



**SCOTTISH BORDERS HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD**

**2023-24 ANNUAL
PERFORMANCE REPORT &
2024-25 DELIVERY PLAN**



Scottish Borders
Health and Social Care
PARTNERSHIP



MESSAGE FROM CHIEF OFFICER



This year we have started to put our new Health and Social Care Strategic Framework 2023-26 into action. To do this, extensive work has started by our teams across the Health and Social Care Partnership, along with our partners, and wider communities. We have focused on our delivering our Strategic Objectives and Ways of Working with a view to improving local health and wellbeing outcomes so that we realise our vision that “all people in the Scottish Borders are able to live their lives to the full.”

Our Community Led Support approach is maturing, and we are now considering the broader context of promoting wellbeing from a preventative perspective across the Scottish Borders. Close partnerships with Borders Community Action to support the Warm Spaces initiative, and with Home Energy Scotland over the winter period helped us to collectively support more people across the Scottish Borders who were challenged with rising food and energy costs.

We are making good progress with developing support in primary care, older adults, unpaid carers, mental health, and learning disability. We were delighted to be successful as one of four Primary Care Phased Investment Programme Pathfinders which will help us to further develop primary care and community health services. We have invested in adult social care provision and brought in new residential and nursing care provision for older adults. In partnership with Eildon Housing Association, additional Extra Care Housing was opened in Poynder Apartments, Kelso. There has been investment into bed-based respite along with new day supports, which have been opened in Newcastleton. We look forward to opening the new Teviot Day Service in April 2024. A new Grade 5 Mental Health provision was opened in Melrose, and we are making good progress with the ‘Coming Home Programme’. We have seen reductions in unmet need for people in our communities, reductions in Social Work assessment waits, improvements in CAMHS performance, and increases in transfers to care.

Whilst we have taken many positive steps forward, we have also faced a number of major challenges over the past year in our operating environment which includes continuing workforce, financial and economic challenges, along with increasing need for services. There have been significant financial challenges for the Health and Social Care Partnership, predominantly in delegated health services, and we are working in partnership with our statutory partners and communities from across the Scottish Borders to address this. As we move into 2024/25, we will work on a Medium-Term Financial Strategy which will help us to deliver financial sustainability.

Despite the increased care capacity, we have seen the complexity and demand for care in hospital rise and unfortunately as a result we have seen an increase in the number of people in hospital waiting for assessment and care. As we move into 2024/25, we will continue to focus in this area, while in parallel continuing to work with people to keep them well in their communities.

I would like to thank you for your ongoing support now and as we move into 2024/25.

Chris Myers

Chief Officer Scottish Borders Health and Social Care Integration Joint Board
July 2024

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1. STRATEGIC FRAMEWORK 2023-26

Our Health and Social Care Strategic Framework 2023-26 sets out the path that we will take to address the critical issues that affect the health and wellbeing of people across the Scottish Borders.

Based upon the National Health and Wellbeing Outcomes, local population health data, feedback from our communities, and 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:



Objectives



Ways of Working



Our 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.

We do this by routinely and annually reviewing our performance, our risks and outcomes including those reported by the public through the Health and Care Experience Survey, and setting out an annual Delivery Plan to help overcome these challenges, to take us closer to our vision that "all people in the Scottish Borders are able to live their lives to the full."

This Annual Report 2023/24 and 2024/25 Health and Social Care Partnership Delivery Plan is a key part of our review process and forward plan which enables us to address these critical challenges and work to improve outcomes.

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

In the 2022 '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 with 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?

3. ABOUT THE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

3.1. 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 set out below:

- 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.



3.2. 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



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

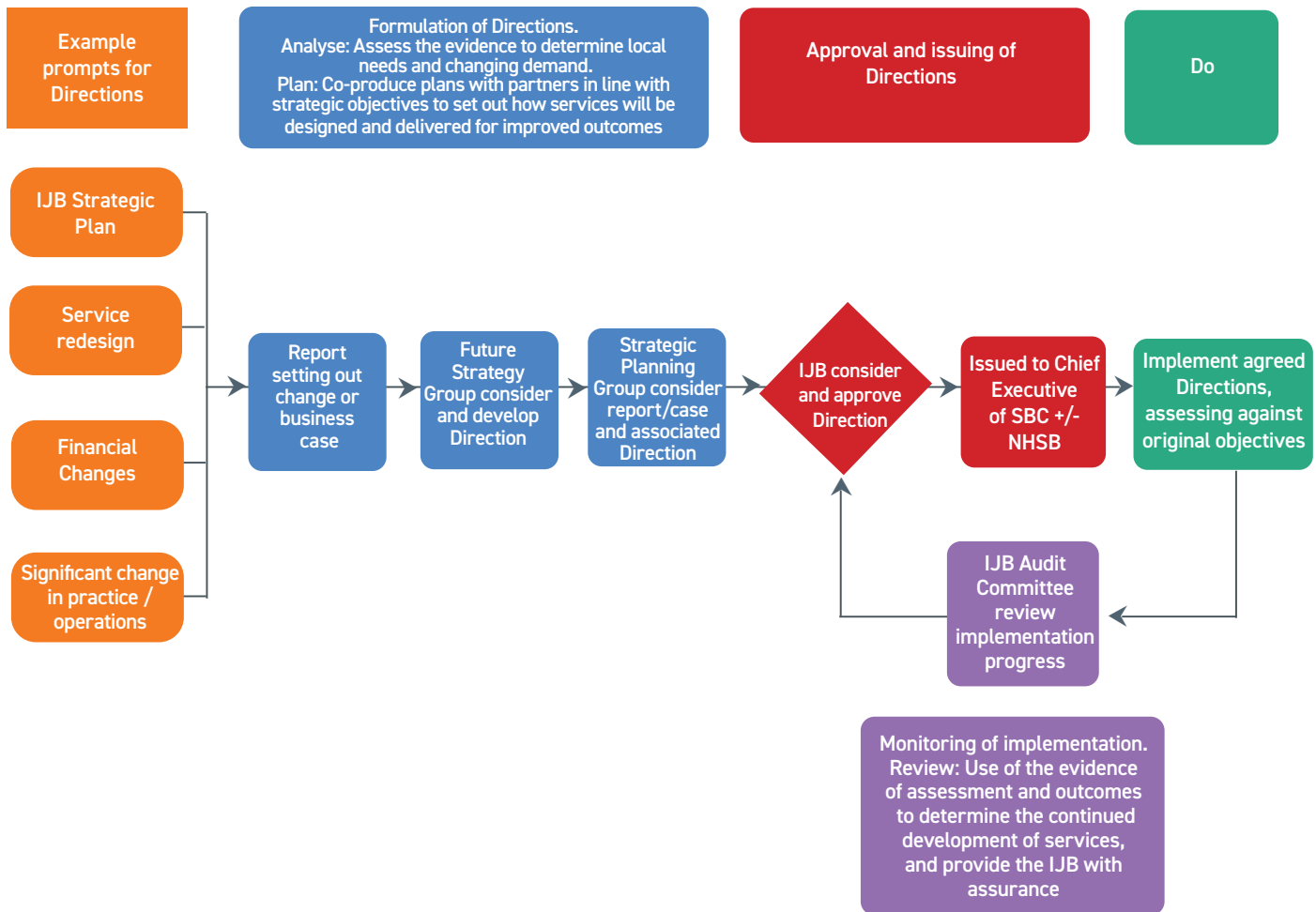
- Primary Medical Services (GP practices)**
- Out of Hours Primary Medical Services **
- Public Dental Services**
- General Dental Services**
- Ophthalmic Services**
- Community Pharmacy Services**
- Allied Health Professional Services
- District Nursing
- Mental Health Services
- Community Geriatric 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 **

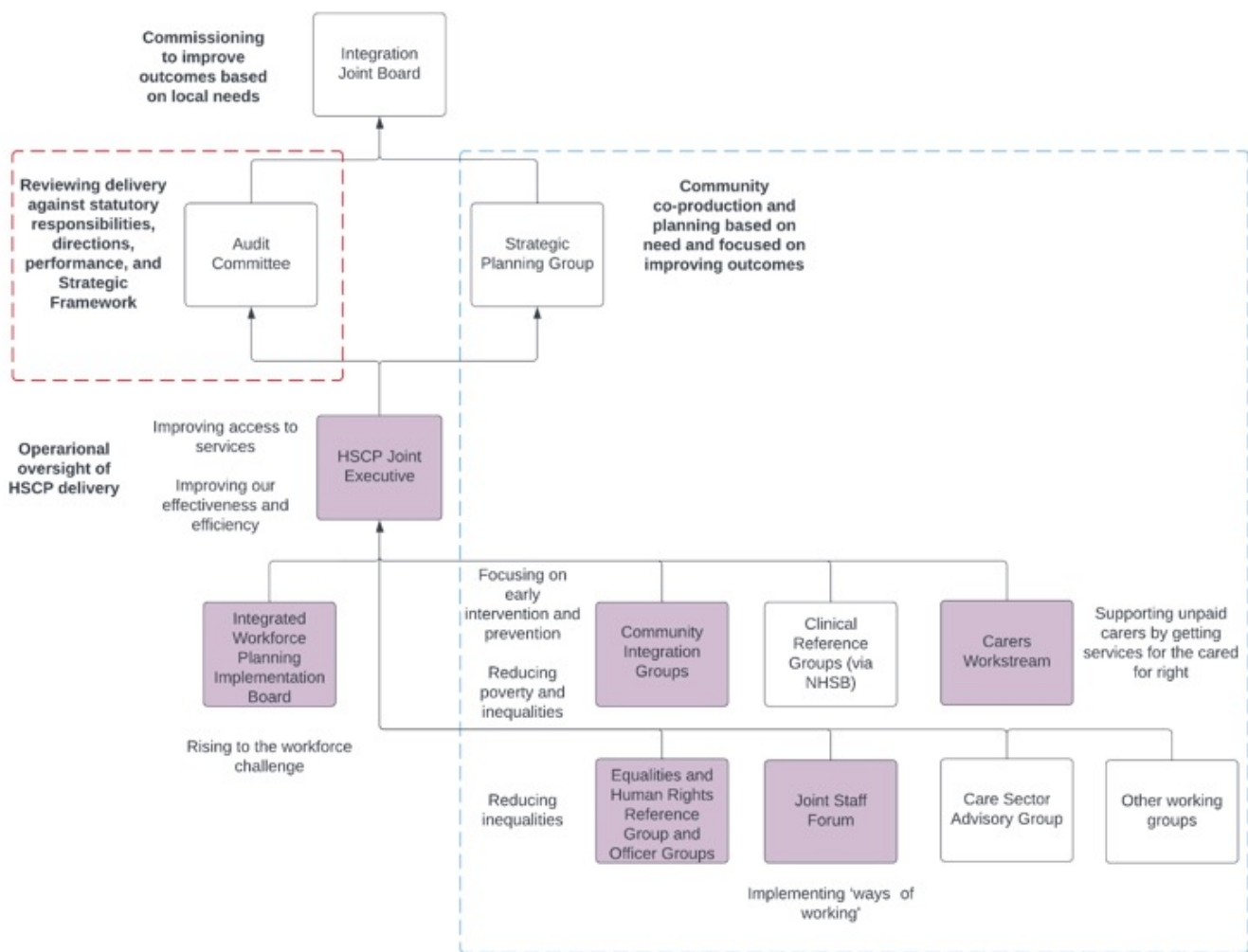
- Accident and Emergency
- Inpatient hospital services in these specialties:
 - General Medicine
 - Geriatric Medicine
 - Mental Health
 - Rehabilitation Medicine
 - Respiratory Medicine
 - Psychiatry of Learning Disability
 - Palliative Care Services provided in a hospital
- Inpatient hospital services 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

3.3. 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.



