.5%	94.5%	92.9%	92.9%	90.9%

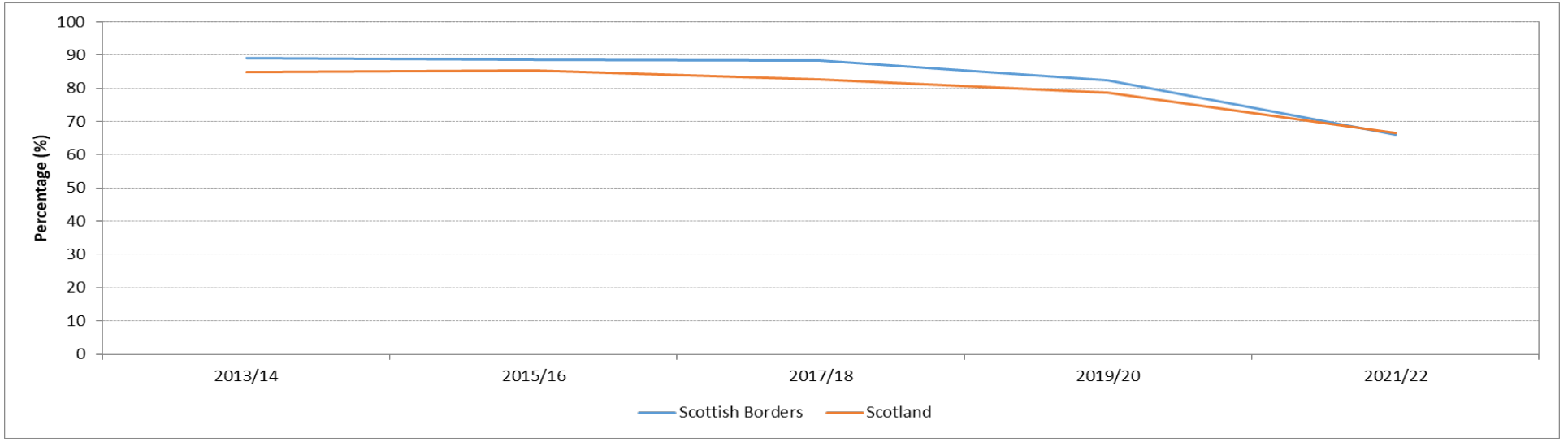


Source: Q52 - 2013/14 Health and Care Experience Survey, Q51 2015/16 Health and Care Experience Survey, Q40 2017/18 Health and Care Experience Survey, Q34 2019/20 Health and Care Experience Survey, Q39 2021/22 Health and Care Experience Survey

National Indicator 6 Percentage of people with positive experiences of care at their GP practice

Time series for - **Scottish Borders**

	2013/14	2015/16	2017/18	2019/20	2021/22
Scottish Borders	89.0%	88.7%	88.5%	82.3%	65.9%
Scotland	84.8%	85.3%	82.7%	78.7%	66.5%

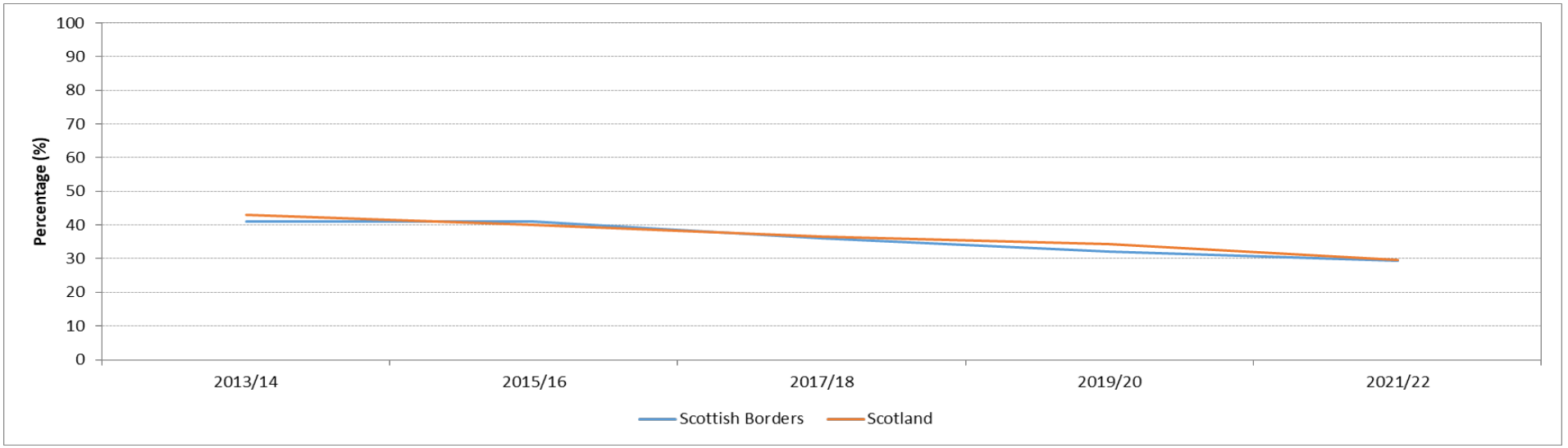


Source: Q27 - 2013/14 Health and Care Experience Survey, Q25 2015/16 Health and Care Experience Survey, Q8d 2017/18 Health and Care Experience Survey, Q10 2019/20 Health and Care Experience Survey, Q10 2021/22 Health and Care Experience Survey

National Indicator 8 Percentage of carers who feel supported to continue in their caring role

Time series for - **Scottish Borders**

	2013/14	2015/16	2017/18	2019/20	2021/22
Scottish Borders	41.0%	41.0%	36.1%	32.1%	29.4%
Scotland	43.0%	40.0%	36.6%	34.3%	29.7%



Source: Q45f - 2013/14 Health and Care Experience Survey, Q45e 2015/16 Health and Care Experience Survey, Q32e 2017/18 Health and Care Experience Survey, Q32e 2019/20 Health and Care Experience Survey, Q38e 2021/22 Health and Care Experience Survey

Notes for National Indicators 1, 6 and 8:

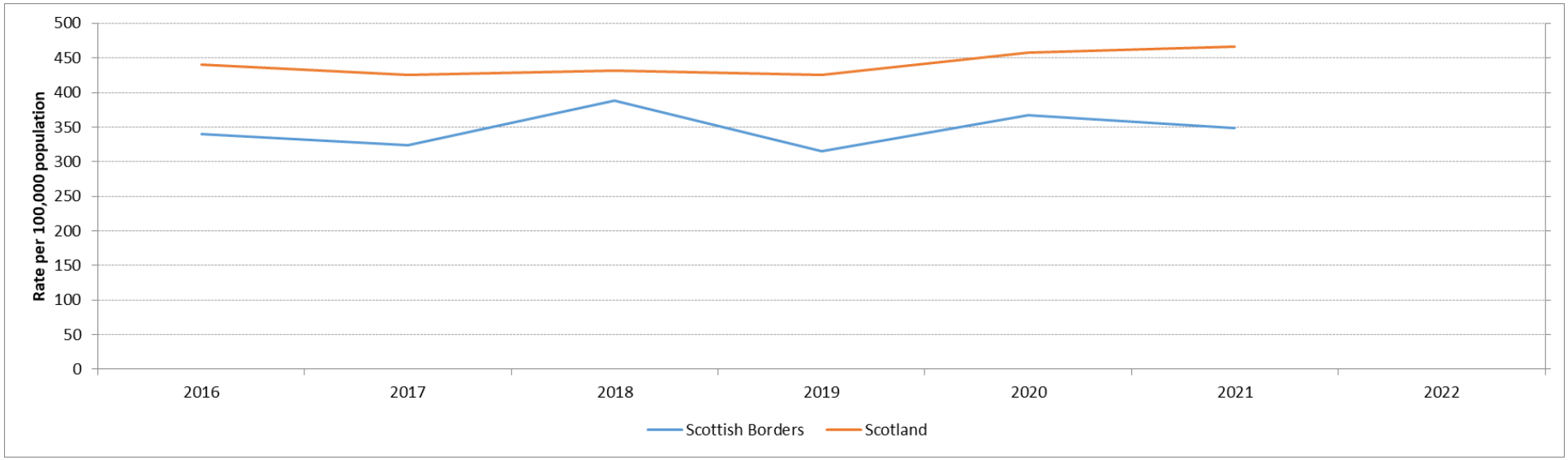
1. The Health and Care Experience Survey is a sample survey of people aged 17+ registered with a GP practice in Scotland. The results are therefore affected by sampling error. The effect of this sampling error is relatively small for the national estimates, however the sampling error will be greater when looking at small sub-sets of the population and the results are based on a smaller sample size. Care should be taken when comparing results, the effects of sampling error should be taken into account by the use of confidence intervals and tests for statistical significance.

2. Weighting - categories with no responses - Results are weighted to try and make them more representative of the overall population. To calculate weighted results, responses are grouped into categories by age, sex and service use, but responses may not have been received for some of these categories (especially at GP practice level, presented in the HACE publication but not here). Where this is the case, this category is not represented in the weighted result and this may impact on its representativeness.