3.4. 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 2023/24 and in the current year are outlined in the sections below.

3.4.1. Integration Joint Board Members: 1 April 2023 to 31 March 2024

Name	Designation	Membership status
Ms. Lucy O'Leary	Non-Executive Director, NHS Borders (Chair)	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

Name	Designation	Membership status
Ms. Lynn Gallacher	Borders Carers Centre	Carer representative
Ms. Linda Jackson	LGBTQ+ representative	Service User representative
Mr. Nile Istephan	Chief Executive, Eildon Housing Association	Housing representative
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 Partner-ship	NHS Borders
Mrs. Laura Jones	Director of Quality & Improvement	NHS Borders
Mrs. Clare Oliver	Head of Communications & Engagement	NHS Borders

3.4.2. Integration Joint Board Members: Current Membership (as of April 2024)

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. James Ayling (from 01.02.24)	Non-Executive Director, NHS Borders	Voting member
Cllr. David Parker	Elected Member, Scottish Borders Council	Voting member
Cllr. Neil Richards	Elected Member, SBC	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		
Mrs. Gwyneth Lennox	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 (SBC)	Staff-side
Ms. Vikki MacPherson	Partnership NHS Borders	Staff-side
Ms. Jenny Smith	Borders Care Voice	Third Sector representative
Ms. Juliana Amaral	Borders Community Action	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	Housing representative
Mr. Chris Myers	Chief Officer and Joint Director of Health and Social Care	Integration Joint Board Chief Officer
Mrs. Hazel Robertson Mrs. Lizzie Turner (Interim from 01.03.2024)	Chief Financial Officer	Section 95 Officer of the Integration Joint Board
PROFESSIONAL ADVISORS		
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
Mr. Philip Grieve	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



4. CORE SUITE OF INDICATORS

There has been significant focus on performance as part of Business as Usual for the IJB. From November 2023 onwards, this has included the development of new Performance and Delivery Reports which are now reported routinely to each IJB meeting. Highlights and exceptions are discussed in detail which allows IJB members to ensure that they can have an appropriate overview of performance and delivery, while also focusing on areas of greatest risk, and celebrating successes.

4.1. 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.

9,110 Health and Care Experience surveys were sent out to residents across the Scottish Borders, with 2,634 responses (29%). The results are included in the sections below.

All of the health and wellbeing outcomes have been reviewed by the HSCP and IJB, and relevant actions have been identified to inform the HSCP Delivery Plan for 2024/25.

The first chart shows the percentage of positive, neutral and negative responses for some of the overarching questions in the HACE survey for respondents from the Scottish Borders.

Percentage of positive, neutral and negative responses

Select a question from the list below to compare a result to the equivalent 2022 result and the Scotland result, and display a time trend for all surveys since 2016, where questions are comparable. Statistical comparison against 2022 available at Scotland, NHS Board and Health & Social Care Partnership level.

			Scottish Borders			Scotland	Scottish Borders 2022
		Number of Responses	Positive	Neutral	Negative		
13	Overall, how would you rate the care provided by your General Practice?	2,139	74%	18%	9%	69%	66%
03	How easy is it for you to contact your General Practice in the way that you want?	2,196	86%		14%	76%	79%
25	Overall, how would you rate the care you experienced from this Out of Hours service?	386	80%	12%	8%	73%	70%
31	Overall, how would you rate your help, care and support services? Please exclude the care and help you get from friends and family.	187	66%	16%	18%	63%	n/a
30e	Experience of Social Care: I was supported to live as independently as possible	159	67%	25%	8%	64%	n/a
30e	Experience of Social Care: I was supported to live as independently as possible	284	28%	46%	26%	31%	29%
37a	I have a good balance between caring and other things in my life	350	60%	26%	14%	62%	59%

The next chart shows the most positive, and most negative experience ratings highlighted by the survey for respondents from the Scottish Borders.



This section provides an overview of our 2023/24 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. Further more in depth data is available from the Public Health Scotland Health and Care Experience dashboards.

A number of outcomes are improving in line with the work of the IJB and HSCP to focus on improving health and wellbeing outcomes in line with the previous year's Health and Care Experience survey. The 2023/24 Health and Care Experience outcomes, along with local data inform the actions when setting the following year's HSCP Delivery Plan.

The Integration Joint Board Strategic Planning Group has considered the Health and Care Experience survey and noted that the framing of questions is important, and that further focus groups with different communities will be helpful on the survey. In addition, further work to improve access to services and reduce waits in services which act as the first point of contact to the Health and Social Care Partnership such as Primary Care and Adult Social Work will help to improve overall experience and the coordination of services for our communities.

Work to progress the delivery of the Living Well Carers Strategy and the Dementia Strategy and Implementation Plans will help to improve carer experience. As a result, these areas will all be featured in our 2024/25 Delivery Plan.

Over 2024/25, the Integration Joint Board Strategic Planning Group and HSCP Joint Executive Team and Senior Management Team 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.



4.2. Quantitative Indicators

This section provides an overview at a glance of our local performance against the national integration data indicators. The latest data available currently for these indicators are calendar year 2023.

In terms of highlights, are our falls rate for people over the age of 65 which is 25% lower than the national average, and low premature mortality rate which is 19% lower than the national average.

In terms of exceptions our rate of delayed discharge occupied bed days for people over the age of 75 is 78% higher than the national average, despite efforts to reduce waits for care by the Integration Joint Board and Health and Social Care Partnership over 2023/24 due to the increasing demand for care. This has also impacted on increasing the emergency bed day rate. As a result, this will continue to be an area of focus for the Integration Joint Board moving into the 2024/25 Delivery Plan. Our commissioning approach will be supported over the longer term by the broader review of Health and Adult Social Care capacity commissioned by the Health and Social Care Partnership that will be complete by the end of 2024.

Emergency admission rate (per 100,000 population)	2018/19	2019/20	2020/21	2021/22	2022/23	2023
Scottish Borders rate	12,430	12,179	10,255	10,245	9,840	9,981
Scotland rate	12,284	12,529	10,964	11,643	11,276	11,707

Emergency bed rate (per 100,000 population)	2018/19	2019/20	2020/21	2021/22	2022/23	2023
Scottish Borders rate	131,350	120,062	105,619	124,535	131,395	125,062
Scotland rate	121,174	119,753	102,875	115,308	119,806	112,883

Emergency readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	2018/19	2019/20	2020/21	2021/22	2022/23	2023
Scottish Borders rate	109	107	120	97	121	120
Scotland rate	103	105	120	107	102	104

Proportion of last 6 months of life spent at home or in a community setting	2018/19	2019/20	2020/21	2021/22	2022/23	2023
Scottish Borders rate	85.7%	86.0%	89.5%	88.2%	87.7%	88.2%
Scotland rate	88.0%	88.2%	90.2%	89.7%	88.9%	89.1%

Falls rate per 1,000 population aged 65+	2018/19	2019/20	2020/21	2021/22	2022/23	2023
Scottish Borders rate	18.7	21.1	18.1	17.9	15.8	16.3
Scotland rate	22.5	22.8	21.7	22.6	22.5	23.0

Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Scottish Borders rate	78.5%	85.7%	90.1%	77.9%	81.1%	70.6%
Scotland rate	82.0%	81.8%	82.5%	75.8%	75.2%	77.0%

Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Scottish Borders rate	761	656	588	982	1,364	1,605
Scotland rate	793	774	484	748	919	902

Premature mortality rate per 100,000 persons	Rate	Year of latest data
Scottish Borders rate	358	2022
Scotland rate	442	

Percentage of adults with intensive care needs receiving care at home	Rate	Year of latest data
Scottish Borders rate	59.5%	2023
Scotland rate	64.8%	

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%	



5. 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 in 2023/24 compared to 2022/23. This represents actual expenditure for all delegated services. The total IJB spend in 2023/24 was £246.7m.

Service	2022/23 £000s	2022/23 £000s
Joint Learning Disability Service	25,879	27,734
Joint Mental Health Service	22,841	25,215
Joint Alcohol and Drug Service	1,038	1,027
Older People Service	30,101	33,482
Physical Disability Service	2,586	3,113
Prescribing	25,263	27,342
Generic Services	94,385	92,696
Delegated services Total	202,094	210,610
Accident & Emergency	4,999	5,677
Medicine of the Elderly	19,946	22,161
Medicine & Long-Term Conditions	7,412	8,294
Set Aside Healthcare Functions	32,358	36,132
Total Spend	234,452	246,742

- IJB funding relating to the implementation of Carers (Scotland) Act 2016 strategies amounted to £1.715m in 2023/24. This funding was directed across 5 broad areas as follows, totaling £1.577m leaving a balance of £0.138m which was carried forward into 2024-25.
 - o Internal staffing - £0.062m
 - o Replacement care costs including Homecare and Self Directed Support Direct Payments - £0.774m (Carers Act funding pays for the SDS/Carers Act Lead Officer post (£0.062m))
 - o Nursing respite beds in care homes - £0.043m
 - o Third sector provider contributions including Borders Carers Centre, Action for Children and Borders Additional Needs Group - £0.448m
 - o Children's short term respite contract with external provider, providing respite for parent carers - £0.25m

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

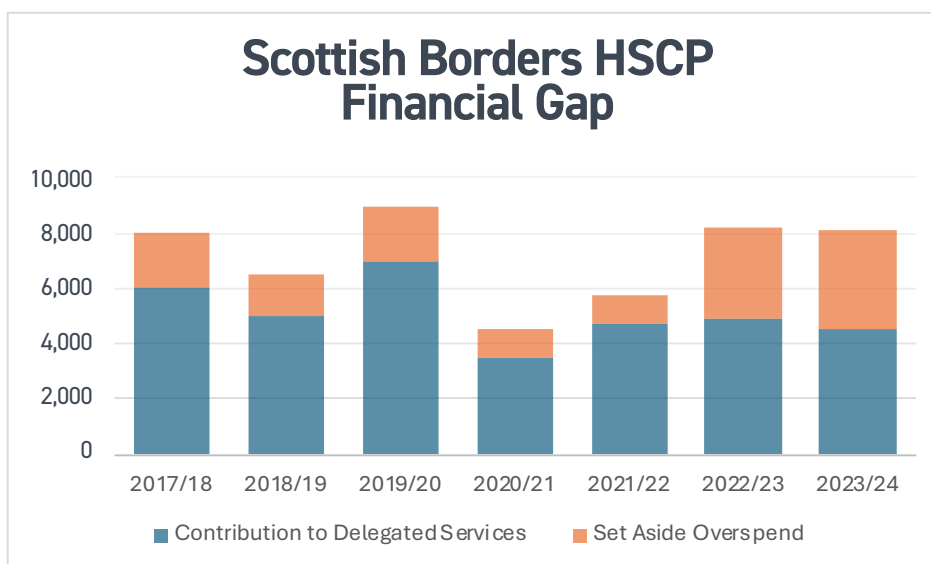
- Significant financial pressures in delegated functions include:
 - High-cost individual Learning Disabilities out of area placements
 - Prescribing volumes and price indicators show an increased spend within primary care.
 - Use of premium rate staffing to cover medical workforce gaps within Mental Health is offset by underspends in other staffing areas primarily nursing.
 - The £2.526m overspend in Generic services is largely due to unmet savings targets of £3.7m being offset by staff vacancies.
- Set aside service was overspent by £3.602m with all service areas contributing to this position, A&E being the largest element at £1.4m and £0.9m of undelivered savings.