National Indicator 11 Premature mortality rate per 100,000 persons; by calendar year

European age-standardised mortality rate per 100,000 for people aged under 75.
Death rates (per 100,000 population) for Local Authorities: age-standardised using the 2013 European Standard Population

	2015	2016	2017	2018	2019	2020	2021
Scottish Borders	391	340	324	388	315	367	348
Scotland	441	440	425	432	426	457	466



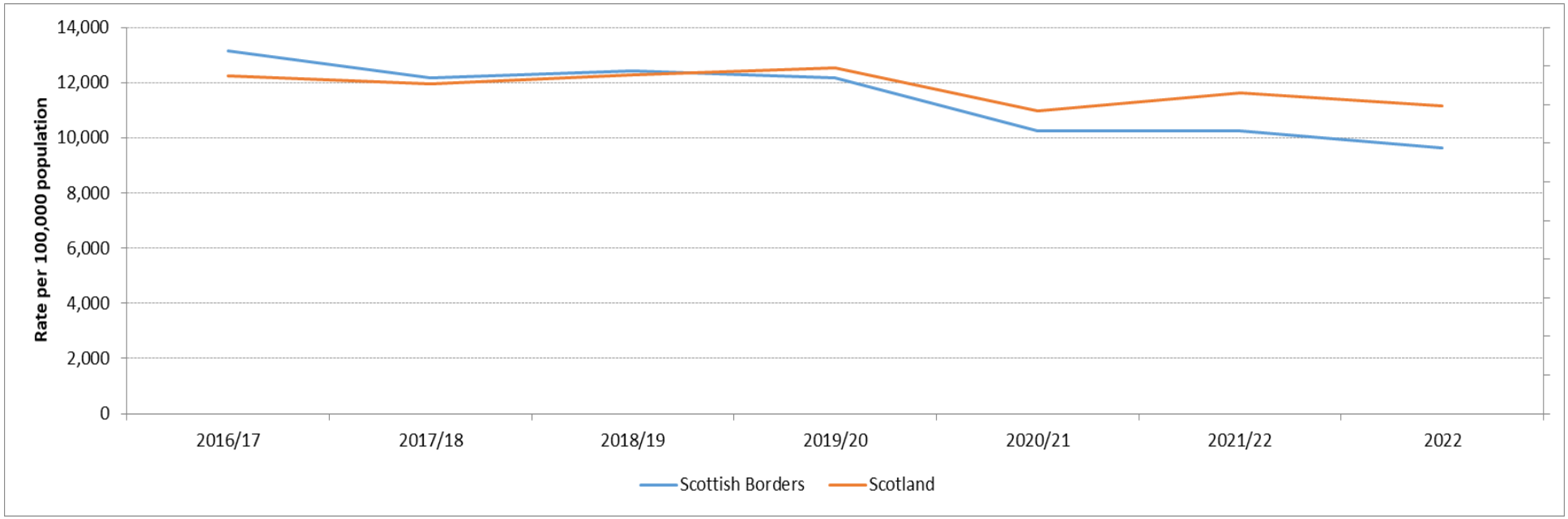
Source: National Records for Scotland (NRS)

1. Age-standardised using the 2013 European Standard Population

National Indicator 12 Emergency admission rate

Rate of emergency admissions per 100,000 population for adults (18+).

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Scottish Borders	13,135	12,187	12,430	12,179	10,250	10,232	9,633
Scotland	12,229	11,942	12,284	12,529	10,957	11,632	11,155



"Source: PHS - SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), including Geriatric Long Stay (GLS) discharges
SMR04 (mental health inpatient records from NHS hospitals in Scotland

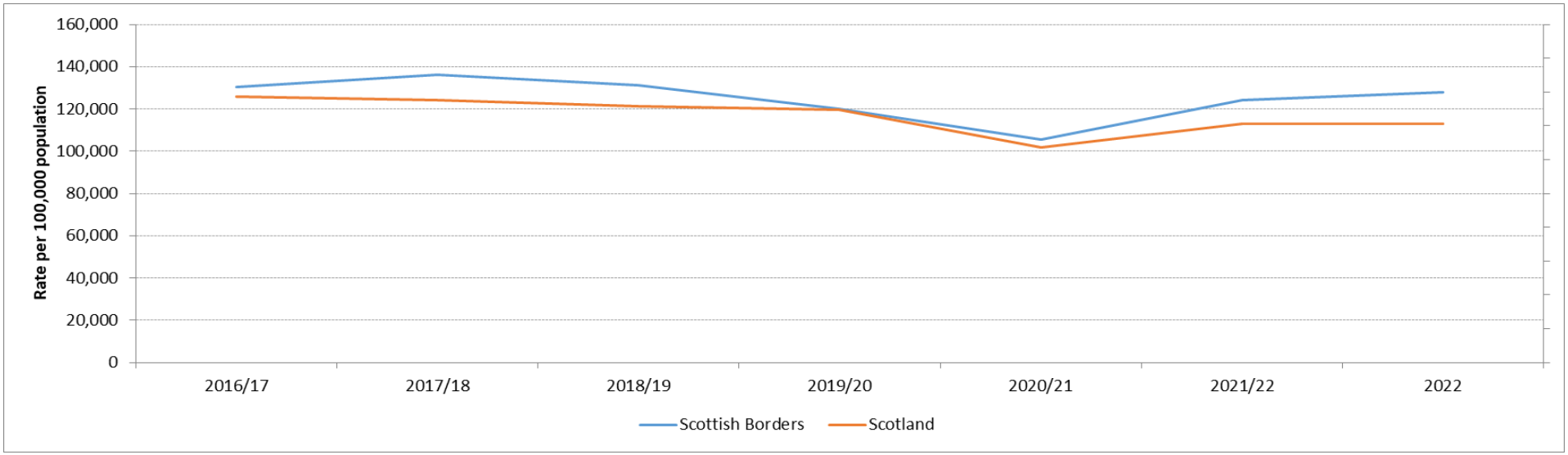
Notes:

1. Includes emergency admissions to all hospital specialties (acute, geriatric long stay and mental health) occurring within the selected year.
2. A hospital stay is selected if an emergency admission occurred in the first episode of the stay.
3. 2021 population estimates have been used to calculate rates from 2021 onwards. For data relating to years prior to this, population estimates for the corresponding year have been applied."

National Indicator 13 Emergency bed day rate

Rate of emergency bed day per 100,000 population for adults (18+).

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Scottish Borders	130,181	136,192	131,350	120,062	105,458	124,162	127,849
Scotland	125,979	124,118	121,174	119,753	101,967	112,939	113,134



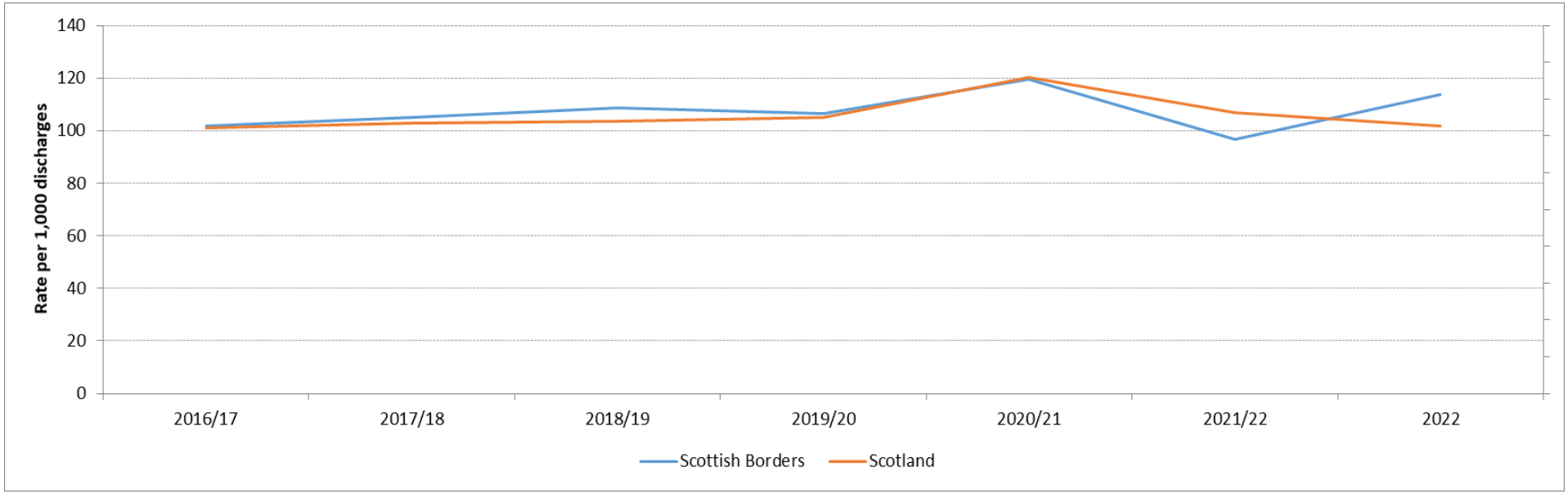
"Source: PHS - SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), including Geriatric Long Stay (GLS) discharges
SMR04 (mental health inpatient records from NHS hospitals in Scotland

Notes:

1. Includes emergency bed days from all hospital specialties (acute, geriatric long stay and mental health) occurring within the selected year.
2. Bed days are counted if an emergency admission occurred in the first episode of the stay.
3. 2021 population estimates have been used to calculate rates from 2021 onwards. For data relating to years prior to this, population estimates for the corresponding year have been applied."