Under the Scheme of Integration, at the year end, the partner organisations who have spent in excess of funding make an additional contribution to the IJB and those who have underspent will have funding returned. 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, and increases in the availability and price of medicines, and inflation on pay and supplies not being matched by increased funding. 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, this funding has now been spent or returned to Scottish Government.

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



Going forward, delivering financial balance will require the Integration Joint Board to increase its focus on identifying ways to reduce spend and manage need based demand. Engagement with our staff, service users and the wider public will be key to helping us to consider options for change. A medium term financial plan is being developed for 2025/26 which will consider some of the key cost drivers and assumed funding over the medium term.

6. AUDIT COMMITTEE

The purpose of the IJB Audit Committee is to have high-level oversight of the IJB's internal control, governance, and risk management arrangements. The IJB Audit Committee has met three times on a virtual basis during the financial year on 19 June and 18 December 2023, and 18 March 2024 to consider reports pertinent to the Audit Cycle to fulfil its main purpose. The meeting scheduled for 18 September 2023 was cancelled as the main items of business for the meeting, i.e. External Audit Annual Audit Report 2022/23 and final audited IJB Annual Accounts 2022/23, were not available as the statutory audit process has been delayed.

The role of the IJB Audit Committee also includes the monitoring of the delivery of the Strategic Framework 2023-2026 (the IJB's Strategic Commissioning Plan) and progress against its Directions, which reflects the IJB's 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 19 June and 18 December 2023 monitored and reviewed progress with the implementation of IJB Directions made to Partners to assess service and financial performance, and achievement of objectives.

Within the IJB Audit Committee Annual Report 2023/24, the Chair has provided the following assurances from the IJB Audit Committee to the IJB:

- a) The IJB has received the Minutes of the IJB Audit Committee meetings throughout the year, which outline the business conducted.
- b) The IJB Audit Committee has operated in accordance with its agreed Terms of Reference, and accordingly with the best practice audit committee principles within the CIPFA Position Statement from the CIPFA 'Audit Committees' Guidance.
- c) It did the above through material it received from Internal Audit, External Audit, and Management, 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.
- d) 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.
- e) There is effective engagement by the Members of the IJB Audit Committee including appropriate scrutiny and challenge and questions relating to the business on the agendas.
- f) 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, impact and effectiveness, and have identified areas for further improvement.

The IJB Audit Committee has been unable during 2023/24 to fulfil its role in promoting effective 2022/23 public reporting to the integration authority's stakeholders and local community as it has not yet had the opportunity to consider the External Audit Annual Audit Report 2022/23 and final audited IJB Annual Accounts 2022/23, as the statutory audit process has been delayed.

7. 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 8 times over 2023/24, having had 6 planned meetings and a further 2 Extra-ordinary meetings.

The Strategic Planning Group considered and steered compliance of all new plans, directions and proposals with the Integration Planning Principles and a focus on outcomes for the people of the Scottish Borders. These included the subjects highlighted in the diagram below.



Topics discussed by Strategic Planning Group (Image created by WordArt.com)

The Strategic Planning Group have informed, critiqued and developed the strategic elements of the HSCP Delivery Plan for 2023/24 brought forward by HSCP Officers. Our public and cross-sectoral representation has made a tangible difference to the plans that were being developed and were ultimately considered by the Integration Joint Board. Considerations made by the Strategic Planning Group included:

- What are the impacts of the proposal on people's lives and outcomes?
- What is the current provision, is it the right level, quality and cost?
- How do we best achieve the plans proposed, and what links with other services, partners and communities need to be made to ensure seamless / integrated provision?

- Have we appropriately paid due regard to the Public Sector Equality Duty and Integration Planning Principles, and other relevant legal duties; and what have we learnt from these exercises?
- How do we develop affordable services?
- How do we monitor and review the proposal?

This information was used to inform the development of the Direction to ensure that services are commissioned appropriately, which would then be considered developed for the Integration Joint Board were informed by the Strategic Planning Group. In addition, all Equalities and Human Rights Impact Assessments associated to each plan were considered, and where the group felt that these required further development, the proposals were not then submitted to the Integration Joint Board for consideration.

The Strategic Planning Group recognise the challenge related to the delivering the Health and Social Care Strategic Framework within the constraints of increased need and reduced financial resources (particularly for health), and so will during 2024/25 will look for opportunities to help deliver within these constraints, while ensuring that the Integration Joint Board is clear on the impacts when decision-making.



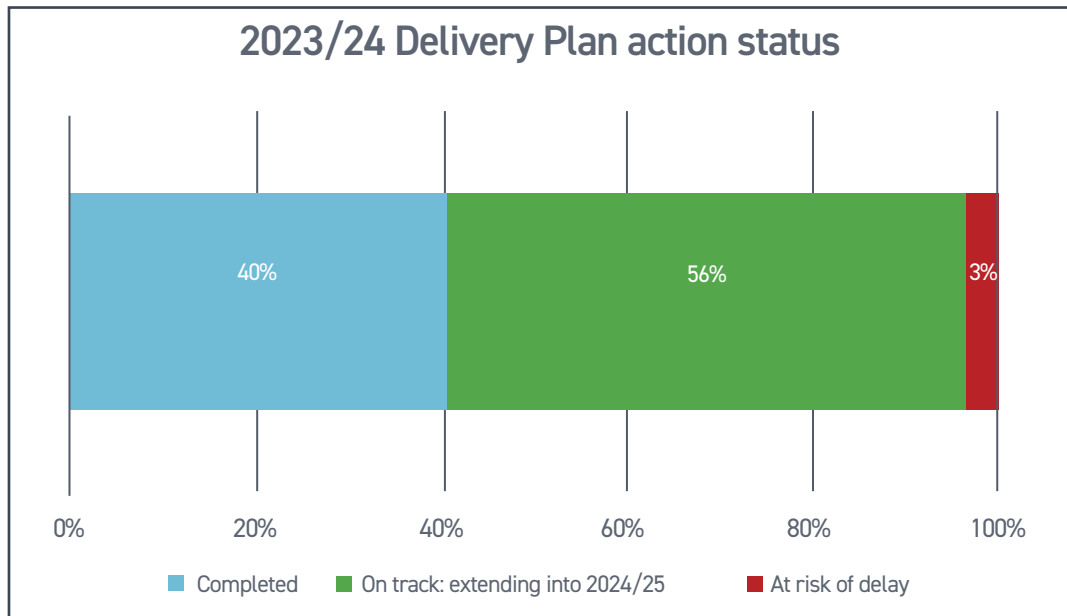
8. PROGRESS WITH ANNUAL DELIVERY PLAN 2023/24

Each year, an Annual Delivery Plan is developed to outline the key actions to be undertaken by the Scottish Borders Health and Social Care Partnership to enable it to deliver against the Strategic Framework and Scottish Government requirements.

Achievements over 2023/24 included:

- The launch of the Mental Health and Suicide Prevention Plan
- Full compliance with Medication Assisted Treatment Standards for our Alcohol and Drugs Partnership
- CAMHS waits have reduced to 90% of children and young people referred starting treatment in less than 18 weeks in line with the national standard
- Opening of Millar House Grade 5 Accommodation, in partnership with Carr Gomm and Eildon Housing Association
- Commissioning of £1.9m additional older adult social care support, including:
 - o Additional residential, nursing care, home care and bed based respite support, to meet increasing demand and reduce unmet need
 - o Opening of Poynder Apartments, Extra Care Housing in Kelso, in partnership with Eildon Housing Association
- Pathfinder of Newcastleton Day Supports in partnership with the Buccleuch Community Trust and Holmcare
- Warm Spaces initiative over winter in partnership with Borders Community Action
- High levels of vaccination uptake
- Pathfinder of Hospital at Home service
- Further development of Community Led Support Agenda
- Success in becoming a Primary Care Phased Improvement Plan Pathfinder, leading to further developments in Primary Care over 2024/25 for Pharmacotherapy and Community Treatment and Care services which will improve GP sustainability
- Positive joint inspection of Adult Support and Protection
- Significant progress and focus on Equalities and Human Rights in line with our Public Sector Equality Duty
- Development of the Macmillan Improving the Cancer Journey programme

A total of 67 actions were included in the Delivery Plan for 2023/24. The progress by the end of the year was as follows:



37% (25 actions) were successfully completed.

54% (36 actions) are on track and extending into the 2024/25 Delivery Plan.

3% (2 actions) are at risk of delay.

All actions which could not be accomplished within the 2023/24 year have been carried forward to the 2024/25 delivery plan, as detailed in full in Annex B. For the services which are at risk of delay, focused work will be undertaken to deliver these as soon as possible.



Reducing Inequalities and Public Health		
Action no.	Action	Status
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	
1.2	Set out actions to strengthen the delivery of healthcare in police custody and prison	
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	
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	
1.5	Implement the 2023-24 priority actions of the Mental Health Improvement and Suicide Prevention - Creating Hope in the Scottish Borders action plan	
1.6	Set out approach to developing an Anchors strategic plan by October 2023	
1.7	Consideration of transport needs in the planning and delivery of services	
1.8	Produce Health Inequalities Strategy & setup systems to ensure delivery	
1.9	Promote the wellbeing of staff through a workplace wellbeing campaign	
1.10	Implement Equality and Human Rights mainstreaming framework 2023-25 (including new IIA process)	
1.11	Continue to collaborate in the response to displaced persons from overseas including people seeking asylum, from Ukraine and the Afghan resettlement schemes	
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	
1.13	Early detection and improved management of the key cardiovascular risk factor conditions: diabetes, high blood pressure and high cholesterol	

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

Primary & Community Healthcare		
Action no.	Action	Status
3.1	Scaling up MDT Approach	
3.2	Build and optimise existing primary care capacity (GP sustainability work stream in East Cluster and GP Career Start)	
3.3	Frailty Programme	*
3.4	Increase capacity for providing in-hours routine and urgent dental care for unregistered and deregistered dental patients	
3.5	Review the provision of infection prevention and control support available to Primary Care	TBC
3.6	Review impacts of Hospital at Home	
3.7	Implementation of the Primary Care Improvement Plan	
3.8	Launch and implement Dementia Plan	
3.9	Continued implementation of the polypharmacy review service for social care service users (via Audit Committee)	
3.10	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	
3.11	Review District Nursing and Health Visiting services	

* Action removed from plan during 23/24 financial year

Mental Health and Learning Disabilities		
Action no.	Action	Status
4.1	Build capacity in services to eliminate very long waits (over 52 weeks) for Psychological Therapies	
4.2	Build capacity in services to deliver improved services underpinned by CAHMS and Neurodevelopmental Specifications	
4.3	Timetable to achieve full compliance with the Child, Adolescent and Psychological Therapies National Dataset	
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	
4.5	Development of service for people with Emotionally Unstable Personality Disorder	
4.6	Implement health checks for people with Learning Disability	
4.7	Review mental health services	
4.8	Review the Local Area Coordination / Community Link Worker service	

Adult Social Work		
Action no.	Action	Status
5.1	Implement a comprehensive Programme of Digital Transformation (Pathfinder Programme) across Social Work Services	
5.2	Undertake extensive redesign of all business processes to put customers at their heart – First phase Social Work	TBC
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	
5.4	Continue to increase uptake for Self Directed Support	
5.5	Publish a locality directory on health / wellbeing and social care services	
5.6	Develop community led support / what matters hubs	

Adult Social Care and Social Care Commissioning		
Action no.	Action	Status
6.1	Establish collaborative for Care at Home and Care Home provision	
6.2	Develop proposals for Extra Care Housing and/or amenity housing in: <ul style="list-style-type: none"> - Eyemouth area - Kelso - Peebles Delivery plan for Extra Care Housing in Hawick	
6.3	Expand Reablement service and integrate with Home First to ensure a home based discharge to assess pathway	
6.4	Continue to progress work on the Tweedbank and Hawick Care Villages	
6.5	Develop health and care models that are integrated, sustainable and meet the needs of Borders' residents	
6.6	Whole system care bed capacity review	
6.7	Improving Social Care Commissioning: <ul style="list-style-type: none"> - 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) 	
6.8	Commission additional social care capacity to reduce community and hospital unmet need in line with increased social care budget	
6.9	Continue to develop use and functionality of Strata pathways	
6.10	Develop our social prescribing function	

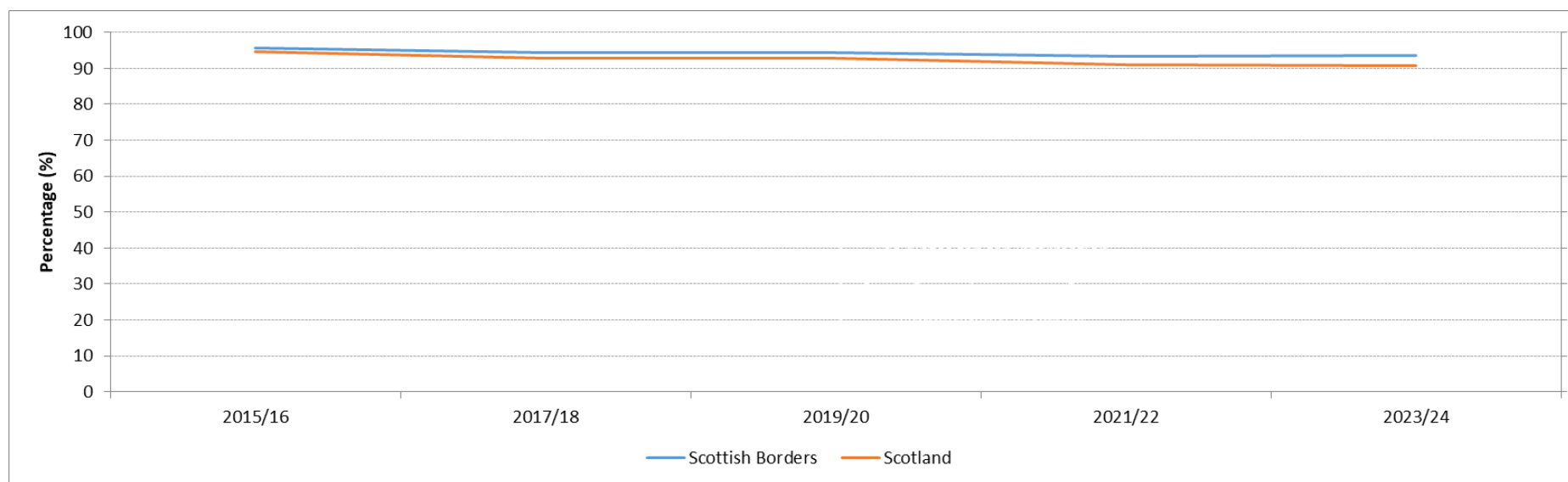
Cancer Care and Palliative Care		
Action no.	Action	Status
7.1	MacMillan Improving Cancer Journeys	

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

Annex A: National Health and Wellbeing Outcomes

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

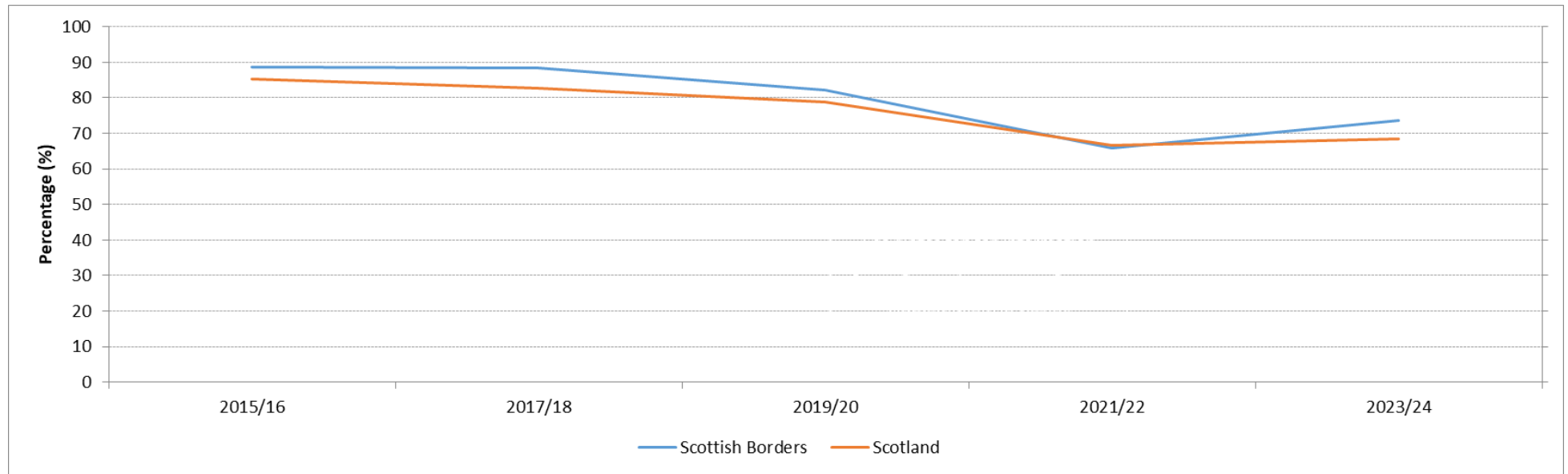
	2015/16	2017/18	2019/20	2021/22	2023/24
Scottish Borders	95.6%	94.3%	94.3%	93.4%	93.5%
Scotland	94.5%	92.9%	92.9%	90.9%	90.7%



Source: 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, Q38 2023/24 Health and Care Experience Survey

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

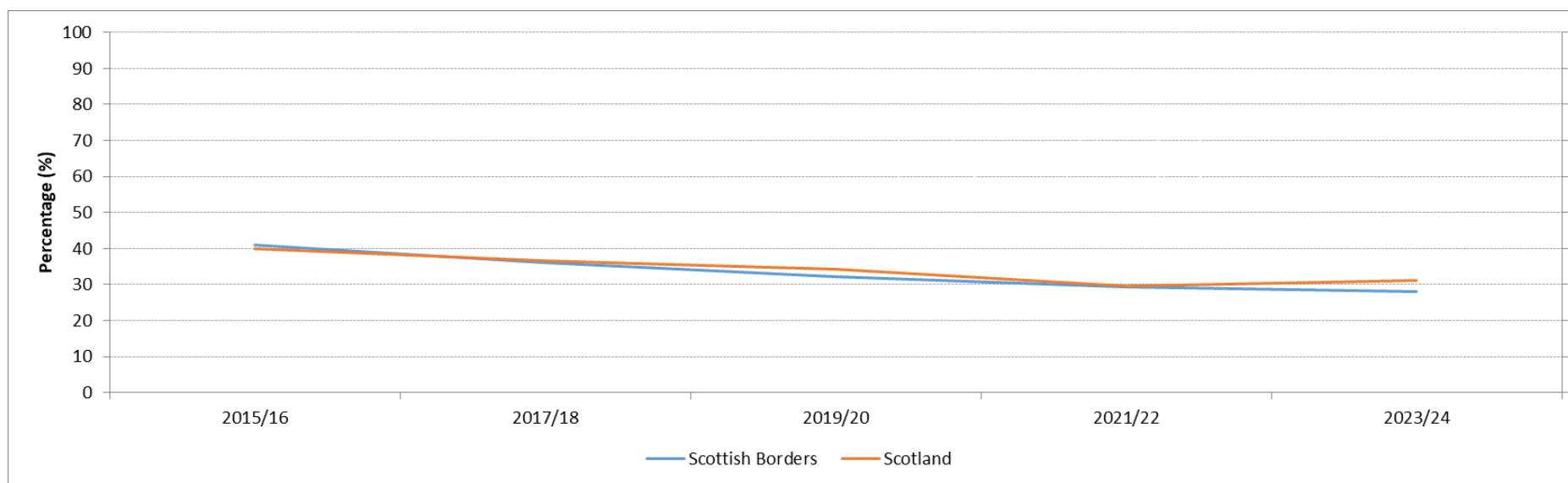
	2015/16	2017/18	2019/20	2021/22	2023/24
Scottish Borders	88.7%	88.5%	82.3%	65.9%	73.7%
Scotland	85.3%	82.7%	78.7%	66.5%	68.5%



Source: 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, Q13 2023/24 Health and Care Experience Survey

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

	2015/16	2017/18	2019/20	2021/22	2023/24
Scottish Borders	41.0%	36.1%	32.1%	29.4%	28.0%
Scotland	40.0%	36.6%	34.3%	29.7%	31.2%



Source: 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, Q37f - 2023/24 Health and Care Experience Survey.

Notes for National Indicators 1, 6 and 8:

The Health and Care Experience Survey (HACE) is a sample survey of people aged 17 & over 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 smaller sub-sets of the population where 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. Confidence intervals have been presented for the HACE indicators (1 to 9) to aid with the interpretation.

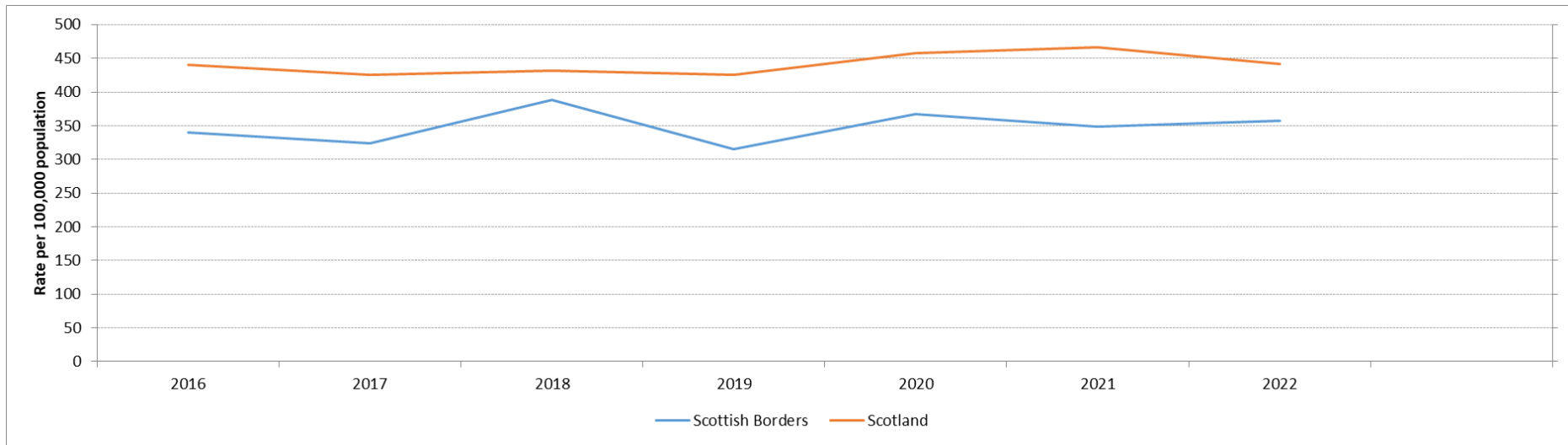
Results for indicator 1 are comparable across all years. They may differ to the HACE publication as results are unweighted in the HACE publication but weighted in the Core Suite Integration Indicators to allow comparisons over time and between areas.