National Indicator 14 Readmission to hospital within 28 days

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Scottish Borders	102	105	109	107	120	97	114
Scotland	101	103	103	105	120	107	102



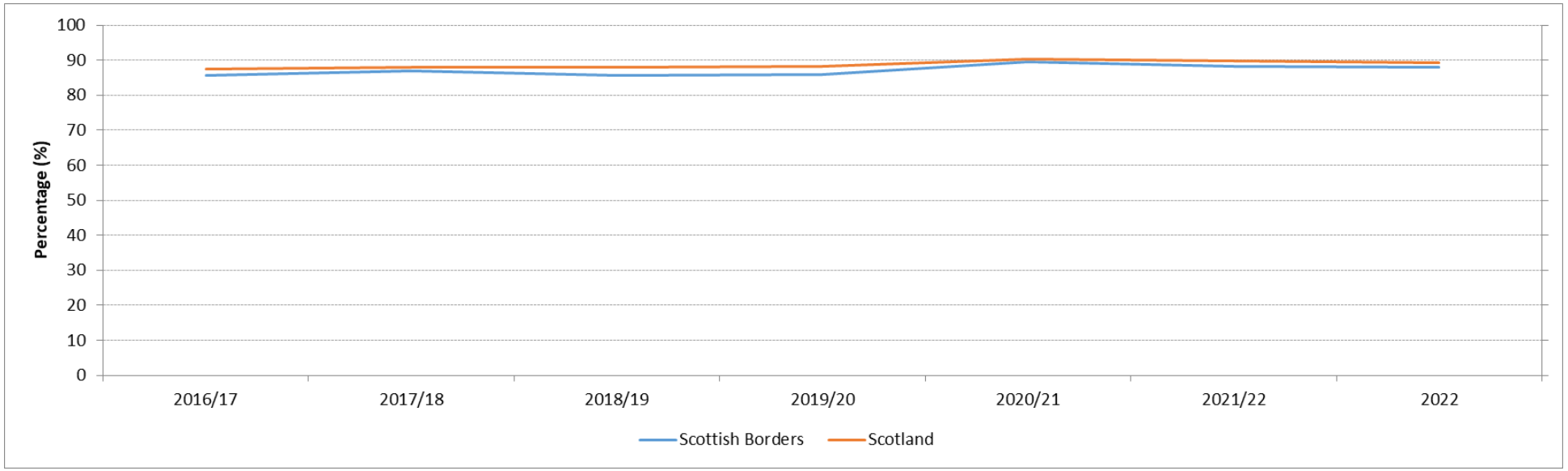
Source: PHS - SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), excluding Geriatric Long Stay (GLS) discharges

1. An emergency readmission is where the subsequent admission is an emergency and occurs up to and including 28 days from the initial admission. The initial admission can be of any type but must end within the time period of interest.

National Indicator 15 Proportion of last 6 months of life spent at home or in a community setting

This indicator measures the percentage of time spent by people (all ages) in the last 6 months of life at home or in a community setting.

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Scottish Borders	85.6%	86.9%	85.7%	86.0%	89.5%	88.2%	87.9%
Scotland	87.4%	88.0%	88.0%	88.2%	90.2%	89.7%	89.3%



Source: PHS - SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), including Geriatric Long Stay (GLS) discharges
SMR04 (mental health inpatient records from NHS hospitals in Scotland
National Records for Scotland

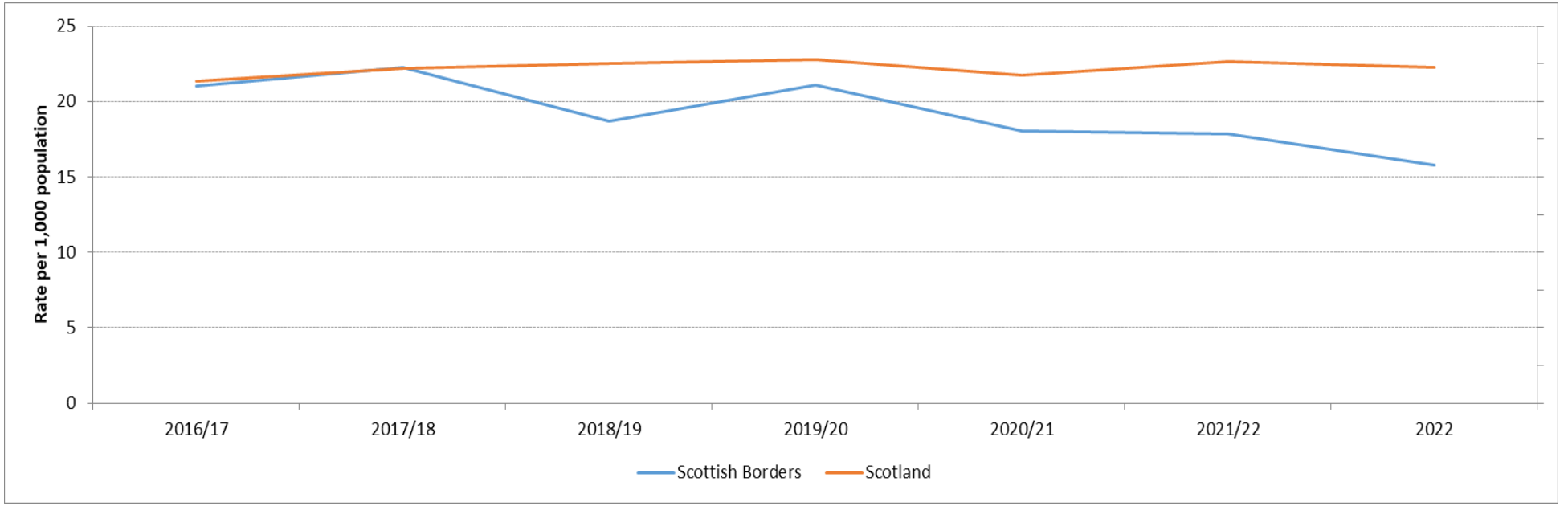
Notes:

1. Patients who died where an external cause of death is coded (V01-Y84) on the death registration have been excluded from the analysis.
2. Patients who died where a fall is coded on the death registration are included within the cohort; W00-W19 Falls.
3. Based on the above criteria, any person that died within the time period of interest is selected. The possible number of bed days that these people could have spent in hospital in a six month period is calculated by multiplying the total number of deaths by 182.5. The actual bed days these people spent in hospital is then deducted from that total and the remainder calculated as a percentage of all possible bed days.

National Indicator 16 Falls rate per 1,000 population aged 65+

The focus of this indicator is the rate per 1,000 population of falls that occur in the population (aged 65 plus) who were admitted as an emergency to hospital.

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022
Scottish Borders	21.0	22.3	18.7	21.1	18.1	17.9	15.7
Scotland	21.4	22.2	22.5	22.8	21.7	22.6	22.2



Source: PHS - SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), excluding Geriatric Long Stay (GLS) discharges

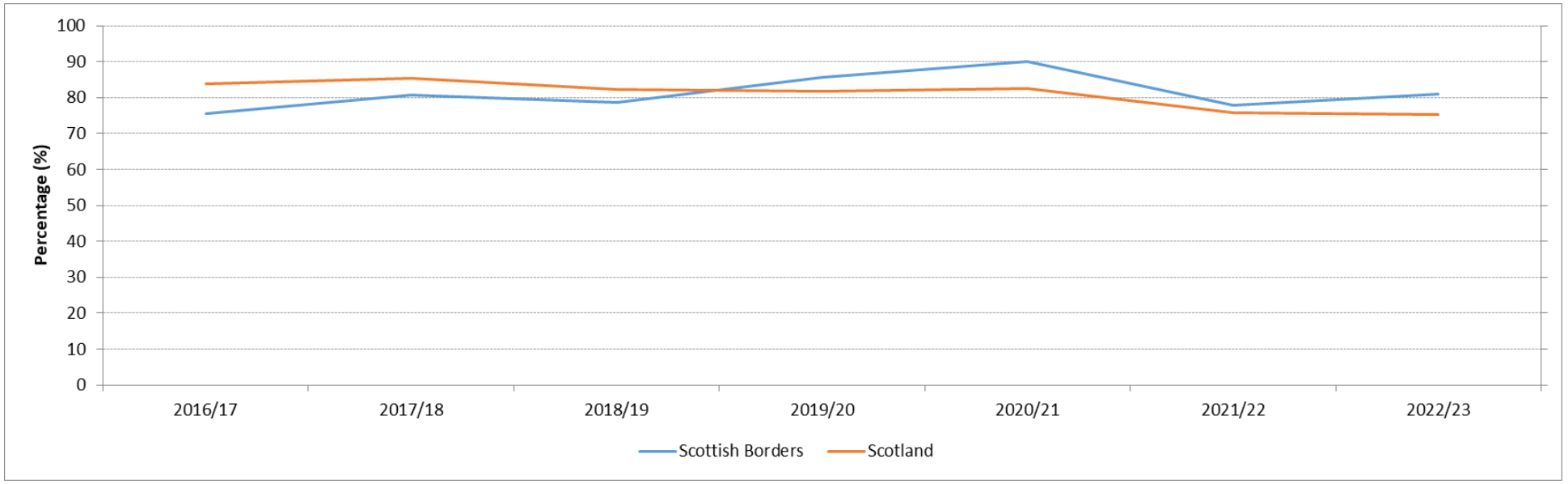
Notes:

1. Emergency admissions code 33-35 have been used and ICD10 codes W00 - W19.
2. 2021 population estimates have been used to calculate rates from 2021 onwards. For data relating to years prior to this, population estimates for the corresponding year have been applied.