National Indicator 11 Pprematre 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

	2016	2017	2018	2019	2020	2021	2022
Scottish Borders	340	324	388	315	367	348	358
Scotland	440	425	432	426	457	466	442



Source: National Records for Scotland (NRS)

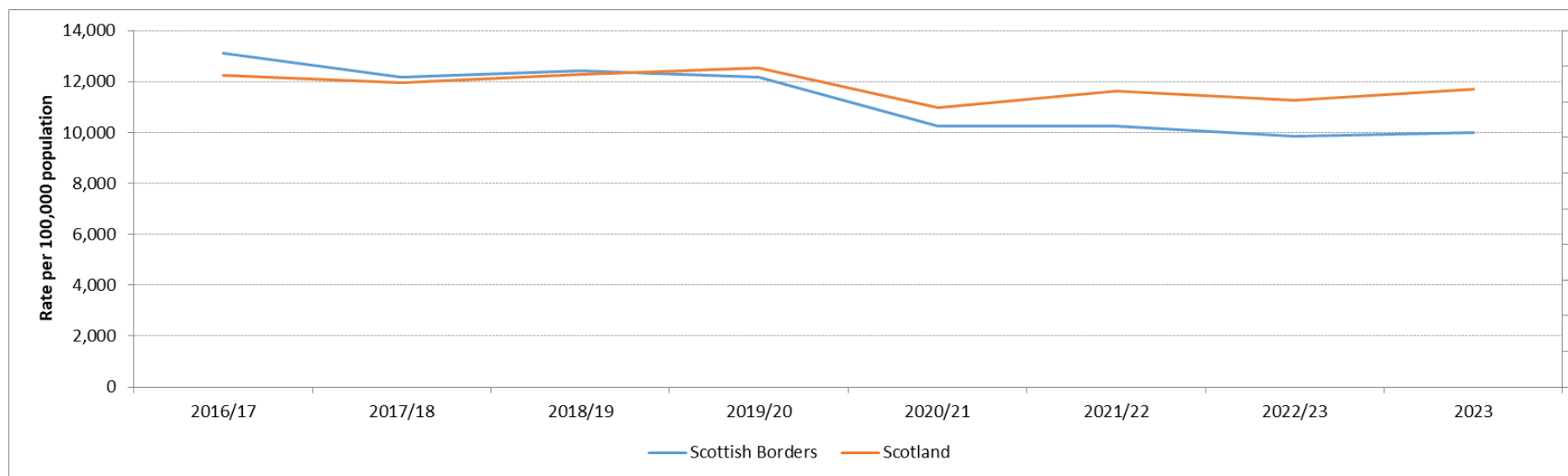
1. Age-standardised using the 2013 European Standard Population

National Indicator 12 Emergency admission rate

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

Annual figures are presented by financial year until 2022/23. As January to March 2024 data is not complete for all NHS Boards, calendar year figures are shown for 2023.

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023
Scottish Borders	13,135	12,187	12,430	12,179	10,255	10,245	9,840	9,981
Scotland	12,229	11,942	12,284	12,529	10,964	11,643	11,276	11,707



"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:

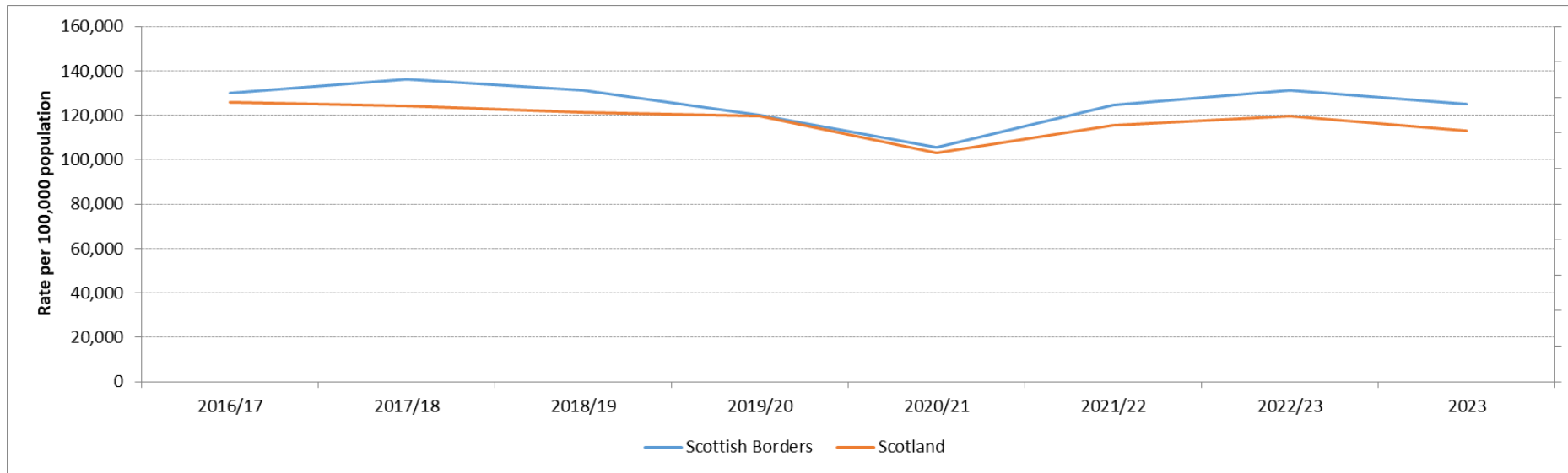
1. Includes emergency admissions to all hospital specialties (acute, geriatric long stay and mental health) occurring within the selected year.
2. A hospital stay is selected if an emergency admission occurred in the first episode of the stay.
3. 2021 population estimates have been used to calculate 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+).

Annual figures are presented by financial year until 2022/23. As January to March 2024 data is not complete for all NHS Boards, calendar year figures are shown for 2023.

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023
Scottish Borders	130,181	136,192	131,350	120,062	105,619	124,535	131,395	125,062
Scotland	125,979	124,118	121,174	119,753	102,875	115,308	119,806	112,883



“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:

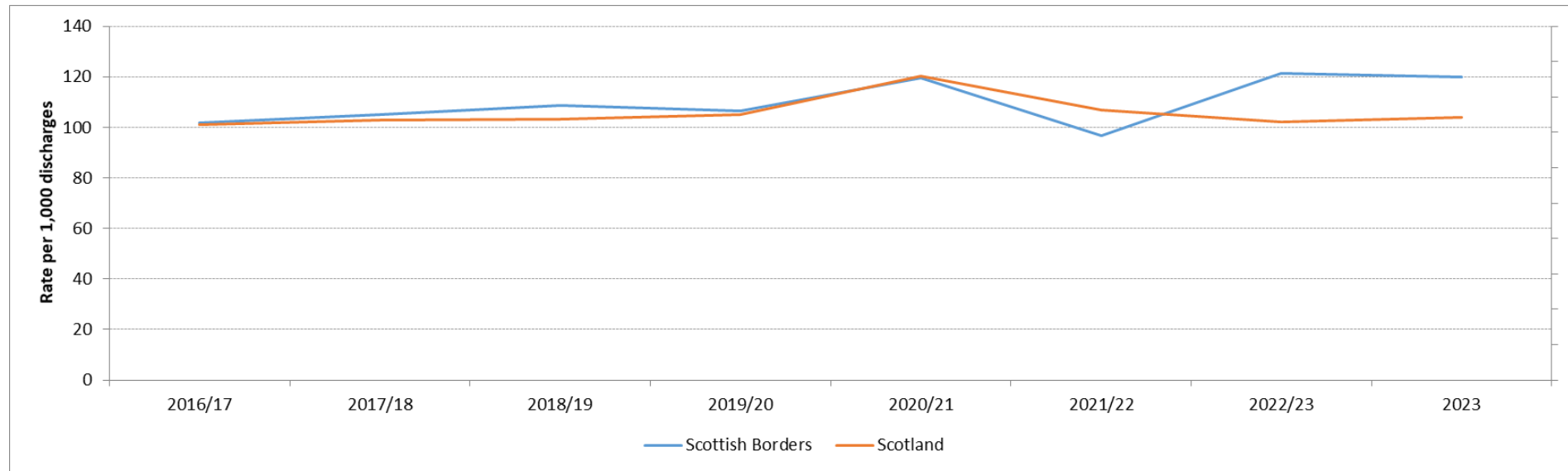
1. Includes emergency bed days from all hospital specialties (acute, geriatric long stay and mental health) occurring within the selected year.
2. Bed days are counted if an emergency admission occurred in the first episode of the stay.
3. 2021 population estimates have been used to calculate rates from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

Emergency readmissions to hospital for adults (18+) within 28 days of discharge (rate per 1,000 discharges)

Annual figures are presented by financial year until 2022/23. As January to March 2024 data is not complete for all NHS Boards, calendar year figures are shown for 2023.

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023
Scottish Borders	102	105	109	107	120	97	121	120
Scotland	101	103	103	105	120	107	102	104



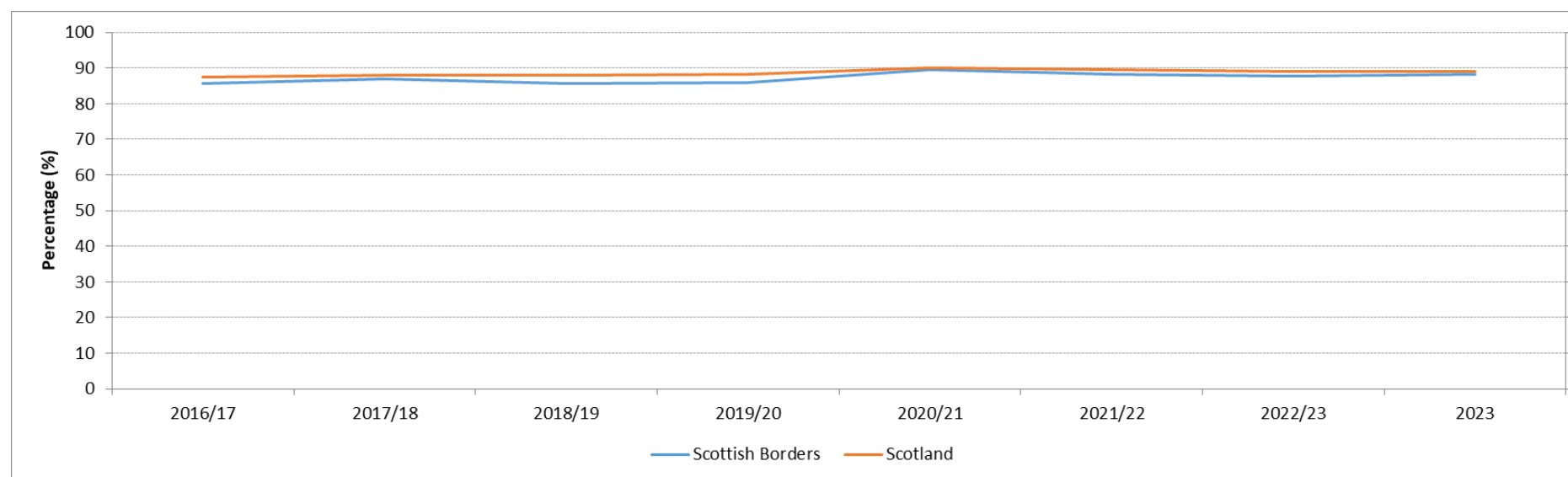
"Source: PHS - SMR01 (acute discharges from non-obstetric/non-psychiatric NHS hospitals in Scotland), including Geriatric Long Stay (GLS) discharges

1. An emergency readmission is where the subsequent admission is an emergency and occurs up 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. Annual figures are presented by financial year until 2022/23. As January to March 2024 data is not complete for all NHS Boards, calendar year figures are shown for 2023.

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023
Scottish Borders	85.6%	86.9%	85.7%	86.0%	89.5%	88.2%	87.7%	88.2%
Scotland	87.4%	88.0%	88.0%	88.2%	90.2%	89.7%	88.9%	89.1%



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:

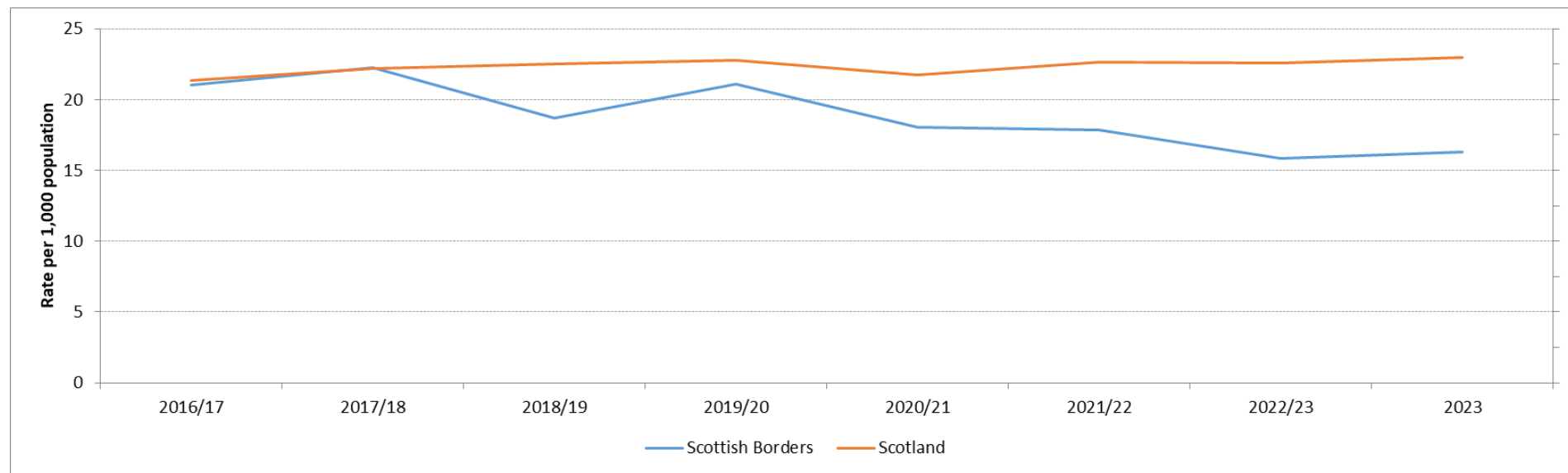
1. Patients who died where an external cause of death is coded (V01-Y84) on the death registration have been excluded from the analysis.
2. Patients who died where a fall is coded on the death registration are included within the cohort; W00-W19 Falls.
3. Based on the above criteria, any person that 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.

Annual figures are presented by financial year until 2022/23. As January to March 2024 data is not complete for all NHS Boards, calendar year figures are shown for 2023.

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023
Scottish Borders	21.0	22.3	18.7	21.1	18.1	17.9	15.8	16.3
Scotland	21.4	22.2	22.5	22.8	21.7	22.6	22.6	23.0



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

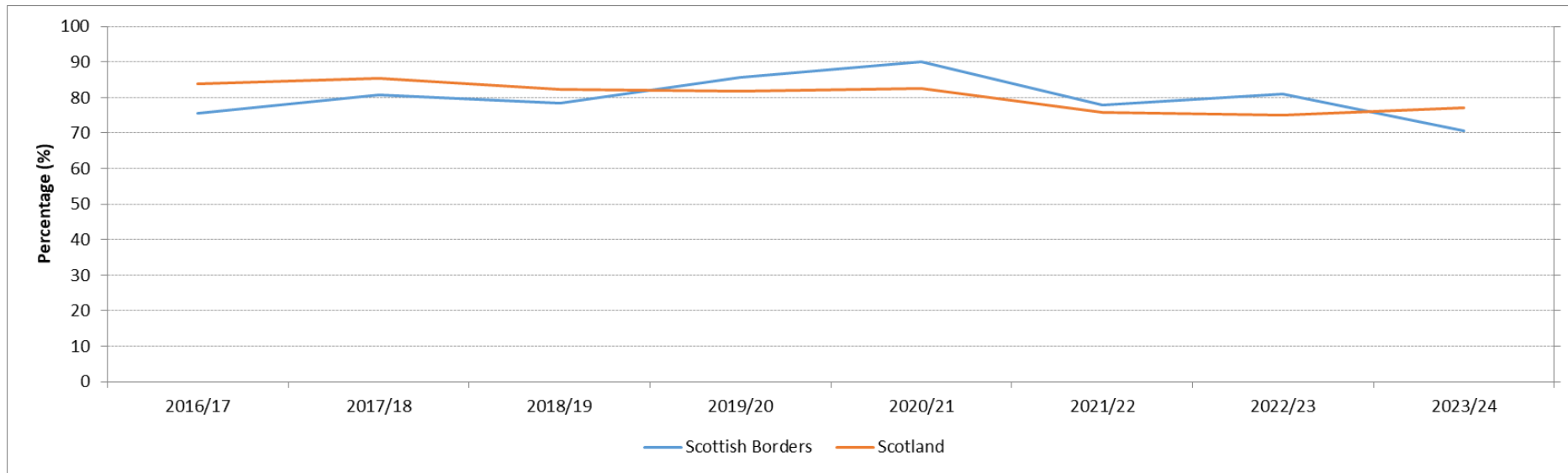
Notes:

- Emergency admissions code 33-35 have been used and ICD10 codes W00 - W19.
- 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	2023/24
Scottish Borders	75.4%	80.7%	75.8%	85.7%	90.1%	77.9%	81.1%	70.6%
Scotland	83.8%	85.4%	82.2%	81.8%	82.5%	75.8%	75.2%	77.0%



"Source: Care Inspectorate

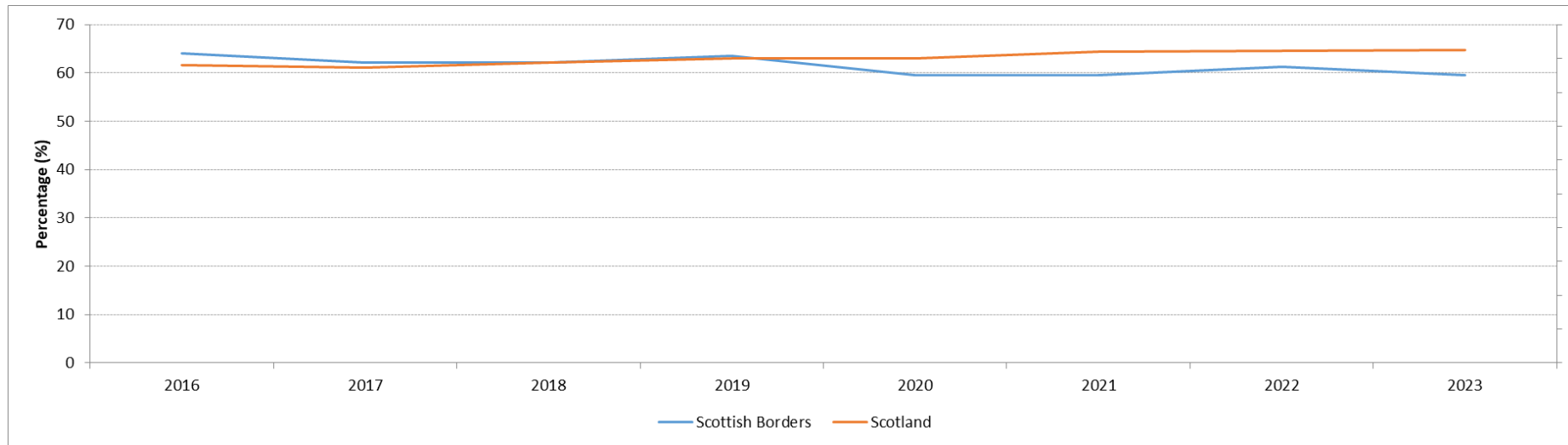
Notes:

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	2023
Scottish Borders	64.1%	62.2%	62.2%	63.6%	59.6%	59.6%	61.2%	59.5%
Scotland	61.6%	61.1%	62.1%	63.0%	63.0%	64.5%	64.6%	64.8%



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

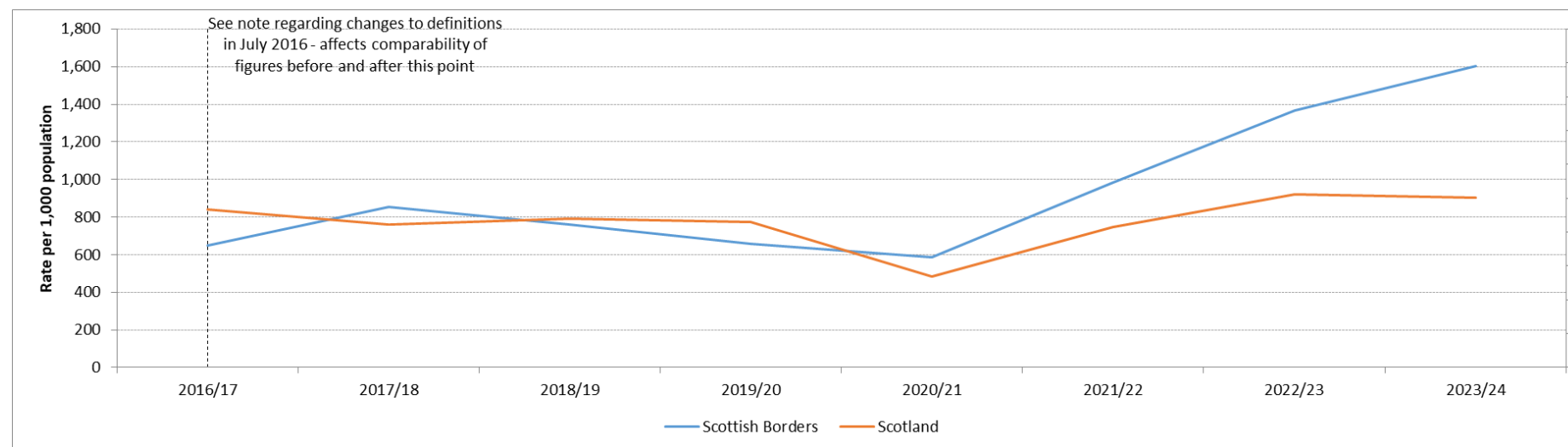
Notes:

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.