National Indicator 17 Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections

The Care Inspectorate have advised that this indicator is developmental.

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Scottish Borders	75.4%	80.7%	78.5%	85.7%	90.1%	77.9%	81.1%
Scotland	83.8%	85.4%	82.2%	81.8%	82.5%	75.8%	75.2%



Source: Care Inspectorate

Notes:

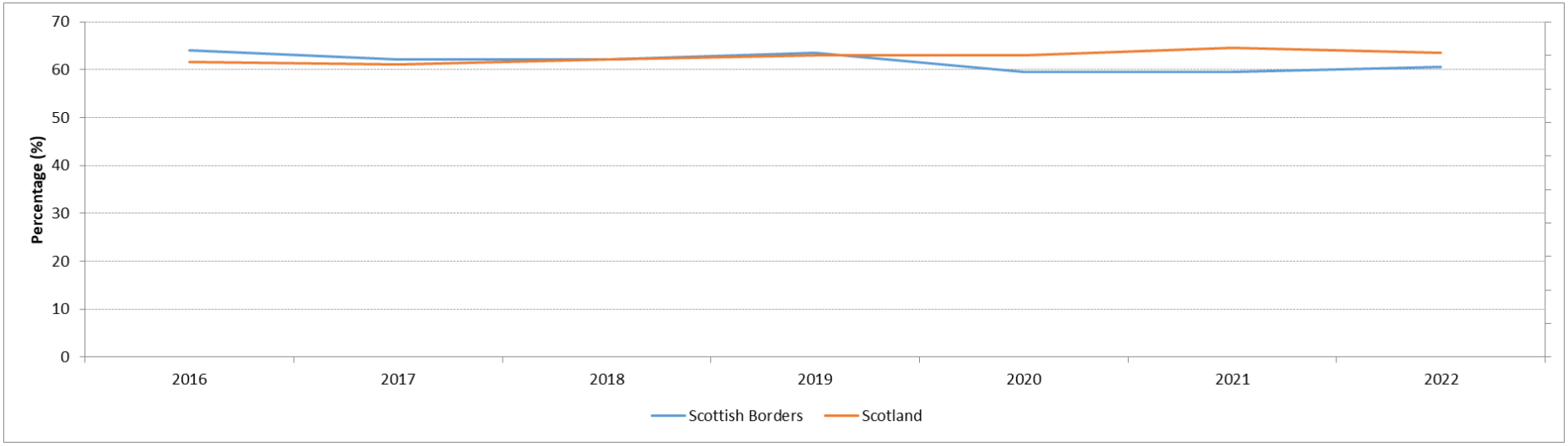
1. Data presented in 2021/22 - Due to the COVID-19 pandemic response the inspection focus, in 2021/22, continued to be on services where there were concerns or intelligence received that they may be higher risk. As such, inspections were mainly in services which are likely to have lower gradings following inspection.

2. Data presented in 2020/21 - Advice from directors of Public Health in Scotland was that inspection visits would present a real risk of introducing and spreading COVID-19 in Scotland's care homes. Therefore, to limit the spread of COVID-19, and with agreement from Scottish Government, the Care Inspectorate restricted their presence in services unless necessary. This approach resulted in the majority of services not being graded as normal and instead retaining the grades they had last received. Instead the Care Inspectorate intensified oversight using a range of remote and virtual approaches to ensure services were supported and operating well throughout the pandemic.
3. Data are provisional.
4. All data includes only registered services that had been inspected and grades published by 31 March in each year. Please note that the inspection may not have been carried out within the reporting year
5. The information about the Local Authority in which the service provides care has been taken from the Care Inspectorate Annual Returns, and relates to 31 December in each year.
6. Some services that are not premises based (Housing Support and Support Services - Care at Home) might provide a service in several Local Authorities.
7. For care services that provide a service in more than one Local Authority there are duplicate entries - one entry for each Local Authority. Therefore the total number of services does not match the overall number of services registered, as published by the Care Inspectorate in the Annual Report and other publications.
8. For services that did not submit an annual return or registered after 31 December 2021 only the Local Authority where the service is based is used to determine where the service is provided.
9. Combined housing support and support services - care at home only submit one annual return (usually under the housing support service). The information contained in the one annual return has been applied to the other part of the service and is displayed in the data.
10. For those services that did not mention the Local Authority that they are based in as a Local Authority that they provide a service in, this Local Authority was added as one where they provide a service.

National Indicator 18 Percentage of adults with intensive care needs receiving care at home

The number of adults (18+) receiving personal care at home or direct payments for personal care, as a percentage of the total number of adults needing long-term care. These figures represent the number of clients in the last week of March.

	2016	2017	2018	2019	2020	2021	2022
Scottish Borders	64.1%	62.2%	62.2%	63.6%	59.6%	59.6%	60.6%
Scotland	61.6%	61.1%	62.1%	63.0%	63.0%	64.6%	63.5%



Source: PHS Source Social Care Database, PHS Continuing Care Census, Scottish Government Hospital Based Complex Clinical Care Census, Scottish Government Quarterly Monitoring, Survey, Scottish Government Social Care Survey

Notes:

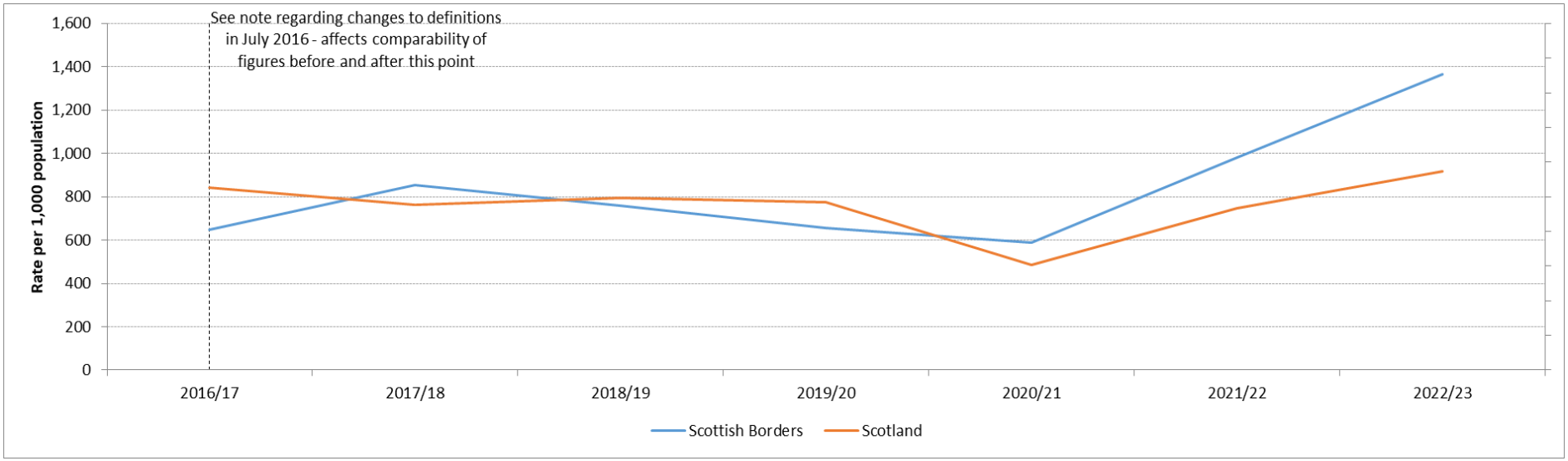
1. The total number of adults needing long-term care includes those receiving personal care at home, long stay care home residents and those in receipt of Continuing Care/Hospital Based Complex Clinical Care (HBCCC). Please see the publication for more detailed information.