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Scottish Borders	647	855	761	656	588	982	1,364	1,605
Scotland	841	762	793	774	484	748	919	902



“Source: PHS Delayed Discharge data collection

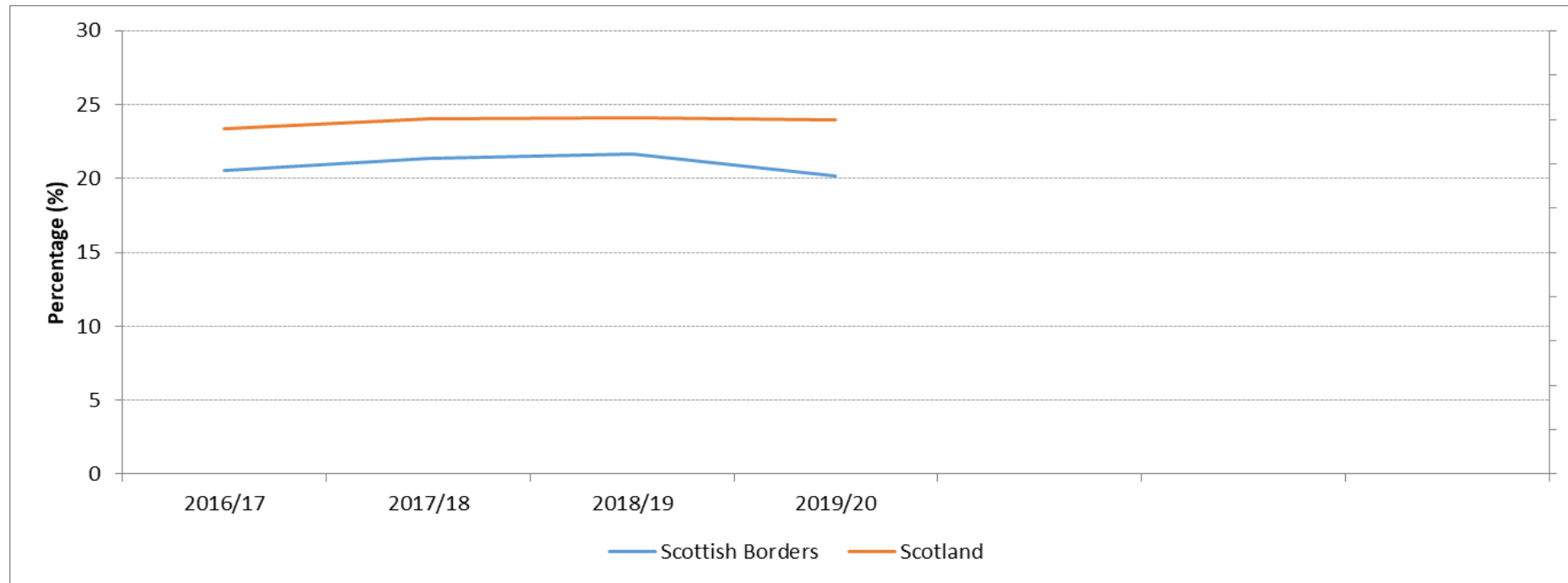
Notes:

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 Percentage 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 2024-25

**Scottish Borders Health and Social Care
Partnership**

Introduction

This Annual Delivery Plan (ADP) has been developed to outline the key actions to be undertaken by the Scottish Borders Health and Social Care Partnership (HSCP) over 2024/25 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 2024-25.

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:

1. Reducing Inequalities and Public Health
2. Prevention and Early Intervention
3. Children, Young People and Young Adult services
4. Primary and Community Care
5. Service Strategies & Delivery Plans
6. Mental Health and Learning Disability Services
7. Adult Social Work
8. Adult Social Care and Social Care Commissioning
9. Urgent and Unscheduled Care actions

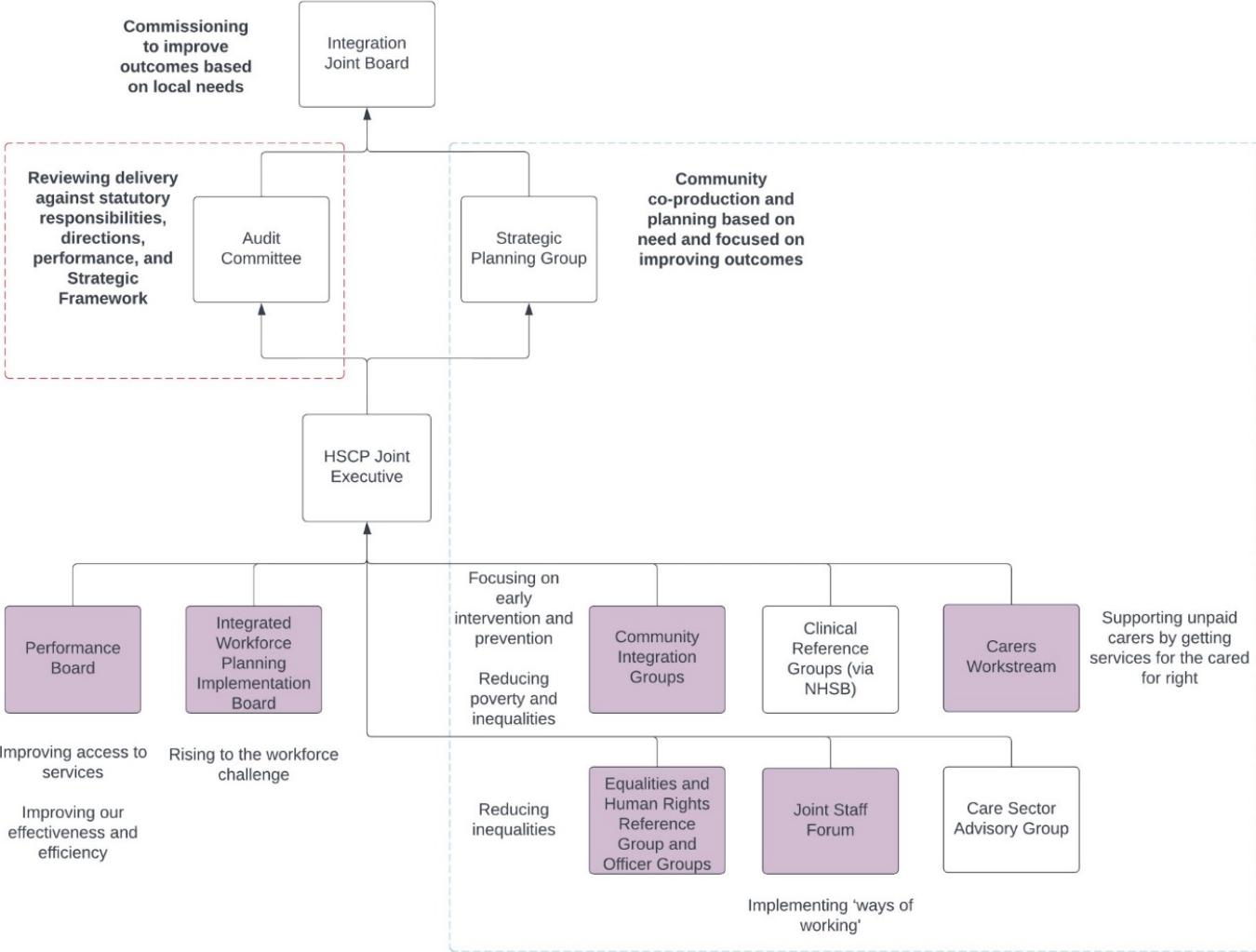
These groups will deliver actions which achieve the Strategic Objectives and Ways of Working within the Strategic Framework. Their work will be supported by a number of wider partnership and supporting programmes in the areas below:

1. Finance
2. Communications
3. Innovations and Digital
4. Climate
5. Housing
6. Community Planning Partnership

Actions shaded in **bold**, and items in sections B-F outline the areas where papers will be brought to the IJB for consideration over the course of 2024/25.

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 2024/25 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	Develop the emerging health inequalities strategy: Tackling Health Inequalities in the Scottish (THIS) Borders	Y				X			X
1.2	In collaboration with the Community Planning Partnership (CPP), identify and take actions to address health inequalities across the Scottish Borders	Y	Y			X			X
1.3	Continue to involve and engage stakeholders, complete our baseline assessment, and form an Anchors Development group with workstreams as per the Anchors Strategic Plan 2023-26	Y	Y			X			X
1.4	Continue to provide leadership to the Alcohol & Drugs Partnership	Y				X			X
1.5	Work in partnership with Primary Care and Addiction Services colleagues to use the learning generated from the Medication Assisted Treatment (MAT) Standard 7 pilot to develop knowledge and confidence and improve patient pathways in relation to their drug use and conditions/interventions in primary care settings.	Y				X			X
1.6	Develop a partnership action plan in response to the Tobacco and vaping framework	Y	Y			X			X
1.7	Reduce the harms of alcohol and drug use on children and families in partnership with the Borders Children and Young People's Planning Partnership	Y	Y			X			X
1.8	Increase the numbers of people accessing Residential Rehabilitation through further communicating with key partners	Y	Y			X			X
1.9	Continue engagement with the Forensic Executive Leads network to ensure we follow best practice for people released from prison	Y	Y			X			X
1.10	Continue to build a focus on Value Based Health and Care	Y				X		X	X
1.11	Improve the care pathways for people experiencing problems relating to alcohol	Y	Y		X	X	X	X	X
1.12	Ensure impact on health inequalities is considered in undertaking Equality and Human Rights Impact Assessments	Y	Y			X			

2 Prevention and Early Intervention

No.	Board Action	Owner		Strategic Obj.					
		NHS	SBC	1	2	3	4	5	6
2.1	Prioritise Primary Prevention across all services, and measuring & enhancing secondary prevention activities	Y	Y		X	X		X	X
2.2	Building a network of community networks to create community capacity for self-help and support for health needs	Y	Y		X	X			X
2.3	Respond to the review of Alcohol Brief Interventions through development of a local action plan	Y		X	X	X	X	X	X
2.4	Promote mentally healthy and suicide safer communities that are caring, compassionate and inclusive through implementation of the Creating Hope Awards Scheme	Y	Y	X	X	X			X
2.5	Deliver the new immunisation programmes to those in need and ensure current programmes do not miss out those who are disadvantaged, including employed staff in anchor institutions	Y	Y	X	X	X			
2.6	Promote Physical activity – and exercise – across all services delivered by anchor institutions and promote active travel including to staff	Y	Y			X		X	
2.7	Development and delivery of the Waiting Well initiative to all those on waiting lists	Y			X	X		X	
2.8	Ensure the delivery of services is consistent with the Women's Health Plan	Y		X	X	X	X	X	X
2.9	Ensure and enhance the delivery of services to children and young people that are consistent with the United Nations Convention on the Rights of the Child (UNCRC)	Y		X	X	X	X		X
2.10	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	X	X	X	X	X	X
2.11	Enhance Care Home Support Team / Care Home Visiting Service to ensure that it supports a preventative and early intervention approach	Y				X		X	X
2.12	Report to IJB on outcome of Local Area Coordination review		Y	X	X	X	X	X	X

3
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
3.1	Work towards taking forward the actions in the Local Child Poverty Action Report	Y	Y	X	X	X	X	X	X
3.2	Review local arrangements to ensure that the prominence of children, young people's and young adults services are better strategically supported	Y	Y	X	X	X	X	X	X
3.3	Develop plans for a Young Adult's service in Adult Social Work		Y	X	X	X	X	X	X
3.4	Work with South East of Scotland regional planning partners to develop Learning Disability CAMHS services and regional pathway	Y	Y	X	X	X	X	X	X
3.5	Work in partnership with education services to scope Children and Young People's neurodevelopmental disorder pathways.	Y	Y	X	X	X	X	X	X
3.6	Increase provision for young adults through access to the Shared Lives Scheme		Y	X	X	X	X	X	X