2. Previous guidance (CEL 6 (2008)) on NHS Continuing Care was replaced on the 1st June 2015 with DL (2015)11 - Hospital Based Complex Clinical Care. As a result, the previous NHS Continuing Care Census was ended in June 2015 and replaced by the Hospital Based Complex Clinical Care publication from 2016.
3. The definition of HBCCC changed between the 2016 and 2017 Census. The figures here from 2017 onwards use a similar methodology to 2016 for comparison purposes.
4. The HBCCC publication is returned by NHS Health Boards. Local Authorities have been mapped using the home post code of the patient returned by the NHS Health Board. In those cases where this was unavailable, the post code of the patient on the date of the census was used, where available. Not all patients can be mapped to Local Authority, therefore totals may be higher than summed Local Authority data.
5. Personal Care at home information includes those aged 18 years and over with personal care needs assessed through Self-directed Support Direct Payments. This was previously captured as part of the Scottish Government Social Care Survey. Figures from 2018 onwards are from PHS Source Social Care Database.
6. For 2019, as Aberdeenshire have not broken down services to personal and non-personal care, all clients under the age of 65 have been recorded as receiving non-personal care, except those with Multi-Staff Input who have been recorded as receiving personal care
7. Care Home information for the following was not returned - East Renfrewshire - 2015, 2016, 2017 and 2018; Orkney Islands - 2016, 2017 and 2019; East Ayrshire, North Ayrshire, South Lanarkshire - 2018; Comhairle nan Eilean Siar 2018, 2019, 2020 and 2021; Aberdeen City 2020 - previous years figures have been used as a proxy to maintain comparability.
8. SDS information for the following was not returned; South Ayrshire and Aberdeen City 2020; Aberdeen City, Aberdeenshire, East Lothian, Inverclyde, Comhairle nan Eilean Siar, South Ayrshire and Orkney Islands 2021 - previous years figures have been used as a proxy to maintain comparability.
9. Home Care information for the following was not returned - Aberdeen City 2019, 2020 and 2021; Orkney Islands 2019; Only aggregate Home Care data was provided by Glasgow City for 2018 - previous years figures have been used as a proxy to maintain comparability.
10. In line with the 'PHS Insights into Social Care in Scotland' publication, statistical disclosure control has been applied to protect patient confidentiality. Therefore, the figures presented here may not be additive and may differ from previous publications.
11. The HBCCC census was cancelled in 2020 due to the COVID-19 pandemic. 2019 figures have been used as a proxy in 2020 to maintain comparability.

National Indicator 19 Number of days people aged 75+ spend in hospital when they are ready to be discharged, per 1,000 population

The number of bed days due to delay discharge that have been recorded for people aged 75+ resident within the Local Authority area, per 1,000 population in the area.

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Scottish Borders	522	647	855	761	656	588	982	1,364
Scotland	915	841	762	793	774	484	748	919



Source: PHS Delayed Discharge data collection

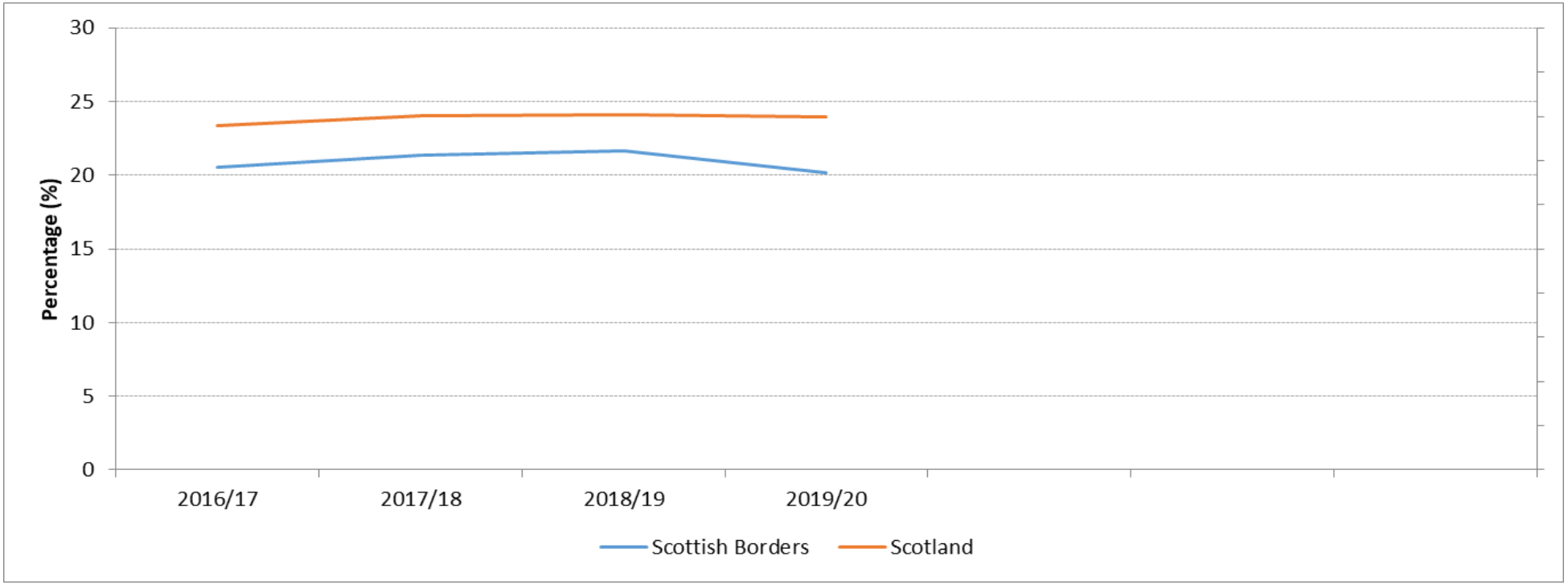
Notes:

1. Please note definitional changes were made to the recording of delayed discharge information from 1 July 2016 onwards. Delays for healthcare reasons and those in non-hospital locations (e.g. care homes) are no longer recorded as delayed discharges. In this indicator, no adjustment has been made to account for the definitional changes during the year 2016/17. The changes affected reporting of figures in some areas more than others therefore comparisons before and after July 2016 may not be possible at partnership level. It is estimated that, at Scotland level, the definitional changes account for a reduction of around 4% of bed days across previous months up to June 2016, and a decrease of approximately 1% in the 2016/17 bed day rate for people aged 75+.
2. 2021 population estimates have been used to calculate rates from 2021/22 onwards. For data relating to years prior to this, population estimates for the corresponding year have been applied. Please note that rates presented for the latest year in the Delayed Discharge publication may use different population information and differ slightly from figures presented here.

National Indicator 20 Pecentage of health and care resource spent on hospital stays where the patient was admitted in an emergency

Cost of emergency bed days for adults (18+).

	2016/17	2017/18	2018/19	2019/20
Scottish Borders	20.5%	21.4%	21.7%	20.2%
Scotland	23.3%	24.1%	24.1%	24.0%



Source: PHS - SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), including Geriatric Long Stay (GLS) discharges
SMR04 (mental health inpatient records from NHS hospitals in Scotland
Scottish Government Local Financial Return (LFR) 03

Notes:
1. The numerator includes emergency admissions to all hospital specialties (acute, geriatric long stay and mental health) occurring within the selected year.
2. Associated bed day costs are counted in the numerator if an emergency admission occurred in the first episode of the stay.
3. Cost information for the selected year has been used within both the numerator and denominator.
4. Total expenditure includes all health and social care activity and is published in the IRF publication by financial year (until 2017/18).
5. Cost information derived using the patient level costing (PLICS) methodology has been included in this indicator. Please see this link for more detail https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Health-and-Social-Care-Integration/Analytical-Outputs/Method-Sources.asp.
6. In recognition of the disruptive impact of COVID-19 on patient activity and costs in the last quarter of financial year 2019/20, the PLICS methodology used in 2019/20 is different from previous iterations. The Cost Book's 2020 inflationary uplift of 1.9% has been applied to 2018/19 PLICS costs to create 2019/20 costs which have then been applied to activity data in 2019/20. This approach was agreed between Public Health Scotland and the Scottish Government.
7. Please note that 2018 unit costs for C3 specialty (Anaesthetics) in NHS Ayrshire and Arran were extremely high and impacting the numerator within the rates presented. 2017 costs have therefore been used for this specialty instead.

Annex B: IJB Annual Delivery Plan 2023/24

Scottish Borders
Health and Social Care
PARTNERSHIP

Health and Social Care Partnership Annual Delivery Plan 2023-24

Scottish Borders Health and Social Care Partnership

Introduction

This Annual Delivery Plan has been developed to outline the key actions to be undertaken by the Scottish Borders Health and Social Care Partnership over 2023/24 to enable it to deliver against the Strategic Framework and Scottish Government requirements.

Relevant actions are also reflected in the NHS Borders Annual Delivery Plan and the Council Plan for the financial year 2023-24.

The Health and Social Care Strategic Framework

The Scottish Borders Health and Social Care Strategic Framework outlines the key priorities for the IJB for the next 3 year reporting period.

The core 6 objectives have been considered against each action in the ADP. They are numbered as such:

1. Improving Access to Services
2. Rising to the Workforce Challenge
3. Focusing on Prevention and Early Intervention
4. Supporting unpaid carers by getting services for the cared for right
5. Improving our effectiveness and efficiency
6. Reducing poverty and inequalities

How the Annual Delivery Plan works (Governance and Reporting)

The plan has been broken down into the following groups:

9. Reducing Inequalities and Public Health
10. Children, young people and young adult services
11. Primary and Community Care
12. Mental Health and Learning Disability Services
13. Adult Social Work
14. Adult Social Care and Social Care Commissioning
15. Cancer and Palliative Care
16. Urgent and Unscheduled Care actions

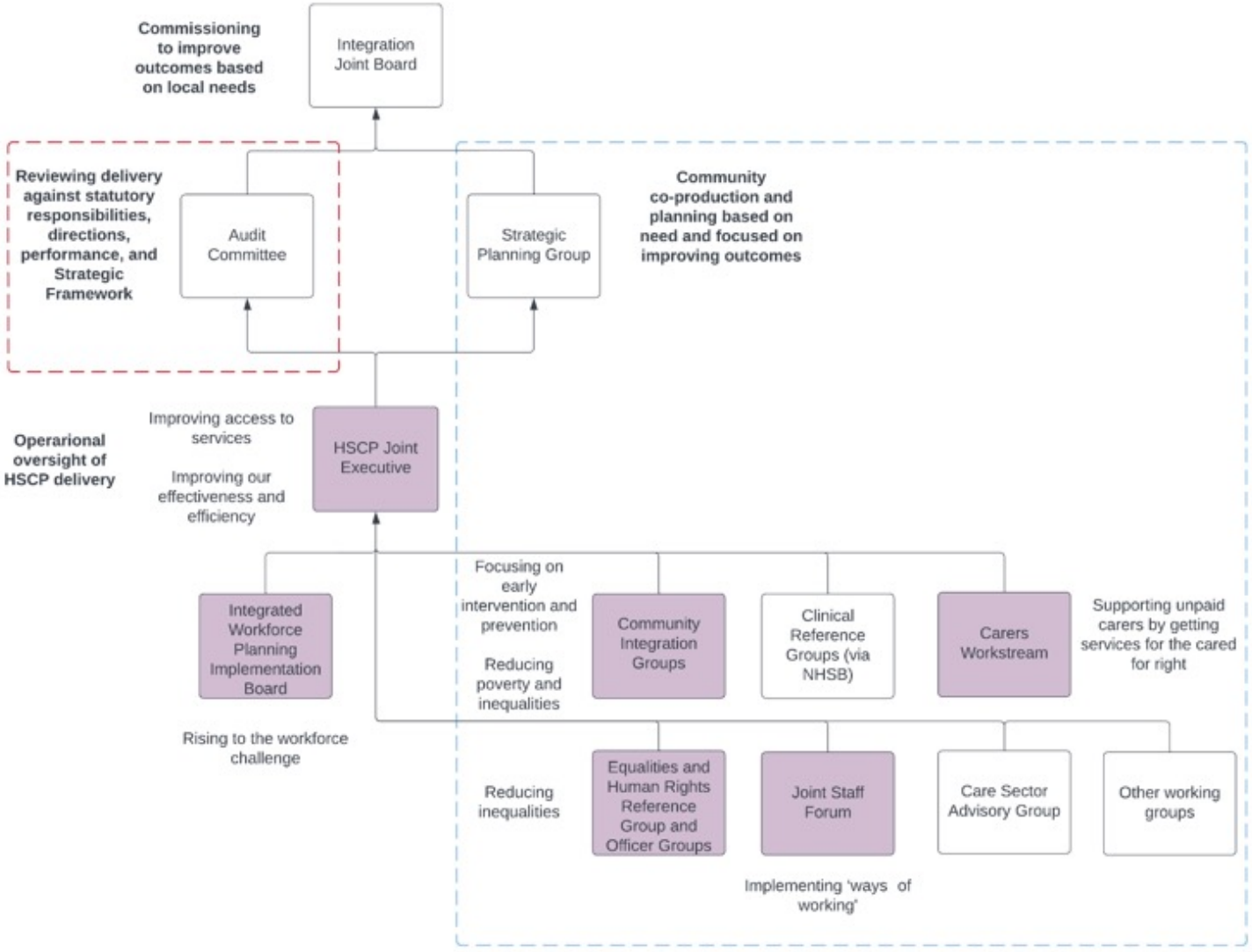
These groups will deliver actions which achieve the Strategic Objectives and Ways of Working within the Strategic Framework. Their work will be supported by a number of wider partnership and supporting programmes in the areas below:

8. Finance
9. Workforce
10. Communications
11. Innovations and Digital
12. Climate
13. Housing
14. Community Planning Partnership

Actions shaded in bold, and items in sections B-G outline the areas where papers will be brought to the IJB for consideration over the course of 2023/24.

These can be brought to the IJB and IJB Audit Committee, if requested, through exception reporting. In addition, the HSCP Joint Executive may escalate items for IJB consideration.

The other actions listed will be overseen by the HSCP Joint Executive via the shaded groups below who will oversee the HSCP programmes and actions across all services. The Joint Staff Forum will support the delivery of the HSCP 'Ways of Working.' Updates will be embedded into IJB quarterly performance reports.



Section A: Programme Delivery Groups

1 Reducing Inequalities and Public Health
Enhance planning and delivery of the approach to tackling health inequalities, with a specific focus in 2023/24 on those in prison, those in custody and those who use drugs.

No.	Board Action	Owner		Strategic Obj.					
		NHS	SBC	1	2	3	4	5	6
1.1	Summarise local priorities for reducing health inequalities taking into account national strategies around Race, Women's Health Plan, Keys to Life and any related actions within most recent Equality Mainstreaming Report	Y							Y
1.2	Set out actions to strengthen the delivery of healthcare in police custody and prison	Y	Y						Y
1.3	Set out plan to deliver the National Mission on Drugs specifically the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation	Y							Y
1.4	Establish a Women's Health Lead in every Board to drive change, share best practice and innovation, and delivery of the actions in the Women's Health Plan	Y							Y
1.5	Implement the 2023-24 priority actions of the Mental Health Improvement and Suicide Prevention - Creating Hope in the Scottish Borders action plan	Y				Y			Y
1.6	Set out approach to developing an Anchors strategic plan by October 2023	Y							Y
1.7	Consideration of transport needs in the planning and delivery of services	Y	Y	Y					
1.8	**Produce Health Inequalities Strategy & setup systems to ensure delivery**	Y							Y
1.9	Promote the wellbeing of staff through a workplace wellbeing campaign	Y			Y				
1.10	**Implement Equality and Human Rights mainstreaming framework 2023-25 (including new IIA process)**	Y	Y	Y	Y	Y	Y	Y	Y
1.11	Continue to collaborate in the response to displaced persons from overseas including people seeking asylum, from Ukraine and the Afghan resettlement schemes	Y	Y	Y		Y	Y	Y	Y
1.12	**Redevelopment of community integration groups (locality working groups), including mapping community services, with focus on integration, early intervention and prevention, and poverty and inequalities**	Y	Y	Y	Y	Y	Y	Y	Y
1.13	Early detection and improved management of the key cardiovascular risk factor conditions: diabetes, high blood pressure and high cholesterol	Y				Y			

2 Children, young people and young adult services
Supporting the next generation to thrive and live their lives to the full

No.	Board Action	Owner		Strategic Obj.					
		NHS	SBC	1	2	3	4	5	6
2.1	**Work to support the implementation of the Promise plan and the Children Young People's Planning Partnership**		Y	Y	Y	Y	Y	Y	Y
2.2	Review local arrangements to ensure that the prominence of children, young people's and young adults services are better strategically supported	Y	Y	Y	Y	Y	Y	Y	Y
2.3	Build capacity in services to eliminate very long waits (over 52 weeks) for CAMHS and Psychological Therapies	Y		Y					
2.4	Review local interfaces between children, young people and young adult services to support more integrated holistic arrangements and improved transition	Y	Y	Y			Y	Y	
2.5	Work with third sector partners to improve the support of children, young people and young adults		Y	Y	Y	Y	Y	Y	Y
2.6	Launch and deliver the Oral Health Strategy	Y		Y	Y	Y		Y	Y
2.7	Increase provision for young adults through access to the Shared Lives scheme		Y	Y	Y	Y	Y	Y	Y

3 Primary & Community Healthcare

Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community

No.	Board Action	Owner		Strategic Obj.					
		NHS	SBC	1	2	3	4	5	6
3.1	Scaling up MDT Approach	Y				Y			
3.3	Build and optimise existing primary care capacity (GP sustainability work stream in East Cluster and GP Career Start)	Y			Y				
3.5	Frailty Programme	Y				Y			
3.6	Increase capacity for providing in-hours routine and urgent dental care for unregistered and deregistered dental patients	Y		Y					
3.7	Review the provision of infection prevention and control support available to Primary Care	Y						Y	
3.8	**Review impacts of Hospital at Home**	Y		Y		Y		Y	
3.9	**Implementation of the Primary Care Improvement Plan**	Y		Y	Y		Y	Y	
3.10	Launch and implement Dementia Plan	Y		Y		Y	Y		Y
3.11	Continued implementation of the polypharmacy review service for social care service users (via Audit Committee)	Y		Y		Y		Y	
3.12	**Review services provided in Community Hospitals – day hospitals, minor injuries, modality and skill mix. As part of this, ensure that the Discharge to Assess bed based pathway is developed to ensure that Community Hospitals and Garden View are able to deliver Discharge to Assess**	Y			Y	Y		Y	
3.13	Review District Nursing and Health Visiting services	Y			Y	Y		Y	Y

4 Mental Health and Learning Disabilities
Improve the delivery of mental health and learning disability support and services.