4
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
4.1	Review the care home support team arrangements	Y	Y		X				
4.2	Implementation of the Primary Care Phased Investment Programme pathfinder for Community Treatment and Care (CTAC) services and Pharmacotherapy	Y		X		X		X	
4.3	Dental Sustainability: rebalance the Public Dental Service (PDS)	Y		X		X		X	
4.4	Scaling up MDT Approach	Y	Y			X			
4.5	Review impacts of Hospital at Home	Y		X		X		X	
4.6	Implementation of the Primary Care Improvement Plan	Y		X	X		X	X	
4.7	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			X	X		X	
4.8	Review District Nursing and Health Visiting services	Y			X	X		X	X

5 Service Strategies & Delivery Plans

No.	Board Action	Owner		Strategic Obj.					
		NHS	SBC	1	2	3	4	5	6
5.1	Implement the 24/25 actions of the Oral Health Strategy as directed in the associated Strategy delivery plan.	Y		X		X		X	X
5.2	Implement the 24/25 actions of the Dementia Strategy as directed in the associated strategy delivery plan.	Y	Y	X		X	X	X	X
5.3	Implement the 24/25 actions of the Unpaid Carers Strategy, Living Well, as directed in the associated strategy delivery plan.	Y	Y	X			X	X	X
5.4	Undertake a HSCP Management structure review to ensure that the HSCP can more effectively, efficiently and sustainably deliver its functions	Y	Y		X	X	X	X	X
5.5	Review day supports in the Eildon locality	Y	Y	X	X	X	X	X	X
5.6	Publish a locality directory on health / wellbeing and social care services		Y	X	X		X		
5.7	Continue to support the delivery of 2024-25 HSCP Annual Delivery Plan actions through the HSCP Integrated Workforce Plan 2022-25	Y	Y		X				
5.8	Macmillan Improving Cancer Journeys	Y	Y	X			X	X	X

6

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
6.1	Continue to build a focus on Value Based Health and Care within Mental Health services	Y				X	X	X	X
6.2	Improve access to Mental Health services involving people with lived experience	Y	Y	X		X	X	X	X
6.3	Build capacity in services to eliminate very long waits (over 52 weeks) for Psychological Therapies	Y		X	X	X	X	X	
6.4	Build capacity in services to deliver improved services underpinned by CAHMS and Neurodevelopmental Specifications	Y		X					
6.5	Timetable to achieve full compliance with the Child, Adolescent and Psychological Therapies National Dataset	Y						X	
6.6	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	X					
6.7	Review specific assessment and treatment pathways in secondary care mental health services including Personality Disorder and Neurodevelopmental disorders	Y		X					
6.8	Implement health checks for people with Learning Disability	Y			X		X	X	
6.9	Develop and embed systems of data collection including clinical outcome measures to demonstrate and improve effectiveness and efficiency	Y						X	X
6.10	Strengthen evidence-based secondary prevention care pathways to improve outcomes and reduce inequalities	Y		X		X	X	X	X
6.11	Improve access and early intervention for those presenting with first episode of psychosis including working with partners to support community integration	Y	Y	X		X	X	X	X
6.12	Improve access to Psychological Therapy in inpatient settings	Y		X	X	X	X	X	X
6.13	Work with third sector and partners to improve access to community and other support structures where secondary care criteria are not met	Y	Y	X	X	X	X	X	X

7

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
7.1	Adult Support & Protection Improvement Plan	Y	Y	X		X		X	X
7.2	Continue to increase uptake for Self-Directed Support		Y	X	X		X	X	X
7.3	Continue to develop community led support approach		Y	X		X	X	X	X
7.4	Self-evaluation of adult social work		Y	X	X	X	X	X	
7.6	Reduce Social Work assessment waits to improve access		Y	X	X	X	X	X	X
7.7	Start phased delivery of single assessment approach		Y	X		X		X	

8

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
8.1	Establish collaborative for Care at Home and Care Home provision		Y			X			
8.2	Develop proposals for further Extra Care Housing		Y	X					
8.3	Continue work to consider delivering community reablement service within Adult Social Care and develop proposal which will address the Home First Adult Social Care integration project.	Y	Y	X		X	X		
8.4	Develop locality models that are integrated, sustainable and meet the needs of Borders' residents		Y				X	X	
8.5	Undertake whole system care bed capacity review	Y	Y	X	X	X		X	
8.6	Continue to work to reduce Delayed Discharges and community unmet need	Y	Y	X	X	X	X	X	X

9

Urgent & Unscheduled Care

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	
10.1	Conduct a Palliative Care service model review	Y	Y	X					X	
10.2	Explore options to develop Hospital at Home and virtual capacity and improve access to Hospital at Home services across a range of pathways	Y		X					X	
10.3	Continue work to reduce unscheduled admissions and keep people's care closer to home	Y		X		X			X	X
10.4	Ensure there is a sustainable Out of Hours service, utilising multidisciplinary teams	Y		X					X	
10.5	Early detection and improved management of key cardiovascular risk factor conditions	Y		X		X			X	

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. Significant inflation in some key area and the impact of inflation on staff costs is making providing our services more expensive and costs are rising more quickly than the funding provided by Scottish Government

Key actions:

- Develop an IJB Medium Term Financial Plan
- Support services to deliver planned savings
- Work with services to develop robust financial implications for projects

Spend will be monitored against budget and reported through monthly monitoring with services and quarterly finance updates to the board.

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

Section C: COMMUNICATIONS AND ENGAGEMENT

C

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 2022 [‘We Have Listened’ report](#).

When we engaged with them, the people of the Borders were clear about the importance of “effective communication, between services (and them), knowing what’s happening, when and how and between different parts of the health and social care system.” People wanted to see an improvement in communication, with clear and up to date information about waiting times and how and where they could access services when they needed them.

To ensure these issues were addressed a Communications and Engagement Framework is in place. Effective communications and engagement activity underpins our vision, mission and the ways of working across our HSCP and the Framework sets out the approach for planning and delivering effective communications and engagement to support the delivery of the Strategic Framework 2026 and the annual delivery plans.

In addition, Locality Working Groups are being 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 aligns 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**.

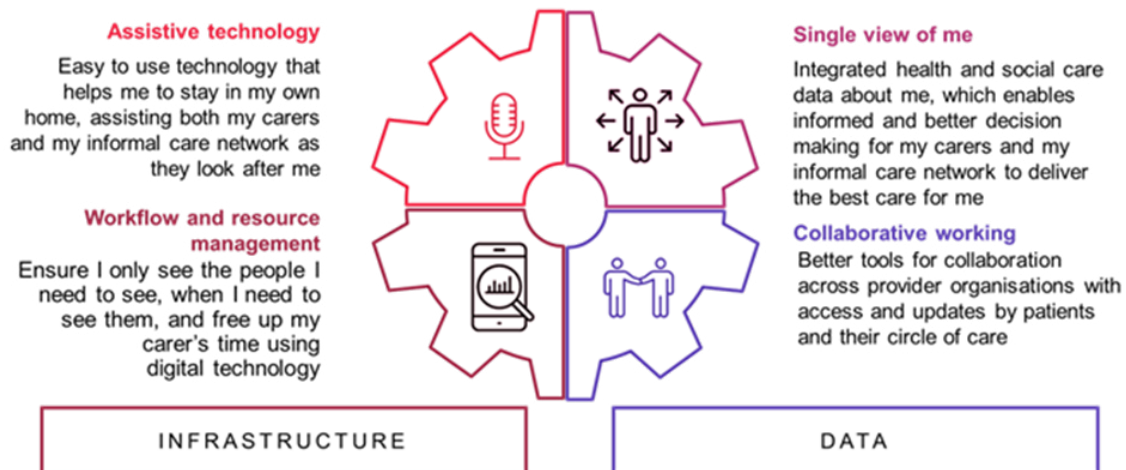
Section D: Communications and Engagement

D

Digital Innovation in Care

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

The agreed Borders approach to delivering digitally enabled citizen centred care is built around 6 core principles. These were refreshed in the Borders Validated Outline Business Case (OBC) and are described in the diagram below:



Single view of me: This element is being delivered via the Healthshare platform, this is a single view of a person's Health and Social Care Record. Phase one is scheduled to go live at the beginning of September. A full business case for phase two of the development has been requested by the Joint Executive Team and options are being prepared to deliver this in the coming months.

Collaborative working: A proposal is being developed with the Joint Director / Chief Officer Scottish Borders Health and Social Care Partnership to explore areas of joint digital endeavour between NHS Borders and Scottish Borders Council in the digital Health And Social Care Arena. The proposal is in its very early stage and is intended to address any duplication of effort, cost and streamline the myriad of systems and digital developments being used by Joint funded and partnership teams.

NHS Borders and SBC are also currently working to implement federation between both organisations Microsoft 365 Tenants, within the 2024 and 2025 delivery year. This will provide inter-tenant collaboration, enabling safe and secure sharing of information, calendars, IM, as well audio and video calls between both organisations.

Data: The Joint Executive Team have approved the development of plan to consider the delivery of a "go to" information set for community based activities. The plan should consider the development, marketing, population and maintenance of a nationally funded system called 'A Local Information System for Scotland' (ALISS). Having a reliable, up to date information source for community services and activities is a common theme in consultation and conversations with communities.

Following delivery of the new processes for core Adults Social Work, more reportable data is being captured by social workers than ever before. Through the Council Information Hub, this data can be surfaced and analysed to better understand the demographic, changing needs and demand for services, and to measure the impact of interventions. Work is ongoing to ensure that managers have the tools and information they need to make better, data informed decisions. The new processes are designed to be undertaken collaboratively with our service users, and remove duplication of effort from the workflow, leading to faster, more accurate provision of care.

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

Section E: Climate

E

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) 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) 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 F: Key Partners

F1

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. The Local Housing Strategy sets 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 and support our economy to thrive
- 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 Local Housing Strategy 2023-2028 will link into the Strategic Framework in the following ways:

Strategic objective	Role of Housing
Improving access to services	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Key workers continue to be a key focus in housing across the country and in particular, rural areas. Work on developing policies and initiatives to ensure that housing isn’t a barrier for key workers began in 2023.
Focusing on prevention and early intervention	<ul style="list-style-type: none"> • Good housing and support 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	<ul style="list-style-type: none"> • Good quality housing with appropriate supports support service users and their unpaid carers
Improving our effectiveness and efficiency	<ul style="list-style-type: none"> • 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

<p>Reducing poverty and inequalities</p>	<ul style="list-style-type: none"> • 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. • Development and implementation of the Local Heat and Energy Efficiency Strategy (LHEES) • 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.
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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 was completed in 2023: The **Scottish Borders Community Plan 2023/2033** outlines 12 key outcomes for improving the quality of life in the region. These outcomes include addressing inequalities and enhancing well-being. The four priority themes agreed upon are:

1. **Enough Money to Live On**
2. **Access to Work, Learning, and Training**
3. **Enjoying Good Health and Wellbeing**
4. **A Good Place to Grow Up, Live In, and Enjoy a Full Life.**

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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • This objective has been listed under the theme of 'Good Health and Wellbeing'.
Supporting unpaid carers by getting	<ul style="list-style-type: none"> • 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.





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