No.	Board Action	Owner		Strategic Obj.					
		NHS	SBC	1	2	3	4	5	6
4.1	Build capacity in services to eliminate very long waits (over 52 weeks) for Psychological Therapies	Y		Y					
4.2	Build capacity in services to deliver improved services underpinned by CAHMS and Neurodevelopmental Specifications	Y		Y					
4.3	Timetable to achieve full compliance with the Child, Adolescent and Psychological Therapies National Dataset	Y						Y	
4.4	**Coming Home programme – to support the repatriation of people with learning disabilities from out of area, and those with complex support needs going through transition locally**	Y	Y	Y					
4.5	Development of service for people with Emotionally Unstable Personality Disorder	Y		Y					
4.6	Implement health checks for people with Learning Disability	Y			Y		Y	Y	
4.7	**Review mental health services**	Y	Y	Y	Y	Y	Y	Y	Y
4.8	Review the Local Area Coordination / Community Link Worker service		Y	Y	Y	Y	Y	Y	Y

5 Adult Social Work
Building a resilient Social Work service able to meet growing needs.

No.	Board Action	Owner		Strategic Obj.					
		NHS	SBC	1	2	3	4	5	6
5.1	Implement a comprehensive Programme of Digital Transformation (Pathfinder Programme) across Social Work Services		Y						
5.2	Undertake extensive redesign of all business processes to put customers at their heart – First phase Social Work		Y				Y		
5.3	**Deliver unpaid carers implementation plan and identify the needs of unpaid carers across the localities and develop / reconfigure services to better support unpaid carers**		Y	Y			Y		
5.4	Continue to increase uptake for Self Directed Support		Y	Y	Y		Y	Y	
5.5	Publish a locality directory on health / wellbeing and social care services		Y	Y	Y		Y		
5.6	**Develop community led support / what matters hubs**	Y	Y	Y	Y	Y	Y	Y	

6 Adult Social Care and Social Care Commissioning
Increasing capacity for those in care and supporting both carers and those they care for.

No.	Board Action	Owner		Strategic Obj.					
		NHS	SBC	1	2	3	4	5	6
6.1	Establish collaborative for Care at Home and Care Home provision		Y			Y			
6.2	Develop proposals for Extra Care Housing and/or amenity housing in: - Eyemouth area - Kelso - Peebles Delivery plan for Extra Care Housing in Hawick		Y	Y					
6.3	**Expand Re-ablement service and integrate with Home First to ensure a home based discharge to assess pathway**	Y	Y	Y		Y	Y		
6.4	**Continue to progress work on the Tweedbank and Hawick Care Villages**	Y	Y	Y					
6.5	Develop health and care models that are integrated, sustainable and meet the needs of Borders' residents		Y				Y	Y	
6.6	**Whole system care bed capacity review**	Y	Y	Y	Y	Y		Y	
6.7	Improving Social Care Commissioning: - Revise the Commissioning Governance Structure for social care commissioning - Map the current commissioning arrangements across social care - Develop a Commissioning work plan for three years (from April 2023 onwards)		Y					Y	
6.8	Commission additional social care capacity to reduce community and hospital unmet need in line with increased social care budget		Y	Y		Y	Y		
6.9	Continue to develop use and functionality of Strata pathways	Y	Y	Y	Y			Y	
6.10	Develop our social prescribing function	Y	Y			Y		Y	

7 Cancer Care and Palliative Care
Delivering the National Cancer Action Plan (Spring 2023-2026) and reviewing how we deliver palliative care services.

No.	Board Action	Owner		Strategic Obj.					
		NHS	SBC	1	2	3	4	5	6
7.1	**MacMillan Improving Cancer Journeys**	Y	Y	Y			Y	Y	Y

8 Urgent & Unscheduled Care actions

Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need.

No.	Board Action	Owner		Strategic Obj.					
		NHS	SBC	1	2	3	4	5	6
8.1	Flow Navigation Centre (FNC) model plans	Y						Y	
8.2	Extend the ability to 'schedule' unscheduled care	Y		Y					
8.3	Outline plans for an integrated approach to all urgent care services including Primary Care OOH and community services to optimise assets	Y				Y			
8.4	**Set out plans to implement and further develop OPAT, Respiratory and Hospital at Home pathways**	Y						Y	
8.5	Set out plan to increase assessment capacity (and/or footprint) to support early decision making and streaming to short stay pathways	Y				Y			
8.6	Set out plans to deliver effective discharge planning seven days a week, through adopting the 'Discharge without Delay' approach	Y	Y					Y	
8.7	**Implement Delayed Discharge and hospital occupancy plan**	Y	Y	Y				Y	
8.8	Develop plan to close unscheduled care surge capacity	Y	Y	Y	Y			Y	
8.9	**Commission Winter plan in Summer**	Y	Y	Y		Y		Y	
8.10	**Commission single assessment approach**	Y	Y	Y		Y		Y	
8.11	Sustainable Out of Hours Service	Y		Y					

Section B: Finance and Sustainability

B Finance
Reducing our deficit and doing more with less.

Costs are increasing, and available funds from Scottish Government are reducing due to the impact of excessive inflation driven by fuel costs and the impact of inflation on staff costs.

Key actions:

- Develop an IJB Financial Framework
- Develop and deliver an IJB Financial Plan
- Develop and deliver an IJB Financial Recovery Plan

Budgets will be monitored and controlled through the quarterly performance reports.

The work delivered by this group is focusing on achieving Strategic Objective 5: **Increasing our Efficiency and Effectiveness**

Section C: Workforce

C Workforce
Implementation of the Workforce Strategy.

The National Workforce Strategy for Health & Social Care in Scotland aims to create a sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do by focusing on three objectives (Recovery, Growth and Transformation) as set out in the "Five Pillars of the workforce journey": Plan; Attract; Train; Employ; Nurture. These pillars form the basis of the actions outlined in the HSCP Integrated Workforce Plan.

This document forms the overall Health and Social Care Partnership workforce agenda and will be delivered by an Integrated Workforce Plan Implementation Group and an Equality and Human Rights Reference Group.

This work is focused on achieving Strategic Objective 5: **Rising to the Workforce Challenge**

Section D: Communications and Engagement

D Communications and Engagement
Informing and engaging our communities along the next steps of our journey.

To develop the Strategic Framework and better understand our health and social care needs, a comprehensive series of public engagement activities took place with communities. The findings from this exercise have been summarised in the 'We Have Listened' report. A phase 2 engagement report is also being finalised.

A key finding from the engagement was that there appears to be a gap between what is known by services and what is known by the community itself. There is sufficient evidence - albeit often anecdotal - that professionals who have worked in and with a community for a period of time, get a sense and knowledge of that community, both its needs and its assets. Equally, community facilities and activities are often available, but not known about by professionals or the public, creating missed opportunities to join up statutory services and community supports in a person-centred approach.

These issues have been summarised in the Strategic Framework as:

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

To ensure these issues are addressed, there are two actions which this delivery plan seeks to implement:

- A Communications and Engagement Framework to outline the approach for involving and communicating with communities. This work is led by the NHS Communications and Engagement Team.
- Locality Working Groups set up as a platform for communities to take part in health and social care strategy development and decision-making. This work is being led by SBC colleagues.

The Communications and Engagement Framework will also align with the Equalities Outcomes developed for 2023 to 2025, with a particular focus on Outcome 3: Community engagement and empowerment across the Scottish Borders is inclusive, co-productive and fair.

This work is focused on achieving Strategic Objective 5: **Increasing our Effectiveness and Efficiency** and Strategic Objective 6: **Reducing Poverty and Inequalities.**

Section E: Digital and Innovation in Care

E1	Digital Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access

E2	Innovation Adoption Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.

In February 2021, the Scottish Borders Council undertook a review of their Digital Strategy, to support their vision to become a smart rural region. A key focus of this is the Pathfinder Programme (see 7.1) which aims to measurably improve outcomes for service users and staff by embedding a data assurance culture.

NHS Borders similarly has been developing a Digital Strategy in line with local and national health and care priorities and national digital strategies. All NHS Boards have been asked to implement programmes of work across the following areas: CHI, Child Health, GP IT, eRostering, LIMS, HEPMA, M365, endoscopy reporting system, Diagnostics (PACs), Near Me, Connect Me, and Scottish Vaccination Immunisation Programme (SVIP).

The commissioned Health and Social Care Digital Transformation Programme Outline Business Case (OBC) seeks to align the Scottish Borders Council and NHS Borders digital strategies, along with the national Digital Health and Care Strategy (2021).

Over the course of this year, we will review the associated strategy that needs to follow associated to the Health and Social Care Digital Transformation Outline Business Case.

The projects delivered through this overall programme of work is most focused on achieving Strategic Objective 5: **Increasing our Efficiency and Effectiveness.**

Section F: Climate

F	Climate Climate Emergency & Environment

On 9 March 2023, Scottish Borders Community Planning Partners endorsed the Scottish Borders Climate Change Route Map (including Scottish Borders Council and NHS Borders), previously agreed by the Council in June 2021. This commits the Scottish Borders to delivering greenhouse gas emissions reductions which, at minimum, match national targets of a 75% reduction in emissions by 2030 (relative to 1990), 90% by 2040 and net zero by 2045.

Achieving these targets is an immense challenge that will require structural changes at all levels of society. There are many profound changes that need to happen including how we use our land to reduce carbon while producing food, and protecting and enhancing biodiversity, amongst other benefits; how we decarbonise heat, transport and electricity while maintaining secure, reliable supplies at a fair and affordable cost; and how the transition to a low carbon economy can be positive for society, the economy and the environment.

As the two largest employers and public sector organisations in the Borders, the NHS and Council have a critical role to play in ensuring these targets are achieved. NHS Borders and the Council have two fundamental responsibilities:

a) The first responsibility is to deliver a comprehensive reduction of greenhouse gas emissions and climate adaptation across each organisation. Just as leading private sector organisations have found that there is a strong business case for sustainable development in enhancing profitability and shareholder value, so there is a corresponding benefit for public sector organisations from sustainable development, with climate action a core objective.
b) The second responsibility is to provide leadership and to influence climate action across the Scottish Borders region. This reflects the responsibility of the organisations to provide an example to others, while at the same time, seeking to leverage their involvement across a spectrum of activity which either directly or indirectly influences the actions of others. This includes planning, service delivery, transport and procurement. It also recognises that climate change is a public health emergency. Whether it is retrofit of homes, good quality and affordable food, or the ability to 'live well locally', NHS Borders and the Council have a vital influence, which they must bring to bear across the Scottish Borders. Action on climate and health must go hand in hand.

The Council has identified a 'Clean Green Future' as one of its top priorities in the Council Plan. The programme of work over the next year includes plans to reduce emissions across the Council but also actions to create more resilient communities, enable more sustainable energy solutions in the Borders and protect natural environments while promoting supporting behaviour change and wellbeing.

NHS Scotland require all Boards to deliver decarbonisation in line with national targets. NHS Borders will focus on general business reductions but also specific medical related actions such as reducing medical gas emissions and adopting the National Green Theatre Programme.

The initial focus of both NHS Borders and the Council is on organisational emissions reduction through:

- Transport and fleet decarbonisation
- Reducing emissions from buildings and estate
- Reducing waste

The contiguity of strategic objectives and service delivery across both organisations, particularly through the Health and Social and Care Partnership provides rich opportunities for co-operation and project alignment.

To deliver area-wide emissions reduction, NHS Borders and the Council are working with Scottish Borders Community Planning Partners working to:

- Agree boundaries, pathways and priorities for emissions reduction across council service areas, assets and operations.
- Understand the impact and influence they can have on area-wide emissions.
- Ensure the design and delivery of their emissions reduction programmes establishes a foundation to lead an area-wide strategy for a net zero region by 2045.

The work delivered in this category link to Strategic Objective 3: **Focusing on Prevention and Early Intervention.**

Section G: Key Partners

G1 Housing
Warm, affordable homes which meet the needs of the future

The Housing (Scotland) Act 2001 places a statutory requirement on local authorities to prepare a Local Housing Strategy every five years, setting out a vision for the supply, quality and availability of housing in their local area.

The Local Housing Strategy is the key planning document, providing a framework of action, investment and partnership-working to deliver local priorities. A new Local Housing Strategy is being developed to set out how housing and housing related opportunities and challenges will be addressed over the five year period 2023-28.

The following five Local Housing Strategy Outcomes have been defined:

- Strategic Outcome 1: More homes in well designed, sustainable communities that increase opportunity for all
- Strategic Outcome 2: People have access to homes which promote independence, health and Wellbeing
- Strategic Outcome 3: Improved energy efficiency of homes and a reduction in fuel poverty while supporting a Just Transition to Net Zero through decarbonising domestic heating and energy
- Strategic Outcome 4: Communities are regenerated through improving the quality and condition of housing and the built heritage.
- Strategic Outcome 5: Homelessness is prevented wherever possible and a range of housing options are provided so people can secure a suitable and sustainable housing outcome as quickly as possible

The new Local Housing Strategy will link into the Strategic Framework in the following ways:

Strategic objective	Role of Housing
Improving access to services	• Providing safe, secure, warmer and more comfortable homes of an appropriate size, in an appropriate location and that are affordable to live in will reduce existing health problems – heart attacks, strokes, hypothermia, raised blood pressure, asthma, mental health problems, respiratory disease and also help prevent health issues occurring. • Delivery of adaptations and handyman's service (including fall prevention measures such as grab rails) • Providing housing support, directly and with partners to help people remain in their own home and prevent homelessness. Reduces stress, anxiety – keeping people in their homes. Improving access to affordable energy efficient housing stock, adaptations and reducing homelessness all support an improvement in people's health outcomes.

Rising to the workforce challenge	• A lack of access to housing has been highlighted by our Integrated Workforce Plan and the Local Housing Strategy as a barrier to attracting and retaining health and social care key workers in the Scottish Borders
Focusing on prevention and early intervention	• Good housing and supports help to reduce health incidents (e.g. falls in the home, warm homes). In addition, the role of housing for people who are homeless or threatened with homelessness is key to supporting good health and wellbeing. • Preventing homelessness through the Housing Options approach • Borders Homelessness and Health Strategic Partnership • Investment in Adaptations with a strategic review of Scheme of Assistance to shift activity towards preventative investment • Expand on and develop new initiative housing with support models through the Rapid Re-housing Transition Plan. • Provision of welfare benefits advice and financial inclusion services • Unified, partnership working framework for assessing health and housing needs (Unified Health Assessment) • Development of Housing Information and Advice Affordable warmth actions outlined in LHS 2023-2028
Supporting unpaid carers by getting services for the cared for right	• Good quality housing with appropriate supports support service users and their unpaid carers
Improving our effectiveness and efficiency	• Develop the supply of appropriate, affordable and quality housing to meet changing needs • Good housing options are critical, giving people more freedom and choice; • Continue building capacity in communities to support older people at home and having housing in place to keep people independent • There is a strong link between access to good housing and the general Health of the population
Reducing poverty and inequalities	• Housing is the biggest cost to people each month – so providing affordable housing that is energy efficient plays a huge role in helping to reduce poverty and inequalities Significant levels of investment in improving the Energy Efficiency of homes across the Borders, as well as the provision of Home Energy Advice, helping to make homes warm and more comfortable. • Activities of Housing providers in terms of the provision of information and advice to tenants on a range of issues from financial advice, eating well and keeping warm.
	• Improving access to health and social care services for homeless people, particularly for those with complex needs by working with integration partners.

G2 Community Planning Partnership
Reducing Inequalities through partnership working across the Borders

Community planning is the process by which Integration Joint Boards and other public bodies work with local communities, businesses and community groups to plan and deliver better services and improve the lives of people who live in Scotland. The Scottish Borders Community Planning Partnership is tasked with taking this forward here in the Borders.

A new plan is currently in development and will be completed by August 2023. The Community Planning Strategic Board has agreed to adopt the IJB Strategic Framework objectives within the new plan. Below outlines how the Community Planning Partnership will support the Strategic Objectives:

Strategic objective	Role of Community Planning Partnership
Improving access to services	• There is a focus on 'Improving access to health & care services' under the Good Health and Wellbeing Theme. This will have a particular focus on equality groups i.e., care experienced young people, those with disabilities, those living with poverty, those who are refugees or asylum seekers or those with any other equality characteristics. • Under Theme 4 there is a focus on making services more accessible through improved travel options. This includes primarily improving public transport accessibility and availability but may also involve working with communities to deliver more cycle paths and promote active travel.
Rising to the workforce challenge	• Theme 2 of the plan is focused on improving employment opportunities in the Borders. This will involve collaboration with SBC and NHS colleagues to achieve better outcomes. • A new Theme 'Enough Money to Live On' is focused on challenges to do with current inflation as well as the gap between cost of living and having high enough wages to live a good life.
Focusing on prevention and early intervention	• This objective has been listed under the theme of 'Good Health and Wellbeing'.
Supporting unpaid carers by getting services for the cared for right	• There is a focus on 'Improving access to health & care services' under the 'Good Health and Wellbeing Theme'. A key group this will focus on supporting are those receiving care.
Improving our effectiveness and efficiency	• A recent addition to the new plan is a priority around improving 'Community Engagement'. The Community Integration Groups set up under the IJB will also report into the Community Planning Partnership to allow more streamlined engagement with members of the community.
Reducing poverty and inequalities	• This objective has been listed under the theme of 'Good Health and Wellbeing', with a focus on 'health' inequalities. • The theme of 'Enough Money to Live On' is focused on ensuring more people have enough money to support a good life.

Alternative format/language

You can get this document on audio CD, in large print, and various other formats by contacting the Corporate Performances team.

In addition, contact the address below for information on language translations, additional copies, or to arrange for an officer to meet with you to explain any areas of the publication that you would like clarified.

Policy, Planning & Performance Team
Customer and Communities Department
Scottish Borders Council
Council Headquarters

Designed by Scottish Borders Council Graphic Design Section. JD/10/2023